

## The Humpty Dumpty Institute's 37<sup>th</sup> Staff Delegation to the United Nations:

### Working Lunch

Friday November 18, 2011

Remarks as prepared by Anita Sharma, Director Millennium Development Goals Initiatives, United Nations Foundation

#### ***Every Woman Every Child and children's health***

Thank you to HDI for inviting me to speak with you today and to all of you for taking the time from your busy schedules to learn more about the UN and its important programming. I know one purpose of this working lunch is to enable you to meet and mingle with UN diplomats, so I'll try not to monopolize your lunch hour, and please do feel free to continue to eat.

I work for the United Nations Foundation, and as you have likely learned from Mike and Jordie, we are an advocate for the UN and connect people, ideas, and resources to power solutions to global challenges. It is precisely for this reason we became engaged in the *Every Woman Every Child* campaign, which is the effort in support of the Global Strategy for Women's and Children's Health, by announcing a \$400 million commitment with our partners over five years to help improve women's and children's health, as well as by working very closely with the UN Secretary General Ban-Ki Moon to increase awareness and raise support from the private sector. I'm happy to speak with you about *Every Woman Every Child* today, why it's needed, what it is, what it aims to accomplish, and how you can support it. Though both women's and children's health represent pressing global concerns, my remarks today will focus on children's health in particular

You've met with colleagues from UNICEF today so I imagine you've learned of the grim statistics and the positive development in children's health.

You learned that if you are born in Somalia, you have a one in five chance of dying before your first birthday, and that was even before the crisis, you're unlikely to be immunized against the two major killers of children under age 5: pneumonia and diarrhoea; if you're like 70% of the population, you lack access to safe water, and if you do make it age six, you may be one of the lucky three out of 10 children to enroll in primary school age.

On a positive note you probably also learned the number of children who die before reaching age 5 each year has declined 37% – from more than 12 million in 1990 to 7.6 million in 2010. The number of women dying due to complications during pregnancy and childbirth has decreased by 34% – from 546,000 in 1990 to 358,000 in 2008.

Some bright examples include Niger, cutting child mortality from 311 per 1,000 live births in 1990 to 143 by 2010. Malawi, Liberia, Sierra Leone and East Timor had child mortality rates of less than 100 deaths per 1,000 live births.

How is this possible? The end to violent conflict certainly helped, as did improved access to healthcare services, particularly for pregnant women and newborn babies, better nutrition and more widespread

coverage of immunization programs.

Unfortunately despite these gains, we are not on target to meet the goal of reducing child mortality. Despite this progress, nearly 21,000 children still die every day, most from preventable causes and 1,000 girls and women die each day in pregnancy and childbirth.

The Secretary General tells a story of when he was young boy growing up in Korea, his mother used to tell him a story about women going into room to give birth, this was not a hospital, and there were no midwives. They would leave their shoes at the door. The women would look at their shoes, wondering if they would live to put them on again.

As we know Korea has developed so rapidly during the past 50 years that it probably has few of those situations. But we know that in many places in the world that is not the case, and millions of women and children die needlessly and these deaths can be prevented.

In response to these dire health realities, the United Nations has stepped forward with the *Every Woman Every Child* effort to tell the world that woman and children not only matter, but that they need to be a priority.

*Every Woman Every Child* is an international, multi-stakeholder effort that aims to intensify and mobilize global action to improve women's and children's health. Launched by UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, the *Every Woman Every Child* effort puts into action the Global Strategy for Women's and Children's Health, which presents a roadmap on how to enhance financing, strengthen policy and improve service on the ground for the most vulnerable women and children.

The action plan identifies the major killers of children under age 5: pneumonia, diarrhea, preterm birth complications, and birth asphyxia. Under nutrition is an underlying cause in more than a third of under-five deaths. Malaria is still a major killer in Sub-Saharan Africa, causing about 16 per cent of under-five deaths. The proportion of under-five deaths that occur within the first month of life (the neonatal period) has increased about 10 per cent since 1990 to more than 40 per cent, pointing to the need for better maternal and neonatal care.

Low cost solutions may be found in part by the contributions of frontline health workers. Millions of people in impoverished countries are alive today because they were born with the help of a trained midwife, or they were vaccinated as children by a nurse, they received nutritional supplements, or because their families learned from a community health worker to adopt healthy behaviors like hand washing and sleeping under a mosquito net.

Progress in places like Bangladesh, Indonesia, Nigeria, and Ethiopia show us that simple solutions can save lives, and that countries do not need to wait to become wealthy in order to make huge gains for their people.

The *Every Woman Every Child* effort has substantially increased commitments and contributions, including financial, policy and service delivery commitments, towards advancing women's and children health.

We all have a role to play in this unprecedented global effort.

That's why *Every Woman Every Child* has brought together all the key actors under one umbrella and integrated their objectives and programs into one coherent approach to advance MDGs 4 and 5, related to children's and maternal health, respectively.

That this comes from such a wide range of actors is particularly significant.

To date, 191 partners have made 206 commitments to the *Every Woman Every Child* effort since it was launched in September 2010, including commitments by 67 governments, 16 philanthropic institutions and foundations, 14 UN multilateral organizations and partnerships, 58 non-governmental organizations, 23 members of the business community, and 10 academic and research institutions.

Together, our pledges will ensure more health for the money, through better and more focused use of all available resources.

They also represent more money for health, taking a major step towards filling the gap between the investment needed and what is currently provided for women's and children's health – with an estimated US\$40 billion in funding already committed over the next five years.

This funding will be measured and tracked to ensure accountability for commitments, actions and results. The UN and its partners are working hard to ensure that this effort is not just a bunch of eloquent speeches that have no consequence or follow-through. Commitments made by all stakeholders are real and will be monitored. An accountability framework is in place to track progress each year and identify areas where it is lagging. It will help us learn what works, and will focus on implementation and results.

Technology, innovation, and sustainable business models are also important to accelerate and sustain achievements.

Many key actors are making new and game-changing commitments that are crucial to the success of the global effort to improve children's health.

For example, let me tell you about an exciting new project that is working to deliver vital health information to new and expectant mothers through mobile phones.

We know that people all over the world now have access to mobile phones but they may not have access to health information and medical care during and after their pregnancy. That's where MAMA, or the Mobile Alliance for Maternal Action (MAMA) comes in. Developed by USAID, Johnson & Johnson, the UN Foundation, mHealth Alliance and BabyCenter, MAMA's goal is straightforward: to provide a low-cost, highly-accessible mobile phone communication system for mothers in Bangladesh, India, and South Africa to improve maternal and newborn health outcomes. Participating mothers use their mobile

phones to receive automated SMS or voice messages packed with relevant health information, tailored to the mother's pregnancy stage and baby's age.

Other initiatives for children's health are similarly multi-sectoral. Through the GAVI Alliance, partners from all sectors came together in June to increase resources for life-saving vaccines. An additional \$4.3 billion was committed for 2011-2015 at the event, co-hosted by the governments of the United Kingdom and Liberia, and the Bill & Melinda Gates Foundation. These resources will make a huge difference to the health of women and children.

During its meeting in Dhaka, Bangladesh this week, the GAVI Alliance board approved a new funding window for rubella vaccine. This will allow countries to apply for funding for combined measles and rubella "catch-up" campaigns to vaccinate young people aged 9 months through 14 years old. This supports the Measles Initiative – a global health partnership led by the American Red Cross, United Nations Foundation, UNICEF, U.S. Centers for Disease Control and Prevention and the World Health Organization – which has mobilized and invested US \$875 million in measles control activities, supporting the vaccination of more than 1 billion children in more than 80 countries. These efforts have helped to save an estimated 4.3 million lives, and contribute significantly to reduction in child mortality.

And in another example of world leaders making a decisive move to tackle global health challenges, the Scaling Up Nutrition Movement (SUN) has brought together over 20 countries and more than 100 local, national and international stakeholders to support households – and women in particular – to improve their own and their children's nutrition. By 2015, SUN aims to reduce the stunting of young children and nutrient deficiencies in women and children, improving or saving millions of lives and decreasing the risk of non-communicable diseases such as diabetes later in life.

As part of this commitment, the UN Foundation and its partners have pledged \$400 million over the next five years in new funding support to the Global Strategy. The areas of focus include childhood immunizations, malaria prevention, holistic health for adolescent girls, access to reproductive health supplies and services, clean cookstoves, and improving maternal and other health outcomes through mobile technologies.

Governments have to set the stage for effective healthcare. But the private sector and civil society can help deliver it. There is a role for all of us to play.

As far the United States: It has committed to build on important recent efforts, notably President Obama's Global Health Initiative (GHI), a \$63 billion initiative to help partner countries save lives and achieve sustainable health outcomes. The GHI sets out ambitious targets for improving maternal and child health to inspire an intensive effort, among them doubling the number of at-risk babies born HIV-free.

As you know global health is not a partisan issue, whether it is President Obama establishing the GHI, or President Bush committing to fight HIV/AIDs and malaria, as well as the many pieces of legislation supported by your bosses.

Because of innovative and game-changing commitments like these, one year on, we are seeing the very real results that Every Woman Every Child was meant to generate.

These actions are combining to save lives: the number of mothers dying from pregnancy and childbirth-related causes is decreasing, and the number of children surviving beyond their fifth birthday has grown.

This is an important start – but we have a long way to go to reach our goal of saving 16 million lives by 2015 and securing the well-being of every woman and every child. That is why, while we pause to look back at what has been achieved in the past year, we must also pick up the pace in addressing the tasks that remain.

I should stress that though a financing gap of about \$15b a year remains, not all of the money is coming from donor countries, what is unique about *Every Woman Every Child* is that all players are stepping up to the plate. Poorer countries are mobilizing domestic resources, and the private sector is engaging too. Through collaboration, pooling resources and working together, we are stretching resources and not duplicating efforts.

The UN has recognized the old way of business won't work and has reached out so many different partners. Together we can work to sustain and galvanize momentum around this unprecedented global effort, and achieve our goal of saving the lives of 16 million women and children by 2015.

Now, I am biased but I believe that improving the health of women and children is an idea whose time has come. Not just because it is the right thing to do, but because it is not a cost, it is an investment. When women and children are healthy, then communities and nations are healthier and more productive, and hopefully more secure and safer in the process. In closing I will just say that it might not be so far-fetched to imagine a healthy and happy 6 year old Somali child in the near future. Thank you.