Excellencies, Ladies, Gentlemen,

It is with regret that I am not able to join you today – and thank you for your understanding as this statement is read on my behalf. Let me first of all thank the key supporters of this event - we would not be celebrating the launch today without the commitment and support of Member States, and I thank in particular the Governments of Austria, Botswana, Ireland, Mongolia and Uruguay for their political leadership and generous support. WHO strongly welcomes the launch of the Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age.

This guidance comes at a very crucial time: the latest estimates released yesterday by the Inter-Agency Group for Child Mortality Estimation, a joint UNICEF, WHO, the World Bank and the United Nations Population Division effort, show that under-five mortality rates have dropped by 49% between 1990 and 2013. This is good news. In addition, the average annual reduction has accelerated – in some countries it has even tripled. So the new numbers are indeed encouraging.

On the other hand, our work is far from over, as the overall progress still falls well short of meeting the global target of a two-thirds decrease in under-five mortality by 2015 set by the MDGs. The new estimates show that in 2013, 6.3 million children under five died from mostly preventable causes, around 200,000 fewer than in 2012, but still equal to nearly 17,000 child deaths each day. One child in every 30 does not get to celebrate his or her first birthday. And one child in every 22 dies before reaching the age of five. With the knowledge and technology available today, these staggering numbers of preventable deaths among the world’s youngest children are simply inexcusable. We also have the commitment – Member States approved at the World Health Assembly in May this year an action plan to tackle newborn deaths, now making up nearly half of all under-five deaths. And we are moving forward, becoming more ambitious with our goals, focusing on not only ending the unnecessary deaths, but ensuring that the children that survive also thrive and can reach their full potential as we look beyond the MDGs at the Sustainable Development Goals.

Thus, the launch of the Technical Guidance couldn’t be more timely. While global progress is to be applauded, persistent disparities continue to exist across regions, between countries, and importantly, within countries. A child’s risk of dying before the age of five increases if she or he is born in a remote rural area, or into a poor household, or to a mother with no basic education. A child born in a household among the poorest fifth of the population is twice as likely to die as one born among the richest fifth. In addition to poverty, we have seen how patterns of child mortality
and morbidity are linked to social exclusion, discrimination, gender norms and neglect of basic human rights.

As I mentioned earlier, today there is unprecedented momentum and commitment among the world’s governments. We know what to do and how to do it. We now need to translate that commitment and expertise into sustained action.

But action does not only rely on political commitment and available medical know-how. It must be founded on an explicit recognition that our newborns and young children are not mere recipients of care, but are indeed rights-holders with legal entitlements to survival and development, and to the highest possible standards health and health care. Both in law and in practice. For all children without discrimination.

The Technical Guidance that you have before you today is a significant step in the right direction. It provides a roadmap for further strengthening global and national accountability for improving the health of the youngest children. It complements and builds upon its excellent “sister document”, the Technical Guidance on the application of a human rights-based approach to policies and programmes to reduce preventable maternal mortality and morbidity, which was launched in 2012.

Both of these guidance documents are the result of close collaboration between the Office of the United Nations High Commissioner for Human Rights, WHO, sister agencies of the UN system, and civil society. Both benefitted from the know-how and expertise of human rights experts and health specialists. They are leading example of how the public health and human rights communities can come together and join hands for a common cause: to secure the survival, and optimal health and development, of our youngest global citizens, and the health and dignity of women.

I warmly thank the Office of the United Nations High Commissioner for Human Rights for its excellent stewardship in the preparation of this document, and extend my sincere gratitude to all of you who have supported this process.

It is a welcome and much needed contribution to ongoing efforts to accelerate progress towards achieving the MDGs and to the post-2015 process, and WHO stands ready to support Member States, and our partners in the UN and civil society, in its implementation.