



# WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY  
Agenda item 4

A55/DIV/8  
13 May 2002

---

## **Address by Carol Bellamy Executive Director of the United Nations Children's Fund to the Fifty-fifth World Health Assembly**

**Geneva, Monday, 13 May 2002**

Mr President, Madam Director-General, distinguished delegates, ladies and gentlemen:

On behalf of the United Nations Children's Fund, I am delighted to have this opportunity to address the World Health Assembly – and I extend warm thanks to the Director-General and the Assembly for their invitation.

Three nights ago, in the presence of an unprecedented number of child delegates and nongovernmental organizations, the General Assembly's Special Session on Children strongly reaffirmed the 1990 commitments to children – and put forward a 21st century agenda that calls for major improvements in child survival, health, education and protection by the year 2015.

The agenda, part of the outcome document titled *A World Fit for Children*, includes a series of objectives, some reflecting the unfinished agenda of the World Summit for Children, others the longer-term goals endorsed at the United Nations Millennium Summit and other major United Nations summits and conferences.

Mr President, all of us have reason to be enormously proud and pleased by what was accomplished last week, when national leaders declared their intention to change the world for, and with, children.

The question now is whether the solemn promises of the Special Session can be translated into strategies and substantive investments in children, and how all of us concerned with child-health issues – Ministers of Health and multilateral agencies like WHO and UNICEF – can work together to make lasting improvements in the health status of children and women.

Take, for example, the yearly deaths of some 11 million under-five children, a figure that represents a reduction of only 14% over the last decade, with virtually no progress in sub-Saharan Africa.

There is one effective way to meet the challenge of 11 million yearly deaths – and indeed, all of the health challenges set forth in *A World Fit for Children* – and that is to reach every child and adolescent with basic, highly cost-effective interventions. This approach is a practical expression of

UNICEF's view that the survival, growth and development of children are universal development imperatives and integral to human progress.

But what is to be done when there are so many needs and never enough resources? In times of scarcity, investment choices must be made to maximize returns – and the evidence is clear that investing in the health of children and adolescents yields particularly high returns.

Looking beyond the health or nutrition or education sectors is crucial. Many of you here today are Ministers of Health, but what's needed is a government with a Minister of Linkages! For example, basic nutrition – appropriate infant feeding that encompasses breastfeeding and complementary feeding, micronutrient delivery by supplementation and fortification, and sufficient calories and quality for growth and development – is all too often forgotten. Yet it is essential for improving health and achieving overall development objectives.

Health has also been identified as an important element in sustainable development, and UNICEF is hopeful that children's health will be prominent in the draft outcome document being drafted for the World Summit on Sustainable Development, to be held in Johannesburg in August.

Expanding coverage to reach every child benefits not only individuals but their communities. Expanded coverage of health and nutrition interventions means more children ready and able to learn in school.

Empowering young people to avoid substance abuse and HIV/AIDS infection deepens the pool of talent available to societies as healthy adolescents build their own human capital and assume productive roles in their families and communities.

What, then, is needed to reach every child and adolescent? Given the gaps in coverage of even the most basic interventions, business as usual will clearly not be enough.

UNICEF's analysis of the situation of children and adolescents begins with the family. In addition to providing the primary developmental space for children and adolescents, the home is where 80% of child deaths occur. Services that are focused in facilities and institutions will never address this reality.

UNICEF welcomes additional resources for health – resources that must flow to interventions that work in improving health outcomes. However, it is critical that their disbursement foster accountability. Recipient governments that shift domestic resources from health to other activities as ODA flows for health increase are playing a variation on a sad tune.

Second, decentralization has profoundly altered the delivery of health services and the role of ministries of health in that delivery. Increasingly rare is the country with a vertical public system in which all services are planned, managed and delivered by government. There are no countries where such a structure can hope to reach every child.

Government has untapped power to increase the quality of services – but it must go the extra mile to exercise that power properly. Reducing under-five mortality rates means moving from being Ministers of Health Services to Ministers for Health Outcomes. In sporting two hats, you as Health Ministers must not only meet the political challenges of allocating resources and managing human resources, but also bring private providers into functional relationships with those in need.

Be assured that UNICEF will work with you to ensure that increasing numbers of children and adolescents benefit from effective health services that can be delivered to wherever they live.

Let me turn now to the new agenda for children that came out last week at the Special Session on Children.

Under the heading “Promoting Healthy Lives,” the new agenda’s health and survival priorities include:

- Reductions of at least one-third in infant and under-five mortality in this decade, on the way to a two-thirds reduction by 2015;
- Improvements in access to safe water and adequate sanitation;
- Promotion of early childhood development programmes, including health and nutrition;
- Development and implementation of national health programmes to safeguard adolescents.

For the period 2002-2005, UNICEF will focus on five priorities in its strategic plan: (1) early childhood development, with a focus on health and nutrition; (2) “immunization-plus” for all children; (3) that all girls receive an education; (4) that all children are protected; and (5) fighting HIV/AIDS.

This should foster the best start in life for all children and all adolescents the opportunity to enjoy the fullness of life. Sectoral health activity is vital to all of these but more important, all of UNICEF’s priorities can contribute to improved health for children and adolescents.

UNICEF’s emphasis on reaching every child and adolescent highlights the confluence between our efforts on health and our commitments to the rights of children and adolescents. Health is not only a right of all children and adolescents under the Convention on the Rights of the Child but is an essential prerequisite to realizing the rights we share as humans.

What, then, is the role of Ministers of Health in building *A World Fit for Children*? Over the last 10 years, many of the countries facing the highest burden of illness and death among children and adolescents have also undergone extensive health sector reform, with mixed results. Many health sector reforms may have made health services more efficient, but all too often have stopped at the health centre door.

As UNICEF looks ahead to the next decade, we see an opportunity to focus our energies on strengthening health systems to focus on bringing services to people rather than people to services. Imagine health sector reform that delivered family-friendly services where the onus was on service delivery to reach every child and adolescent.

A second key aspect of expanding coverage concerns commodities essential to health. Medicines are but one example – too often after walking for several hours to the clinic, caregivers leave empty-handed. Despite the caregiver correctly assessing that her child was sick and needed treatment, and travelling to the appropriate facility, the medicine needed to treat the sick child is out-of-stock or locked up and the person with the key has gone home.

I challenge you to consider how to make those essential commodities more available to households. Are we ready to empower families with a survival pack of essential medicines as a step to prevent some of the seven of every 10 child deaths occurring at home?

But services and commodities alone are not enough – knowledge is also critical. Here, two examples spring to mind. First, IMCI – Integrated Management of Childhood Illness – includes both knowledge upgrading for health care workers but also community action to increase the knowledge of families to care for their children when sick, ensure proper nutrition, and create an environment in which the child can grow and develop.

Second, UNICEF and multiple partners, including WHO, have been collaborating on the booklet known as *Facts for Life* for almost two decades. *Facts for Life* takes information that is vitally important to child health and development and puts it into the hands of families and communities, the hands that will be the first response to illness, and will build the environment in which that child blossoms or withers developmentally.

When one looks at successful efforts of going to scale on any health intervention, the knowledge and commodities needed to improve health are accompanied by communication for behavioural change and communication for social mobilization; in short, support for strategies that emerge from communities about how to use a health commodity or change a care practice coupled with the creation of an environment that enables, even expects, such change to occur.

So, if I may borrow a medical metaphor – we have the diagnosis. What are we going to do to change the prognosis?

Business as usual means at least 11 million child deaths a year, so I feel confident we all agree that business as usual is not an option. Regarding how you as Ministers structure your work, I can only urge you to focus on results – results that matter for children, adolescents and families and results that mean fewer deaths, less illness and reduced disability.

Distinguished delegates, you and your governments represent the final common pathway through which our advocacy, resources and programmes translate into improved health for your citizens – a vital role in which UNICEF stands shoulder-to-shoulder with you to move past business as usual.

A major priority is reducing under-five mortality, maternal mortality and reversing the HIV/AIDS pandemic. How to reach those goals? UNICEF is ready to help you make a start, in partnership with such agencies.

Let me go a step further. We have all heard of the need for focus, for accountability, for stewardship of scarce resources. The goals in *A World Fit for Children* mark out a clear destination.

In health, UNICEF is ready to commit itself to a simple but effective strategy: working with Ministers of Health and other partners to reach every child with immunizations, oral rehydration for diarrhoea, antibiotics for pneumonia, improved nutrition including micronutrient supplements – and to impart the knowledge required for families, communities and health services to use them effectively.

In some of the most resource-constrained environments, particularly in sub-Saharan Africa, the stakes are higher and so the list is slightly longer, including insecticide-treated bednets, antimalarials, and nevirapine to prevent mother-to-child transmission of HIV.

For adolescents, information, skills and services to enable them not only to reduce their risk of HIV/AIDS infection, but to grow into capable adults and thus, a strong foundation for the next generation and the global future.

And finally, a concerted effort to deliver effective antenatal care to every pregnant woman, to promote proper nutrition of women of child-bearing age, to ensure skilled attendance at delivery and care of the newborn. All of these interventions require collaboration between health systems and other sectors or actors in society. Ministers for Health Outcomes are desperately needed to move ahead and produce results – results that matter for children and adolescents and results increasingly demanded by those who fund multilateral organizations and ODA and by your own Ministers of Finance.

Some see this emphasis on results as undesirable interference with the process of development, but I propose to you that results matter not simply because the donors want them, but because you, through your governments, and UNICEF, through its role in the multilateral system, are all committed to results. UNICEF looks forward to working with all of you.

Thank you.

= = =