by Malinda French Gates, Co-chair, Bill & Melinda Gates Foundation

When Bill and I meet people in the developing countries we visit, it’s easy to see what we have in common with them, in spite of our different circumstances. Like us, they have hopes for the future. They have parents who love them and children who need them. They have intellectual curiosity, an entrepreneurial spirit and a determination to make life better for themselves and their children.

I am especially moved by the mothers I meet. They invite me into their homes, and we sit on the floor, often on opposite sides of a small mat, talking. I have young children myself, and I try to put myself in their position. What would I do if I were on the other side of the mat? What would I want for my children?

If I were a pregnant mother in Bangladesh, I would want to know the facts: that breastfeeding instead of using formula is one of the best ways to save my newborn from cholera. If I were a mother in Malawi and my daughter got sick with diarrhea, I would hope that she could get the electrolytes she needed before it was too late.

Those would be my hopes, my dreams, my wishes. But for many, they are not the reality of their daily lives. The reality is this: In 2006, 9.7 million children died before they turned one. That is 269 every hour. Two-thirds of these deaths are preventable or treatable.

In some countries I’ve visited, mothers don’t give their children names for weeks or even months because they don’t want to start caring about them. The chance that their children will die in those first weeks is just too high. When I hear such stories, I am jolted back to my side of the mat. How can such widespread tragedy be so common in the developing world?

On my side of the mat, when my kids are sick, they get antibiotics. On the other side of the mat, when their children get sick, they may be receiving a death sentence. Those of us in wealthy countries must try to put ourselves on the other side of the mat.

Fortunately, the story is starting to change. Governments around the world are doing more for children’s health. Efforts to treat and prevent the world’s most devastating diseases are improving the lives of millions of children.

To keep this momentum going, we must remember that these mothers love their children just as much as we love ours. We must see that these children have boundless potential. And we must help them realize their potential by bringing more governments, more businesses and more individuals to this work – to unite for maternal, newborn and child survival and health. When we do, all mothers will have a chance to see their children grow up happy and strong, and all children will have a chance to make their dreams come true.

The challenge is to build on the progress achieved across the developing world in preventive interventions delivered by outreach services, particularly in recent years. Expanded interventions delivered by outreach – notably expanded immunization programmes, enhanced distribution of insecticide-treated mosquito nets, greater distribution of oral rehydration therapy and a broadening of vitamin A supplementation – have enhanced the input side of the child and maternal health balance sheet. Analysis of these results, together with the enhanced frequency of data collection, promises to show a marked impact on child and maternal survival outcomes in the coming years.

Notwithstanding the many initiatives, programmes and policies that have proliferated since the first year of the new millennium, the opportunity to reduce deaths among children under five has never been clearer. What needs to be done for progress in child survival is clear. When it needs to be done, and who needs to be involved is also clear.

The need to be united – in both word and deed – to ensure the right of mothers, newborns and children to quality primary health care is clearest of all.

The challenge is, therefore, to shake off any cynicism and lethargy and put aside the broken promises of the past. At the midpoint between the inauguration of the MDGs in 2000 and their target date for fulfilment in 2015, much has already been achieved. The basis for action – data, research, evaluation – is already well established. It is time to rally behind the goals of maternal, newborn and child survival and health with renewed energy and sharper vision, and to position these goals at the heart of the international agenda to fulfill the tenets of social justice and honour the sanctity of life.

The means are at hand. It is now a question of will and of action – for there is no enterprise more noble, or reward more precious than saving the life of a child.