

AS PREPARED FOR DELIVERY**Anthony Lake****ECOSOC Operational Segment****New York*****Dialogue with Executive Heads*****12 July 2010**

Thank you, **Vice President Cujba** and **Under-Secretary-General Sha Zukang**.

I am glad to join this dialogue about how we can align our efforts and accelerate progress toward the Millennium Development Goals.

Many of you heard me speak last week about growing concerns that as we intensify our efforts to reach the MDGs, our progress is uneven, and inequities are deepening rather than diminishing.

There are many reasons for the widening disparities we are seeing, as there will be differing views on the best way to address them. But the evidence that the gaps are growing is compelling.

The world's 49 least developed countries are the richest in children, but the poorest in child survival, the poorest in child development and the poorest in child protection.

In fact, a child born in the bottom quintiles of a developing country faces extremely high odds. More than 75 percent of the 100 million primary school-aged children currently out of school live in South Asia and Sub-Saharan Africa – regions which also have the lowest rates of birth registration, the highest rates of stunting and the most limited access to basic health care, clean water and sanitation.

And we can never forget that even as the number of children who die before reaching their fifth birthday has greatly decreased – a number that remains unspeakably high -- the relative under-five child mortality rate has actually increased in the most disadvantaged and desperate places.

That's certainly the case in Sub-Saharan Africa, where a child born today is 24 times more likely than a child in an industrial nation to die under the age of five from a preventable cause – that's up from 18 times in 1990.

There is no denying that this gap has continued to widen during the greatest push the world has ever seen to improve human development on a global scale.

And there is no hiding from the fact that in the majority of developing countries which have actually reduced their under-five child mortality rate – an apparent success – the disparity between rich and poor children’s survival has actually increased ... by as much as 10 percent in some countries. That is also a tragic, angering failure.

The MDGs were meant to be and are a unifying force for the highest human aspiration – to ensure that more people can live in peace, in plenty and in freedom. They were not meant to widen disparities. And certainly, no one wants that.

So, as we begin the final five-year push to achieve the MDGs, and even as we accelerate our existing programmes, we also need to think anew – and refocus our strategies on the forgotten children living at the bottom quintiles of society, whether in developing nations or countries with greater socioeconomic strength.

We need to change the way we analyse data – disaggregating averages to discover concealed disparities – and how we assess need and allocate resources.

As we discussed at last week’s panel on Global Health, because of the linkages among all the MDGs and the interlocking causes of poverty, we also need to develop more integrated efforts – including co-ordinated, community-based interventions that can be brought to scale.

We already know that some of the toughest challenges -- reducing under-nutrition and child mortality, to name just two – depend on community-based delivery systems and trained community workers who can more easily provide services, support and life-saving information to families in need.

Technology and other innovations like SMS texting and new vaccines for child killers like rotavirus can greatly increase our ability to help the most vulnerable and to reach the hardest to reach.

As UN agencies, we have a unique ability -- and a tremendous responsibility -- to drive and support such an approach. Helen Clark made the case very well just now: We can only deliver for many if we deliver as one.

Delivering as one includes working in close partnership with governments -- demonstrating the value of this approach and supporting efforts to integrate it into their own strategies. It also means closer coordination with other international partners and civil society, as well as with the private sector, whose ability to drive innovation is so critical.

And perhaps most important of all, the communities we seek to help must drive their own development.

Jim Grant used to say that if we could retrieve the black box recorder from the wreckage of a failed community development project, we'd find that the reason it failed was that the people it was designed to help found better things to do with their time.

So I'd like to close by sharing with you an example of the opposite approach -- that is having the opposite effect.

Some of you have heard me talk about an eye-opening set of maps that our office in Brazil shared with me. These maps illustrate the disparities that are so often concealed behind national averages. [DISPLAY MDG 4 MAPS]

To be clear, Brazil is not failing its poorest citizens, far from it. In fact, it has been way ahead of the curve in investing in innovative, community-based programs.

These investments are paying off, as another set of maps also prepared by our Brazil office powerfully demonstrate. Before I show them I should admit to some self-interest, since they illustrate the remarkable success of a project called the UNICEF Seal of Approval.

The UNICEF 'Selo' is an award that municipalities compete for; the winner is whoever makes the greatest progress in improving children's lives, tied to specific MDG goals.

The program helps get everyone in the community involved -- from mayors, to other community leaders, to families and even teenagers. As one colleague put it, "winning the 'Selo' becomes everybody's business."

The results are inspiring. [DISPLAY MDG 1 MAP]

Consider this single map, based on data from the Brazilian Ministry of Health and other administrative data. [It may be hard to see, but] it shows the enormous progress participating municipalities have made in meeting the undernutrition component of MDG 1.

On the left you see many areas of red and yellow – communities in 2004 not yet on track to reduce the prevalence of underweight children under 2. On the right, the green areas have grown dramatically, representing a significant jump in communities now on track to meet this critical goal.

If that's not impressive enough, consider this fact: Over the same two year period, the drop in the infant mortality rate was three times greater in municipalities participating in the Seal programme than in other areas of the country. And every round of competition allows our country office to improve the process, refining our data and focusing still more on the areas and people in greatest need.

It is no wonder that many other countries have expressed an interest in the model. In fact, demand has been so great that that UNICEF recently teamed up with the UNDP to produce a Seal of Approval guide to help other countries launch their own similar efforts.

At the end of every Selo competition, the winners celebrate with a huge community party and an award ceremony. The prize is not money – though I am reliably informed that the mayors receive a nice plaque and a kiss on both cheeks from the UNICEF Representative.

But the real reward is the results – the lives saved, the dreams of a better life realized, and the recognition that the people themselves have the power to drive their own development and build a stronger future for their children.

Everything we do is in service to that powerful truth. It is our common mandate – and I look forward to working with all our of UN partners to meet it.

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