

**Panel 1: “A New Approach to Ending Preventable Child Deaths”**

**Moderator:**  
**Linda Douglass,**  
**The Atlantic Media Company**

**Speakers:**  
**Her Excellency Maria Da Luz Guebuza,**  
**First Lady of Mozambique**

**Margaret Chan,**  
**Director General,**  
**World Health Organization**

**Andrew Mitchell,**  
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**Ray Chambers,**  
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**United Nations**

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ANNOUNCER: Ladies and gentlemen, please welcome Linda Douglass of the Atlantic Media Company. (Applause.)

LINDA DOUGLASS: Hello to everybody and thank you so much for being here participating in this. And this is going to be a fascinating panel for me and for – certainly for all of you. I want to thank Dean Frenk to start out for the introduction to the global roadmap and preventable child deaths.

You know, what we're seeing is, in this room over these next two days, the best and brightest modeling a trajectory to finally saving five-and-a-half million lives of children between now and 2035 – that is 50 million children, and that would double the rate of progress in the world.

And of course, what you've been hearing about is there's a discussion about doing even more. What can we – how can we achieve these goals? How can we bend the curve? That's what we want to discuss on this panel today as we see representatives from 80 countries, from the private sector, civil society, NGOs, and all of those of you who work around the clock to try to achieve these goals.

We're going to talk a little bit about a vision for common – a common vision for success. And with that brief introduction, I want to tell you who's on this panel today to discuss this extremely important issue.

We have here the first lady of Mozambique, Maria Da Luz Guebuza – (applause) – and Dr. Margaret Chan, who is the director general of the World Health Organization – (applause) – Andrew Mitchell, who is the secretary of state for international development for the United Kingdom – (applause) – and Ray Chambers, who is the U.N. secretary-general's special envoy for malaria – (applause).

Now, the way we're going to proceed first is that each of our panelists is going to make very brief opening remarks and then we'll get into our discussion.

So Madam First Lady, we would like to start with you. Yes, you can speak from here, yes, absolutely.

MARIA DA LUZ GUEBUZA: (Through translator.) Your Lady Hillary Clinton, Secretary of State of the United States of America, dear ministers of health of India and Ethiopia, excellencies, ladies and gentlemen. Thank you for the invitation to Mozambique by the government of the United States of America to participate in this forum for Child Survival: A Call to Action.

Soon after independence in 1975, our government has placed the health of women and children as a top priority. In our country, we address the health of women with a view to integrate it to continuous health care providing throughout their lives since we cannot circumvent the mother-child relationship within a family and a community.

National policies and strategies to the newborn and child care giving have been important guiding instruments. As a result of implementing these instruments, we have a growing vaccine program. Prevention of mother-to-child transmission is currently recognized in our country as a priority initiative of maternal, neonatal, and child health, which aims to achieve the Millennium Development Goals for five and six. PMTCT services cover from pregnancy to the post-partum and breastfeeding.

Mozambique started PMTCT implementation in 2002 in eight health facilities, and it turned into a nationwide program. And by the end of 2010 PMTCT expanded to 86 percent of the health facilities with prenatal checkups. The government approved the national guideline for mother-to-mother groups, comprising HIV positive pregnant women and mothers, providing psychosocial support to help group members overcome barriers and to adhere to recommendations of prevention of mother-to-child transmission.

Malnutrition has merited particular attention, being a cross-cutting aspect in our country government – in our country's governance and translating into nutritional education for mothers, families, and communities, and promoting exclusive breastfeeding during the first six months of life, and in the administration of micronutrients and therapeutic milk to children with special needs.

Our country also invests in perinatal and maternal death audits, an activity which is of great importance due to the compulsory notification and analysis of every maternal intra-partum, fetal, and newborn deaths until the seventh day of life. These audits allow taking action for the reduction of maternal and perinatal mortality.

The level of health services, there's a three care providing, both for women and children, as well as gradual improvement in the management of medications, goods, and products.

In the framework of strategies and initiatives aimed at eliminating child mortality – excuse me – mortality – (laughter) – his excellency, the president of Republic of Mozambique, launched the presidential Initiative for the Protection of Health of Women and Children in 2006.

In Mozambique, we experienced a positive evolution in our Millennium Development Goals, for Millennium Development Goals, having attained our 2015 objectives in the sense of reduction – reducing neonatal child infant mortality.

Despite these and other advances, major challenges are reduction of illiteracy rates. Despite efforts to reduce illiteracy by our government, we still have a few illiterate women in Mozambique and in other countries in the Southern Africa region. The great challenge in the region is to achieve a rate of more than 70 percent literacy among women. We believe that in this way only women will be able to understand the need for vaccines, prevention of mother-to-child transmission, adequate child nutrition, and all other health messages.

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In dealing with socio-cultural barriers linked to early marriages and the still low level of access of girls to education, reduction of distances to reach the health facilities. In the recent past, women had to travel more than 40 kilometers on foot to reach a health facility. Currently, this distance has been reduced to 20 kilometers. But more investment is needed to shorten this route towards the health facility.

Improve numbers of pregnant women who receive treatment for prevention of mother-to-child HIV virus transmission. Fortunately, all the countries of Southern Africa region already implement programs for the prevention of mother-to-child transmission, but what is at stake is the need to cover all HIV positive pregnant women to avoid the risk of children being born infected.

In Mozambique, we had in 2006 only 14 percent of HIV positive pregnant women receiving anti-retroviral drugs. In 2011, it was possible to treat more than 66 percent of pregnant women already infected by the HIV virus.

Thus, our focus is on actions related to promoting literacy campaigns; waiting motherhouse construction as to ensure that more women join institutional births; acquisition of mobile clinics, which provide increased coverage of clinical services for the population as well as reduction of the length of journeys; increased involvement of men, family members, community, and religious leaders; traditional midwives and traditional medicine practitioners regarding women and children and care providing.

MS. DOUGLASS: Thank you so much for those and we want to hear everything that you have to say, but maybe we can get into some of that in the conversation.

Dr. Chan, we'd like to turn to you now.

MARGARET CHAN: Thank you. Thank you, Linda. Good morning, good morning, and good morning to all of you. Let me say how much I want to thank the organizers, the three countries who spearheaded this meeting: U.S.A., of course, and India, and Ethiopia. And I'd like to see – thank my brother – no, my sister, Tony Lake – (laughter) – for all the work that UNICEF has gone into it.

Let me just make a few points. We must recognize the important progress that has been made by many countries, but as Secretary Clinton said, progress is not success. So we still have a way to go. That is important. So we need to rally – embrace that Every Woman Every Child comes down, that is so important – as well as the continuum of care, to make sure that the mother and the child is a very precious unit. Why do I say that? A health child begins with a healthy woman.

Now, why are we here? We are not satisfied with the progress made. We want to be ambitious. We want to be audacious, but we are also pragmatic. The target set for 2035, yes, less than 20 under-5 mortality per 1,000 is very audacious and very ambitious. But it is

achievable. It has been demonstrated from Rwanda to Ethiopia and from Bangladesh to India, and you have heard stories after stories that it is achievable.

It would be remiss of us in the U.N. in particular and other partners, including faith based organizations, civil society, and the business partners not to rally around to support country leadership, country ownership to meet that ambitious goal.

But let me also make two important points. Why are we more optimistic? Julio Frenk gave you a very focused roadmap. We know who to invest in where and how. But I just want to make two important points. We must do everything to prevent children or babies born too soon – premature death. Why couldn't babies have their first breath of air when they came out of the mother's womb? What can we do? There are simple innovations and technologies to make that happen.

Now of course, the importance of nutrition – make sure they have balanced nutrition, not to have stunting and, on the other side, obesity. So where do we get the right balance is important.

The importance of – of course, family planning. As I said, the health of a child depends on the health of mother. And Andrew, I want to congratulate you together with the Bill and Melinda Gates Foundation in July having a family planning summit. I hope I get an invitation. (Laughter.)

ANDREW MITCHELL: You're speaking at it.

MS. CHAN: OK. (Laughter.) This is wonderful. When more than 200 million women in this world is not getting, you know, family planning services that they deserve, you cannot reduce maternal mortality and you cannot improve infant mortality and especially under-5. I want to thank, you know, the great work done by GAVI, Global Fund, and all the partners. The optimism I have is because of the achievement we see in PMCTC. Bless his heart – Eric, you're here and of course with Michele (sp), pushing for that, we are seeing less malaria now. And Ray, you will speak to that, we are turning the corner. And course – you know – when we put together all these, we will get there.

Last month, Mr. Secretary General, myself, Ray, and other U.N. leaders, UNICEF, and UNEPA visited Mumbai. We were very – and how should say – enlightened that business community are coming along to support reducing maternal death and child death. So that is why I'm optimistic. On that, once again, my sister – I want to thank you, Tony. Let's work together to support our countries, to make sure they have a good national health plan and to deliver on a transparent and accountable mechanism. We must hold each other to account. Thank you. (Applause.)

MS. DOUGLASS: Secretary.

MR. MITCHELL: Well, ladies and gentlemen, distinguished guests; I'm delighted to be here supporting this brilliant initiative today on behalf of Britain. And when I say Britain, I

don't just say the British government – I mean the British taxpayer, British civil society, NGOs, charities, philanthropic foundations, and the private sector. All of us are involved in this very important mission that is being so eloquently sketched out already today.

And we've heard from some of those who've been speaking what is their inspiration. I thought that hearing from the Ethiopian minister of health about his three-year-old daughter; all of us draw inspiration from different things. I have two daughters who are at university age now and I look at them and of course I understand that everyone wants for their children what I want, what Tedros wants for his daughters.

And for me, part of the inspiration of today comes from the kids outside who are standing there patiently waiting for all of us to come in and who are championing for their generation, their young generation the importance of making progress and relying on all the brilliant expertise which is gathered in this room to deliver as our generations can for the first time, something denied to all previous generations, but which our generation can make a huge impact on.

And I really don't want to take up too much time in these opening remarks, but I want to mention very, very briefly five things that the British government wants to be held accountable for doing because accountability, as others have said today, delivering results is absolutely at the hearts of what we're trying to do. Giving accountability teeth, someone said earlier.

Secretary Clinton asked how do we speed up this progress. And the answer is by holding everybody to account for what we are seeking to deliver.

So first of all, for Britain, the commitment we made last year at the GAVI Replenishment, where everyone came together and exceeded the amount that we were trying to raise to replenish the GAVI fund. So Britain has committed to vaccinating a child throughout the course of this parliament in Britain every two seconds and saving the life of a child every two minutes from diseases that none of our children die from. That is a strong British commitment.

Secondly, the Family Planning Summit, which Margaret mentioned, taking place on July 11<sup>th</sup>. We are determined to crowd in political and financial support and ensure that we cut in half – we reduce in half the number of very poor women in the world who want access to contraception and do not have it. Cut it in half. We can do it. And we're determined to lead that process together with the Bill and Melinda Gates Foundation.

Thirdly, at the Olympics, our prime minister will host on the margins of the Olympics an event dedicated to trying to combat hunger, to pick up on what the G-8 did recently on taking forward the battle against hunger and starvation, supporting nutrition. The saddest site I've ever seen, I think, was in Masaka, in Uganda, where I went into a ward full of malnourished children. So all these little kids lying there, starving to death. Someone said, I think at the United Nations, two years ago, that the fact that any child dies of starvation slowly and cruelly in our world today is a sacrilege, and I agree with that.

Fortunately, Britain has set up the Girls Education Challenge Fund, designed to ensure that we get up to a million girls into schools in the most difficult part of the world.

And finally, in terms of water and sanitation, Britain is committed to ensuring that for every single citizen of the United Kingdom, we get clean water and sanitation hygiene to someone in the poor world who today doesn't have it, but who will have it after this effort.

So you must hold all of us accountable for delivering. We can do this in our time. Our generations have the power to make this happen. Let's make sure that this brilliant summit today is a key position on the pathway to achieving that. Thank you very much. (Applause.)

RAY CHAMBERS: Thank you. I'd like to thank our host. I would especially like to thank Raj Shah and his staff and working with them over the last several months. They've put a lot of effort for this event to turn out the way it is. So please join me in thanking Raj. (Applause.)

As many of you know, I'm from the business community. I'm a philanthropist, volunteer, and in addition to being the special envoy for malaria, the secretary general asked me to oversee the NDG advocates efforts under Every Woman Every Child for goals four, five, and six.

And Minister Tedros said before, any child dying today from preventable cause is not acceptable. And Ben Affleck used that word, "not acceptable." And here we are, with 7.6 million children dying. That's 20,000 a day. I can't imagine what that looks like in the aggregate. And I think we really need to be motivated by that visual. And there's no reason why we can't accelerate the wonderful roadmap and all of its strategies that we've learned about today.

I recall in 2007 visiting my good friend Margaret Chan, and we were talking about malaria. And at that point, malaria was killing one million children a day. And we agreed there was no acceptable excuse to prevent those deaths – financing, logistics, distribution, political will. None of those was acceptable. And so with all the partners who are here today, in the last five years we've significantly decreased deaths from malaria and in many countries, malaria accounts for one out of four deaths of children before the age of 5.

And we've had great help from donors, and I see all of this being applicable to our elimination of child mortality as rapidly as possible. The Global Fund, the Gates Foundation, the World Bank, and the USAID, and especially our friends at the United Kingdom. And Andrew Mitchell chastised all of us as he gave us money and said, I want to see value for money. And that really spurred us on. And Andrew, we're going to release a report in the next several weeks from McKinsey that will show that in economic savings and humanitarian savings, your investment will have produced the return of 40 times.

So we think J.P. Morgan might want to make – might want to hire you as an investment advisor. (Laughter.)

MS. DOUGLASS: Great; OK.

MR. CHAMBERS: Tony Lake and UNICEF announced a stunning achievement last week. They've been able to bring down the price of a bed net to \$3. Now, that will mean a savings in the money we thought we needed to reach the malaria goal by 2015 by a billion dollars. And I see more of these creative solutions coming into achieving the end of child mortality more rapidly. More engagement by the private sector, the business community, better cooperation, the use of technology. And there's no reason, no acceptable excuse why we can't accelerate getting to zero deaths for child – with respect to child mortality.

We're going to really push the effort to go from 7 million to 4 million by 2015. Why can't we go from 4 million to zero by 2020. Thank you.

MS. DOUGLASS: Thank you very much. (Applause.)

Well, let's get right into it because we really don't have a lot of time. One of the things we've been talking about all morning, and you've referenced it each of you in your own way, is the issue of accountability. And I'd like to start with you, Mr. Secretary and ask you, you're talking about – you know – Great Britain holding itself accountable. But how do countries hold each other accountable? How are we all going to hold each other accountable as we move toward these goals?

MR. MITCHELL: Well, as you say, it's extremely important that people should be clear about what they are going to do and they should then be held to account. And that's not just about donor nations, of course. It's about countries which are committing themselves – the leadership, the ministerial, political leadership in a country committing itself to deliver certain results. And one of the very important things that we think we can champion is the ability of civil society in poor countries to help with this process, to hold their leaders to account for delivering, but greater transparency leads to much greater accountability. That's why Britain is being one of the leading countries in championing the international transparency initiative. These are ways – by being open and clear, these are ways in which people can hold you to account. And civil society in rich and poor countries is a very important part of that.

MS. DOUGLASS: Dr. Chan.

MS. CHAN: I think, you know, it is important to measure. What gets measured gets done. Yes, U.K. is a shining example of keeping their promises of 0.7 percent of GDP for development aid under very difficult situation. So that's why we need to produce results – to reinforce that kind of investment.

Now, the World Health Organization tasked by Mr. Secretary-General. We did the Commission on Information and Accountability. There is an independent expert review group. This is a group of independent experts who will not be prepared to compromise their individual integrity. They will hold development partners to account, whether they are keeping their promises. For those countries or U.N. organizations who are receiving support, are we producing results? The first report will be released in September in the margins of the General

Assembly meeting this year. And this is the kind of independent mechanism that is required to hold each another of us to account.

MS. DOUGLASS: So let me ask you, Madam First Lady, how will Mozambique hold itself accountable?

MS. GUEBUZA: (Through translator.) In our case, we're committed to combating infant mortality. And in our case, also in combating – in the sense of combating malaria, we have a great deal of partners. We have a partnership with the United States and with the United Nations – a number of initiatives underway. For example, the distribution in each domicile of, for example, mosquito nets, and other remedies to combat the malaria problem inside our country. We are – our government is dedicated to the eradications of this problem and we have mechanisms in place.

And we were able to reduce the indices of malaria and of transmission not only among adults, but also among children.

MS. DOUGLASS: Let's talk then about the other parties in the process, in addition to governments.

Mr. Chambers, what must the private sector – you're from the private sector. You've seen certainly involvement. But what more must the private sector do and is there a way to hold the private sector accountable?

MR. CHAMBERS: I don't know the answer to the last part of that question, but the private sector has to get more engaged. I had lunch with the CEO of McCann Advertising on Monday, and they're going to take all of their clients and convince them that if they're accomplishing a social objective, it will help the sale of their products and increase their earnings. And now, with the advent of social media, we need the Silicon Valley businesses to really take on these causes, child survival at the top of their list.

MS. DOUGLASS: So Dr. Chan, you've made so much progress in many areas – the World Health Organization has. But in the course of trying to achieve these goals, what do you think the World Health Organization will and will have to do differently?

MS. CHAN: Well, of course – you know, in this almost global financial austerity, you know, people will say that, hmm, are we able to get all of the resources and support to do the work. Yes, the answer is money is only one part of the equation. But we can have good innovation, frugal innovation, efficiency and effectiveness. And I have seen this.

Talking about value for money – Andrew is always, you know, reviewing how U.N. agencies are delivering. And Ray, you mentioned about, you know, UNICEF was able to drive down the price of that net to \$3. The prequalification program of the World Health Organization is actually helping development partners to stretch their dollars, their development dollars. Instead of getting 1 million doses of vaccine for 1 million pounds, you get 3 million doses.

So that expands your access. If this is not value for money, I don't know what is value for money? But there is another important part to this equation. I want to thank India, Brazil and other countries whose generic company is committing to produce affordable and high quality commodities.

But the private sector – I mean, Ray talking about the private sector, I have to say notwithstanding some challenges in WHO to work with the private sector, but not to work with them is not a solution. And I have seen the enlightened business leaders in GSK, Scinovo and Novartis committing more vaccines for the pandemic than governments. And so we are actually holding them to account.

Nowadays, you cannot just keep giving empty promises. The civil society will be there to track you. WHO will be there to track you. Let me finish on one note. I am very grateful to all the countries who embraced the standards and the guidelines on treatment developed by WHO. This is our value-added.

We will continue to give you good guidelines that you can implement in your country in an integrated and effective and efficient manner to support you building a strong health system and have good healthcare workers to deliver on your premises.

MS. DOUGLASS: We only have just a very short time left. I want to ask kind of a question that you should maybe frame in terms of the area that you work on. How do you bend the curve here because certainly Mr. Chambers is talking about, you know, beyond 2016, you know, how do you then continue to accelerate the reduction in child mortality.

But Mr. Secretary, if I could just ask you quickly in the area of family planning, I know you have a very strong concern about birth spacing. You know, how do you bend the curve, addressing that part of the problem?

MR. MITCHELL: Well, first of all, you have to do it in a way which does not build up resistance to what is a very clear message, which is we want to try and ensure that women have the ability to make their own decisions about whether and when they have children and so that they can space them as well. And the beneficial effects of women being able to make those choices through having access to family planning are proven and enormous.

So that's what you have to do. You have to talk about it in the right way. Don't go and get lobbies against you unnecessarily on this issue. And that's why I say that on July the 11th in London, in partnership with the Bill and Melinda Gates Foundation, we will seek not only to crowd in funding, which is extremely important and we're twisting people's arms to try and meet this total so that by 2020 we can provide family planning for 140 million of the poorest women in the world who want it.

You know, make sure that we crowd in the money but also crowd in the political support for this. It's about empowering women. It's at the heart of international development. It's at the heart of everything we're trying to do today. And that is why we're championing it politically as well as financially so very strongly.

And if you do that and then if you hold yourself to account each year, and after all, we are holding ourselves to account now here for the promises we all made at the GAVI replenishment a year ago in London. If we hold ourselves to account and we measure what we are doing and we ensure there really is this proper level of openness and mutual accountability, then we can make these great gains.

MS. DOUGLASS: And Mr. Chambers, you get to have the final word if you can wrap this up quickly please

MR. CHAMBERS: We, under the secretary-general's leadership, received commitments for \$54 billion to support every woman, every child. We're still in the process of integrating that funding into the country plans.

And we're recently getting behind Muhammed Pate's Save One Million Lives program in Nigeria and are trying to match the funding with the efforts. And we're trying to get the global fund back on its feet and healthy again. And while, as Margaret said, money isn't everything, it really is a necessary prerequisite to even expand beyond 2015.

MS. DOUGLASS: Thank you very much to this esteemed panel of experts and leaders. Thank you to the first lady of Mozambique, Dr. Chan, Mr. Secretary Mitchell, Mr. Chambers. And I think we learned a lot and made some progress. (Applause.)

ANNOUNCER: Ladies and gentlemen, we will be taking a short break to prepare for the next speaker.

(END)