

**Address by Melinda Gates,
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to the Sixty-seventh World Health Assembly**

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Mr President, Director-General Dr Chan, First Lady Dr Christine Kaseba-Sata, Excellencies, ladies, and gentlemen.

Thank you for inviting me to speak to you today.

Global health is my second career. I wasn't formally trained in the field, but I have spent the last 15 years learning about it from experts, many of you in this room. I have travelled to dozens of countries to see for myself how the right investments can help people tap into potential that has been buried under the burden of poverty and disease.

One thing I've learned during my apprenticeship in global health is how complex and how absolutely critical your work is, both as part of this assembly and in your ministries. Here, you debate what is possible, and encourage the world to see what we can accomplish together. Back home, you do the challenging work of turning big plans into results.

Simply put, you have proved that your bold ambition is justified. The world is getting healthier – faster – than ever before. To me, the best measure of success is declining child mortality in the last 20 years. When you think about global health as a choice between saving more children or letting more children die, I think it is very clear what we want.

The world's record on child mortality is strong. Since 1990, the baseline year for the Millennium Development Goals, the number of children dying has gone down by 47 percent. This improvement is even more impressive if you account for population growth. If the rate of death had remained constant since 1990, then 17 million children would have died last year. Instead, the number was 6.6 million. That is incredible progress, but still too many children dying.

That progress is stunning. And yet the fact that 6.6 million children still die – almost all of whom could have been saved – is just as stunning. It's also an urgent call to action. Getting that number down as close to zero as possible is a cornerstone of your work.

My husband Bill has had the honour to address this assembly on two occasions. In 2005, when our foundation was still very young, he explained who we are, why we were getting involved in global health, and how we think about solving problems together with our partners.

He told the story of the newspaper article we read about rotavirus, which kills hundreds of thousands of children in poor countries but almost none in rich countries.

We were shocked by this glaring inequity, but we were also inspired by the world's ability to address it. Innovations like oral rehydration therapy and rotavirus vaccines are making it possible to save those lives – and to live out the principle that all lives have equal value.

In 2011, Bill talked specifically about our foundation's work on vaccines. This body committed to make this the Decade of Vaccines, and you committed to reaching all children with the vaccines they need by 2020. The WHO regional committees are tracking progress against this Global Vaccine Action Plan.

The GAVI Alliance, which has worked with you to drive global immunization rates higher than ever before, is hosting a replenishment conference this year. The results of that process will have a major impact on the story of child survival in the coming years.

Bill also spoke about the world's fight to eradicate polio. At the time, there were four polio-endemic countries in the world. Now, thanks to India's heroic efforts, there are just three. We still face serious challenges, including outbreaks. But new partners are joining the initiative. And they are using innovative approaches, including creating a Global Islamic Advisory Group under the Grand Imam of Mecca to support vaccination.

Since you first heard about our foundation, our core values haven't changed – and they never will. We will always do this work because we despise inequity, and because we believe in the power of innovation to solve problems.

Today, I'd like to talk about the issue I spend the majority of my time thinking about: the health of women and children around the globe.

A few years ago, I visited a hospital in Lilongwe, Malawi. It was an excellent hospital, with a highly trained staff. As I was talking to a doctor in the neonatal unit, a nurse rushed in carrying a baby girl suffering from birth asphyxia. She was purple when she was born, and I watched as the staff used a bag-and-mask device to resuscitate her. The doctor told me they had intervened in time; the baby was unlikely to suffer any long-term consequences from the asphyxia.

Even though this was a top-of-the-line hospital, it was crowded. The girl whose life had just been saved was lying on a warmer right next to a boy with asphyxia. Except the boy hadn't been as fortunate. He was born on the side of the road, where his mother was waiting for a ride to the hospital. By the time they got there, it was too late for her son. He was dying.

Those two babies, side by side, one taking her first breaths, the other taking his last, are a symbol of what we are here to do. There are two versions of the future. One is full of promise. The other is a broken promise. How well we care for women and children will determine which future comes to pass.

To the global health community, newborns are part of a broader continuum. We talk about their lives in the context of five letters: RMNCH. Reproductive, Maternal, Newborn, and Child Health.

It's a cumbersome acronym and a mouthful, but there are good reasons to link those letters together.

In people's experience, they are inextricably linked. Newborns don't undergo a transformation on the 29th day of their lives, regardless of the fact that we suddenly categorize them as children. As far as parents are concerned, there is no difference between the N and the C.

And each step along the continuum relies on the previous step that was before it.

- If women can plan their families, they are more likely to space their pregnancies.
- If they space their pregnancies, they are more likely to have healthy babies.
- If their babies are healthy, they are more likely to flourish as children and later as adults.

When mothers have healthy pregnancies, and when children thrive, the positive benefits last a lifetime.

This isn't true just in developing countries where maternal and child mortality is relatively high. It's true everywhere. In fact, we keep seeing new evidence that links maternal and child health to non-communicable diseases like cardiovascular disease, diabetes, and obesity that increasingly plague all countries.

The data is convincing. If we want thriving societies tomorrow, we need healthier mothers and children today.

I have three children. When I travel, I find myself drawn to other mothers. Their stories – which are about their tenacious fight to give their children a better life than they had – ring in my ears and inspire me to do the work I do. When I look at the data about maternal and child mortality, I always try to remember that the numbers are telling their stories.

Women and children are a leading indicator of the health of the world. So the trend lines are encouraging. I already mentioned child mortality. And it's not just that more children are surviving; it's also that more children are developing cognitively and physically in ways that will help them lead productive lives.

The trajectory for maternal mortality is also similar. Between 1990 and 2010, the annual number of maternal deaths dropped from about 550 000 to fewer than 300 000. When you think of the ripple effect that 250 000 mothers who are alive and well have on their communities, the improvement is even more momentous.

However, the exciting child and maternal health data highlights the fact that the data for newborn health isn't nearly as good. The world is saving newborns at a much slower rate than children under five. Each year, 2.9 million children die within their first month of life. One million of those newborns die on their first day of life.

The vast majority of newborn deaths are preventable. I want to be very clear about what I mean when I say preventable. I don't mean theoretically preventable under ideal but unrealistic circumstances. I mean preventable with relatively simple and relatively inexpensive interventions. Preventable with systems and technology available we have now in almost every country.

Let me give five examples of these interventions, which you can read more about in the *Lancet* series on newborns published today.

- Resuscitating babies who aren't breathing, like I saw nurses doing at the hospital in Malawi. It requires basic training and a bag mask that costs \$5.
- Drying the baby immediately and thoroughly, which helps prevent hypothermia.
- Using chlorhexidine, a basic antiseptic that costs a few cents, to clean the umbilical cord and stop infection.
- Breastfeeding within the first hour, and breastfeeding exclusively for six months. Breast milk is the global gold standard for infant nutrition, and it serves as a baby's first immunization by delivering antibodies from mother to child.
- Kangaroo mother care, skin-to-skin contact between a mother and a newborn to regulate the baby's temperature, heart rate, and breathing; prevent infection; and promote the flow of breast milk.

These are best practices that work everywhere, but that aren't being used optimally anywhere. The United States spends more than US\$ 10 billion a year to treat babies with conditions resulting from sub-optimal breastfeeding. And US paediatricians only recently began to recommend skin-to-skin care over putting babies in incubators.

Resuscitation. Drying the baby. Chlorhexidine cord care. Immediate breastfeeding. Skin-to-skin contact.

If we could manage to get these five interventions scaled up around the world, we would save hundreds of thousands of newborns each year.

What's more, these inexpensive measures can be incorporated into health systems already in place in countries throughout the world.

When it comes to managing serious complications, it's best for mothers and newborns to be in health facilities, provided that the quality of care in those facilities is high.

However, the high-impact interventions I just mentioned can also be delivered by frontline health workers. For example, Ethiopia trained health extension workers in certain regions to provide improved maternal and newborn care, including the five interventions I just mentioned. The result was an impressive 28 percent reduction in newborn mortality.

The same frontline worker who manages sepsis can counsel women about contraceptives, conduct prenatal visits, and give vaccines. Ultimately, it's the combination of all these interventions that will help women and children lead healthy, productive lives. Even though I have been focusing on newborn health, I want to reiterate that the goal is not to prioritize newborns above the other priorities along the RMNCH continuum, but to keep them in their proper place alongside the other priorities.

These interventions have to be integrated, and, with your leadership, they can be.

This week, you will consider the Every Newborn Action Plan. If you endorse the plan, I encourage you to use the full power of this assembly, as well as the regional committees and national engagements of the WHO, to track its progress in detail. We will be tracking along with you at our foundation, where aligning our investments to help newborns thrive. It is one of our top priorities.

You will be the ones responsible for translating the plan into action when you go back home. No public health intervention, no matter how successful it seems to be in the laboratory, can succeed without your leadership and management on the ground. The clinical science is one thing. The complex process of making sure that women and children in your countries benefit from the science is something else.

I don't claim to understand the competing pressures that cross your desk every day. But I know that no health minister can drive change alone. Progress requires working with other government officials, not to mention the private sector, civil society, religious organizations, and community leaders. And winning allies requires making a case that newborn health is more than just one priority among many.

Saving newborns is a tender-hearted act of love that also makes hard-headed business sense. *The Lancet* recently published the most advanced analysis to date of the links between public health and economic growth. The report finds that lower mortality by itself has accounted for about 11 percent of economic growth in low- and middle-income countries. And that's not counting the enormous economic advantages of a healthier, more productive labour force. The report modelled a package of health interventions focused on RMNCH and found that every dollar invested yields at least US\$ 9 in economic benefits.

At the Gates Foundation, we're committed to supporting your leadership. That's why we're working with you to generate the evidence you need to strengthen your case that investments in women and children's health provide value for money. For example, based on requests from you, we funded research into the demographic dividend that shows the connection between family planning, maternal and newborn mortality, child survival, nutrition, and economic growth. We will continue to gather the evidence you need to advocate for your priorities. Your priorities are our priorities.

Another way we can help is by supporting additional clinical and operational research. Which interventions are most effective? Can they be cheaper? Can they be adapted so that they're easier to use? Can they be implemented more efficiently? The answers to these questions will help you get more impact per dollar, and we are investing with you to find those answers.

Finally, we will always advocate for these issues – and for the women and children who are fighting for a better life.

As you define your national priorities and draw up your national plans, we will work with global donors, both private and public, to align around shared priorities. We will explain why we are investing our money in these issues, and we will try to persuade donors that they should, too.

For most of human history, we have been resigned to the fact that women and children die.

But you and I are fortunate to be living at a time when we don't have to be resigned any more. The facts are clear: When we invest in health, we get results. That's a paradigm shift, the notion that we have the power to prevent sickness and promote better health. That exists in front of us today.

But there are other perceptions that still need to change. There is still a sense that cutting-edge health care requires expensive technology. There is still a sense that improving health is a nice thing to do, but not a smart way for a country to invest money.

That is why this assembly is so important.

You are representing the nations of the world at a historic moment – at the moment when we have solid proof that investing in health is the best use of our collective resources. People still say that caring for women and children is too big an investment for too uncertain a return. You and I get to be the ones who present powerful evidence to the contrary.

And we can use that evidence to insist to the world that – from this day forward – every baby born will be a promise kept. Thank you.

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