

**Human Rights Council 39th session
(10-28 September 2018)**

Item 3 General Debate

Joint Statement

I have the honour to make this statement on behalf of a group of 115 countries.¹

Mr President,

Every year, some six million children die before reaching their fifth birthday. Tragically, the majority of these deaths are due to preventable and treatable causes. Most child deaths occur in the most marginalized communities and regions.² While some progress has been made in reducing child mortality in recent years, it is clear that much remains to be done.

It is for this reason that a cross-regional core group composed of Austria, Botswana, Mongolia and my own country, Ireland has taken the lead on the Human Rights Council initiative on “Preventable mortality and morbidity of children under 5 years of age as a human rights concern”. Three resolutions on this topic have been adopted by the Council by consensus, most recently at its 33rd session in September 2016, all of which emphasised the importance of bringing a human rights-based approach to this critically important issue.

At this Council, the core group has taken the decision to lead this joint statement reflecting both on the progress achieved so far by initiatives at the HRC and the challenges that remain, rather than to present another resolution. This decision also takes into account ongoing discussions on the need to improve the efficiency of the Council’s work, while recognising the continuing imperative of reducing and eliminating child mortality and morbidity and adopting a human-rights based approach in these efforts.

As a result of the Council’s action to date, ground-breaking work has been undertaken on the application of a human rights-based approach to preventable mortality and morbidity of children under 5. The OHCHR’s technical guidance (A/HRC/27/31) sets out the key elements of such an approach. We call upon States and other relevant stakeholders to continue to take

¹ Albania, Algeria, Andorra, Angola, Australia, Austria, Azerbaijan, Belgium, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cameroon, Canada, Central African Republic, Chad, Chile, Colombia, Comoros, Congo, Côte d’Ivoire, Croatia, Cyprus, Czech Republic, Democratic Republic of the Congo, Denmark, Djibouti, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Finland, France, Former Yugoslav Republic of Macedonia, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Guinea, Guinea-Bissau, Hungary, Iceland, Iraq, Ireland, Italy, Kenya, Latvia, Lesotho, Liberia, Libya, Liechtenstein, Lithuania, Luxembourg, Madagascar, Malawi, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Montenegro, Morocco, Mozambique, Namibia, Nepal, Netherlands, New Zealand, Niger, Nigeria, Norway, Peru, Poland, Portugal, Republic of Korea, Romania, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Slovakia, Slovenia, Somalia, South Africa, South Sudan, Spain, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Thailand, Togo (on behalf of the African Group), Trinidad and Tobago, Tunisia, Turkey, Uganda, United Kingdom of Great Britain and Northern Ireland, Ukraine, United Republic of Tanzania, Uruguay, Zambia, Zimbabwe.

² A/HRC/39/25, para 42.

and intensify action at all levels to address the interlinked root causes of preventable mortality and morbidity of children under 5 years of age with due regard to the implementation of the 2030 Agenda and urge all States to continue their efforts to apply the technical guidance. We encourage the High Commissioner for Human Rights, in close collaboration with the WHO, to continue dialogue on this issue with all relevant actors with due regard to the implementation of the 2030 Agenda.³

We warmly welcome the High Commissioner's summary report from the expert meeting on experiences in applying a human rights-based approach to address mortality and morbidity among newborns and children under 5 years of age (A/HRC/39/25). We are grateful to OHCHR and WHO, as well as all participants at the meeting, for their expertise and commitment.

We highlight the growing evidence that a human rights-based approach to health care contributes to improved child mortality outcomes.⁴ We remain particularly concerned at the heightened risk faced by newborn children⁵, as well as by children affected by situations of conflict and humanitarian crisis.⁶ We also take note of the report's finding on the need for a focus on the underlying determinants of health, including social norms.⁷ We emphasise the importance of a life-cycle approach in which women are engaged and empowered at all stages and gender-based violence is tackled.⁸

As we look forward to marking the 30th anniversary of the Convention on the Rights of the Child next year, we are committed to keeping this important issue on the Council's agenda. We will continue to work with partners – States, civil society, OHCHR and WHO – to ensure a brighter future for children everywhere, and we keep the possibility of returning to this Council at a future date under review.

Thank you.

³ A/HRC/33/11, para 8

⁴ A/HRC/39/25, para 43.

⁵ A/HRC/39/25, para 42.

⁶ A/HRC/39/25, para 42.

⁷ A/HRC/39/25, para 47.

⁸ A/HRC/39/25, para. 43.