

Good morning. I think I look a bit grouchy in the photo. (Laughter.) It was very difficult to find this photo and it was my son who found it.

Excellencies, U.S. Secretary of State Ms. Hillary Clinton, USAID Administrator Dr. Rajiv Shah, Indian Minister of Health Ghulam Nabi Azad, UNICEF Executive Director Tony Lake; distinguished speakers, delegates, ladies and gentlemen.

The government of Ethiopia is honored to be convening this landmark forum together with the government of the United States of America and India as well as UNICEF. It's such a great honor and pleasure to be here today before such a distinguished audience including so many good friends. I want to thank all those involved in organizing this event for this special opportunity.

Ladies and gentlemen, let me start by telling you what I find most exciting about this call to action, and three things in particular.

First, I'm pleased about this opportunity to highlight the substantial global progress we have seen on child survival, particularly over the last couple of decades. Global under-5 mortality has dropped 35 percent since 1990, and many countries, including Ethiopia, have achieved annual rates of decline of about 5 percent.

This achievement provides an opportunity to once again reenergize all countries to give their all in this final sprint towards the 2015 millennium development goals. With real commitment, these three remaining years can make a difference in the number of countries that reach their MDG targets.

Second is the bold and unifying post-2015 goal being proposed. Ending preventable disease is an inspiring objective which enables us to start looking forward and far ahead into the future. It's a big challenge, to be sure, but let us not forget that even the MDGs were thought to be too ambitious, yet today so many countries are on track to achieving them.

And in Ethiopia, some eight years ago, when we first proposed to produce 30,000 community health workers in three years, some thought it was a crazy idea. Of course, we know today that the community-based Health Extension Program actually exceeded its target by training and deploying over 38,000 health extension workers countrywide, covering each and every village of our country. And this program has actually been key to our rapid progress on child survival in recent years.

Our 2010 demographic and health survey showed that under-5 mortality has declined by half in just one decade. This is simply unprecedented for Ethiopia, but it's clear evidence of our government's commitment and strong support of our partners. This new big objective on child survival actually bolsters our own development vision for Ethiopia. It emboldens us to aspire even higher.

Child survival is a powerful indicator of a country's overall development, as you agree. So we see this call as a key contribution to our post-MDG vision, a roadmap to building on our collective gains not just on child health, but on all other MDGs.

Third, this is also a vital opportunity for reinforcing focus on maternal and newborn survival. The Countdown to 2015 initiative has been instrumental in sharpening our focus on maternal and child health. And through dedicated efforts, the global partnership has now achieved broad consensus on the importance of an integrated continuum of care strategy for addressing reproductive, maternal, newborn and child health in an integrated way. I believe this call to action effectively builds on this vital progress. It also further amplifies the laudable Every Woman Every Child campaign initiated by the U.N. secretary general, which has firmly placed the health of women and children on the global political agenda over the last couple of years.

In Ethiopia, we know that our progress on MDG five has been slower than our gains on MDG four and six, and we can see even more clearly now that it's only through the continuum of care approach and by putting woman and girls at the center of all our efforts that we can close this gap.

Madame Secretary, your abiding words – I quote, “it takes a village to raise a child;” end of quote – have a special significance for us in Ethiopia. Today, in villages across our country health extension workers are empowering local women peer groups to actively follow up on the health of every mother and child in their communities. We want to build a truly women-centered health system from the bottom up. And so we are linking these village women's groups to leaders at the district, regional and national levels.

And it's by mobilizing the entire society in this way that we aim to bring the fundamental transformation needed to end preventable maternal newborn and child health.

A key part of reinforcing accountability at all levels is making all our efforts data driven. At the global level, we now have the Commission on Information and Accountability initiated by the U.N. secretary general as well as the Countdown Group's country profiles for tracking our progress towards this MDG four and five. These efforts are very crucial, but a number of the key metrics used rely on data that can only be updated through large periodic surveys.

So as we accelerate our progress, we welcome the idea of having a complementary tool to track our progress more regularly by using data routinely gathered through our delivery systems.

In Ethiopia, we have started testing the country score card proposed by this initiative and can see how it can help us to identify and quickly respond to gaps at the local level. Going forward, we should aim to have a simple, practical and harmonized tool for countries to regularly track their progress.

Let me now turn to the vision we have for Ethiopia and how we plan to make it a reality.

Ladies and gentlemen, we have in Ethiopia a grand vision to transform our country into a vibrant middle-income economy by 2025, and our government's resolve to realizing this vision

is steadfast. This call to action is proposing a bold new goal to reduce under-5 mortality to a global average of 20 per 1,000 live births by 2035. Ethiopia is prepared to take on this big challenge. In fact, we want to get there even faster – not run, by flying. (Laughter.)

We have done some analysis, and even at current rates we expect to exceed on 2015 MDG four targets. With accelerated efforts, we believe we can reduce under-5 mortality to the set target by 2035 – even as I said, faster.

So how do we plan to do this? By systematically tackling all service delivery bottlenecks and aggressively pursuing the key strategic shifts set out in the proposed – in the proposed global roadmap. And we have already started.

First, our geographic focus. We're now directing special attention to our regions with largely pastoral populations where progress has been modest. We have in place a whole-of-government strategy that provides capacity-building, funding and technical support to those regions across all sectors. At the same time, we're scaling up best practices in our larger and much more densely-populated regions, with particular attention to the more hard-to-reach communities.

Second, focusing on key interventions and causes. We have already started rollout of evidence-based interventions in four key areas: integrated community case management of leading child illness, skilled child delivery and perinatal care, improved nutrition, and rapid scale up of family planning interventions, which we expect will have a particularly unprecedented impact.

The special Golden Moment Summit on Family Planning, which the U.K. will be hosting next month together with the Gates Foundation and the UNFPA, will call attention to the major impact which expanded contraceptive use can have on MDG four and five.

I want to thank – to take this opportunity to thank Melinda Gates and the Right Honourable Andrew Mitchell, U.K. secretary of state for international development, for his leadership on this and the substantial support we have been receiving from his government on all our health sector priorities in Ethiopia.

Going forward, in Ethiopia we know that our biggest impact will come from defeating three big culprits: pneumonia, diarrhea, and neonatal complications. This brings me to the third decisive shift.

In Ethiopia, neonates now account for 40 percent of our child mortality burden, hence our urgent focus on mothers and newborns. I spoke earlier about our village women's group. These local leaders are boosting health service utilization, particularly during the critical period from pregnancy to the first minutes after birth. This will really turn things around.

We're also rapidly expanding access to emergency obstetrics and newborn care, and keeping all districts with ambulances and accelerating training and deployment of thousands of midwives and other health professionals.

Above and beyond these efforts in the health sector are the major transformations we can expect from our rapidly growing economy. Now ranked among the world's top fastest-growing economies, Ethiopia has registered an annual growth average of about 11 percent over the past seven years.

Ladies and gentlemen – simply put, slow progress is no longer an option in Ethiopia. And our hugest strides in every sector will have major added impacts on health.

Education is key among those. By 2020, we aim to ensure that all girls have secondary level schooling, and by 2015 all villages throughout our country will be connected to an all-weather road. Mobile telephone use in Ethiopia is also expanding fast. It has almost tripled over the last three years and is targeted to reach 40 million by 2015.

Our agriculture transformation plan program will lift millions more out of poverty and significantly improve the livelihoods of our rural populations. At the same time, we are making unprecedented investments to intensify our green energy production, and reaching even half of our targets will dramatically expand access to electricity and further propel all our efforts.

Ladies and gentlemen, all of this of course requires increased investments. Our rapid progress in recent years would not have been possible without the unprecedented flow of international resources for health over the last decade, including the generous support of the United States. We're profoundly grateful for the continued support of so many partners even in these difficult economic times.

A growing number are now channeling their support to our health sector's flexible pool funding mechanism which affords us optimal flexibility and cost, effectively allocating resources to our most pressing priorities. And we believe we have been investing these resources prudently by building up our health system and focusing on low-cost, high-impact primary health care interventions. The integrated strategy will be key to sustaining our efforts in the current global economic climate of shrinking budgets and multiple competing priorities.

We're also working to generate more domestic resources and maximize efficiencies across all sectors. Our government's budget for health is increasing every year and we've beginning to see the economic benefits of a healthier and more productive population.

We're also preparing to introduce a comprehensive national health insurance system which will help further contain costs and broaden access to a continuum of quality services.

In short, ladies and gentlemen, we believe that Ethiopia can bend the curve on child survival even faster through increased efficiencies, improved quality of services, a growing and better skilled health workforce as well as a better educated healthier and more productive population.

We have said in Ethiopia, enough is enough to poverty and the needless suffering of our people. And given our current trajectory of progress, we know that we are moving in the right direction.

So how best can we move forward with this proposed global roadmap? Ethiopia is committed to do its part to sustaining the momentum. Six months from now, we are proposing to host a follow-up session with African health ministers around the upcoming AU Summit in Addis. And together with UNICEF, we would also like to host the second year follow-up of this forum in Addis in 2014.

In closing, let me add one – one final personal note. The Every Child Deserves a Fifth Birthday campaign planned as part of this initiative made me think of my own daughter, Blen (ph), who just had her fifth birthday three months ago. I'm grateful beyond words for the inestimable gift of a healthy child. I'm grateful also that her birthday, by some amazing providence, it happens to be the same as mine.

Like every father, of course, I find it difficult to imagine that she will be almost 30 in 2035. But what I find far, far more unimaginable is the thought that she and her peers around the globe would inherit from us a world in which millions of mothers and children continue to die of preventable causes. If anything is impossible, it should be that dreadful scenario. I repeat: If anything is impossible, it should be that dreadful scenario.

What I do very much look forward to is telling my daughter Blen (ph) well before her 30th birthday that Ethiopia together with the global community is doing everything humanly possible for all children to have both a healthy mother and a fifth birthday.

I thank you.