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ECOSOC Co-ordination Segment Panel on Global Health
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Excellencies, esteemed guests, colleagues:

Good morning and thank you, Vice President Wetland. I am glad to be here to discuss an issue of great concern to UNICEF and to all of my colleagues here today: Coordination in improving women and children's health.

As we approach 2015, UNICEF's primary health focus is on reducing under-five child mortality, MDG 4. Many of our most important campaigns support this focus – the efforts to eradicate polio, measles and malaria... to prevent maternal to child transmission of HIV/AIDS ... to eliminate neonatal and maternal tetanus ... to improve nutrition for all children and to treat the biggest child killers of all, pneumonia and diarrhoea.

But in this and all areas, we cannot succeed without understanding the linkages among all the MDGs. For example, it is clear that to save children's lives, we must also save women's lives. Consider this fact: 41% of all preventable deaths of children under the age of five occur in the first hours and days of life. Saving the mother and saving the child are inseparable – and we must do both.

The Secretary General's Joint Action plan, which UNICEF strongly supports, emphasizes the close connection between MDGs 4 and 5, and the way women's and children's health cuts across all the MDGs. The same can be said for education and the empowerment of women, without which no society can be said to fulfill its potential. Indeed, it is increasingly clear that all the MDGs are interconnected – so to succeed, our approach must be highly integrated.

This is certainly the case when it comes to the subject of today's panel. Since the H4's Joint Statement on Maternal and Newborn Health, we have worked hard to integrate our efforts in the countries suffering from the highest burdens of maternal and neonatal mortality. Our joint maternal and newborn health projects in Bangladesh, Ethiopia and Pakistan, with more to come in Nigeria and others to follow, are a promising start. They show that we can deliver as one and benefit many.

But as any one of my colleagues here today could tell you, in some of the world's most disadvantaged places, primarily in Sub-Saharan Africa and South Asia, our progress is lagging dangerously -- and the disparities in outcomes are outrageous.

To cite just one or two of the worst examples, a woman in one of the poorest countries is 300 times more likely than a woman from the industrialized world to die from complications of pregnancy and childbirth ... and compared to a baby born in one of the richest countries, a baby born in a poor country is 10 times more likely to die in her first month of life.

It need not be this way – especially not when we have the knowledge, the means and the unprecedented momentum to change it. To save women's and children's lives, we need to invest in integrated strategies and community-based care that are proven to make the greatest difference to those most in need.

First, and most important, we need more skilled birth attendants – by some estimates, around 350,000 more, globally. At least half of the women giving birth in the world's poorest countries do so without a skilled attendant – which directly contributes to the deaths of nearly half a million women and 4 million newborns every year, to say nothing of the broader economic costs of such a tragic loss.

If you think this is an inevitable fact of life in a poor land, then consider that almost 100% of births are attended in Turkmenistan and China; more than 75% of births are attended in Azerbaijan, Tajikistan, Iraq, Egypt and Indonesia. And if we can do this in those countries, we can do it in many more.

Second, and equally important, we must make sure that more people are trained to safely perform basic life-saving medical services. In Mozambique and Malawi, over 90% of the Caesarean sections are performed not by doctors but by skilled surgical technicians who have been trained to do this procedure – and their safety record is equal to that of doctors and obstetricians. You do not need a medical degree to perform services that will keep women and newborns alive.

Third, we need to explore and scale up innovative financing mechanisms to make all health care – especially hospital and fixed health facility care -- more freely available. Countries from Brazil to Ghana to India to Rwanda have launched a range of new initiatives to achieve this, from providing universal free care, to cash transfer programmes and professional incentives to get more disadvantaged women to give birth in hospitals. The early results are promising.

For example, in Sierra Leone, the introduction of free health services for pregnant and breastfeeding women and children under-five has had a significant impact, with early reports showing that visits to clinics and health facilities have increased by more than 170%.

Fourth, we need to make better use of technology. There are now more mobile phones in Africa than in the USA and Canada combined – a growing trend throughout the developing world. SMS technology can make all the difference in rural communities and places with limited access to centralized health facilities and local clinics, mobilizing community health workers or providing real-time advice during a complicated labor or delivery.

Other promising innovations have the potential to save even more lives, like Mother-Baby packs that may help to prevent maternal to child transmission of HIV/AIDS, and anti-shock garments which may help to reduce the risk of haemorrhagic shock caused by complications in childbirth, to name just a couple. And there are more in the works.

When it comes to improving maternal and child health, all of our most pressing challenges can benefit from such an innovative, integrated, community-based approach. We know this, because it's already happening.

Already, countries like Malawi and Nepal are employing thousands of community-based health workers to identify and treat the biggest and often the quickest killers of children under five – diarrhoea, pneumonia and malaria – before it is too late. Similarly, simple, cost-effective treatments like Vitamin A supplements and de-worming, which can be delivered through twice-yearly outreach programmes, are having a tremendous impact. All of these treatments, integrated with renewed efforts to bolster nutrition, can save millions of lives.

Such integrated interventions require equally integrated programmes at the country level, and a renewed commitment to co-operation between all of our agencies. We are already making progress in harmonizing and aligning our programmes at the country level. But we need to do more of it ... and we will.

We must deliver as one, not only in principle -- to build a stronger UN – but in practice, to achieve more sustainable results for children and women and all people, and to help them to build stronger societies.

Because in the end, no programme or initiative, however brilliantly co-ordinated or flawlessly executed, can succeed without the active engagement of the communities themselves – the people whose dreams of a better life are the driving force of all human development.

UNICEF is committed to doing our part, working with our sister agencies, to make those dreams a reality. Thank you.