High-level 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 five years of age

Opening Statement by

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Excellencies, colleagues and friends,

I am delighted to welcome you to this launch of OHCHR’s Technical Guidance on human rights in the context of preventable mortality and morbidity of children under the age of five.

Its purpose is to set out – in tangible and practical ways—why and how human rights have such a central part to play if we are to achieve a more comprehensive, inclusive and conclusive response to the tragedy that is the preventable mortality and morbidity of children under five.

I am particularly pleased to share this guidance with you because this is a critical companion piece to the ground-breaking guidance issued in 2012 on human rights in the context of maternal mortality and morbidity.

Our technical elaboration of the relevance and utility of human rights principles and standards to transforming outcomes for millions of newborns and children – and thus for their families and broader communities too – emerges from strong partnership.

After all, human rights are for us all, which makes it the business of us all. I would therefore like to thank the Permanent Missions of Austria, Botswana, Ireland, Mongolia and Uruguay, which have advocated for the identification of prevention of child mortality as a human rights issue, and have placed it at the forefront of the Human Rights Council’s work.

I also want to thank our main partner, the World Health Organization, as well as others who participated in the consultative process that helped build this Technical Guidance. They include UNICEF, the Committee on the Rights on the Child, human rights mechanisms, non-governmental organizations, health experts and practitioners, representatives of academia, national human rights institutions, and Governments.

Each year, 6 million children lose their lives before their fifth birthday. In other words, we are losing the world’s youngest children at a rate equivalent to the entire population of Nicaragua, Norway or New Zealand, every year. Forty percent of them die in the first month of life.

This is most certainly a human rights tragedy. But a harsh reality makes calamity of this tragedy – the reality that, in our hands, we have the ways and means to prevent at least 50% of these deaths and more.

We can choose to treat and prevent pre-term birth complications, sepsis, birth asphyxia and trauma. And we can decide to avert, too, the suffering of the millions more children who fall gravely ill, or are permanently disabled, by these very same causes.

That we fail to take the steps necessary to protect our children from the devastating consequences of these conditions constitutes grave violations of the child’s rights to life, survival, development, and the highest attainable standard of health.
When the State is not doing what it can to prevent such deaths, it is defaulting not only on its legal obligations but on its moral obligations to its own people. And about this, let there be no doubt: if local officials, relevant ministers, heads of government or heads of state are not doing what they should to uphold the rights of these – the smallest, most vulnerable of their people – then such omissions may well amount to criminal negligence.

For human rights not only connect us all. In this instance, they implicate us all. If a country is committed to all reasonable steps to prevent infant mortality, having established the right set of priorities, but is lacking the basic resources needed to take those steps, then the burden of public duty and gaze of public scrutiny must be on the international community.

And it is clear that together, we can and must do more. While health solutions, including the provision of quality services, commodities, security and skilled are essential, the data reveal that critical inequalities are the root causes of child and maternal mortality.

95% of deaths of children under the age of five occur in Africa and Asia – the children of the poorest families; of families living in rural and isolated areas; children born to mothers who themselves are children.

So while we must surely invest to strengthen health systems, scale up human resources for health, and provide accessible services, it is the protection of human rights in health -- and beyond -- that will ultimately determine whether we will reach those who today bear the greatest burden of the human suffering that is preventable child mortality.

If we position the human rights framework as a guide to and the “teeth” for effective policy formulation and implementation, then the pathway to prevention of child mortality broadens and opens, making clearer to us what are the most troubling impediments to child survival, and identifying for us effective means by which to transform both preventable child and maternal mortality.

The human rights abuses of gender-based violence; stigma and discrimination; of forced, early and child marriage; of other harmful practices such as genital mutilation – these are key drivers of the intolerable waste of human life and potential that is under 5 mortality.

The human rights abuses that are the denial of the right to safe drinking water and sanitation; the failure to provide safe and secure living environments; the failure to uphold the mother’s right not to be coerced into pregnancy, how many children to have and at what intervals – these are root causes of this calamity.

The failure to equip our youth and adolescents with the education and information they need as they enter their sexual and reproductive lives – this lays the ground for the conditions in which infant mortality flourishes, and babies die.

Through the human rights lens, transformative policy solutions emerge clearly.

Inspired by the human rights principles of participation and individual agency, we can approach the child’s parents as partners in prevention, ensuring that they have
the information and options they need to develop and make informed decisions affecting their children’s health.

Noting that people must be able to claim their rights via transparent and accessible systems, we can work to ensure that both public and private actors uphold human rights in the quality, accessibility, and acceptability of the services they provide, and hold them publicly accountable for their responsibilities to do so.

Recognizing that rights are not only universal, for us all, but also indivisible, we can and must look to diverse Ministries, and national, regional and local authorities, to aid us in recalibrating public investment so that it swings in behind the protection, preservation and personhood of the child.

States pledged 40 billion US dollars to achieve Millennium Development Goals 4 and 5 – to reduce child mortality and improve maternal health. Contrast this with what they spend on military expenditure: 1.75 trillion dollars. There is considerable room for correcting the calibration of our investments.

Children are our most valuable resource. We cannot accept that, through our commission and omission, they should be left to be our most vulnerable resource, too.

I look forward to your discussions. Thank you.