

Check Against Delivery

STATEMENT BY CAROL BELLAMY EXECUTIVE DIRECTOR OF THE UNITED NATIONS CHILDREN'S FUND MARKING THE LAUNCH OF *SOCIAL MONITOR 2003*

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Ladies and Gentlemen: We're here today to highlight an issue that is at the very heart of UNICEF's mission: ensuring child survival.

The world has seen dramatic improvements in child survival rates in recent decades. But three years into the 21st Century, at a time of unparalleled advances in medicine and health care, young children are still dying needless deaths by the millions. According to the latest estimates, more than 10 million a year die before their 5th birthday, the vast majority of them in infancy.

The death of a child is horrific enough. Ten million-plus deaths are virtually beyond comprehension. And this annual loss of human potential and possibility is even more staggering when you consider that these children are brought down by causes that are largely preventable, such as measles, diarrhoea and acute respiratory ailments.

Ladies and Gentlemen, these deaths constitute a colossal obscenity of our time. They are as morally intolerable as they are developmentally ruinous. The world has the knowledge and the resources to end this continuous, slow-motion catastrophe. But to do so, we need accurate, up-to-date information. We need to know why children are dying, where they are dying and who they are.

And that is why I want to express thanks to the team at the UNICEF Innocenti Research Centre for throwing a spotlight on the true scale of infant mortality in one part of the world: Central and Eastern Europe and the Commonwealth of Independent States.

The work of the Innocenti research team is based on a simple principle: that in order to solve a problem, you must first understand it. And the new Report they've produced has important implications not only for the way we gather information on under-5 mortality – but also for the actions that must be taken if we are to save lives.

The Innocenti Report – titled *Social Monitor 2003* – finds high levels of infant mortality in a region that once took pride in its progress on infant mortality. And while some countries are moving forcefully to reduce infant mortality as part of the drive for membership in the European Union, others are lagging.

Officially, 60,000 babies died across the 27 countries of the region before their first birthday in 2001 – three times as many as in the European Union, which had only slightly fewer births.

But that is only part of the story. The Innocenti Report takes a closer look at some countries, going beyond the official statistics to hear from mothers in the countries of the Caucasus and Central Asia: in Armenia, Azerbaijan, Georgia, and in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. And what it finds is a child survival crisis.

According to first-hand reports from mothers, gathered in scientific surveys, the actual death rate among infants in these countries is five times higher than in the rest of the region.

What mothers told interviewers reveals an alarming gap between the official death rates and the grim reality of thousands of babies lost to poverty, preventable disease, malnutrition and poor medical care.

With around 60 deaths for every 1,000 live births, infant mortality rates in the countries of the Caucasus and Central Asia are more than double those found in Latin America – and far higher than in East Asia, the Middle East and North Africa. Yet the magnitude of the tragedy affecting families in the region is not widely known.

Poverty is a killer. It weakens the health of mothers and children and can deny people the health care they need for their babies. One mother in Tajikistan told researchers about the death of her new-born son. She said: "I went to a paediatrician who prescribed drugs, but I did not have any money to purchase drugs. I went to a healer. But the child's condition became worse. On the seventh day he died."

The report also cites evidence of poor medical care in some countries – the lack of preventive health care to solve problems before they start, the failure to carry out basic tests at birth, such as weighing a newborn baby.

Yet our Report found that official statistics in the Caucasus and Central Asia hide the gravity of the crisis, suggesting instead that progress on infant mortality has been steady and continuous.

Ladies and Gentlemen, let us be clear about this: flawed statistics are a danger to children. They inspire complacency, keeping governments and health workers and even parents in the dark on the true nature of the threats to child survival. And they mislead everyone about the need for action.

Properly calculated, the infant mortality rate is an effective measure of the well being of children, telling us whether they are healthy, cared for and respected. By the same token, it is one of the most illuminating indicators of the well being of a nation. But only if it is accurate.

What is behind a flawed infant mortality statistic? A common lapse is failure to define "live birth" in line with accepted international standards. The death of a newborn may go unrecorded because – officially – the baby was never alive at all. The World Health Organisation's definition says an infant is alive if there are any signs of life. The Soviet era definition – still predominant in several CIS countries – requires medical personnel to disregard all signs of life except breathing – and to routinely classify babies that are born very prematurely as dead on arrival.

Statistics are also skewed by misreporting. As the Innocenti Report shows, this is a legacy of the past, when hospitals and medical staff could be penalized for failures to reach infant mortality reduction targets set by central health ministries. As a result, medical staff sometimes reported the deaths of

babies in their care as miscarriages or stillbirths. It is a hard legacy to overcome, especially when medical staff lack the proper resources to save every baby.

A third common problem in compiling accurate child mortality statistics originates in barriers to birth registration. If the birth of a baby is not registered, it is hardly likely that the baby's death will be.

A recent UNICEF study estimated that around 10 per cent of births in this region each year go unregistered – most of them in the Caucasus and Central Asia. The reasons for non-registration include the difficulty and cost of travelling to a registration centre, the bureaucratic red tape that parents face once they get there, and the lack of incentives to register a birth.

The findings of the Innocenti Report constitute an urgent wake-up call to all governments of the region – a call to implement the WHO definition of live birth – to improve health training and management – and to provide incentives for parents to register their babies at birth. We are seeing positive steps in the region – last November representatives from the Central Asian Ministries of Health met to discuss the whole issue of infant mortality. They pledged to push ahead with implementation of the WHO definition of live births to ensure that it is not only introduced, but is actually applied in every maternity facility.

In the meantime, UNICEF and its partners are moving to stem preventable infant mortality on a variety of fronts. Together with WHO, we support the Baby-Friendly Hospital Initiative – the creation of maternity facilities where breastfeeding is encouraged as an effective measure to reduce infant mortality and illness. There are now more than 500 Baby-Friendly Hospitals across the region.

In Uzbekistan, UNICEF, together with the US Centers for Disease Control and USAID, has successfully lobbied for the initiation of a process that will lead to the introduction of the WHO definition of live birth. In Armenia, UNICEF aims to reduce child mortality by procuring vaccines and vaccination equipment to maintain child immunization in the country, training health workers on immunization issues, and raising public awareness of the importance of timely vaccination. In Serbia and Montenegro, UNICEF is focusing on the immunization of marginalised children who may be overlooked in the normal vaccination campaigns.

And in Azerbaijan, we are working to address the gaps in the infant mortality figures. Just last month, UNICEF, the Ministries of Health and Justice, the State Statistics Committee, the World Bank, WHO, UNFPA and the Centre for Disease Control discussed ways in which these gaps could be addressed by strengthening birth and death registration.

We support the quest for accurate and authoritative data – as demonstrated by the work of the UNICEF Innocenti Research Centre and the *Social Monitor 2003* Report. We are delighted that the Government of Italy also supports this effort – and that it has further demonstrated its steadfast commitment to child rights by hosting the Innocenti Centre in Florence for more than 10 years.

Although the main focus of this Innocenti Report is infant mortality, it includes a wealth of information on other key issues affecting children in

Central and Eastern Europe and the Commonwealth of Independent States, including effects of the economic situation, the debt crisis, HIV/AIDS, intercountry adoption and the long-term impact on children of becoming refugees or internally displaced persons.

Our own commitment to child survival is as old as UNICEF itself, dating back to the aftermath of World War II, when UNICEF helped to provide food and basic health care to young children in war-torn countries.

Today, as ever, child survival is central to our work – and the central premise of that work is that every child has the right to the best possible start in life. A good start increases the chances of a smooth journey through childhood to a healthy, educated and productive adulthood. A bad start makes that journey much more difficult, if not impossible.

A good start could save the lives of most of the more than 60,000 children who die before their first birthday in Central and Eastern Europe and the Commonwealth of Independent States each year. Millions more would be protected from physical or mental disability. Good health, proper nutrition and education can shield every child from poverty, malnutrition and disease.

Last month, I participated in the launch of the first-ever regional advocacy campaign on child rights issues in the region: the campaign to *Leave No Child Out*. The data and issues in this year's *Social Monitor* make this campaign all the more relevant – and highlight the urgency of ensuring that no child is excluded from the care and protection to which he or she has a fundamental right.

I would add that a good start in life is not merely a fine idea – it is an obligation. All States in this region have ratified the Convention on the Rights of the Child. All States have committed themselves to implementing both the Millennium Development Goals and the goals of *A World Fit for Children*, the action programme that was adopted last year at the UN General Assembly Special Session on Children. These are goals that will only be reached if we work together, in full partnership, to tackle preventable infant mortality.

My colleagues and I would be happy to take any questions.