

PERMANENT MISSION OF  
**CHILE**  
TO THE UNITED NATIONS



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**Statement by**

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**PRESIDENT OF THE REPUBLIC OF CHILE**

**Side Event : "Commitment to Progress for Mothers, Newborns and Children"**

**United Nations High-Level Meeting on the Millennium Development Goals**

**New York, September 25<sup>th</sup> 2008**

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First of all, I wish to thank the World Health Organization and the Partnership for Maternal, Newborn and Child Health for inviting me to participate in this event.

It's been a year since we launched the Global Campaign for the Health Millennium Development Goals. Its purpose was to give renewed impetus to MDGs 4, 5 and 6, and thus focus our efforts on meeting the challenge of improving maternal, newborn and child health and combating HIV / AIDS, malaria and other diseases.

The idea of launching this Global Campaign stems from two very distinct realities identified by the Secretary General:

In 62 countries, the death rate among children under 5 years of age is not diminishing fast enough to allow us to achieve the target envisaged in Goal 4 of reducing by two thirds the under-five child mortality rate.

On the other hand, more than 500,000 women are still dying every year in the world as a result of complications related to pregnancy and childbirth. Therefore, completely fulfilling the target envisaged in Goal 5 of reducing by three quarters the maternal mortality rate continues to be a formidable task and, among all the Millennium Development Goals, this is the area in which least progress has been made.

These figures are certainly outrageous. No other natural or man-made disaster is capable of exacting such a heavy toll in terms of human lives and suffering.

However, it is worth noting that coincidentally with our first year of campaign, we can draw a positive balance. In this respect, please allow me to refer to the data resulting from the first "Campaign Overview" that as network leaders, we will be presenting at this General Assembly:

- The number of people newly infected with AIDS during the course of one year declined for the first time since the epidemic began.
- Malaria nets are being distributed much more rapidly. The aim is saving close to a million children from dying from malaria.
- More vaccines are reaching more children than ever before.

Significant progress has been made in organizational and financial terms:

- The Global Campaign and its partnerships have helped to consolidate the complex architecture of global health aid, enabling it to focus more effectively on the health MDGs.
- There has been much greater collaboration across bilateral and multilateral agencies involved in international health, such as WHO, the World Bank, UNICEF, UNFPA and UNAIDS
- There are new and important allocations, as well as dedicated global funds that continue to play a vital role in pursuit of the MDGs. And there is a move towards providing increased funding to health systems through results-based financing, broader sector funding and harmonized budget support.

- The numerous pilot innovative financing mechanisms launched in 2006 and 2007 have started to yield significant benefits. Among others, I would like to mention UNITAID –in which Chile is also participating-, which has made it possible to develop and supply tailor-made medicines for children suffering from AIDS and malaria.

### **New steps at the global, regional and national levels**

In spite of all this, and as I stated at the beginning, the health of women and children is still lagging behind, and particularly with regard to MDGs 4 and 5. We ought to give these targets the highest political priority, put under way more initiatives and call for more financing, a task that has become even more urgent due to the sharp rise in the price of foodstuffs, being mainly pregnant women and small children who bear the brunt.

Apart from each one's commitment at a national level, we need to promote global and regional initiatives, inviting the governments to participate, under the coordinated action of international organizations and the global and local civil society.

It is our duty to encourage greater commitment from industrialized countries. This year, and for the first time in its history, and under Japan's leadership, the G-8 acknowledged the need to assign a high priority to maternal and child health, underscoring that it is imperative to accelerate progress towards the attainment of MDGs 4 and 5. Now, the G-8's duty is to transform their commitment into action.

The UN and the World Bank developed estimates on the needs of the 51 poorest high priority countries-high priority countries. For instance, we need to ramp up the capacity to ensure quality deliveries with an additional 500,000 trained midwives, nurses and doctors.

**Based on this diagnosis, together with 7 other countries of the region, we launched in Chile, last September 19, the regional campaign entitled "Deliver now for women and children", coordinated by the Partnership and in close collaboration with the Global Leaders Network for MDGs 4 y 5.**

**The launching at a regional level took place in Santiago, and its purpose is to articulate regional cooperation in order to attain MDGs 4 and 5 and thus reduce maternal and child mortality in Latin America and the Caribbean.**

We hope that this regional project may be effectively combined with the efforts that the countries of our region are deploying with a view to strengthening their national health systems and their respective programs intended to reduce maternal mortality, as well as to provide better and increased access to reproductive health services.

However, we should not lose sight of the fact that achievements in terms of reducing maternal and child mortality rates are not possible through efforts undertaken solely by the health sector. It is essential to work persistently and focused on health-related social determining factors, strengthening the role of women in our societies. In short, this problem must be tackled bearing in mind the rights of citizens, striving for a more effective and inclusive social protection system. This has been Chile's experience, in that children's health indicators are evolving favorably, as well as those of the rest of the country's population.

The above has been the result of interventions in social and economic factors which in addition to the efforts made by the health sector itself, have led to significant advances with regard to the

shortcomings that affected our child population during the last four decades. Thus, problems such as diarrhea, malnutrition and acute respiratory diseases, which had a major impact on child mortality, have disappeared or become less important. During the last few years, we have been highlighting the importance of developing a social protection system precisely aimed at reducing the exclusion to which mainly women and children are subject to.

Chile is implementing other initiatives as well. In the **Latin American context**, this year we will put into operation a Iberoamerican **Fund for the Protection of Childhood**; we encouraged Latin America to take a common stance at the forthcoming Conference on Financing for Development; and we are setting up the Social Work group within the Union of South American Nations (UNASUR), whose task, among others, is to establish a health comprehensive agenda for all South American countries.

There are many other things that we are doing or that we can do. However, I believe that with the work initiated last year, the Global Campaign for the Health Millennium Development Goals and the Partnership for Maternal, Newborn and Child Health, we have not only managed to make some very significant strides, but rather –above all- we have succeeded in raising global awareness concerning the delay in attaining Goals 4, 5 and 6. This is, I believe, a major leap forward that we should be proud of.

Therefore, and as we have indicated in our Campaign Overview, the time has come to transform this new awareness into action.

Thank you very much.