

“A Promise Renewed Pledge Signing”

Speakers:

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ANNOUNCER: Ladies and gentlemen, please welcome the secretary of the United States Department of Health and Human Services, Kathleen Sebelius. (Applause.)

SECRETARY KATHLEEN SEBELIUS: Well, good afternoon, everyone. It's great to have a chance to join this wonderful opportunity today to meet and talk about child survival.

I want to particularly recognize two of my fellow ministers, Minister Azad of India and Minister Tedros of Ethiopia, who are co-conveners of this call to action. I know I have a number of other colleagues in the room who served with me as health ministers, and in just a short time we're also going to be joined by the executive director of UNICEF, Anthony Lake.

It's certainly wonderful to be with you today as we approach the end of this terrific day, a day of learning, dedicated to ensuring that every child, no matter where in the world he's born, gets a healthy and secure start in life.

Today, each of us has an opportunity to assure that every child can celebrate her 5th birthday. Already, our work as individual nations and in partnership has driven childhood mortality steadily down over the last 20 years.

By focusing on the biggest threats to child survival, we have reduced child deaths by 2 million a year between 2000 and 2010 – 2 million a year. This is one of the greatest and yet least heralded triumphs the global health community has ever had, and I am so glad it is finally being celebrated.

But is not enough – not for me, not for any of us. Now is the moment to take those achievements to the next level. Our efforts together can save millions more children and keep countless families whole. And among them are the world's next generation of great doctors, inventors, teachers, probably a few health ministers.

Now there are steps that each of our countries can take on our own to make it happen. Here in the U.S. we've seen our infant mortality rates steadily decline. This is thanks to cooperation between federal and local governments, community and faith-based organizations and the private sector. But today we still lose far too many children in their first years of their lives here in the United States. They're gone before they learn to walk or talk, before they throw a ball or give their first smile.

So the United States government has committed to protecting the health of our children with targeted interventions serving populations who need them the most. We've focused on reducing the number of preterm births. And we've set a national goal, very similar to the kinds of goals being set here today, to bring the percentage of all preterm births down to about 11.4 percent by 2020.

Now to reach that goal, we've just launched a nationwide public-private partnership to raise awareness about bringing pregnancies to full term. We've taken a family-oriented approach that educates women and their doctors on the dangers of premature birth. And we're funding innovative strategies like maternity medical homes, where pregnant mothers receive coordinated care, from psychological support to education on how to care for their infants.

And we have learned that seemingly simple interventions can reduce preterm births among women at the greatest risk for poor pregnancy outcomes. And where infant mortality has taken the highest toll in the U.S., we're partnering with state officials to create strategies and interventions to begin bringing these rates down. Our plan is to find out what works and scale up the best interventions to the national level.

And today I'm pleased to announce our Department of Health and Human Services will be collaborating in the next year to create our nation's first-ever national strategy to address infant mortality. Now, I know – (applause). Yes, and that's a big step forward. I know many of you in this room have led innovative programs and initiatives like these in your own countries. But our best chance to solve these challenges is by working together.

Now, I've been struck in my travels around the world that when we're talking about trade or foreign policy, there are often areas of strong disagreement among our nations. But when the discussion turns to tackling our biggest health challenges, particularly the health of our children, there is a broad consensus that we must all work together. I've seen the success of these partnerships with my own eyes.

In January, I was in New Delhi and helped to administer polio vaccine at a local vaccination site – part of a network of health centers that help vaccinate millions of children against polio each year. The day we were there, January 13, 2012, marked one full year since the last reported case of polio in India – amazing day for India. The government committed the funds, time and hard work to beat the disease.

But the occasion also showed the importance of partnership. Polio eradication efforts brought together not our agencies, with the Centers for Disease Control and the USAID; it brought together other nations like Japan and Norway. Also, the Global Polio Eradication Initiative included Rotary International and the Gates Foundation, and multilateral organizations led by Margaret Chan, like the World Health Organization and Tony Lake's UNICEF. It showed us what we can accomplish when we all work together toward a common goal.

Now while HHS is primarily a domestic agency, what we know is protecting the health of the American people requires both working within and outside our borders. For over 50 years we have engaged abroad on issues from basic research to vaccination programs, and we've worked together to extend these lifesaving programs to those who need them the most.

Everyone here recognizes that collaboration can raise up all of our nations. The health of the world's children is not a zero sum game. Working together we've accomplished a great deal, but we know that one preventable child death is one too many. Today we have the tools and momentum to take that next step and drastically reduce child mortality around the world.

Our nations owe our children the opportunity to grow up and become contributing members of their own communities. And thanks to our partnership, we can imagine a world where every child, no matter where she is born, will have that chance. Each of us will leave here this week with a renewed commitment and dedication to make it possible, and we're eager to be good partners in this effort.

Thank you all so very much. (Applause.)

(Music.)

ANNOUNCER: And now, ladies and gentlemen, to join Secretary Sebelius, please welcome the executive director of UNICEF, Anthony Lake. (Applause.)

ANTHONY LAKE: Secretary Sebelius had to go and catch a plane, and I appreciate very much her taking the time in a very, very busy schedule to come here and be with us. She just signed a pledge that I will be describing in a few minutes, and that Ministers Tedros and Azad will be signing then a little bit later. I emphasize "a little bit later" because I will try to be brief.

I should begin, I suppose – is this working – yes – with an apology, because, as you will see, there is no picture of me here at 5 years old. I couldn't find one. I thought that perhaps, then, what I should do is to find a picture at 5 years old of Paul Newman or Robert Redford or Ben Affleck. But then I realized that all of you would be thinking to yourself when you saw such a picture, what in the world went wrong with him? (Laughter.) So I decided not to do it.

I'm very excited. This has really been a remarkable day, and a very encouraging one. There has been – I felt it sitting here – so much energy in this room. And the reason for the energy, I think, is that the commitments that we renew today and the action those commitments will now compel will help save millions of lives, each one an individual child and each one our posterity.

So I'm deeply grateful to the governments of Ethiopia and India and the United States not only for hosting us but for their unflagging – unflagging leadership on behalf of the world's most vulnerable children, the leadership especially of Secretary Clinton and my friend Raj Shah. And that leadership and the leadership of everybody who has spoken here today, and all of you in this room, will lead us on now to rally to the cause of children everywhere.

And I'm grateful to Secretary General Ban Ki-moon for his vision of a world where health and the well-being of every woman and every child is nurtured and protected – the better to nurture and protect all of humanity.

You can see his vision in the statement that he asked me to hand out at this meeting. I was very honored that he asked me to do so. And let me add that I was very honored when my sister, Margaret Chan, again proclaimed me her sister. (Laughter.)

For those of you who have biological questions in mind – (laughter) – let me note that I am her honorary sister, and she has proclaimed me as such because of how closely we work together, as do WHO and UNICEF, and because I could not agree with her vision more strongly of a vision of the importance of the health of not only every child but every woman as well. And that indeed is the vision of the secretary general. And I know it is a vision that we all share.

We are part of something today much larger. In 1990, the Convention on the Rights of the Child came into force, and at the World Summit for Children in 1990, the largest group of world leaders in previous history pledged to give every child a better future. They declared then that there was no cause not only more noble but more necessary.

At the turn of the century, the global community united behind the Millennium Declaration and then behind the Millennium Development Goals, putting the lives and futures of children at the heart of a critical target for human development. And just 10 years ago, the General Assembly passed its landmark resolution on “A World Fit for Children.”

Historic moments, singular commitments, and implicit in each one an absolute promise to children that we would do everything we could to help them survive and to thrive and have a better chance to reach their full potential.

For millions upon millions of children we have kept that promise. For the millions of children vaccinated or treated with ORS and zinc, we have kept it. For the millions drinking cleaner water and getting better nutrition; for the millions of children, especially girls, who have been able to attend school for the first time; for millions of children no longer living in the most extreme poverty – for all of those children, we have kept it.

And we have kept that most fundamental promise – saving millions of children's lives, reducing the number of children who die before their 5th birthdays – by well over a third since 1990.

This forum is a celebration of that success, won through the immense dedication and vision of so many people over the years, including so many of you here in this room today. This forum is an examination of how it was achieved – the innovations in medicine and technology and development that have made it possible.

And it is, most of all, a necessary assessment of the technical and political obstacles that still remain, and a commitment – a commitment to overcoming them together, because despite everything we have learned over the last decade about how to save children’s lives, we are not keeping the promise to the millions of children who still die every year from causes we have the power to prevent and diseases that we have the ability to treat.

They are often the most disadvantaged children, living in the poorest and most remote communities – children with disabilities, children from indigenous communities and ethnic minorities, children in the shantytowns and favelas and poor urban communities, including some only miles from this beautiful community here at Georgetown.

And even as the world has made tremendous progress in both saving and enhancing children’s lives, gaps between the poorest and the wealthiest children, both among nations and within nations are actually often growing, concealed by national averaging. Nowhere is this inequity more glaring or more galling than in child mortality.

In some countries, children from the poorest households are twice as likely as those in the richest households to die before reaching their first birthdays. That statistic alone is bad enough, but worse still is this: In 18 out of a sample of 26 countries that we looked at where the national under-5 mortality rate has declined by 10 percent or more since 1990 – good news – the gap between child mortality rates in the richest and the poorest quintiles has remained unchanged or even grown.

That is wrong; it’s just wrong. And it is all the more unjust because it is simply unnecessary. Many have long believed that reaching the hardest to reach is a worthy goal, but it is simply neither practical nor cost-effective, and that is no longer true.

Now innovation – more effective, easier-to-deliver interventions, new uses of existing technologies such as we’ve heard about today like SMS texting, means that services can be extended to the most deprived more effectively and less expensively than ever before. And recent studies have showed that an equity focus is cost-effective, averting more deaths for every extra dollar than the path we are now on.

So there is no justification, in either principle or practice, for leaving the most disadvantaged women and children behind. And as today’s rich discussion and the modeling we have talked about make clear, there has never been a better time for us to recommit to our cause. We have the tools, the treatments and the technology to lower child mortality rates in developing countries to levels approaching those in wealthier nations, and to reduce disparities within countries. We must not waste this opportunity.

We must focus on the diseases that kill children the most and hit the poorest children the hardest – diarrhea, pneumonia, complications of preterm birth, and malaria –

and we must expand national immunization programs which save the lives of over 2 million children a year, and with new vaccines have the potential to save many more.

And we must win a final victory over the scourge of polio, and do it soon. Last month the World Health Assembly endorsed a new global vaccine action plan. In this decade, the decade of vaccines, we need to fully implement that plan, and we will.

We also need to do more to improve neonatal and maternal health by expanding services all along the continuum of care to reach more newborns and more mothers too, as recommended by the Commission on Life-Saving Commodities.

And we need to address all the determinants of child survival, not only coverage of health interventions. These include better nutrition, safe water and improved sanitation, and stronger mechanisms to protect children from violence, exploitation and abuse. And most certainly this includes education for girls and women.

I found fascinating that a recent analysis shows that better-educated mothers have a greater collective impact on reducing child mortality than increasing gross domestic product. Why? Because the longer a girl stays in school, the more likely she is to understand the health benefits of breast-feeding, the necessity of seeking treatment for HIV, and the lifesaving value of vaccination and regular health checkups.

The road to ending preventable child deaths may be clearly marked, but the journey will not be easy. It will take political will and persistent effort, and it will take renewed commitment to child survival. That is why today we all, all of us, are launching “Committing to Child Survival: A Promise Renewed.”

It is a commitment to working together to achieve the goals that we have discussed today: In high-burden countries to reduce child deaths to 20 deaths or fewer for 1,000 live births by 2035; in countries which have already achieved such levels to sustain national progress.

This is a universal issue, not one in some increasingly thin divide between so-called developing and industrial nations. And in all, to look beyond national averages to reach the children and the communities that are being left behind.

These goals are ambitious, especially for nations with the highest under-5 mortality rates and the slowest annual rates of reduction. But the data, the modeling and the real experiences of many nations show that they are attainable, even in difficult economic times. And if we succeed, we will have saved an additional – according to the modeling – 45 million lives between 2010 and 2035.

All of us must play our part, with governments leading the way to sharpen their national child survival plans and monitor their progress, and the rest of us supporting their efforts. Development partners and other donors can align their support with government-led action plans and priorities and help fill financing gaps.

Civil society and faith-based organizations – and I cannot tell you how happy I am to see you so well represented here today – you all can drive greater global attention to child survival, and even more important, support the communities and families whose decisions ultimately have the greatest impact on progress.

Private sector partners can help spur innovation and identify new resources for child survival. And all of us – all of us can work harder and better and with less egos involved – institutional and personal egos – becoming ever more efficient as we work more and more in our common cause.

If I may, let me add one note here, and that is that I believe as we do these things and as we raise greater resources, we must be more careful – ever more careful not to exploit the images of children who are dying or may be possibly dying. I don't think there is a single person in this room who would want to see you children be exploited in that manner publicly, and it is simply a violation of the right – the right of every child to privacy and respect. And I hope we will follow that precept.

We at UNICEF today most wholeheartedly renew our own promise to do all we can in this grand cause of child survival. It must be, indeed, our common cause. We, for our part, will establish a small secretariat within UNICEF, working with our country offices, sister U.N. agencies and partners to support the efforts of governments through action and advocacy. And we will issue annual reports to learn both from successes and from setbacks and to identify new obstacles.

We will all travel up the road together, learning from each other, spurring each other on, and, most importantly, making progress together for the millions of children who depend on us, and ultimately for their societies.

So now I would like to invite Minister Tedros, Minister Azad to join Secretary Sebelius, who already has signed, to sign on behalf of their governments the first pledges of a promise renewed. We hope the leadership of these nations will inspire others to follow today and in the coming days.

Mr. Ministers, if you would join me. (Applause.)

(Signing of document.) (Applause.)

MR. LAKE: If you would like to – (applause).

Earlier this afternoon, representatives from a diverse group of faith-based organizations made a similar commitment, grounded, as they put it, in the moral conviction that we must save children from needless deaths. We are grateful for their support and look forward to continuing our work together.

Civil society organizations have also prepared their own pledge, and it is my pleasure now to invite Mr. Mayowa Joel, director of the Communication for Development Center in Nigeria – (applause) – to sign on behalf of – let me see – he will sign on behalf of his own organization and as a representative of the many other organizations whose dedication has helped make this pledge and all of our progress possible. Please. (Applause.) Wonderful. Thank you very much. Would you like to say anything?

MAYOWA JOEL: Thank you very much, Dr. Lake.

Excellencies, honorable ministers, distinguished guests, ladies and gentlemen; kindly allow me to stand on the – (inaudible) – protocol.

Five-hundred-and-thirty-one days ago, my family had their fourth child. And you can see his photo being put up. And from conception all through the pregnancy and to date, our focus has been on ensuring his survival and that of his mother.

His survival, especially of the major milestones of one month, one year, 1,000 days, and five years is very important to us. As a father, I have ensured that I have been present and personally supervise every service our son requires since birth, including his delivery, immunizations, treatments, and even provision of good nutrition.

The only thing that I possibly could not do as a father and as a man was to breast-feed him. (Laughter.) But I personally insured that I supported my wife all through the six months of exclusive breast-feeding.

As citizens – (applause). Thank you. As citizens of a country with one of the highest rates of child mortality in the world, this is particularly very important to me and my wife. These interventions before, during and after pregnancy and childbirth, and during childhood, are responsible for the survival of our son.

And I think you can see him looking good. (Laughter.) I have a renewed hope that our son, Alyuluwa (ph), meaning “the joy of the Lord,” will live to survive 1,000 days, five years, or many more years. (Applause.)

Like many other parents, my wife and I apparently didn’t have the full picture of what we were getting into when we decided to have a child. But one thing every parent is fully conscious is of the need for their child not to be part of negative statistics.

Preventable child deaths are not about numbers, but about the lives of millions of children with the potential of making the world a better place. However, the responsibility of ensuring the survival of any child is not only the responsibility of the parents, but also of the governments and other stakeholders.

This is what makes the event of this week, and particularly today, very important to every one of us. The event of today is both significant to me personally as a father and

to all of the parents around the world. We look into the eyes of a newborn child and see the potential of a lifetime. And it is symbolic not only to us but also to future generations, as the pledges we are making and our commitments to them will determine the survival of millions of children.

There is no better unifying cause than the cause of children, and we as civil society organizations greatly appreciate the efforts of the governments of the United States, India and Ethiopia in organizing this call to action.

The leadership role of UNICEF in this process is highly commendable. And we also appreciate the support of WHO, other U.N. agencies, international organizations, especially GAVI Alliance.

Civil society organizations have played a critical role in reducing global under-5 mortality. We are a broad and diverse community, with expertise, rich in resources. To accelerate progress, we must intensify our efforts and sharpen our approaches.

Therefore, we reaffirm our commitment to the well-being of all children, and to their right to survival and development. We pledge our support for ending preventable child deaths, and we call on our governments to reduce under-5 mortality to 20 or fewer under-5 deaths per 1,000 live births, and to reach this goal for every segment of society by 2035.

We pledge to champion the “A Promise Renewed” Initiative. We will work with other governments at the national and local levels to accelerate progress in maternal and child survival. We will leverage our resources and expertise in social media and communication channels to educate and mobilize our citizens to support the broad goal of ending preventable child deaths.

We will hold ourselves accountable for aligning with strong national plans for working more effectively across separate global movements and for meeting our home commitments. We also call on our governments to sharpen the national plans through this initiative and to set targets on reaching every section of the community and not only on national fringes.

And to turn these plans into results, we call on governments and other stakeholders to bring the full political will to discourse, so that the policies and finances are in place to meet our ambitious goals.

I’ve signed the pledge. Already many more civil society organizations from all over the world have committed to doing the same. We call on others to join us. But we know that the civil society cannot do it alone. We must work with our governments, the private sector, faith leaders and international agencies. Only together can we achieve our dreams.

My dream as a father, like the dream of every parent, is to see every child celebrate their 5th birthday. I look forward to celebrating the 5th birthday of my son, Alyuluwa, and maybe you'll all get an invite. Thank you very much. (Applause.)

MR. LAKE: Immediately following the close of our session today is an informal reception hosted by civil society organizations. I hope you will all join us, but not yet. And I hope those ministers and representatives of civil society wish to do so, and I hope you all wish to do so. We'll sign the two pledges at the tables that we will have provided there. And I think it's a tent, is it not – across the way in the tent.

Before we conclude, let me welcome Dr. Zulfi Bhutta of Countdown to 2015, who will describe the role of Countdown in helping monitor and measure our results as we go forward, for it is the character of our results, not the quality of our rhetoric that will save millions of children.

So, Zulfi, if you would please come up. (Applause.) And let me thank you so much for accommodating to the crazy schedule here.

DR. ZULFIQAR BHUTTA: (Chuckles.) My pleasure.

MR. LAKE: Thank you.

DR. BHUTTA: Thank you.

So, thank you very much for giving Countdown a slot in this program. This is the fag-end of the day, and I have some good news for you. So the good news is I had a PowerPoint that I've just put away. So I'll save you several minutes. (Laughter, applause.)

So, let me start with a personal reflection on how important this is as a milestone for many of us who have been involved in international health, and particularly in child survival.

The Countdown process started as the Countdown for Child Survival. It started as a consequence of the publication of The Lancet series on child survival in 2003, followed by The Lancet series on newborn survival in 2005.

And it was around that time that people realized that what we were saying made a lot of sense to be converted into a movement for action. So, what we were essentially saying was that there were an unacceptable number of child deaths globally, that we had effective interventions that we knew about in terms of evidence, and what was needed was implementation, and that if they were implemented, it would make a lot of difference.

Soon after the publication of The Lancet series, we had the first countdown for child survival in London in 2005. And it became very clear at that time that it was

insufficient. It was insufficient because a number of stakeholders and issues also needed to be represented as part of this movement to address one of the greatest travesties that the world faced in present days.

It was recognized that we needed to move away from just a mere focus on child survival to focusing on the continuum of care and the context of child survival in the lives and health of women, of newborn infants, of adolescents, and of young people across the world.

So the Countdown morphed into a Countdown for 2015, focusing on the continuum of care. And our meeting in Cape Town along the sides of the Inter-Parliamentary Union meeting in 2008 was our first step looking at beyond child survival to the integration of reproductive health, maternal, newborn and child health.

And in 2010, ladies and gentlemen, in this very city, alongside the Women Deliver conference, we delivered our decade report, and that session was widely regarded as one of the most popular sessions of that particular conference.

So, who is Countdown today? I believe all of you have received us. And if you see the back cover of the Countdown, it represents an aggregation, a coalition of people who represent not only the U.N. agencies, civic society organizations, but a lot of individuals – academia, universities – who contribute to this process as a common mission.

Where is Countdown? Countdown, if you can see on page 7 of the report, looks at processes in the 75 countries that are responsible for more than 95 percent of the total burden of maternal, newborn and child mortality globally.

The aims of Countdown are specific. Our objectives are to collate, synthesize and present the most recent and up-to-date information on progress for maternal, newborn and child survival, and on some of the determinants across the countdown countries, to not only present this as a trend, or as a number, but to also suggest actions based on the best evidence available on things that could make a difference.

And tomorrow in some of the technical sessions, you will hear a little bit more about the mix of interventions and how we track them. And the objective is accountability, is to hold civic society, governments, partners and donors accountable for wherever progress is lacking behind.

The specific activities of the countdown process are based on the analysis of country-based coverage and trends for interventions based on available data from household surveys and also voter registration, to track not only the indicators but also the determinants of coverage.

And as you will see tomorrow, there is an increasing focus within the Countdown process on looking at social determinants and looking at equity, an issue that I know that

Tony Lake has so close to his heart, and also identify through the same process what we don't know. So a significant portion of the work of Countdown is also to identify gaps in knowledge and to encourage continued analyses and information seeking.

We spend a fair amount of time on advocacy, on making sure that our voice is heard, and heard in the right quarters, and also on responding to the calls from increasing number of partners and agencies focused on maternal, newborn and child survival.

You heard this morning Dr. Chan talk about the Commission for Information and Accountability and the independent expert review group that has been set to monitor process and progress. And if you will open your Countdown booklet, you will see that the first page for any country profile is focused on producing the data for the independent expert review group and country consumption on the coverage of specific indicators that the independent expert review group has asked for.

And the second page on those country profiles goes beyond that to present countries with not only an overview of what the status is, where they need to go, but to also produce a synthesis of policies, systems and financing around what needs to be done.

So, ladies and gentlemen, I would encourage you to participate in the Countdown technical sessions tomorrow, which will provide a lot more detail for which there isn't just the time today. But I do want to spend the last minute on reflecting a little bit on where we are going.

So we greatly applaud the movement to focus once again on the issue of child survival globally and on principally eliminating preventable child deaths. I have had the good fortune the last year of taking a sabbatical to help develop the global diarrhea and pneumonia action plan, in partnership with UNICEF, WHO and other organizations.

And I know today that in this very city, if a child were to present to this very university's hospital and die of dehydration and diarrhea, there would be an inquisition. It would be headline news. And yet, as we speak, there are close to 80,000 deaths that take place due to diarrhea in my country alone.

And this is a challenge that we all face as partners, as a coalition of people moving in the same direction, of how can we monitor and hold people accountable? So our work plan, as Countdown finally, over the next decade, is to change our focus from a global-level overview to a much more grander and specific country-level information.

You heard this morning, from the ambassador of my own country, talking about a country-level Countdown. That is where we need to go. And increasingly not just country-level data but granularity of information that looks at subnational disparities.

And we also need to strive and work towards integration of bringing together not only indicators that are focused on each specific issues, but also on the determinants that are so critical. As all of us know, 40 percent of all child deaths are in the newborn

period, and we can do nothing for those deaths without addressing the issue of maternal deaths.

And we can do nothing for maternal deaths without addressing the issue of reproductive health and the health and well-being of young adolescent girls. And as Tony Lake said, education, empowerment and giving specific rights to girls and young women in many parts of the world is critically needed.

So the Countdown will increasingly focus on subnational data and response to that information in the very countries where we have the highest burden of maternal, newborn and child mortality.

So let me finish, ladies and gentlemen, by congratulating you on this move forward, and by also ensuring you of the complete support of the Countdown community as you embark upon this journey. Thank you very much for your attention. (Applause.)

MR. LAKE: Thank you very, very much, Zulfi. That was very, very helpful.

I should tell you I just – I don't know very much about these things. Everybody in the room knows more than I do. But I was just told that, in effect, we are in this room by no means alone in our interest and dedication to this subject, perhaps due in part to – I suppose a number of you have been surreptitiously – is the word “tweeting?” Yes, surreptitiously tweeting during the course of the day.

But while there is great interest throughout the world, I'm told that #PromiseForChildren is a trending topic in the U.S., one of the top most interesting topics in the U.S., and similarly getting great interest around the world. So this is indeed – (applause) – this is a movement, a renewed movement.

So let me thank you again, all, for being here and for your commitment to our common cause. By renewing our promise and acting on it, we will no longer have to imagine a world where the right to survive can be realized for all children everywhere. Our children, my grandchildren and their children will actually live in it.

So thank you for your energy and your commitment. Please do join in the tent for the reception. Please do join and sign the pledges that will be on two different tables there. And enjoy your evening. Thank you. (Applause.)

ANNOUNCER: Ladies and gentlemen, our interfaith reflection on child survival will begin in just moments in Gaston Hall. You are invited to the reception in the tent on Healey Lawn beginning now. And we look forward to seeing you tomorrow morning at the Georgetown Hotel and Conference Center, where you had lunch today. Our morning programs will begin promptly at 9:00 a.m.

A reminder to our international guests who have been listening to today's program with translation headsets. Please – “s'il vous plaît” – return your headsets to the tables as you exit this room.

Thank you, and we'll see you tomorrow morning.

(END)