

STATEMENT

Countdown to 2015
Opening session, 17 April 09h00 -10h30
Westin Grand Hotel, Cape Town

Statement by UNICEF Goodwill Ambassador
Ms. Yvonne Chaka Chaka

Mr. Chairman

Honourable Ministers

Distinguished Members of Parliament from around the world,

Honoured guests:

Good morning and thank you for inviting me to join this prestigious gathering today. As a UNICEF Goodwill Ambassador and a mother of four healthy boys, I am proud to be associated with this conference which aims to discuss solutions to save the lives of mothers and children.

Every day on average around the world, more than 26,000 children under the age of five die, mostly from preventable causes. Nearly all of these children live in the developing regions of the world or, more precisely, in 68 developing countries – the priority countries that you, the influential delegates to this Countdown to 2015 meeting, have decided to focus on.

When I learned that amongst these countries, my own, South Africa, was one of those that had made little progress in reducing child mortality, I was naturally, disappointed and very concerned.

For a mother, as I am sure it is for all of you, the death of any child is heartrending. Today I speak to you as a mother and an individual concerned about the future health and survival of nothing less than the next generation.

What can we do to change this pattern of death of young children and improve child survival? UNICEF first called attention to this troubling issue more than twenty-five years ago and it still resonates today.

In my view, maternal and child survival is not a challenge for governments alone. It needs the participation of everyone, families and communities. Everyone in society, from musicians and singers like myself, to truck drivers, lawyers, homemakers and health care workers can make a difference by supporting mothers, especially poor mothers, to keep themselves and their babies healthy and alive.

Today, I would like to add my voice to those who have already spoken with a few thoughts that I hope will help make a difference. A responsive and knowledgeable community, working in partnership with influential private citizens and non-governmental organizations, can do their part to ensure that mothers and babies do not fall between the health care cracks.

First, something that all new mothers can do – breastfeed your infant in the first year of life. As a mother, I breastfed all four of my children. UNICEF has shown that breastfeeding every baby from the first hour of life could prevent a significant number of neonatal deaths in developing countries. Keeping babies warm and initiating them early on exclusive breastfeeding could save many of these young lives.

Poor infant feeding practices have been shown to compromise children's chances to survive, especially during the first months of life.

Second, something pregnant mothers and all of us can do to help lower maternal and child mortality rates; they can take a voluntary HIV test so that they will know their status. This vital and potentially life-saving information will guide health care workers in providing the proper medication to prevent transmission of HIV to the child. After the child is born,

caregivers can then provide guidance on safe alternative methods of feeding to keep the child healthy and HIV free.

Third: Of course, every mother needs to be well nourished, herself, so that she can pass on all the life-saving disease-fighting resistance to her child by breastfeeding. A child's health begins with its mother. Poor mothers need the right information, the right foods and the right resources – information, transportation and financial – to help them help themselves. In my work for UNICEF, when I visit poor and rural communities, women often tell me that they are unable to access health care services that can be as far as 5 kilometers away.

To help change this situation, communities might consider a cooperative initiative that I have recently noted in rural Limpopo Province. There, the community pooled together to help provide transportation so that sick, elderly or dependent mothers can access health clinics, hospitals and other social services (like pension payments and social grants) available in towns and cities far removed from their homes. This type of initiative can provide poverty relief for those transported and financial returns to the transporter.

Finally, I believe that much can be done by communities themselves to ensure that children do not die from preventable childhood illnesses. As I understand it, in all countries, poor families are missing out twice, on skilled care at birth and on continuous care for newborns and children who are ill.

We have also heard of the notable progress in increased coverage of measles vaccination, but there has been slow progress in effecting treatments against illnesses like pneumonia, diarrhoea and under-nutrition which can lay claim to young lives.

I have been personally touched by the sad loss of a loved one to malaria, which kills 1 million people per year in sub-Saharan Africa. Eighty per cent of these deaths are in children. I take this opportunity to appeal to you the representatives of the world's governments and people to support the campaign to roll back malaria. **(Yvonne please tell your story here.)**

We know that through advocacy, education and the provision of an inexpensive preventive and simple tool – a treated mosquito net – many more lives can be saved.

Thank you again for the opportunity to address this important meeting.
