

E2 | UNICEF

In 2005, Carol Bellamy, UNICEF's executive director, stepped down from a position she had occupied for 10 years as the world's most senior advocate for child health. She left at a critical time. The fourth Millennium Development Goal – reducing the under-five mortality rate by two thirds between 1990 and 2015 – will not be met in many countries. 'Progress against child mortality has so far been so slow that no sub-Saharan country in Africa is on target to reach that MDG' (World Bank 2004).

More than 10 million children die every year (Black et al. 2003). Over 60% of those deaths were and remain preventable. Under-nutrition contributes to the deaths of over half of all children. Cost-effective interventions are available for all major causes of child mortality, but coverage levels are appallingly low in the 42 countries that account for 90% of child deaths: 80% of children do not receive oral rehydration therapy when they need it, 61% of children under six months are not exclusively breastfed, 60% do not receive treatment for acute respiratory infections, and 45% do not receive vitamin A supplements. The gap in survival between the richest and poorest children is increasing.

Box E2.1 UNICEF

UNICEF was created in 1946 as the UN International Children's Emergency Fund to tackle the threats posed to children in Europe from disease and famine after World War II. It became a permanent part of the UN in 1953. Health has become an increasingly central part of its work over the decades. At present, UNICEF has five priorities embedded within its programmes: girls' education; immunisation; HIV/AIDS; early childhood development; and child protection.

Its income in 2003 was US\$1.6 billion, 64% of which came as a result of contributions made directly by member governments. It has 7000 staff working in 157 countries. Nearly 90% of its staff works outside of the agency's headquarters, making it one of the most decentralized UN agencies. The organization is governed by a 36-member executive board made up of government representatives elected by the UN Economic and Social Council. (*Source:* <http://www.unicef.org>)

Box E2.2 Who is Ann Veneman, the new head of UNICEF?

Ann Veneman is the outgoing US Agriculture Secretary, making her a senior member of the Bush administration.

Her recent round of speeches accepting the position as head of UNICEF suggest a conservative line on family planning, raising concern amongst NGOs who work in the field of reproductive health (Illingworth 2005).

Her close connection with the corporate agribusiness sector (Nichols 2001; Mattera 2004) raises concerns that she will not address many of the root problems of household food insecurity, but may even support and foster the increasing control of food production and processing systems by a small number of major agribusiness corporations.

Veneman joined the US Department of Agriculture in 1986, serving as Associate Administrator until 1989. During this time she helped negotiate the Uruguay round talks for the General Agreement on Tariffs and Trade. She subsequently served as Deputy Undersecretary of Agriculture for International Affairs and Commodity Programs. From 1991 to 1993, she served as the second in command at the Department of Agriculture.

At this point Veneman took a break from government and went to work with the high-powered law firm and lobby group, Patton Boggs, as well as serving on the Board of Directors of Calgene – the first company to market genetically-engineered food. (Calgene was eventually bought out by Monsanto – the country’s leading biotech company, which in turn, became part of pharmaceutical company Pharmacia in 2000.) Veneman also served on the International Policy Council on Agriculture, Food and Trade, a lobby group funded by Cargill, Nestle, Kraft, and Archer Daniels Midland.

In 1995 she went back to government, when she was appointed Secretary of the California Department of Food and Agriculture. In 1999 she once again passed through the revolving door between the government and corporate sectors, and worked as an attorney with Nossaman, Guthner, Knox and Elliott before being appointed by Bush as Secretary of State for Agriculture in 2001.

During her tenure, she is said to have advanced the interests of food production and processing conglomerates, allowed policies that led to the displacement of family farms by large industrial farms, supported the genetic modification of food and defended biotech experimentation with agriculture (Flanders and Stauber 2004; Nichols 2001).

In sum, for almost a decade, children and child health have failed to get the attention they deserve.

Given this failure of children, the appointment of Bellamy's successor should have generated widespread professional and public discussion. Yet there was only private lobbying and public silence; the entire appointment process was shrouded in secrecy. The announcement in January 2005 that Ann Veneman would become UNICEF's fifth executive director, continuing an unbroken line of Americans at the helm since it was founded, has been greeted with anxiety and despair (PHM 2005). She has no track record in child health (see Box E2.2).

Experts in international child health consulted by *The Lancet* in 2004 thought that UNICEF needed to be led by an energetic and inspirational person who was ambitious for the future of the world's children, with political integrity, a willingness to speak with a strong voice against power, and a proven interest in the well-being and health of children (Horton 2004). Ms Veneman is not even a near fit.

The selection of Veneman was made by Kofi Annan, who chose to make a politically motivated appointment that would be favourable to the UN's largest funder – the US government. This thoroughly discredited process of selection damages the integrity of the UN system and may prove disastrous for the future of child health. Veneman can serve no more than two five-year terms. But UNICEF and children deserve better.

Before the end of her first five-year term, the world must agree on a new process of selection for the sixth head of UNICEF to take office in 2010. Nominations should be placed on the public record and not be limited to US citizens. Each shortlisted nominee should appear and be questioned before a specially appointed UN intergovernmental committee, with balanced representation between high, middle, and low income countries – including those nations that bear the greatest burden of child mortality. In this way, selection would be more transparent, fair and meritocratic.

The challenge to UNICEF

The fact that 10.8 million children die every year prompted a recent discussion in *The Lancet* (Horton 2004) about the role and effectiveness of UNICEF. While there is unanimity about the importance of an effective UN agency dedicated to promoting the survival, health and rights of children, there are clearly differences of opinion about the appropriate role and functions of UNICEF.

According to the *Lancet* article, UNICEF lost its way during Bellamy's 10-year term when it shifted attention away from the child survival programmes of

her predecessor, the late James Grant. Others, on the other hand, point to a positive legacy of Bellamy which saw UNICEF promote a greater recognition of the rights of children, including the right to protection from violence, abuse, exploitation and discrimination; and the importance of girls' education and early childhood development.

These differing perceptions reflect a tension between those who advocate a selective approach to reducing mortality as the ultimate priority (particularly of young children, and usually involving health care interventions) with those who see UNICEF's vision as being broader and more developmental.

In our view, this tension does not reflect a choice between mutually incompatible approaches, but the need for strategic balance. It would be harmful and counter-productive for UNICEF to revert back to a narrow 'child survival' agenda, as it did in the 1980s under the leadership of James Grant when UNICEF focused on the delivery of life-saving technology in the absence of a more comprehensive agenda for child development and rights. In the words of one *Lancet* respondent, 'we do not want to return to the days when we could not discuss children's quality of life, so intensely were we focused on body counts' (McCann 2005).

On the other hand, child survival clearly needs to be at the heart of UNICEF. But the appropriate response to the unacceptable levels of child deaths cannot be seen solely in terms of UNICEF. It is a challenge for many agencies, in particular WHO. The delivery of essential child health care interventions should form a central part of WHO's mission, with WHO (and not UNICEF) taking the lead in developing the strategies and systems to enable the delivery of essential health care, including immunizations, and the clinical management of diarrhoeal disease and ARIs.

It should be within the ambit of WHO, together with other health systems stakeholders, in particular, ministries of health, to determine the most appropriate way to balance dedicated child health programmes within comprehensive health systems development. The challenge for UNICEF is to develop a working relationship with WHO that supports this mission, rather than to act in parallel. This could entail UNICEF continuing to do much of its excellent programmatic work, but within the framework of a comprehensive health systems agenda.

UNICEF should also bring to bear its mandate to protect children upon the various public policy reforms that undermine the capacity of governments to ensure adequate safety nets for the vulnerable and marginalized sections of society, including children. This would build on UNICEF's landmark study (Cornia, Jolly and Stewart 1987), *Adjustment with a Human Face*, which

prompted a global debate on how to protect children and women from the effects of economic reform. Today, UNICEF should be asking similarly searching questions about the effect of neoliberal policy reform and privatization on the health of children.

What about addressing the inadequate lack of access to education, the exploitation and trafficking of children in an unregulated global economy and the need for family planning? Should such issues form a part of UNICEF's core priorities? Undoubtedly so – the organization's mission to protect, nourish and cherish children cannot be reduced to the mere delivery of life-saving technologies within the health sector. It should be UNICEF's mission to place the well-being of children at the centre of the UN, and at the centre of globalization.

In doing so, UNICEF, as with other UN agencies, must address its internal weaknesses and address the frequent media reports of waste, nepotism, cronyism, discrimination, and harassment with better management and effective action (Hackbarth 2004). However, the clarity of vision around UNICEF's role and priorities, and any improvement of its own performance, may ultimately amount to nothing if the organization is headed up, not by a friend of children in poor countries, but by a friend of corporate America.

It will be essential for the global health community to keep its eyes firmly trained on UNICEF in the coming years.

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