

**Remarks of UNICEF Executive Director Ann M. Veneman at
Tracking Progress in Child Survival: Countdown to 2015
Tuesday, 13 December 2005 • London, England**

Your Royal Highness, Excellencies, Distinguished Guests, Ladies and Gentlemen, good morning. Your Royal Highness, my thanks to your country for hosting this critical forum, focusing on one of the most vital issues the world faces today – child survival – and more importantly, how to achieve results.

Thanks also to the many partners who are involved, including our colleagues at WHO; the NGO, child survival and international development communities; and to the Bellagio Group and the Lancet.

Two days ago, UNICEF marked its 59th anniversary, and the beginning of the 60th year of its mission to provide help and hope to the world's children. Few things are more central to our work, or more noble, than helping to ensure their survival and development.

The Lancet Series on child survival in 2003 prompted the partners represented here, and others, to look more closely at what is needed to recapture and accelerate the momentum of the 1980s and early 1990s. That process, culminating in this conference, is a useful and important stock-taking exercise, and it helps focus global attention on child-survival gaps and solutions.

It would not be an overstatement to say the progress on child survival that has been made so far is unacceptable. Since 1990, of the 60 countries with either the highest under-five mortality rates or the highest number of child deaths:

- Only seven countries are on target to reach the Millennium Development Goal related to child mortality,
- 39 countries have made either insufficient progress or no progress at all,
- And 14 countries have actually sustained increases in their under-five mortality rates, many of which are affected by conflict situations or by HIV/AIDS.

Coverage for many of the proven, high-impact health and nutrition interventions, such as immunization, nutrition, bednets and adequate water and sanitation, remains low in most of these high-mortality countries.

The fact is that, at current rates of progress, the child-survival goal will be reached 30 years late. Put another way, this means that an estimated 8.7 million children under 5 would still die in 2015.

However, if the child survival target were met, it is estimated that number would fall to about 5 million.

As we heard from the earlier speakers, achieving the Millennium Development Goals related to health and nutrition relies upon implementing effective interventions at high coverage rates, with a focus on areas where mortality and malnutrition are worst.

What will it take to reach the child-survival and maternal-health goals? Past history, and more recent experience, provide the clearest blueprint for success.

First, we must scale up several packages of integrated, high-impact child-survival interventions.

For instance, nearly a quarter of the estimated 10.5 million deaths each year of children under 5 could be prevented with concerted efforts to scale-up current vaccines, and those that will soon be available.

At the World Health Assembly in May, I discussed the promising results of a program conducted in 11 countries in West and Central Africa. A few years ago, the Government of Canada came to UNICEF with a challenge: For \$30 million, design a project in several African nations that will reduce child mortality by at least 15 percent, at a cost of less than \$1,000 per life saved.

With those goals in mind, UNICEF supported the development and piloting of an accelerated approach to saving children's lives in 11 African countries. The program relied on the phased implementation of high-impact health interventions through a variety of different delivery methods.

The early results of this pilot were very encouraging, exceeding the benchmarks that were established by the Canadian government. The program is estimated to have led to a reduction of child deaths by 20 percent in the high-impact districts in those 11 countries. For a relatively modest investment, the return in terms of human potential can be vast.

The Lancet series and our West Africa experience suggest that such integrated approaches can reduce under-5 and neonatal mortality rapidly by one-third, at very low costs.

Immediate scale-up must also go hand-in-hand with longer-term strengthening of national health systems. For instance, the evaluation results from the West Africa program have been mainstreamed into national plans, strategies and budgets in several of the 11 countries.

These integrated approaches are especially important in emergency settings, where an appropriate response can mean the difference between lives saved and lives lost. For example, it is believed that emergency immunizations against diseases such as measles during the tsunami, the Pakistan earthquake and other situations, helped prevent disease outbreaks at a time of extreme vulnerability.

The result in the wake of those terrible tragedies was that tens of thousands of additional children's lives were potentially saved.

It is critical that adoption of integrated approaches at country level be made a greater priority as we move closer to the target date to achieve the Millennium Development Goals. The concept of integration, therefore, means bringing together health interventions, but it also must include partnerships and initiatives converging at country level, with integrated and country-led plans, budgets, coordination and monitoring mechanisms.

This will require MDG-friendly poverty-reduction strategies, sector plans and budgets that put maternal, newborn and child survival at the core of their agenda. For example, Ethiopia, India and Madagascar are developing outcome-oriented health plans, strategies and budgets - linking investments, interventions, and integrated delivery with expected outcomes into a single, coherent framework. These countries provide examples to emulate, and adapt in other high-mortality settings.

We know that poverty, disease and gender inequality are cycles that feed upon each other. In order to break them, national plans must combine high-impact health and nutrition interventions with sectors such as education, water and sanitation, rural infrastructure and gender equity.

Another key to sustaining child-survival gains is strong partnerships. Child survival is an issue that is too great for anyone, or any organization, to address single-handedly. When we work together, we can maximize resources, and draw upon each other's relative strengths.

That is the idea behind the Partnership for Maternal, Newborn and Child Health, which brought together three previously separate initiatives. The partnership is meant to support a “continuum of care” approach to the health of mothers and children, along with a range of interventions.

In a similar way, UNICEF and UNAIDS joined in October to launch UNITE FOR CHILDREN UNITE AGAINST AIDS. This new global campaign is meant to put a child’s face on a pandemic that has been with us for a quarter of a century, and a disease that stands in the way of achieving a host of Millennium Development Goals.

Around the world, only a small fraction of the mothers and children impacted by HIV/AIDS who need basic services, actually get them, such as pediatric AIDS treatment, prevention of mother-to-child transmission or protection and care for orphans and vulnerable children. UNITE FOR CHILDREN UNITE AGAINST AIDS is working to change that through increasing coverage of services, and marshalling of resources and partners.

A danger for developing countries is that dealing with the specific requirements of many partnerships, initiatives and funding sources can distract from core missions. I was in Delhi last week, where I attended the GAVI global forum, and assumed the chair of the GAVI board. Many of our discussions there revolved around the need to streamline business processes, and reduce the transaction costs for recipient governments.

On one hand, the number and diversity of partnerships and funding sources reflect an unprecedented attention to global health issues. On the other hand, to some observers, the current situation is untenable and counterproductive. But it must be resolved, because the price of development efforts that are diffused or pulled in too many different directions will be nothing less than the loss of additional children’s lives.

That is why a final and crucial ingredient I will discuss to achieve progress on child survival and maternal health must be a focus on measurable and equitable results, and identifying barriers to success.

In many countries with high child and maternal mortality, effective health coverage remains low due to system-wide supply and demand obstacles. We must address the underlying impediments in health systems, including policies, resource allocation and capacity development.

We also need to ensure that we do not confuse the ends with the means. The “end” is lives saved, in numbers that meet or exceed the Millennium Development Goals and other internationally agreed targets.

I recently attended the High-level Forum on the health MDGs in Paris. I was impressed by the quality of the analyses and discussions on crucial aspects of system strengthening. This is important and necessary, and more work is needed in this area.

But there was little formal discussion during that forum as to whether process improvements had actually led to better health outcomes. The end result of improved health and nutrition must be kept clearly in view in everything we do.

Again, let me emphasize that we must better support countries in implementing a strategy that combines immediate scale-up with longer term health-system strengthening that integrates services, along with plans, budgets, coordination and monitoring systems, and that is able to work in conjunction with partnerships and efforts that are focused on common results.

UNICEF is committed to implementing these principles within our programs, policies and initiatives, as well as in our work with countries and other partners.

While each of us knows the scope of the challenges and the stakes involved in our success or failure, being here with some of the most committed minds and hearts to the cause of child survival provides reason for optimism.

We know that progress has been inadequate. We now must have the courage to take risks and innovate.

Life is the most precious gift we can give an individual child. Saving the lives of millions of children is a rich inheritance that we have the power to leave to future generations. Thank you very much.

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