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Item 8 of the provisional agenda:

UNICEF joint health and nutrition strategy for 2006-2015

Statement by

Dr Catherine Le Galès-Camus

Assistant Director-General

Noncommunicable Diseases and Mental Health

World Health Organization

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Mr President,
Ms Veneman,
Members of the Executive Board,
Distinguished delegates,
Ladies and Gentlemen,

Thank you for the opportunity to speak at the UNICEF Executive Board.

The Millennium Development Goals reflect the commitment of the global community and of the UN system to achieving major reductions in maternal and child mortality, as well as in the prevalence of undernutrition by 2015.

The UNICEF joint Health and Nutrition strategy that you will be considering under this agenda item presents the strategic direction and implementation approach proposed by UNICEF to guide its work in this area as a support for its medium-term strategic plan. WHO is pleased to have participated in the consultative process that has resulted in the document before us.

We strongly concur with UNICEF's assessment of the context. The epidemiological evidence points to a small set of primary causes of child mortality - pneumonia, diarrhoea, low birth weight, asphyxia and, in some parts of the world, HIV and malaria - as the main
killers of children under five years, with undernutrition being the underlying cause of every one out of two such deaths.

The epidemiological evidence also shows that child deaths and undernutrition are not equally distributed throughout the world. They cluster in sub-Saharan Africa and South Asia - and in poor communities within these regions - and are, further aggravated by the complex emergencies and natural disasters that particularly affect these regions. Available evidence makes it clear that the substantial reductions in child mortality required for the achievement of the MDGs will not be met without significant acceleration of the progress in addressing undernutrition as one of the primary causes of newborn and child mortality. Furthermore, there are critical interactions between child survival, undernutrition and most of the other MDGs, in particular those related to maternal health, HIV/AIDS and malaria, education and gender equality. Without special efforts in improving child health and eliminating hunger and malnutrition, many of the MDGs will, therefore, be very difficult to achieve.

We also share UNICEF’s analysis that the achievement of the MDGs will require political, institutional and societal solutions - in addition to the technical ones. The necessary interventions to reduce neonatal and child mortality and to improve nutrition are already available: our focus must now be on increasing the coverage with these life-saving interventions. Furthermore, the performance of nutrition and health systems -- including related policies, legislation, resource allocation and capacity development -- needs to be improved. We also need to build a continuum of care -- from the community to the health
facility, from maternal health to the health of the newborn and child -- within a life-cycle perspective, as elucidated in the 2005 World Health Report and accompanying Policy Briefs. While focusing on achieving progress on all of these particular fronts, we should not lose sight that child health and nutrition need to be taken seriously as inputs to, and foundations for, development rather than just outcomes. Improved health and nutrition empower individuals, as well as communities, and fuel the development process that leads to poverty reduction. Moreover, evidence from both developing and industrialized countries suggests a link between foetal and early childhood health and nutrition and susceptibility in adult life to noncommunicable diseases. The risks of moving out of poverty and hunger directly into chronic diseases and ill-health, should be seriously considered in rapidly urbanizing populations.

The principles that guide your joint health and nutrition strategy are also reflected in WHO’s strategic direction for child and adolescent health, as well as in our work in the field of nutrition and promotion of healthy diets. We acknowledge the complementarity and reinforcement of your joint health and nutrition strategy with WHO’s mission and strategies in the areas of maternal, newborn and child health, and nutrition.

We look forward to our collaboration in the implementation of the UNICEF joint health and nutrition strategy. Like you, we value partnerships. We are partners in supporting the *Child Health Epidemiology Reference Group* (the CHERG) that has accelerated the availability of information on the causes of newborn and child mortality and their distribution in the world. Together we developed the *Integrated Management of
Childhood Illness, regional child and adolescent health strategies, and respond to the challenges of extending coverage of health and nutrition interventions in the health system and in the community. Within the framework of the *Global Strategy for Infant and Young Child Feeding* we work together in reducing micronutrient malnutrition, reducing mother-to-child transmission of HIV/AIDS and improving nutrition for children and families living with HIV/AIDS. We are also co-founders and co-sponsors of the Partnership for Maternal, Newborn and Child Health and the Global Alliance for Vaccines and Immunization (GAVI) and are close partners in addressing malaria and HIV/AIDS, promoting a better environment for children and responding to nutritional needs in emergencies and crises.

In accordance with our latest joint letter to WHO and UNICEF Regional and Country Offices, it is evident that our partnership needs to be particularly strong at country level, carrying forward the same messages and moving towards one country plan to achieve the MDGs. We recognize the need for strong health systems to support programme implementation and ensure availability of the necessary supplies, including essential drugs, and, as a key priority, the retention of health workers where they are most needed. To this effect, the forthcoming World Health Report focuses on Human Resources for Health and proposes ways to meet this particular challenge, which is critical if we are to achieve our objectives of high levels of equitable coverage of maternal, newborn, child health and nutrition interventions.

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Mr President,

Let me end by mentioning that we continue to build our collaboration on our Organizations' missions and comparative advantages. We look forward to continue our regular policy and technical dialogue and collaborative efforts to ensure that policies and recommendations reflect state of the art knowledge.

Experience has shown that we are stronger when we work together. I would like to renew WHO's engagement in our commitment to, together, achieving the Millennium Development Goals.

Thank you.