

SECRETARY CLINTON: Well, good morning.

AUDIENCE MEMBERS: Good morning.

SEC. CLINTON: It's wonderful being here in one of my favorite spaces in Washington and to see all of you for this incredibly important summit.

I want to begin by thanking Senator Isakson. As he said, Johnny and I served together in the Senate. In fact, we were on the same committee, a committee called the HELP Committee, standing for Health, Education, Labor and Pensions, where we worked on a range of issues, including children's health. And I so greatly appreciate his leadership and his heart. He is one of the champions for working on behalf of a better future for children everywhere, and in particular in Africa, and he has a great commitment to the call to action that we are here today to endorse.

I also want to thank our co-hosts, Minister Azad from India, Minister Tedros from Ethiopia. You have already heard from the ministers, and I think you know why I admire them and their commitments. Ethiopia and India are two of the countries hardest hit by child mortality, but they are not shying away from the challenge that that poses. In fact, as you heard from the ministers, the Ethiopian and Indian governments are putting this problem front and center, not just at home, but on the global stage.

And so when we talk about the concept of country ownership, as I did in Oslo two weeks ago, this is exactly what I mean. India and Ethiopia are exemplars of countries stepping up and taking responsibility, and I thank them for their leadership and their partnership.

There are so many partners here from the private sector, the nonprofit groups, the faith-based organizations, because of course saving children's lives cannot be just a job for governments. It requires partnerships involving many of the governments, corporations and civil society groups represented in this room. And this partnership has yielded nearly a quarter of a billion dollars for fighting preventable child deaths. More than 60 faith-based organizations from 40 countries are making new commitments that will reach more than 250 million people: encouraging mothers to breast-feed their newborns, to immunize their children, to seek health care when their kids are sick. That is what shared responsibility is all about.

I also want to thank UNICEF, whose director Tony Lake is here, and I'm grateful for UNICEF's constant reminder that if we don't care for our children, we are indicting ourselves and begging the future. Margaret Chan from the World Health Organization is here, and I thank her for her leadership of that absolutely essential organization.

I thank Carol Lancaster, a colleague from years ago, who is now serving with such distinction as the dean of the School of Foreign Service here at Georgetown.

And, of course, I thank my partner and colleague, Raj Shah. Raj Shah has brought energy and innovation to the work of development and is an outstanding leader at USAID. And he's making partnerships with his counterparts around the world. Andrew Mitchell from DFID in the

United Kingdom is here, and Raj and Andrew are always conspiring about how to be more efficient in delivering lifesaving and life-changing intervention.

Now, some of you may have seen a picture of a very young Raj Shah in the last few weeks as part of this campaign. I also dug up a photo, but you know, it was so long ago, I think I'm 5. (Laughter.) Somebody -- it looks like my father's handwriting -- wrote 1952, which would make me 5, but if you look closely, I've lost some teeth, so I was very confused. (Laughter.)

But regardless, the picture reminded me of how fortunate I was. I could be looking forward to growing up, to going to school, to making friends, all the things we want for our own children. I know I was lucky. All those dreams were possible for me, and some that I could have never imagined all those years ago. But this year, millions of children will never get to take a similar photo, because they won't survive their first five years.

That cannot be the future we want for our children or anyone's children. And so we are all here today with one vision: to make sure every child everywhere lives to see his or her fifth birthday, to eliminate preventable child death in a generation.

Now, I know this is a big goal, to say the least. Last year I laid out a vision of an AIDS-free generation. Well, ending preventable child deaths is just as ambitious.

Now, not everyone agrees that goals like this are achievable or that we should set our sights so high. But I believe in setting goals, and I believe we have good reasons for optimism. We already have many of the tools and much of the knowledge we need, whether it's good nutrition for expecting mothers or the best way to prevent malaria in the first few years of life.

And these tools and knowledge have brought us a long way together. In just the past 50 years child mortality has plummeted by 70 percent. In two decades we've cut the number of children who die each year by more than 4 million. This is truly one of history's great development stories.

And yet progress is not the same thing as success. The raw numbers are mind-boggling. This year more than 7 million children will die from preventable causes before they reach their fifth birthday. That cannot be the future we want for our children or anyone's children. And so we are all here today with one vision: to make sure every child everywhere lives to see his or her fifth birthday, to eliminate preventable child death in a generation.

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That is slightly less, but roughly the population of New York City. And the gap between rich and poor is just as shocking. A child born in sub-Saharan Africa is seven times more likely to die before the age of 5 than one born here in the United States.

Child mortality rates are coming down, but too slowly. On the current trajectory, they will be the same in rich and poor countries in a century. That's too long to wait. We can't wait a hundred years for a child from Pakistan or Nigeria to have the same chance at life as a child in the United States or Europe. Think about the millions of lives we will lose. Think of the parents who will grieve the loss of maybe not just one child, but perhaps two or even three. None of us want to live in a world where a child's life comes down to the luck of the draw.

And this isn't only about building a more just and equitable world. Bringing down child mortality rates also makes the world more prosperous and more stable. Consider the so-called demographic dividend. In many developing countries, the population looks like a pyramid, with a small number of working-age adults supporting far more children and young people. In the developing world, 40 percent of the people are under the age of 20. That limits the opportunities for economic growth and puts an enormous strain on government to provide schools, health care and other necessary services.

But we can change the shape of this pyramid if we drive down child mortality, along with investing in girls' education and improving access to voluntary family planning. It sounds perhaps like a paradox, but when fewer children die, people choose to have smaller families, knowing with greater confidence that their children will survive to adulthood, and then eventually there are more working adults, supporting fewer dependents, which makes it easier for a country to make investments that drive sustained economic growth. And with that sustained economic growth, the country will likely be more stable, less prone to political crises and more apt to become a partner to help solve global problems.

So for all these reasons -- politically, economically and morally -- we see the benefits of saving children's lives. That's why I am so excited about the goal of this conference: to accelerate our progress; to make sure that one day all children, wherever they're born, have the same chance to survive; and to see this day arrive not in a hundred years but within my lifetime.

So how do we speed up our progress? How do we bend the curve and drive down the number of child deaths even faster?

I think it begins by changing the way we approach the problem. The evidence tells us what works, but we need to be more rigorous about following that evidence. We've set targets for reduction, but even if we achieve Millennium Development Goal 4, millions of children will still die every year from preventable causes.

To accelerate progress, we need to agree on a new way forward. That's why we're all here, representatives from 80 countries. That's the goal of the new global road map for reducing child mortality that you will be discussing over the next two days. Later today, Secretary of Health and Human Services Sebelius will commit the United States to this new plan, and I ask that each of you join as well. This road map identifies five ways we can shift our work -- shifting based on evidence, to speed up our progress and save far more lives.

First, we'll focus our efforts in the countries where child mortality rates are the highest. Eighty percent of children's deaths occur in 24 countries, but those countries don't receive nearly 80 percent of global support or funding. We want to work with those governments that are willing to lead the effort within their own borders. And we are joined today by leaders from India, Pakistan, Ethiopia, Nigeria and the Democratic Republic of Congo -- the five countries that together suffer half of all childhood deaths before the age of 5. You will hear from all of them about how they are working to meet this challenge, just as you'll hear about our efforts in the United States.

Yet even as we focus on the hardest-hit countries, we will also identify the specific populations where children are most vulnerable.

That's the second shift. Wherever you find inequality holding people back, you are likely to find a higher child mortality rate. It may be in a slum where vaccinations are hard to come by or in a rural area where the water is deadly to drink. No matter the solution, we will find the communities where children are suffering most and tailor our responses to their specific needs.

Third, we will prioritize fighting the illnesses and conditions that are claiming the most lives: pneumonia, diarrhea, neonatal complications. We will scale up the most effective solutions and support innovative research into new lifesaving, cost-effective measures.

At the same time, we recognize that children aren't born into a vacuum. They are surrounded by families and communities, and the strengths of those families and communities can mean the difference between life and death. So the fourth shift in the strategy is to look at the broader social and economic factors that are closely linked to high child mortality. For example, are girls being educated? Are women being empowered? Do women have access to family planning? Can they make decisions about when to take their children to the clinic? Is the government making investments that drive inclusive economic growth? Child survival is strongly correlated with each of these areas, and we will seek to advance them.

I've always believed that if we had a concerted, persistent public message into countries and communities where the answers to the questions I just posed were all in the negative, that in effect the failure to provide positive answers led to the loss of more children, and do it over and over and over again, we would be able to make progress in getting to the right answers.

Finally, we will make mutual accountability and transparency a centerpiece of our efforts. Now, the word "accountability" gets used a lot in development circles. If everyone who talked about accountability was actually held accountable, we wouldn't need to have events like this one. But by coming together to support this agenda, we can all work to give accountability some teeth.

Ethiopia's leadership is a great case in point. As Minister Tedros said, his government is using a scorecard to track their progress, providing transparency and accountability for their commitment. If every country developed their own scorecard or, even better, adopted a uniform scorecard, then we could come and evaluate our efforts every year based on shared data and know who was living up to their commitments and who was falling short.

For our part, the United States is committed to making these five shifts part of our broader effort to change the way we do business in development. Already we are the largest funder of children's health, including maternal health, family planning, nutrition and other areas. Last year alone, PEPFAR reached 660,000 HIV-positive pregnant women, enabling 200,000 babies to be born HIV-free.

And PEPFAR has joined UNAIDS in leading a partnership to virtually end mother-to-child transmission by 2015. We will maintain that kind of financial, technical and diplomatic commitment even as we do a better job coordinating our programs and aligning our resources to support country-led plans.

And we're also supporting several new initiatives that will help put this new road map to the test. Along with the Norwegian government, Merck Pharmaceuticals, Every Mother Counts and the American College of Obstetricians and Gynecologists, we recently helped launch Saving Mothers, Giving Life, a public-private partnership that will work to protect mothers and newborns during labor and delivery.

We have also partnered with seven organizations to launch Survive and Thrive, which will connect health care professionals in the United States with their counterparts in low- and middle-income countries so they can share insights and strengthen their skills in caring for mothers, newborns and young children.

And finally, we are launching the Women's Health Innovation Program, a partnership with The What To Expect Foundation and the Bill and Melinda Gates Foundation that will provide expecting mothers with pregnancy information, education and social support. I'm very eager to see what other commitments will be made today and tomorrow.

But more importantly (sic) is what happens when we leave this summit, what happens on Monday and the next week and the week after that, into the years ahead, because we can only meet our ambitious goal if we keep up our efforts day after day and year after year and if we are relentless about holding each other to the task.

I think about the great global health stories of our time. In the 20th century, the world came together to eradicate smallpox. We are close to finishing the job on polio, and I

congratulate India on having a full year with not a single polio case. If we meet the goal -- (applause) -- if we meet the goal we are committing to today, if we make sure that every child everywhere has the same chance to reach his or her fifth birthday, then we will have added another story to the short list of the greatest things that people have ever done for one another.

And we will have set ourselves on a path to a world that is more stable, more prosperous and more just. And it will have all started here with a simple call to action, with pictures of all the participants and what we looked like when we were 5, to remind ourselves of what's at stake. And I am honored to be with all of you as we make this pledge together. Thank you all very much. (Applause.)

Now, I get to exercise one of the perks of being secretary of state, and that is to welcome the next speaker, a tireless partner in this effort, someone whose work has shined a bright light on the struggles facing the people of eastern Congo, particularly women and children.

When I visited there in 2009, I saw firsthand how the Eastern Congo Initiative is supporting civil society groups to meet some of the biggest challenges in that country.

I've known this young man -- (laughter) -- for a long time, and I have watched him start his own family, with three beautiful children and a wife who makes it all work. I have enjoyed him in person, I've enjoyed him on the screen, but I particularly admire his commitment.

Please help me welcome the Eastern Congo Initiative's founder, Ben Affleck. (Applause.)