



PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

STATEMENT BY

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At the outset, let me extend my apologies for my Minister of Health, John Junor, who unfortunately is unable to join us today, but who has asked me to convey his best wishes for a successful outcome of your deliberations. Let me also say how pleased I am, as Chair of the Preparatory Committee of the Special Session on Children, to be able to address a theme of concern to the vision of child protection and development which forms a core principle in the expected outcome of the Special Session. The theme, "*Childhood Antecedents to Adult Illness*", eloquently encapsulates an overriding concern which has inspired several goals and targets in the work of the Preparatory Committee. In a little less than two weeks, we will undertake new commitments to specific actions and initiatives for the improvement of children's health with the full appreciation of the importance of such actions to preventing adult illness and securing a world fit for children. There can be no question that in order to achieve this objective, we must place children at the center of our endeavours and ensure that they can realize their full potential in health, peace and dignity.

During the past decade the goals set at the 1990 World Summit for Children have been rigorously and systematically monitored. Some 63 countries achieved the Summit goal of reducing by one-third the death rate of children under five, while over 100 countries cut such deaths by one-fifth. This means that there are now 3 million fewer under-five deaths each year than at the beginning of the 1990s; one-third of these young lives are saved by the attainment of the Summit goal of reducing child mortality from diarrhoeal deaths by 50 per cent.

An important outcome of the World Summit was the demonstrated links between health and poverty. Childhood poverty was also recognized as having long-term effects on adult health, with its costly consequences on mortality rates, particularly for children and women. For example, in 1990, about 1.6 billion people were at risk from iodine deficiency which, in childhood, leads to mental retardation, goiter and in women, a higher risk of stillbirth and miscarriage. The solution to this was the iodization of table salt, a simple and relatively inexpensive remedy. Similarly, a lack of Vitamin A can lead to irreversible blindness, and even before that stage is reached, a child deficient in Vitamin A, had a far greater risk of dying from common ailments such as measles, malaria and diarrhoea. The remedy for

this costly nutritional deficiency is one Vitamin A pill annually, costing a few cents per year.

The striking success of campaigns to end these simple but deadly nutritional conditions can be attributed to the global partnerships which have been developed between the United Nations system and civil society organisations which work in the health field. The campaigns have often caught the imagination of many people in many countries. For example, the eradication of polio is within our reach, and major efforts, such as the Global Alliance for Vaccination and Immunization, have made significant strides in addressing childhood illnesses.

At the same time, while undoubted progress has been made in many of the goals - and I should mention that more children are now in school and the right to education has been universally acknowledged - there are still 120 million children who have no access to schooling, and population growth has cancelled out the increase in the enrollment ratio. It is also still a fact that 1 in 12 children worldwide dies from preventable diseases before the age of five. Of the 132 million children who are born every year, a little over 11 million die before age five from such conditions as malaria, respiratory infections, malnutrition measles and diarrhoeal dehydration.

Unforeseen circumstances have also served to place at risk many of the gains in social and human development in the last 50 years. The HIV/AIDS pandemic has had a devastating impact on children. At the end of the last century, an estimated 13 million children had lost either a mother or both parents to AIDS; 95 percent of these children are in sub-Saharan Africa. These statistics highlight the imperative of urgent action to address the social and economic concerns that expose our children to risk. The Millennium Development Goals provide a framework for action and require priority attention if poverty eradication and inequality are to be addressed and if developing countries in particular are to be empowered to tackle the environmental and health concerns that affect children.

Over the past 50 years, the health sector in my own country, Jamaica, has been able to lower and, in some instances, eradicate the incidence of communicable diseases, such as polio, increase life expectancy and improve the health status of women and children. Jamaica, like other countries at a similar stage of development, has however seen a significant epidemiological transition over the past three to four decades. Social

changes have resulted in a shift in the pattern of health problems from communicable diseases to chronic and lifestyle related diseases.

Decreasing physical activity and increasing sedentary lifestyle associated with increased access to technology, automation, urbanization, excessive consumption of alcohol, tobacco smoking and high-risk sexual behaviours have contributed to this pattern. While pockets of under-nutrition and malnutrition still exist, over-nutrition with inappropriate choices has implications for higher levels of obesity and its attendant problems in later life. In 1999, the level of over-nutrition was highest at 10.6 per cent in children less than one year old, falling to 5.3 in children 12–23 months, and between 1.6 and 2.5 per cent in older children. Obesity in children is becoming a challenge for the health sector.

However, Jamaica has been polio free since 1986 and immunization coverage for infants 0-11 months is at a level of over 90 per cent. We have also made significant progress in the area of congenital syphilis.

HIV/AIDS has serious implications for global health care. The Caribbean has the highest rate of HIV infection next to Sub-Saharan Africa and the early onset of sexual activity in our population also has implications for this epidemic. A recent study highlighted that upwards of 45 per cent of children surveyed had their first sexual engagement by the age of ten. Only seven percent of males and nine per cent of females in the 15 to 19 age groups are delaying the initiation of sexual activity. More adolescents are having multiple sex partners and are contracting STDs, including HIV. New infections in adolescents in the 10 to 19 age group have been increasing alarmingly since 1995 and adolescent girls have three times higher risk of HIV infection than females the same age. Poverty is undoubtedly a central issue in contributing to the spread of the disease; income inequalities play a central and even more important role in this process. This is particularly true in Latin America and the Caribbean, where several middle-income countries, despite being relatively prosperous, have profound socio-economic inequalities that have led to high rates of infection and fuelled explosive epidemiological trends.

In every region, HIV/AIDS and other health concerns are of primary concern in child protection. Today's discussion provides an opportunity for frank discussion of these issues and the implications for global change. We must focus on meeting the most urgent needs of our children, including the

promotion of environmental health. The environmental component of child protection and healthcare is central. Children often live in overcrowded slums, and suffer from the noxious effects of chemical and industrial wastes. The threat to children, adolescents and pregnant women from environmental contamination and pollution is constant and deadly.

It is a sad commentary, that in every part of the world, children are suffering from abuse, neglect and exploitation. We now have an impressive body of knowledge of how millions of children are living – if we could use such a word to describe their short and sad lives. That is why the Special Session on Children is of such importance. It will enable the international community to reaffirm its commitment to the survival, protection, growth, and development of children everywhere. These commitments also cover the provision of access to primary education of all girls and boys, the protection from harm, exploitation and war and from the devastations of HIV/AIDS.

The document which will result from the deliberations before and during the Special Session is entitled, *“A World Fit for Children”*. It should not be seen as an overly ambitious goal because it is not. In fact, it is quite modest – and it encapsulates what I truly believe to be the goal of human beings everywhere. That is, a world where all peoples have a chance to live their lives in peace and dignity and be able to fulfill their human potential. This world can only be achieved through a partnership involving all members of society.

Our conference will be held at the mid-point between two other United Nations Conferences that will impact greatly on the future of children. These are the Monterrey Conference, where there was an acknowledgement that more resources have to be made available to help countries develop, and the Durban Conference on Sustainable Development next September.

These Conferences are focusing on the benefits to be gained from investment in people, as an imperative, if the cycles of poverty and environmental degradation which are a reproach to humanity, are to be broken. I know that it is of fundamental importance that, through the Special Session, we promote the message that young people are crucial to all efforts to break those cycles of poverty, violence and hate that now threaten the peace and security of the entire world.

We now have well-documented evidence of the economic benefits of investing in children. The World Bank has stated that for every year of schooling, people raise their earnings by 5 to 10 percent. A 1998 study by the Rand Corporation found that for every US\$1 invested in the physical and cognitive development of babies, there is a US\$7 return, mainly from future savings on expenditure on health and social services. Healthy and educated children are the solid foundations on which a successful assault on poverty can be based. Our goal is to ensure that the commitments national leaders make next month will be realized.

At the Special Session, they will be asked to see that children get the best possible start in life, recognizing that the survival, protection, growth and development of children in good health and with proper nutrition are the essential foundations of human development. In this context, concerted efforts must be made to fight infectious diseases, tackle major causes of malnutrition, and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.

I am convinced that leaders are determined to seize this historic opportunity to change the world for and with children. If we are to change our world for the better we have no choice but to make it a world fit for children. We can all relate to this because we were all children once. Every child is our child and this each and every one of us gives us a responsibility and a role.

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