



A HEALTHY START IN LIFE



GLOBAL CONSULTATION
ON CHILD AND ADOLESCENT
HEALTH AND DEVELOPMENT



12-13 MARCH 2002
STOCKHOLM, SWEDEN



WHO



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A HEALTHY START IN LIFE



Report on the
**Global Consultation on
Child and Adolescent
Health and
Development**

12-13 March 2002
Stockholm, Sweden



World Health Organization



United Nations Children's Fund

**Sponsors
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Child and Adolescent Health and Development**

**World Health Organization (WHO)
United Nations Children's Fund (UNICEF)
World Bank
Government of Sweden***

*The Government of Sweden also hosted the forum for Non-Governmental Organizations (NGO) on 11 March, a day before the Consultation.

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Information on the Global Consultation can be found on the website
<http://www.who.int/consultation-child-adolescent>

Foreword...

An historic opportunity to protect children and adolescents

The Millennium Development Goals have established clear targets for improving the health of children and adolescents: reduce child mortality by two-thirds; halt and then reverse the spread of HIV/AIDS, and reduce maternal mortality ratios by three-quarters. Reaching these ambitious targets will not be easy. Concerted efforts are vital as a matter of human rights, development and security.

In this spirit, WHO and UNICEF convened the Global Consultation on Child and Adolescent Health and Development in March 2002, with support from the Government of Sweden. Participants highlighted the plight of millions of children and adolescents, and the global challenge to scale up interventions to reach every child, every adolescent, rich or poor, with particular emphasis on those living in developing countries. As daunting as that challenge may appear, it is attainable. Cost-effective interventions to reach every child are readily available. Unfortunately, today they are reaching too few.

The Millennium Development Goals

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria, and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

This tragedy is preventable. The world has the resources and the knowledge to transform the lives and prospects of the world's children and adolescents. Simple preventative and curative interventions can dramatically reduce deaths from the diseases that kill children, in particular pneumonia, diarrhoea and malaria. Interventions that can combat malnutrition, which remains a disturbingly major cause of poor child health, are available. We have the evidence for simple measures that can save millions of newborn lives.

And we know that, as children grow and develop, they will benefit from positive support from families, communities and health professionals to ensure they have the information, skills and services to live

healthy lives. In a time of unparalleled wealth, the costs of doing nothing are unconscionably high.

The commitments made in Stockholm and at the upcoming UN General Assembly Special Session on Children must lead to action, and action must yield results. These commitments contribute momentum and build hope for the world's children and adolescents. The time has come for the global community, national governments, communities and families to deliver on those commitments.

This report summarises the presentations and discussions from the Global Consultation on Child and Adolescent Health and Development. We commend it to you as a call to action on behalf of children and adolescents, and hope you enjoy reading it.

Carol Bellamy
Executive Director, UNICEF

Gro Harlem Brundtland
Director-General, WHO

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Meeting in Stockholm...

Millions of neonates, children and adolescents still die of preventable diseases. We have failed to reach the most vulnerable, the most isolated and the poorest. Children and adolescents are dying because their families do not have access to the simple and effective interventions that can save their lives. Small social, financial and health system improvements can be enough to make the difference between life and death, and for greater development of an individual's full potential.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) held the first Global Consultation on Child and Adolescent Health and Development in Stockholm, 12-13 March 2002. Over 300 world leaders and technical experts came to the Consultation, which was hosted by the Government of Sweden.

The objectives were:

- To emphasize the critical place of child and adolescent health in a country's development, recognizing the complex links between health, poverty and economic development.
- To highlight actions to improve child and adolescent health that can be implemented by national governments and by families and communities, and the evidence for the effectiveness, feasibility and impact of these interventions; and to identify areas that have been neglected or need further research.
- To identify innovative mechanisms for scaling up effective interventions, including the involvement of communities and the private sector, as well as the promotion of public policies that stress equity.
- To formulate the actions that different stakeholders, including governments, international agencies and civil society, can take to accelerate implementation and reach those in greatest need.
- To heighten commitment from international leaders in preparation for the UN Special Session on Children, and use the momentum to increase investment for child and adolescent health and development.

At the meeting, world leaders expressed their commitment to “a vision of a world where children and adolescents enjoy the highest possible level of health, a world that meets their needs and enables them to attain their full potential... to intensify efforts to achieve this aim, and to join together in partnership to seek bolder approaches to reach the most vulnerable, the most isolated and the poorest.”

Drawing attention to the critical needs of children and adolescents...

More than 11 million children die annually of preventable and treatable illness, mostly in the developing world...\

Eight million of these are infants; most are newborns in the first month of life...\

The main causes of death are pneumonia, diarrhoea, malaria, measles, HIV/AIDS and malnutrition—and most are related to poverty...\

Adolescents—almost 1.5 million—die annually from substance abuse, suicide, injuries, violence, disease and other preventable causes...\

One in every six births in developing countries is to a mother aged between 15 and 19 years old...\

Fifty percent of all new HIV infections are among young people...\

Her Majesty Queen Silvia of Sweden opened the meeting by first noting the achievements in the last 30 years that resulted in a decline in child mortality of 50%. She then called on the Consultation to define a new agenda—one that would address the unacceptable number of children and adolescents who continue to die each year, and those who have difficulty in progressing on the path to adulthood.

More than 11 million children die annually of preventable and treatable illness. “Of the 11 million who die, an estimated 4 million are newborn infants,” said WHO Director-General Dr Gro Harlem Brundtland. “And these deaths are not inevitable.” A total investment of 66 billion dollars annually by 2007 could save 8 million lives a year, most of them children. ¹

Ms Carol Bellamy, the Executive-Director of UNICEF, and others recognized achievements in the past decade that brought better health for children, saved millions of lives and prevented disability. These included: oral rehydration therapy, childhood immunization, effective treatments against pneumonia, malaria and other deadly childhood diseases, iodised salt and vitamin A supplements, and progress in promoting breastfeeding and other improved feeding practices.

These advances, however, failed to reach the more than 11 million children who continue to die each year. “In a global economy worth over \$30 trillion,” Ms Bellamy said, “it is clear that the necessary resources and know-how to reach every child are well within our grasp.”

The importance of health and social development in adolescence gained prominence at the meeting.

¹ Commission on Macroeconomics and Health, *Macroeconomics and health: Investing in health for economic development*. Geneva: World Health Organization, 2001.

Dr Brundtland noted that an “estimated one-and-a-half million adolescents lose their lives due to accidents, suicide, violence, pregnancy-related complications and AIDS.”

Young people need both the positive support of adults as they make critical choices in their lives and a safe environment with opportunities to develop into healthy, productive adults. “But for many adolescents today, the notion of adolescence as a time of opportunity for self-development, under safe and healthy conditions, could not be further from their reach,” noted Ms Thoraya Ahmed Obaid, Executive Director of the United Nations Population Fund (UNFPA). “Many live in poverty or in especially difficult circumstances, with little access to knowledge and resources.”

The UNFPA estimates that one in every six births in developing countries—and one in ten worldwide—is to a mother age between 15 and 19 years old. According to the WHO, every day 7,000 young people are newly infected with HIV; and, in Africa, adolescent girls are five times more likely to become infected than boys.

Jo Ritzen, Vice President at the World Bank, highlighted global inequities: “Poor children and adolescents, excluded from the prosperity and good health of better-off children, are disadvantaged from the start. Poverty and inadequate health systems compound their vulnerability to sickness, and possible death, despite our collective knowledge of effective and affordable actions that can protect children from ill health, and restore health to sick children.”

Poor children are greater than six times more likely to die before their fifth birthday than wealthier children... \

Mr Ritzen reported that “Poor children are more than six times more likely to die before their fifth birthday than wealthier children.” Poor health during childhood and adolescence also limits the ability of the young to reach their productive potential, escape poverty, and lead their nations to greater economic development.

Therefore, we need to take a life-course approach to improve health: one that recognizes the cumulative life-long benefits of actions taken during childhood and adolescence, as well as the cumulative damage of not acting early.

Ritzen called on responsible governments officials “to invest in child and adolescent health at the country level, to reach more effectively the poor children and adolescents who most need assistance, and allow young people to be agents of change.”

Participating world leaders take these messages from the Stockholm Consultation to the United Nations Special Session on Children in New York in May 2002. They will argue that investing in the health and development of children and adolescents is a way to reduce poverty, and to address other conditions that threaten economic development and peace.

We envision a world...

Leaders who gathered in Stockholm expressed their common dedication to children and adolescents through **The Stockholm Commitment to A Healthy Start in Life**.

This shared vision stimulated participants to add statements to reflect the work of their organizations and agencies on behalf of children and adolescents. These statements can be found throughout the remaining pages of this report.

The Stockholm Commitment to A Healthy Start in Life

We envision a world... where children and adolescents enjoy the highest possible level of health, a world that meets their needs and enables them to attain their full potential. We gather in Stockholm from 12-13 March 2002 to commit ourselves to intensify our efforts to achieve this aim, and to join together in partnership to seek bolder approaches to reach the most vulnerable, the most isolated and the poorest.

The way ahead is a shared vision: to mobilise our resources to improve the health of children and adolescents, expand coverage of effective health interventions to reach every child and adolescent, and empower families and communities to care for and foster the health and development of their younger members.

Through these efforts we address poverty and inequity, conditions which lay the greatest burden of ill health on the poor and weaken our collective efforts to advance humanitarian aims and global peace.

Global Consultation on Child and Adolescent Health and Development

Stockholm, Sweden
12-13 March 2002

Joining together in partnership...

Abstracts of the opening presentations²

Opening Address

Her Majesty Queen Silvia of Sweden

An average of 5 million children, who would otherwise have died, survive each year due to public health interventions that prevent and treat the main childhood diseases. The challenge in a new agenda for children is to scale up the most effective interventions to save more lives.

*Nearly 40% of the world's population are newborns, children and adolescents. They mirror the state of global health... *

We must also consider the children and adolescents who survive but have difficulty progressing well towards adulthood, either because they have special physical or mental needs, or because they live in especially difficult circumstances— orphaned, abandoned, living in the street, abused, or sexually exploited, or affected by armed conflict. Child abuse and neglect, for example, affect an estimated 40 million children each year, and are major risk factors for disorders in adolescence and later in life.

We have begun to understand better the health needs of adolescents. They need to have accurate information on risks to their health and development, and the skills and support from their families and communities to use this knowledge to influence their own behaviours.

The result of this Consultation must be used to guide policies and programmes, and support countries that will make the health of children and adolescents a national priority. We must recommit ourselves to making our partnerships more effective, and generate new resources.

Introduction to the Consultation

Ms. Ingela Thalén, Minister for Social Security and Children's Affairs, Sweden

*The Consultation demonstrates what can be done...how to make possible what some tend to look upon as impossible... *

The Consultation demonstrates what can be done for child and adolescent health and development—how to make possible what some tend to look upon as impossible.

In international and national efforts, the perspective of the child needs to be more clearly focused and better resourced, for example: in mitigating the

² Information on the Global Consultation, including these opening addresses, can be found on the website <http://www.who.int/child-adolescent-health>

effects of the crisis in Afghanistan, in combating HIV/AIDS, in addressing the needs of street children and the disabled, in protecting children from abuse and sexual exploitation, and in structural changes influencing social security and the economy. The challenge of governments is to implement measures for the right to survival and the development of all children.

Investments in health
pay off...\

Control of communicable diseases and improvements in maternal and child health, with enhanced family planning, would strengthen both health and the economic resources of poor families, according to the WHO report of the Commission on Macroeconomics and Health. These in turn would translate into higher incomes and higher economic growth.

The Swedish Government is committed to continuing to provide resources to support children for a healthy start in life. It will take forward the rights of children to the forthcoming UN Special Session on Children in May.

Keynote Address

Dr Gro Harlem Brundtland, Director-General, WHO

We know what works:
the challenge is to make it
happen...\

Over the past 30 years child mortality in many countries has fallen. But the benefits of many advances—for example, immunization, oral rehydration, and basic hygiene—are still not reaching those children who need them most, especially children in poor communities.

Sound investment in health
in the poorest countries
will give a six-fold return in
economic growth...\

Reducing the suffering of children and improving their prospects for healthy development makes economic sense. Healthier children are able to play, learn and develop better mental and physical capabilities. The Commission on Macroeconomics and Health concluded that investment in health in the world's poorest countries would give a six-fold economic return in the form of increased economic growth.

Babies born to teenage
parents are 30% more
likely to be underweight or
malnourished, and these
children may suffer from
social and economic
disadvantage throughout
their lives...\

As we seek to serve the children in poor communities, we need to build on available evidence, scaling up actions through public, NGO, and private alliances—for more efficient healthy systems that reach more children with better services.

We have many examples of effective alliances among governments and others in the public and private sector, for example: working to implement integrated approaches to childhood illness in 82 countries; achieving around 80% coverage in immunizations

against childhood diseases; moving together to eradicate polio; improving infant feeding practices and children's diets; increasing access to mosquito nets and anti-malarial drugs; increasing access to life-saving information to prevent HIV transmission and to medicine for those affected; and developing vaccines to prevent HIV and other infections.

We have to work harder to reach those we failed to reach in the past, the poor and their children—especially their newborn babies and young people. Many conditions that result in neonatal death can easily be prevented or treated through a package of health interventions during pregnancy, availability of midwifery skills during childbirth, effective postpartum care, and health facilities that can handle complications in the first days of life.

Every year an estimated 1.5 million adolescents between the ages of 10 and 19 lose their lives due to injuries, suicide, violence, pregnancy-related complications and AIDS. We must stop seeing adolescents as a problem, and become involved in their health initiatives, as well as inviting them into ours. We need to talk straight with adolescents. Reducing adolescent pregnancies and unsafe sex must focus on the realities of teenage lives, rather than our views about how young people should live.

We know what is necessary to enable the world's children to be healthy. Countries are ready to scale up their services to reach all those in need. Those present at the Consultation are determined to work together and make the goals of the millennium declaration come true.

Keynote Address

Ms Carol Bellamy, Executive Director, UNICEF

How can we best respond...the answer lies in how effectively we can do what works, to reach every child...)

The UN Special Session on Children provides an opportunity to take concrete steps to ensure the well-being of all children—including the promotion and protection of their right to the highest attainable standard of health.

The past decade has brought significant gains for children: the drive for child immunisation, bringing polio to the brink of eradication, and the dramatic reduction of measles deaths and neonatal tetanus; promotion of the benefits of breastfeeding, oral rehydration, iodised salt, vitamin A supplements, insecticide-treated bednets; and HIV/AIDS information and services for adolescents.

Children are still dying at the rate of nearly 11 million a year of preventable causes...\
Over 500,000 women die each year in pregnancy and childbirth...\

But we have not yet achieved many of the survival and development goals of the 1990 World Summit for Children. Children are still dying at the rate of nearly 11 million a year of preventable causes—diarrhoea, measles, acute respiratory infections. And an estimated 170 million children are malnourished. More than 110 million children are not in school, most of them are girls.

The challenge now is to take effective interventions “to scale”, to ensure that effective interventions and programmes are made available to every child and adolescent, beginning with the most deprived and hardest to reach.

To do this requires the full engagement of the family. Home is where 90 percent of child deaths occur. For children, the stimulation and caring that facilitate development happens at home and in the community. For an adolescent, the family and community are key determinants of their health and well-being.

We need to bring health services closer to people...\

Empowering families with knowledge—for example, through the messages in the publication *Facts for Life*—and ensuring their access to commodities, including drugs, is essential. We also need to strengthen health systems by bringing health services closer to people, in order to reach every child.

UNICEF has made a strong effort to increase the participation of children and youth in efforts to improve health. This is essential for both their health and development.

Three summary points: We have seen remarkable progress for children—but not enough. What we need is action—to achieve the 1990 commitments and those that will be made at the UN Special Session for Children in May 2002. A better future for every child is within reach—we can help marshal the knowledge and resources to ensure the well-being of all children.

The Case for Investing in Human Development

Mr Jozef Ritzen, Vice President, World Bank

Child and adolescent health and nutrition form the cornerstone of the World Bank's human development strategy... \

Children born today will take their societies into the 21st Century. Our collective responsibility is to give them the best possible start in life and to protect this precious resource with all our might.

Poor children, however, are more than six times more likely to die before their fifth birthday than wealthier children.

Of the more than 11 million children who died in the year 2000, pneumonia, diarrhoea and measles killed over 4 million. These deaths could have been prevented with low-cost antibiotics or oral rehydration salts, or a 25-cent vaccine against measles.

A staggering 85 percent of all malaria deaths affect children under five... \

Eighty-five percent of all malaria deaths are children under five—almost a million deaths. These deaths could have been prevented with malaria drugs and insecticide-treated bednets. Despite our collective knowledge of effective and affordable actions, poor children and adolescents are excluded from the prosperity and good health of better-off children.

Improved infant feeding practices are key to the prevention and management of malnutrition... \

We now have solid evidence that health, nutrition, stimulation and nurturing are synergistic on children's development, and are important for human development. A country like Pakistan, for example, loses three billion dollars a year as a result of lower productivity and treatment costs due to malnutrition in the early years of life. For this reason, child and adolescent health and nutrition are Bank priorities, and form the cornerstone of its human development strategy.

Malnutrition leads to billions of dollars in lost productivity... \

The World Bank uses a life cycle approach to identify risks, prioritise interventions and measure outcomes at critical stages throughout life. Through its lending policies the World Bank attempts to bring together and expand the coverage of cost-effective interventions at different points in the life cycle, including: Integrated Management of Childhood Illness (IMCI), Early Childhood Development programmes (ECD), the Focused Resources on Effective School Health (FRESH) and nutrition programmes for young women.

We need to challenge our government officials to invest in children and adolescents... But we international agencies have the responsibility to deliver financial and technical support to client countries... \

We need to challenge our government officials to invest in children and adolescents at the country level, to reach more effectively the poor children and

adolescents who most need assistance, and allow young people to be agents of change. But international agencies also have important responsibilities—we need to deliver financial and technical support to client countries, to assist them in their responsibilities to fulfil the right of children to health.

The World Bank's Commitment

With regard to child and adolescent health... the World Bank makes the following commitment:

- To continue to provide technical and financial assistance to low- and middle-income countries for improvement of child and adolescent health and development and achievement of related Millennium Development Goals.
- To facilitate policy dialogue on child and adolescent health expenditures in the Poverty Reduction Strategy process, including preparation of papers, credits and loans, particularly in the poorest countries.
- To catalyse mobilization of additional resources for child and adolescent health in our partnerships and other initiatives.
- To increase the amount and impact of analytical work and program development, addressing inequities in child and adolescent health and development through strengthened collaboration with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA).
- To assist low- and middle-income countries:
 - To explore further the interaction between poverty, economic growth, and health outcomes for children and adolescents;
 - To identify and address health system weaknesses that are particularly detrimental to child and adolescent health;
 - To evaluate the existing and potential role of all stakeholders, including the private sector, in child and adolescent health, and pro-actively engage them wherever appropriate.
- To be informed of the work of the Committee on the Rights of the Child and its connection to our own work in child and adolescent health through our new Children's Advisor.

Seeking bolder approaches...

The plenary sessions

Session 1.

Partners in action to improve child and adolescent health and development

Panel discussion

Chairpersons

Dr Pascoal Mocumbi, Prime Minister, Mozambique
Mr Mats Karlsson, Vice President for External Relations and UN Affairs, World Bank

Introduction

The Role of Development Cooperation

Mr Bo Görensson, Director-General, Sida

Discussants

Dr Ingar Brüggemann, International Planned Parenthood Federation (IPPF), Conclusions from the NGO forum—Civil society perspective

Dr Anne Peterson, Associate Administrator, Bureau for Global Health, United States Agency for International Development—Bilateral partner perspective

Dr Thoraya Ahmed Obaid, Executive Director, United Nations Population Fund (UNFPA)—The United Nations family perspective

Dr Fatoumata Traoré-Nafo, Minister of Health, Mali—New alliances and initiatives

Poem (included)

Ms Thandiwe Loewenson, Zimbabwe—Youth perspective

Without healthy children
there is no development... \

Mr Bo Görensson

“The role of a Development Corporation is to be an engaged partner,” said Mr Bo Görensson in opening the session.

Estimates are that we need to increase our health investment to US\$ 29 billion per year by the year 2015.³ Governments and civil society will need to set new priorities for investing in health. Realistically, however, donors will need to raise the great bulk of these investments, and new partnerships will need to be formed to meet these obligations.

³ Commission on Macroeconomics and Health, *Macroeconomics and health: Investing in health for economic development*. Geneva: World Health Organization, 2001.

National leadership is essential for advocating the importance of investing in children and adolescents with all partners. “If education and health are viable and profitable sectors for economic investment,” argued Dr Traoré-Nafo, “then they should be included in the macroeconomic dialogue; and they should be given priority just as for so long we have prioritised debt reduction.”

Rather than focusing solely on reducing risk factors, new approaches need to look at helping adolescents to overcome obstacles, to meet new social demands, to build opportunities for self-development under safe and healthy conditions ...\
Dr Thoraya Ahmed Obaid

Our partners are also communities. Here we need, however, to examine our failures. “While we have insisted on the notion of partnership and participation,” added Dr Traoré-Nafo, “we have not adequately consulted the community—particularly the non-medical community—on the right approaches.” This is required, for example, if we hope to reduce the practices that are harmful to women and children.

A meaningful partnership with the community has never been more important as when we seek new approaches in helping adolescents. Dr Obaid suggested that we need to see adolescents in new ways: we need to work with communities to provide the safe and healthy conditions whereby adolescents themselves have opportunities to develop and support each other in making healthy choices.

Dr Peterson proposed that our different approaches may give us greater strength: “But we will need to get beyond our differences and find the common ground where we are all committed to making a difference for children and youth. None of us can meet the magnitude of the challenges alone.”

Partnerships are essential. None of us can meet the magnitude of the challenges, or the realities of resources, alone...\
Dr Anne Peterson

There are new opportunities for working together. Many participants anticipate that the UN Special Session on Children in May 2002 is the setting to align international and national forces to meet our obligations to improve the health and development of newborns, children and adolescents.

Poem

By Thandiwe Loewenson, Zimbabwe

Read to the Consultation by the poet

When I was asked to make this speech I thought long and hard about what I, a twelve year old, could say to such an international gathering about child and adolescent health. Then I realised—I'm twelve! I'm a child and also an adolescent! I can talk about myself, my fears and hopes and those of my generation. I decided then to put it in a poem, so that it sings to you the way life should sing for children, if their rights and health are protected.

I stand here in the hope that you'll listen to
me

On what I think children's health should be.
I'm a child—I need my parents, my mother
especially

For love, affection and security.

Now that so many children have lost their
parents due to AIDS

Unless others give support, their hope of
health fades.

All children need a good friend, its great to
be a pair—

To have somebody you trust and with whom
your thoughts you share.

School is for us all, not just the few who can
afford to go,

Not only for the learning, but for friendships
that make you grow.

We are curious—give us books—and we'll paint
the world with our minds—

So many of us are starved of this and left to
trail behind.

Life is also a school, it teaches us to work and
play—

We need to have fun and should not work all
day.

As children grow older, we seem to have less
and less time,

Give us the time to dream—its one message of
my rhyme.

Children in my country walk for miles to have
clean water,

That could be me, if I was someone else's
daughter.

We need to eat, good food, and quite often
every day—

Without it we are shadows, cannot learn,
or dance, or play.

Yet thousands of children eat barely
enough to keep alive.

Can we call this health, when it's a
struggle to survive?

Aren't we losing brilliant people when
children are not fed,

Great authors or musicians, books
unwritten and unread.

Children should not have to fear violence
or arrest,

And should not be the victims of people
who molest.

We want to please adults, do what those
we love expect

And we need to know that we can trust
those we are asked to respect.

Its healthy to be different, that's a
lesson from life, I'm sure,

Give us the chance to learn this, and we
will bring an end to war.

My poem was full of worries—was it
inevitable that it would?

But you can make the difference! You can
change it all for good.

Encourage and advise us, call out for
those who have no voice,

Let all of us be heard and seen—a world
of children will rejoice.

I am full of hope, and even while I speak
in some distress.

My hope is that tomorrows child will
speak of great progress!

Session 2.
Child and adolescent health in the socio-economic context
Panel discussion

Chairpersons

Dr Ali Mohamed Shein, Vice President, Tanzania
Dr Sigrid Mogedal, Board Member of the Global
Alliance for Vaccines, NORAD, Norway

Introduction

From Child Development to Human Development
Professor Jacques Van der Gaag, University of
Amsterdam, The Netherlands

Discussants

Mr Gautam Basu, Joint Secretary, Ministry of Health
and Social Welfare, India
Ambassador Thomas Hammarberg, Special
Representative, High Commissioner for Human
Rights
Mr Jozef Ritzen, Vice President for Human
Development, World Bank
Dr Marc Danzon, Regional Director, WHO Regional
Office for the European Region

*Investment in health is
important in its own right,
but it is also important for
the development of
nations...\
Prof Jacques Van der Gaag*

Professor Van der Gaag introduced the session by presenting the case for investing in health and early childhood development. Interventions providing psychosocial stimulation, nutritional supplementation, health care and parental training result in better health, less mortality, less malnutrition, and less child abuse. The benefits of these early interventions continue into adulthood, contributing to better health, higher productivity, and greater prosperity for individuals and economic growth for communities and nations.

The centrality of the Convention on the Rights of the Child in planning health interventions and programs was stressed by Ambassador Hammarberg. The reporting process to the Committee on the Rights of the Child is useful in helping governments prioritize programmes to improve child and adolescent health and development. The process for developing a Poverty Reduction Strategy can also help countries set new priorities for children and adolescents, as Dr Shein illustrated from his Tanzanian experience.

Dr Basu highlighted the failure to realize the rights of the child to health by showing the marked differences between poor and rich children on measures of mortality and nutrition in India. Dr Danzon also noted the unacceptable inequities in health even within the richer countries of the European region.

Mr Ritzen asked provocatively why, if the case is so compelling for investing in child and adolescent health and development, this has not happened. He invited participants to consider that “we need to do it and do it quickly”, if we want to achieve the Millennium Development Goals.

Session 3.

Leadership in action—success stories and challenges

Panel discussion

Chairpersons

Dr Thoraya Ahmed Obaid, Executive Director, United Nations Population Fund (UNFPA)

Dr Roberto Tapia-Conyer, Vice Minister of Health, Mexico

Introduction

From Promoting ORT to Reaching Adolescents: What Lessons Can Be Learned?

Dr Roberto Tapia-Conyer, Vice Minister of Health, Mexico

Discussants

Dr Manil Fernando, Deputy Director General, Ministry of Health, Sri Lanka—Essential steps to improve maternal and newborn health

Professor Zhaksilyk Doskaliev, Minister of Health, Kazakhstan—Improving health outcomes in children

Dr Beatrice Wabudeya, Minister of State for Health, Uganda—Curbing the HIV pandemic in young people

Dr Aagje Papineau Salm, Personal Representative of the Minister for Development Cooperation, The Netherlands—Building on lessons learned

*New initiatives must build upon existing structures and strengthen rather than replace them... *
Dr Aagje Papineau Salm

Dr Tapia-Conyer examined the success in promoting oral rehydration in Mexico to illustrate elements of an effective health programme and applied these elements to clarify what needs to be done to improve the lives of adolescents. He then proposed new strategies for reaching and serving this group.

Dr Fernando described the importance of adopting long-term inter-sectoral strategies in order to reduce neonatal and infant mortality, and improve the sustainability of interventions.

Professor Doskaliev described the interventions that are being combined in Kazakhstan to reduce neonatal and child mortality: safe motherhood, improved nutrition to combat micronutrient disorders, breastfeeding, safe immunization practices, and integrated management of childhood illness. Other participants shared their own country experiences, and identified the difficulties they face in scaling up these interventions to reach those children who have not yet benefited from them.

Apart from being a sound investment, the highest attainable standard of health is also a human right. This includes the right to reproductive and sexual health...\
Dr Aagje Papineau Salm

Dr Salm argued that there is a lot to learn from the past: new initiatives should build upon existing structures and strengthen, rather than replace them.

Based on these past experiences, some key elements that facilitate the implementation and strengthen the impact of interventions are:

- The ownership of public health programmes by individual countries and communities.
- Integration of public health services, rather than fragmentation.
- A focus on results, not on problems; on behaviour change in health education; on prevention and health promotion, as well as cure.
- Community consensus.

Many challenges to scaling up remain, including:

- Conflicts and wars, and an increasing number of orphans.
- Rapid decentralization of services and resources, and disparities in geographical distribution of services.
- Difficulties in ensuring quality of care, especially at the community level, including poor monitoring and supervision of programmes.
- Ensuring fair and appropriate distribution of medical personnel.

Dr Wabudeya presented the special challenges of combating HIV/AIDS. The Ugandan experience illustrates the need for comprehensive strategies for working with young people to change behaviours, starting with: openness and political commitment, youth-friendly health and outreach services, working with communities to reduce risky cultural practices, promoting condoms, and peer education. The introduction of universal primary education seems to have been another key factor in reducing the spread of HIV/AIDS.

Session 4.

Critical actions to improve child and adolescent health outcomes

Panel discussion

Chairperson

Dr Mariam Claeson, Lead Public Health Specialist,
World Bank

Introduction

Effective interventions to improve the health of neonates, children and adolescents—A Life Course Perspective

Dr Hans Troedsson, Director, Department of Child and Adolescent Health and Development, WHO,
and

Dr Yves Bergevin, Chief, Health Section, UNICEF

Discussants

Dr Anthony Costello, Institute of Child Health,
United Kingdom—Improving neonatal health outcomes

Dr Cesar Victora, University of Pelotas, Brazil—
Maintaining the gains in child survival

Dr Don Bundy, FRESH Initiative, World Bank—
Using the opportunity of schools to address health needs

Dr Richard Jessor, University of Colorado, USA—
Addressing health and development needs of adolescents

Dr Nafissatou Diop, Frontiers/Population Council,
Senegal—Emerging directions from research and experience to improve adolescent sexual and reproductive health (including HIV)

Dr Jean-Pierre Habicht, Cornell University, USA—
Nutrition and care as key determinants of health

Participants agreed that, in many situations, we know what to do. Important interventions that can save lives and support healthy development were identified, for example:

- Birth preparedness and guidelines for skilled birth attendants;
- Prevention and treatment interventions included in the Integrated Management of Childhood Illness (IMCI) strategy, for reducing deaths and morbidity due to common childhood illnesses and malnutrition;
- Psychosocial stimulation, combined with improved nutrition and care, to improve the healthy growth and development of young children;

- Skills-based health education, and school health and nutrition programmes;
- Screening and treatment for STDs, neonatal care, and reproductive education and services for young people.

The biggest challenge is to transform knowledge into action...\

We now need to find ways to scale up the interventions for which there is evidence of their effectiveness—and to combine these interventions in order to produce the strongest, synergistic impact on child and adolescent health and development.

Several challenges remain. Dr Troedsson emphasized that “We will not meet our goals for reducing mortality and illness unless we also tackle neonatal and infant mortality, and we address the inequities of access of children and adolescents to adequate health care.”

Unacceptable inequities...

In 2000, the number of children and adolescents who died due to malaria, TB and HIV/AIDS was double the total number of adult deaths from these three diseases...\

Dr Hans Troedsson

Even among developing countries, areas with lower incomes have twice the infant mortality of areas with higher incomes...\

Dr Yves Bergevin

To illustrate how we might address this challenge, Dr Costello identified existing interventions, known to be effective in reducing the deaths of newborns, but yet to be fully implemented. An IMCI-type strategy is needed: in the community (e.g. for the social marketing of safe delivery kits, antenatal health education, and mothers’ groups), by strengthening health systems (e.g. expanding access through midwifery systems, and providing referral funds and mobile phones for emergencies), and improving the skills of health workers and birth attendants (e.g. improving the training and raising the status of midwives and home birth attendants).

“Even among developing countries, areas with lower incomes have twice the infant mortality of areas with higher incomes,” added Dr Bergevin. “And the largest disparity between rich and poor in the world is the risk of maternal death from pregnancy-related complications.”

Inequities also prevent effective treatments for common childhood illnesses from reaching the most vulnerable. Dr Troedsson reported, for example, that in a Tanzania study not a single child in the poorest 20% of the population received an antibiotic for pneumonia. Furthermore, Dr Bergevin asked whether we are targeting our interventions appropriately, since most deaths due to childhood illness, and maternal deaths during delivery, still occur at home, especially in the poorest communities.

Although many improvements have been seen in nutrition, much remains to be done, as unacceptable levels of stunting in growth and mind still exist. Dr Habicht proposed a stronger focus on helping the family know what and how to feed, and how to care, for the child. Improving care—including responsive feeding—will be important for the large number of families who have enough resources to feed their children, yet their children are poorly nourished.

Dr Bundy highlighted the potential of child-friendly schools for providing a safe environment, and health education and nutrition programmes that will help children now, in their future, and into the next generation.

Another challenge is to sustain the gains made in health. Dr Victora noted that, where there is public demand, programmes can be sustained. He cited increased public demand for vaccines as a major factor in Brazil's recent recovery from an earlier decline in immunization coverage. Public awareness of the rise and fall of mortality rates has also sustained interest and support for effective interventions, such as oral rehydration therapy.

Advances in adolescent health and development have been less impressive, and Dr Diop encouraged us to recognize that there is still a lot we do not yet know about adolescent health. Dr Jessor identified the mistakes we have made, for example, by trying to apply the strategies that work for children to young people who live in a different world of influences: peers, media, school, and community. As a result, young people have new tasks to conquer, including: sustaining education; acquiring productive skills; dealing with sexuality and negotiating early marriage, childbearing, and parenting; and confronting new morbidities in drugs, alcohol, tobacco, HIV/AIDS, suicide, injuries, violence and aggression.

The UNFPA's Commitment

We envision a world... where children and adolescents enjoy their right to the highest possible level of health, a world that meets their diverse needs and enables them to equally attain their full potential. We gather in Stockholm from 12-13 March 2002 to commit ourselves to intensify our efforts to achieve this aim, and to join together in partnership to seek bolder approaches to reach the most vulnerable, the most isolated and the poorest—such as girls, street children, rural children, children living in conflict situations, and children victims of rape and trafficking.

The way ahead is a shared vision: to mobilise our resources to improve the health and well-being of children and adolescents, expand coverage of effective health and development, including adolescent access to sexual and reproductive health, interventions to reach every child and adolescent girl and adolescent boy, and empower families, children, adolescents and communities through meaningful participation to care for and foster the health and development of their younger members.

Through these efforts we address poverty, inequity, and gender inequality, conditions which lay the greatest burden of ill health on the poor and weaken our collective efforts to advance humanitarian aims and global peace.

Session 5.

Broadening horizons—challenges facing children and adolescents

Panel discussion

Chairpersons

Dr Narimah Awın, Director, Family Health Division,
Ministry of Health, Malaysia

Dr Hossein Coovadia, University of Natal, South
Africa

Discussants

Dr Sally Grantham-McGregor, Institute of Child
Health, United Kingdom—Promoting early
childhood development

Dr Ruth Etzel, George Washington University, USA—
Environmental threats to optimal development

Professor Per-Anders Rydelius, Karolinska Institute,
Sweden—Addressing mental health in children
and adolescents

Dr Mark Rosenberg, Task Force for Child Survival
and Development, USA—The burden of injuries
and violence

Dr Hossein Coovadia, University of Natal, South
Africa—The impact of HIV/AIDS on families and
communities

This session identified areas needing additional attention: psychosocial development and mental health, environmental threats, injuries, and HIV/AIDS.

Dr Grantham-McGregor emphasized the importance of intellectual and social stimulation, as well as good nutrition, in improving the growth and development of children. She argued that we have the knowledge to make a difference. We now need the political will and new investments in early childhood development, especially in societies that have been left behind.

The aim for promoting good mental health among growing children: giving them the chance to 'feel well, love well and work well'... \ Prof Per-Anders Rydelius

Professor Rydelius illustrated the case for promoting mental health in children and adolescents by using Sweden's example. He identified the need to increase and sustain efforts, as there is evidence that the mental health of children and adolescents is deteriorating. Stress, psychosomatic symptoms, school dropouts, and alcohol and drug abuse are becoming more common.

Environmental hazards kill 3 million children under 5 each year, more than diarrhoeal diseases and acute respiratory infections...and they diminish intellectual capacity... \ Dr Ruth Etzel

Dr Etzel identified major environmental hazards for children: indoor air pollution from biomass fuels and tobacco smoke, outdoor air pollution from motorized vehicles, mold, mercury, arsenic, and flouride. Lead is a neurotoxin that damages the development of the brain, resulting in poor school performance, increased aggression and lower productivity. Public health programmes need to include interventions to remove these hazards from the child's environment.

We need to talk about a safe and healthy start in life ... \ Dr Mark Rosenberg

Injuries are a leading cause of death of children under five and are *the* leading cause of death for older children and adolescents, and the rates are increasing, especially in low and middle-income countries. Therefore, argued Dr Rosenberg, they must be addressed in any public health programme seeking to reduce mortality and life-long disability. Engineering changes, traffic safety laws, reduced access to guns, and interventions to reduce child abuse and domestic violence are interventions that can make a difference.

Dr Coovadia described the impact of HIV/AIDS in South Africa: HIV prevalence in some areas is as high as 39% among pregnant adolescent and adult women, and the number of AIDS orphans is rapidly growing. He identified a constellation of conditions in South Africa—where high-risk sexual behaviour is prevalent, and rape victimises even young children—which makes progress against the epidemic difficult.

Some major challenges ahead are: sufficient trained personnel for counselling and testing, for providing laboratory services, and for implementing antenatal care; ensuring feasible and adequate choices on infant feeding; and ensuring access to drugs and vaccines when they become available.

Conclusions from the working groups

Group 1. Involving young people, families and communities

Chairperson

Dr Suzanne Prysor-Jones, Academy for Educational Development, USA

Presenters

Meaningful participation of children, adolescents and their families and communities—Mr Rakesh Rajani, Hiki Elimu, Tanzania

How participation of young people can improve programmes—Ms Areej Quadri, UNICEF, Jordan

Involving communities for child health—Dr Larry Casazza, CORE, USA

Considerations on involving families and communities—Ms Marian Kelly, Department for International Development (DFID), UK

Conclusions

Meaningful participation in making decisions that affect one's health is a fundamental human right. It is also essential for effective and sustainable programmes, a principle that needs to be considered in the investments governments and development partners make.

To go to scale with effective programmes to reach all children and adolescents requires us to identify, communicate with and involve new groups beyond the health sector. Young people, families and communities, as well as political authorities, need to be engaged in making decisions about their health services.

Developing participation takes time to develop skills for full and meaningful participation. Funding sources need to be flexible and take a long-term perspective in facilitating the level of participation required for more sustainable health interventions.

The Commitment of the International Federation of Red Cross and Red Crescent National Societies (IFRC)

The International Federation of Red Cross and Red Crescent National Societies

supports... the Stockholm Commitment to a Healthy Start in Life. It is the aim of the Federation to join together in partnership to seek bolder approaches to reach and improve the lives of the most vulnerable, the most isolated and the poorest.

Experience gained by the Federation, working with other organisations, has helped identify important interventions that require scaling up and appropriate strategies to do so. The Federation's proven capacity to implement community-based first aid and to alleviate suffering in emergency situations makes it a valuable partner for working with communities to mobilise significant resources and services to improve the health and development of children and adolescents.

The Federation and its member National Societies will reinforce and broaden efforts to reduce vulnerability to childhood diseases in a variety of sustainable ways. Components of the Federation's global programme 2002-2005 serving these aims include, for example:

- Working with partners to provide access to support, care and treatment for persons affected by HIV/AIDS.
- Fighting stigmatisation and discrimination associated with HIV/AIDS through community activities and a global communication campaign.
- Working with youth, particularly through peer education, to consolidate accurate knowledge and understanding about HIV/AIDS, and using local adaptations of the Federation's *Action with youth HIV/AIDS and STD: A training manual for young people*.
- Strengthening local support mechanisms for orphans and other children made vulnerable by HIV/AIDS.
- Combating female genital mutilation and advocating for the implementation of national laws that protect adolescent women's health and apply the human rights convention.
- Scaling up for global polio and measles eradication, and supporting national efforts in Africa.
- Promoting breastfeeding to provide infants from birth to six months with the necessary nutrition and best protection from infectious diseases.
- Preventing malaria by promoting and monitoring the use of insecticide-impregnated bed nets in the communities of RC volunteers.
- Improving home care management practices by training family members in basic care, first aid and support techniques.

Group 2.
Working with partners and other sectors at the national level

Chairperson

Dr Doyin Oluwole, Director, Reproductive Health Department, WHO Regional Office for the African Region

Presenters

Government efforts in creating and sustaining partnerships for child health—Dr Sudhansh Malhotra, Ministry of Health and Family Welfare, India

A multi-sectoral approach to ensuring respect, protection and fulfilment of the rights of the most vulnerable: Working for and with street children—Ms Rita Panicker, Director, Butterflies, India

The International Trachoma Initiative: A country experience in building partnerships—Dr Joseph Cook, Executive Director, International Trachoma Initiative, USA

Enabling working women to breastfeed exclusively: A key element of maternity protection—Mrs Amar Omer-Salim, Uppsala University, Sweden

Working partnerships at the local level—Dr David Ross, MEA Kwa Vijana, Tanzania

Conclusions

Governments take the leading role in facilitating partnerships—with donors, with implementers, with the community, including children, adolescents, and their families—to meet the needs of the country and its children. To facilitate partnerships, governments need to identify focal persons, with appropriate budgets, to coordinate the various efforts to improve health.

Experiences in India and Tanzania demonstrate that broad partnerships among all relevant sectors with communities can be effectively established to generate greater responsiveness to the health needs of children and adolescents. The trachoma initiative to prevent blindness is another example of how private-public partnerships can make a difference in the lives of millions of people. Clear terms of reference among the partners and mechanisms in place to sustain the partnership are key.

Partnerships require work. Developing and sustaining partnerships requires:

- Identifying the stakeholders and creating mechanisms for working together.

- Determining how the goals of each partner fit with those of other partners, and defining appropriate and complementary roles.
- Building and nurturing personal relationships and respect among partners.
- Maintaining the motivation of partners through regular feedback from their joint efforts.
- Monitoring and evaluating how the partnership is working.

Group 3.
Policies for equitable health outcomes

Chairpersons

Dr Fiona Lappin, Department for International Development (DFID), UK

Dr Cesar Victora, University of Pelotas, Brazil

Presenters

What do we know of inequities in child health outcomes? —Dr Jennifer Bryce, WHO, Geneva

What are the underlying determinants of those inequities? —Mr Adam Wagstaff, World Bank

Are basic health services reaching the poor? And what can we do to achieve coverage among poor populations? —Dr Hassan Mshindi, Ifakara Center, Tanzania

Social services targeting the poor: Advantages and disadvantages—Dr Davidson Gwatkin, Rockefeller Foundation/World Bank

The human rights perspective in formulating policies to address inequities in child health outcomes—Dr Jacob Doek, Chairperson, Committee on the Rights of the Child

Conclusions

The working group identified many inequities in child health and the factors contributing to them, which need to be addressed in plans to provide wider access to good health.

High rates of malnutrition and more illness amongst the poor are due in part to lack of caregiver knowledge. They are also due, however, to lack of financial resources, higher food prices, and less accessible markets. The poor have less access to sanitation services and sources of clean water.

The poor are less likely to use services provided by the health system and receive poorer quality care when they do. The introduction of user fees, for example, is a barrier to health care for many. Yet it is a mistake to focus only on user fees, as other conditions—economic, cultural, and geographical—can also be barriers to access.

Home-based care may be an acceptable alternative to facility-based services in some situations, provided caregivers are equipped with the necessary knowledge and skills, and receive adequate support from the health system. Even home-based care, however, is limited by other inequities, including family income and access to transportation and other basic services.

Targeting the poor for health services can result in immediate health improvements. Reducing the potential for stigmatising beneficiaries of targeted services, however, must be addressed in strategies for reaching those who need them the most.

The group agreed to pay greater attention to reducing the inequities in child and adolescent health. Efforts to monitor progress in improving health services for children and adolescents should also include methods for measuring how well we are reducing these inequities.

Group 4. Strengthening health services

Chairpersons

Dr Claes Ortendahl, JHCAR: Karolinska Institute, Sweden

Dr John Howard, Director, Program Development and Research, Ted Noffs Foundation, Australia

Presenters

Delivery of preventive services: Immunization—

Dr C. John Clements, WHO, Geneva

Health sector interventions for adolescent health:

What should be the mix of comprehensive and

targeted interventions? —Dr Shanti Conly, US Agency for International Development (USAID), USA

The critical elements for provision of quality care and sustaining standards: The Tanzania Essential

Health Interventions Project (TEHIP) experience—

Don de Savigny, Tanzania

Contributions of the private sector for achieving

improved child and adolescent health outcomes—

Ms April Harding, World Bank

Conclusions

The needs of children and adolescents should define the package of services and their delivery by a health system. This view will expand the concept of the services, currently centred in government health systems, to include the efforts of all partners working to prevent and treat illness and support social development. This will support a more holistic

approach to children and adolescents, meeting the changing needs of the child as the child develops.

More financial resources must be matched by reforms in the health system, to make more effective use of increased, but always limited, resources.

Group 5. Mobilizing resources

Chairpersons

Dr Ali Mohammed Shein, Vice-President, Tanzania
Dr Sigrun Mogedal, Senior Policy Advisor, NORAD,
Norway

Presenters

The challenges of raising resources at country level for child and adolescent health and development—
Dr Fatoumata Traoré-Nafo, Minister of Health,
Mali

*The role of domestic resource mobilization in financing for child and adolescent health and development—*Mr Alexander Preker, World Bank

*How existing initiatives can be used to increase resources for child and adolescent health and development—*Mr David Alnick, Roll Back Malaria, WHO, Geneva

*Experiences in resource mobilization for adolescent health and development programmes in Latin America—*Dr Matilde Maddaleno, WHO/PAHO, Washington

Conclusions

The level of external resources needed to achieve the Millennium Development Goals for health and development is substantially higher than currently available. With the limited funds available, external donors should target the poorest countries and, within countries, the conditions that disproportionately affect the poorest communities.

Governments need to direct more internal resources towards child and adolescent health and development, and manage well the resources from external donors. Subsidizing services requires a set of political choices that should not be made by external donors, but should be determined by governments committed to meeting the greatest needs of their poorest communities.

Dinner at the Vasa Museum

hosted by Mr Lars Engqvist, Minister for Health and Social Affairs,
and Mr Jan O. Karlsson, Minister for Development Cooperation,
Government of Sweden

Dinner Address

**Professor Ihsan Dogramaci, President of the
International Children's Center, Ankara, Turkey**

*It is unacceptable to have the
means to save and protect
all children and adolescents
in this world but not to
have the sufficient
commitment or resources
to reach them...)*

Professor Dogramaci recognized Sweden's leading role in introducing the specialties of paediatrics and midwifery, as early as the 19th century, and expressed appreciation to the Government of Sweden for hosting the Consultation, as part of this historical commitment to children and adolescents.

As a signatory to the WHO Constitution, Professor Dogramaci noted that the priority health problems singled out by the first World Health Assembly 50 years ago continue—unacceptably—to kill and debilitate millions of children in poor countries. Now, two additional critical periods in the lives of children—neonatal and adolescence—need greater attention. In the year 2000, an estimated 4 million infants died, most within the first month of life, and young infants account for 4 out of 10 deaths in children under five.

*As we continue to make
new scientific
breakthroughs in the
prevention and treatment
of illness, inequality in
access to care, with its
disturbing social and
ethical implications, may
well increase...)*

New problems have arisen for the children who survive through the first decade and into the vulnerable period of adolescence. They are burdened with half of all new HIV infections, and adolescent girls are five times more likely to die in pregnancy and childbirth than older women. Adolescents are turning to the abuse of tobacco, alcohol and other substances. Young people, sick or healthy, need support from their families and communities to develop to their full potential.

Professor Dogramaci called for more investment in health to improve the hope of many to rise above poverty. Health must be at the top of the political agenda of all countries working to reduce poverty and promote peace.

Conclusions: Our shared vision...

Dr Tomris Türmen, Executive Director of the Family and Community Health Cluster, WHO, and Ms Carol Bellamy, Executive Director, UNICEF, closed the Consultation and summarized its achievements. They recognized the high level cooperation between WHO and UNICEF in preparing for the Consultation, and the successful outcomes due to the full engagement and quality of participation of the representatives from governments, agencies, and organizations. Dr Türmen and Ms Bellamy will take the messages from the Consultation to the United Nations Special Session on Children in New York in May.

The Consultation drew attention to many conditions affecting the healthy development of children and adolescents.

*Newborn health—
a neglected priority;
child survival—
an unfinished priority;
adolescent health and
development—
an ignored priority... *

It strengthened the commitment of all partners to work together to scale up effective strategies to reach children who are the most vulnerable and have been the most difficult to reach. It mobilized more attention to the health and development of the newborn and the adolescent. Efforts to address new issues—including child abuse and neglect, psychological development, injuries and violence, HIV/AIDS, environmental hazards, the mental health of children and adolescents—gained momentum.

The ethical, legal, and practical framework of the Convention on the Rights of the Child inspired and guided many at the Consultation who will now intensify their efforts to work together for the well-being of children and adolescents.

Here are the major conclusions from the Consultation.

*To reach the most vulnerable,
the most isolated and the poorest...*

- We need to increase attention to—and mobilise resources for—the survival, health and development of the newborn, child, and adolescent.
- To improve the health of the most isolated and vulnerable children and adolescents will require an unprecedented commitment of effort and financial resources. Attempts to eradicate small pox and polio taught us that the required effort to reach the

remaining 20% of children at risk of death and limited development is often greater than the effort it takes to reach the first 80%.

- Reaching children in greatest need requires innovative approaches. We need to bring health services closer to people. We need to engage families and communities and empower them with knowledge and skills, and ensure their access to commodities, including drugs, so that they can better care for their children and support the development of their young people.
- In areas where we have less knowledge and poor results, we must continue to invest in research—clinical, operational, and evaluation. We must assume leadership to improve existing preventive and curative interventions, and develop new interventions for the new challenges we are facing. Helping communities, for example, to support the healthy development of adolescents through the challenges of HIV/AIDS, the risks of early parenthood, violence, substance abuse, and poor mental health, will require new attitudes, innovative strategies and new alliances.

To mobilize resources...

- The message must be carried forward to world leaders: We have evidence that investing in the health and development of children and adolescents pays off. A healthy start in life produces improved health and psychosocial development, better school performance, more productive adults, higher incomes and greater economic growth in communities, and promotes better health in future generations. Investment in health is sound economics.
- The Consultation brought together many partners working to improve the lives of children and adolescents. This opened up opportunities to work more effectively together. Working together will require our good will. In many cases, it will also demand more efficient mechanisms for reaching consensus on objectives, sharing experiences and strategies, and defining the complementary roles of different partners in our joint efforts.

To expand coverage of effective health interventions...

- For many of the risks and conditions that affect children and adolescents, effective interventions are available. The challenge is to transform our

knowledge into action.

- We need to build on our many advances in child health over the last decade to expand our reach into communities and isolated areas where there are many children and young people who are not yet benefiting from these advances.
- New alliances among those working in health and others in the public and private sectors are needed to scale up existing strategies to reach more children in need, and to monitor the effectiveness of our collective efforts.
- We must identify, promote, and make accessible an essential care package—adapted to national and local needs and resources—to tackle the main health and development issues of newborns, children and adolescents.
- In setting priorities for the most effective interventions to scale up, a life-course approach is needed: one that recognizes the cumulative life-long benefits of actions taken during childhood and adolescence to improve health and development, as well as the cumulative damage of not acting early. At the same time, the distinctive differences among newborn babies, young children, adolescents and pregnant women must be taken into account when planning interventions to support healthy growth and development through the life cycle.

To mobilize families and communities...

- To make substantial improvements in health, families and communities must be empowered through education and other necessary resources to take action.
- Families and young people are important agents for improving their own health and the health of others in their communities.
- Furthermore, for adolescents to develop fully into competent and contributing adults, they must have opportunities to participate in the life of communities. The Consultation heard many examples of adolescents working together to create a safer and healthier environment, including providing critical information and support for making better decisions affecting their reproductive health.
- Programmes that facilitate wide participation of clients and communities in decisions and their

ownership in the delivery of services are more sustainable. The development of effective and meaningful participation takes time, however. Donors need to recognize this condition for sustainability, and support it.

To address poverty and inequity...

- Comprehensive strategies from multiple sectors—health and, for example, education, environmental sanitation, safety, transportation, and economic development—are required to improve child and adolescent health. Comprehensive efforts to improve health yield benefits for all through reduced poverty and inequity.
- The inequities between rich and poor are seen most vividly in maternal and infant deaths, the poor health of children and the failure of young people to develop to their full potential. We need to invest more in health to improve the hope of many to rise above poverty, and to contribute to developing their communities and nations.

The Organization of African Unity (OAU): Stockholm Commitment to A Healthy, Safe, and Secure Start in Life

We envision a world... where children and adolescents enjoy the highest possible level of health, a world that meets their needs and enables them to attain their full potential. We gather in Stockholm from 12-13 March 2002 to commit ourselves to intensify our efforts to achieve this aim, and to join together in partnership to seek bolder approaches to reach the most vulnerable, the most isolated, and the poorest.

The way ahead is a shared vision: to mobilize resources to improve and sustain the health of all children and adolescents, expand coverage of effective health interventions to reach every child and adolescent, and to empower families and communities to care for and foster the health and development of their younger child members. Through these efforts we address poverty, conflicts, corruption, abuse, and inequity, conditions that lay the greatest burden of ill health on the poor and weaken our collective efforts to advance humanitarian aims and global peace.

We are aware that only through concerted effort and sustained efforts at all political and social levels can we succeed. Children and adolescents have to be active participants.

We are also aware that these efforts require follow-up, close monitoring, and evaluation.

Healthy children and adolescents are prerequisites to development and human rights; therefore we must endeavour to reach every child and adolescent.

In the press...

The New York Times

...The World Health Organization and the United Nations Children's Fund said diarrhea, malaria, measles, pneumonia, HIV/AIDS and malnutrition were main causes of death and resulted from the impoverished conditions of 600 million children around the world. The agencies were meeting in Stockholm to work out ways to "reach the poorest and youngest" in advance of a United Nations special session on children in May. Of the preventable deaths, "eight million are babies, half of them in the first month of life," said the director general of the World Health Organization, Gro Harlem Brundtland. "These deaths were preventable and treatable, not inevitable. "Malnutrition causes about 60 percent of the deaths," said Carol Bellamy, executive director of UNICEF.

The Japan Times

...if there is a single UN field of endeavour that we should stay awake for, it is the one that was the subject of a little-noticed international conference in Stockholm last week: child and adolescent health and development. This is an area where the UN actually makes a difference in people's lives...The crystal-clear message from Stockholm was this: Although much has been achieved since 1990 in the struggle against child mortality, much more needs to be done...Millions of deaths could be prevented by means of low-cost programs targeting the remotest developing-world slums and villages, officials say. According to [WHO's] Dr Brundtland, a total investment of Dollars 66 billion annually by 2007, split between donor and developing countries, could save 8 million lives a year, most of them children's.

BBC

...Up to one in five of the world's children is suffering mental or behavioural problems. The World Health Organization and the United Nations Children's Fund warn that this will lead to serious public health problems in the future unless more is done to address the issue...The report highlights big increases in depression and suicide among children and adolescents. Of particular concern are teenagers, a group which the WHO and UNICEF believe is neglected by many public health doctors.

Reuters

...Western countries pouring resources into the fight against terrorism would get a better return if they spent more on preventing the unnecessary deaths of millions of children, a senior U.N. official said Tuesday. Carol Bellamy, Head of the U.N. Children's Fund UNICEF, told Reuters that investment in preventive medicine in poor countries would save children's lives and boost prosperity, eliminating one of the causes of violence. "To focus only on terrorism is to see only half of the picture or maybe only a quarter of the picture," Bellamy said. "I think that in the long run the focus really needs to be on preventing the creation of an environment that engenders and encourages distrust and hate and violent activity."

The Washington Post

...The World Health Organization and UNICEF, which organized the meeting on Tuesday and Wednesday, said pneumonia, diarrhoea, malaria, measles, HIV/AIDS and malnutrition were the main causes of death and most could be blamed on poverty. The experts, politicians and health officials were to place a special focus on the health needs of newborn babies who die during the first weeks of their lives according to a news release. The agencies said the science and medicine were available but a commitment of more political will and resources was needed, as well as investment in helping communities and families to overcome health problems. "The resources needed to reach every child and adolescent are well within the means of our wealthy world," UNICEF chief Carol Bellamy said.

Annex A. Mobilising civil society for A Healthy Start in Life

At the invitation of the Government of Sweden, twenty-five non-governmental organizations (NGOs) met the day before the Global Consultation (11 March 2002) to formulate a position on the role of civil society in promoting "A Healthy Start in Life".

The statement below reflects the consensus of the group, based on the many years of their practical, collective experience. The statement ends with the NGO commitment and its signers.

Statement of the NGO Forum

As the Declaration of Human Rights demands, "Every person is born free and equal in dignity and rights." Furthermore, as signatories, governments are obliged to progressively realise the rights as set out in the United Nations Convention on the Rights of the Child. Yet, social, economic and political conditions still deprive millions of children and adolescents of their health and well-being, resulting in avoidable and unfair inequalities. Therefore the goals, including the Millennium goals for children and adolescents must be achieved, and this must be done within a framework of rights, that address these conditions.

This framework requires going beyond disease-driven interventions towards more people-centred approaches. It means placing children and adolescents within their socio-political, cultural and economic context, thus addressing the wider issues that undermine the rights of children, such as violence in the home or community, and sexual and economic exploitation and other abuses.

There is no doubt that it is the prime responsibility of the state to address the health-related rights of children and adolescents, including their right to sexual and reproductive health, education and adequate living conditions. The role of civil society organizations should be complementary to and not a substitute for public services. Stronger alliances between government, civil society and all other partners will enhance public accountability and transparency of the state.

The commitment to health and development is a long-term process and funding modalities must be adjusted to acknowledge the fact that processes and results cannot be expected short-term.

The human rights approach acknowledges that people, including children and adolescents, have rights in relation to health and that the state has the obligation to respect, protect and fulfil these rights. Children should not be seen as merely recipients of health care, but rather as participants contributing to policy formulation and as agents of change helping to break the cycle of poor health.

Sustained mechanisms are needed to create the democratic environment that fosters civil society participation. This will result in wider ownership and better policies.

**Commitment by the NGO Group
invited to the Global Consultation on Child and
Adolescent Health and Development**

We commit ourselves... to working with you to build the networks, alliances and mechanisms necessary to enhance individual and joint efforts for child and adolescent health. We seek your commitment to our complementary role in this process.

We commit ourselves to document and share information and experiences, to be transparent and accountable about our role and work, and to respect the role and work of others.

We commit ourselves to support and monitor how our national governments and other actors fulfil their commitments and obligations to newborn, child and adolescent health and development as they relate to the respect, protection and fulfilment of the rights of children, such as participation of children and adolescents and resource allocation for access to health and services (budget reforms, debt alleviation, trade rules, etc).

We recognize that the commitment to health and development is a long-term process and funding modalities must be adjusted to acknowledge the fact that processes and results cannot be expected short-term.

Signed by:

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NGO Forum
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