

## Health as a Human Right and the United Nations

Ihsan Dođramacı\*

*Since its inception in 1945, the United Nations has given the utmost importance to human rights, and one of those rights is health. Health is such a fundamental right that it has been mentioned in every important document promulgated by the UN over the 60 years of its existence beginning with the UN Charter itself. Indeed, health is an important item on the agenda of all the UN agencies, which collaborate with one another for the benefit of the health of mothers and children and of the world's population as a whole. Those agencies also work with non-governmental organisations to further their aims. One of the NGOs which concentrates on promoting human rights and health is the International Children's Center. The ICC, after 50 years of service from its headquarters in Paris, relocated to Ankara in 1999 where it works closely with UNICEF, WHO and UNFPA to promote child rights and adolescent reproductive health rights in Turkey, the Balkans, Central Asia and other countries internationally, especially in the region.*

Few individuals are privileged enough to see big changes related to their profession in their lifetime. I am one of the lucky ones. I was there many decades

\*Ihsan Dođramacı graduated from Istanbul University Faculty of Medicine and trained in pediatrics at Numune Hospital (Ankara) and at Harvard University Boston Children's Hospital and Washington University St. Louis Children's Hospital (USA). He was professor of pediatrics at Ankara and Hacettepe Universities, Ankara, and visiting professor at Université René Descartes (Paris V). He served as rector of Ankara and Hacettepe Universities, chairman of the Board of Trustees of Middle East Technical University and as chairman of the Council of Higher Education. He was president and/or executive director of the International Pediatric Association (IPA) for 25 years, becoming honorary president in 1992. He is the founder and served as president for 41 years of the Turkish National Pediatric Society (TNPS). He also served as president of the Turkish National Committee for UNICEF (TNCU) for 29 years. He is currently honorary president of both the TNPS and the TNCU. He has been awarded honorary doctorates by 14 foreign and 11 Turkish universities.

ago and contributed to the establishment of an international agenda for children. I am still here today as the whole world moves to embrace a new era with new priorities, especially for children and adolescents living in poverty.

At my age, you tend to see everything in an historical context, so I would like to take the reader past some milestones in the history of health as a human right on the agenda of the United Nations.

The United Nations Conference on International Organization was held in San Francisco in 1945, and the United Nations Charter, which came into effect on 24 October 1945, stated in Article 55:

"With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly among nations based on respect for the principle of equal rights and self-determination of peoples, the United Nations shall promote: ... solutions of international economic, social, health, and related problems;..."<sup>1</sup>

There were three medical doctors at the UN Conference on International Organization: Dr Karl Evang of Norway, Dr Geraldo de Paula Souza of Brazil, and Dr Szeming Sze of China. During that Conference, the establishment of the World Health Organization was proposed by the delegations of China and Brazil, and the next year an International Health Conference was held in New York. It was my good fortune, at the age of 31, to be a member of that conference. I believe I am the only living signatory to the WHO Constitution.

The adoption of the WHO Constitution at the International Health Conference was the culmination of a movement towards international cooperation in health that had been gaining momentum for decades. That was the newly established United Nations' first step toward protecting health. In the Preamble to the WHO Constitution it is declared that

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."<sup>2</sup>

<sup>1</sup>United Nations website: <http://www.un.org/aboutun/charter/> (accessed 20 May 2005)

<sup>2</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

The UN Commission on Human Rights began holding annual sessions two years later, and on December 10, 1948, the General Assembly of the UN adopted and proclaimed the Universal Declaration of Human Rights. Article 25 of that Declaration stated:

"(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."<sup>3</sup>

The creation of the United Nations represented the coming of age of an ideal of universal solidarity around shared values and goals. World War II had swept away hope. The prospects were grim, and the winter of 1946-1947 was particularly bitter. Millions of people were without proper shelter, fuel, clothing or food. As always, children suffered the most, with half of all infants not reaching their first birthday. Something had to be done urgently.

It was the delegate from Poland, Ludwik Rajchman, who proposed the creation of the United Nations International Children's Emergency Fund, and thus he is regarded as the founder of UNICEF. The Executive Director designate, Maurice Pate, made it a condition of his service that UNICEF should support equally children in vanquished as well as in victorious countries. Subsequently, on December 11, 1946, a resolution of the UN General Assembly brought UNICEF into being. It was again my good fortune to be involved in the process and to be able to support my close friend Maurice Pate.

With the creation of UNICEF, work on child health flourished. In 1949, four years before its mandate was extended indefinitely by the United Nations, UNICEF, in cooperation with the Government of France, established the International Children's Center in Paris, to provide training for child health workers, mainly in developing countries. In 1999 the Center moved to Ankara, where it continues to contribute to the health of children and adolescents with an emphasis on child rights.

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<sup>3</sup>Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948.

During the first World Health Assembly, convened in Geneva in the summer of 1948, six priority areas were agreed on for international health promotion: malaria, tuberculosis, venereal diseases (which in today's terminology is known as "reproductive health"), maternal and child health, nutrition and environmental sanitation. Advances in medicine have been truly remarkable. They offer hope to save and improve the lives of millions of children and their families. Following penicillin, a number of other effective antibiotics were discovered. Vaccines against poliomyelitis, rubella, whooping cough, tetanus, diphtheria and other diseases are now available. Oral rehydration therapy, developed thanks to WHO's efforts in the 1970s, continues to save the lives of over a million and a half children each year. In spite of the efforts of UNICEF, WHO and others, however, still one in five children is not immunised by his or her first birthday. A child in a developing country is 10 times more likely to die of a disease that could have been prevented by a vaccine than a child in a developed country. In 2002, accompanied by several other physicians, I visited Afghanistan to explore the children's situation and the needs of the leading children's hospital in Kabul. In that country, as in many countries in Africa, in addition to the adverse effects of extreme poverty, armed conflict over 20 years has made the disparities even more tragic. Ten years earlier I had been in Sarajevo on a similar mission, and as Carol Bellamy, who was then Executive Director of UNICEF recalled,

It is in this connection that ICC and UNFPA have become strong partners,

"His friendship with James Grant was to find them both in Bosnia in 1992, wearing flak jackets, visiting ruined hospitals in Sarajevo and talking to children who had survived shelling and sniper fire. The visit culminated in a cease-fire permitting the distribution of medical supplies and children's clothing to the besieged city. We now call such cease-fires 'Days/Corridors of Tranquillity,' when parties to a conflict are persuaded to stop fighting to allow humanitarian access. They have become an integral part of UNICEF's 'armoury' in times of warfare."<sup>4</sup>

We have had many successes in combating disease and ill health over the past half century. In addition to the successes in combating many preventable diseases through immunisation, other areas of success such as in the diagnosis and treatment of pneumonia, the promotion of breastfeeding, improved nutrition can be mentioned. National efforts, and close cooperation between the national authorities in certain countries with United Nations agencies has brought about remarkable results. As an example, I would like to note the 1985 Turkish campaign of mass

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<sup>4</sup>Carol Bellamy, "Longest Serving Delegate to the UNICEF Board," in Tomris Türmen and Jane G. Schaller, *Children in his Heart, Youth on his Mind: Tributes to Ihsan Dogramaci in Honour of his 65 Years of Service to Child Health and Education*, Hermes Keep, Wilton 65, 2003, pp. 41-42.

immunisation. Here I cite Richard Reid, then UNICEF advisor to the Turkish immunisation campaign, who tells the story:

"It was July 8, 1985. I was about to take the speaker's microphone in the main hall of the Interior Ministry in Ankara. ... Out in front were the governors of Turkey's seventy-three provinces, the masters of everything the government did on the ground from the border of Edirne, in the northwest, to Hakkari, 1,200 miles away in the east.

"The governors were the audience, brought to the capital to get their marching orders for the national immunisation campaign we were about to launch. They were the key. Orders on whatever happened in the campaign in their provinces - logistics, timing, personnel, reporting - would all cascade from them to the *kaymakams* (district sub-governors) in the districts to the *muhtars* (headmen) in the towns and villages.

"Bringing in all the governors was quite a feat. It would give the campaign a huge profile. People were saying that the governors hadn't all been gathered in one place since Atatürk founded the Republic. ..."

"The Interior Minister spoke last, making it clear that the campaign was a top priority. The Prime Minister would be following it. Three rounds and no excuses, he said. This was what they had to do.

"And, in the three months between September and December, 1985, they did it. Children were enumerated door to door. More than four million under-fives, 81% of the age group in Turkey, were vaccinated with seven shots each. Infant and child mortality dropped dramatically in the months that followed. Independent surveys a year later, by WHO, USAID, and the American Public Health Association would show that an estimated 22,500 child deaths and 7,500 cases of paralytic polio had been averted by the campaign.

"It is clear that this achievement was mostly due to political will - the leveraging of it that harnessed the governors and finally 370,000 government workers and private Turks, to the campaign. ... But looking back, one can see that the campaign was not a sure thing until the very end - political will can fade fast.

"People worried after the first round that the campaign would run out of steam, would falter as fatigue set in, and the winter months blanketed a good part of the country with snow. How to sustain the effort?"

"...There was a way to make sure the campaign succeeded. We would draw on national pride by making the campaign an open exhibit for a stream of visiting delegations. After all, the whole world was sitting up and paying attention to the child-survival effort, and Turkey was at the cutting edge, wasn't it? Invite countries from abroad, the bigger the better, and let them go out and see how national mobilisation can be achieved and how it is organised: their health and information ministers; their main aides; their top level advisers. Of course it will take work and funds, but we'll manage it."

"We did manage it. ... Nine delegations came, some sixty top ranking officials, from countries representing close to a third of the world's population: China, Indonesia, Nigeria, Bangladesh, Egypt, and Vietnam among them.

"I remember...that year at the reception for the third-round launching, watching those delegations file past to shake hands with the President, Kenan Evren, and the Prime Minister, Turgut Özal. We had reports in from provinces that made it look as if hitting 80% was, barring acts of God, a foregone conclusion.

"...In Turkey we went on to a national oral re-hydration campaign, and then yet another campaign, this time on acute respiratory infections..."<sup>5</sup>

Despite encouraging instances such as the one described in Turkey, and which have occurred in several other countries, thanks to the full cooperation of national authorities with United Nations agencies, the six priority health problems singled out by the first World Health Assembly continue to kill and debilitate millions in poor countries. This is in spite of the advances we have made in medicine, and the fact that on 16 December 1966 the UN General Assembly adopted the International Covenant on Economic, Social and Cultural Rights which went into effect in 1976 and reiterated the human right to health in Article 12: "1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The article laid out detailed steps for the states to follow in order to attain that standard.<sup>6</sup>

Yet we know that more than 10 million children under the age of five still die every year of preventable diseases, and malnutrition is related to more than half of these. Malaria, for example, is a steady drain on the lives of families and national economies in Africa and other parts of the world. It is killing at least one million people each year who do not have access to the simple means we possess to

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<sup>5</sup>Richard Reid, in Türmen and Schaller, pp. 219-222.

<sup>6</sup>[http://www.unhchr.ch/html/menu3/b/a\\_ceser.htm](http://www.unhchr.ch/html/menu3/b/a_ceser.htm) (accessed 20 May 2005)

prevent and treat it. In our global efforts this focus on "survival" must not be lost.<sup>7</sup>

Other concerns have come and gone, and new problems have arisen, especially for the children who survive through the first decade and into adolescence. We are living with the youngest global population ever witnessed in the history of humankind. One in five persons living in the world is an adolescent, and we all know this period is vulnerable. Half of all new HIV infections - some 2.4 million each year - occur in persons between the ages of 10 and 24 years. In some countries, young girls are two to five times more likely to die through pregnancy and childbirth than older women. In increasing numbers, adolescents are turning to the abuse of alcohol and other substances. The tobacco habit that kills adults usually starts with children before they reach their 18th birthdays. While most adolescents are not sick, they need support from communities and families to develop to their full potential.

The WHO Constitution states that "the highest attainable standard of health" is a fundamental right of everyone and that governments are responsible for providing the means to achieve it. It is unacceptable to have the means to save and protect all children and adolescents in this world but not to have sufficient commitment or resources to reach them.

We live in a world scarred by inequality. Something is wrong when the richest 20 percent of the global population receives more than 80 percent of the global income. Something is wrong when 10 percent of a population receives half of the national income. Something is wrong when the average income for the richest 20 countries is 37 times the average for the poorest 20 - a gap that has more than doubled in the past 40 years.

With the world becoming smaller and smaller, we must realise that these inequalities, by creating an environment of greater poverty, conflict and terror, threaten to wipe out all our best efforts to improve the health of children and adolescents. It is time for the global community to find better ways to share the benefits of scientific and technological knowledge in the field of human health.

The activities of the United Nations, and especially of such agencies as WHO and UNICEF, and later of ICC, to ameliorate world health conditions, give us hope. I had the privilege of representing Turkey on the UNICEF Executive Board. To quote Carol Bellamy, when she was Executive Director of UNICEF,

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<sup>7</sup>Material in this and following paragraphs, where not otherwise noted, is from *World Health Report 2005: Make Every Mother and Child Count*, Geneva, World Health Organization, 2005.

"Dr Dođramacı has the distinction of being the longest-serving delegate to the UNICEF Executive Board. He has thus been acquainted with all four UNICEF Executive Directors; served as Chairman of the Programme Committee in 1966 and 1967, and was twice Chairman of the UNICEF Executive Board (1968 and 1969)...In 1995, UNICEF presented Dr Dođramacı with its highest honour, the Maurice Pate Award, in recognition of his tireless engagement for the cause of children worldwide."<sup>8</sup>

I also led the Turkish delegation to the World Health Assembly for many years. As a WHO temporary advisor and on behalf of WHO, I was commissioned to advise on the establishment of educational health centers in Yaoundé (Cameroon), Ife (Nigeria), Brasilia (Brazil), and Sherbrooke (Canada). While taking part in the World Health Assembly meetings I had the opportunity of making the friendship of many international leaders in that area, among them Samuel Halter, Director of Health Services for Belgium, who on one occasion said:

"Indeed, my friend Dođramacı is a person I have known for a very long time. During the past five or six years at the World Health Assembly, he and his wife have introduced a new notion of culture, a notion of what he himself calls the expression of feelings and the heart. This he has done every year since he began presiding over the Turkish delegation to the Assembly by bringing us together and having us share with him the joys of music. And I think that in so doing he has introduced into the Assembly a component which, speaking for myself at least, I had not experienced here before.

"Like many men who have devoted themselves to public health, Professor Dođramacı comes from paediatrics. Paediatrics is one of those facets of the medical art which in itself embodies, *a priori*, the expression of one's profoundest feelings; for what feelings could be more profound than those one has for children? And it is moreover this element which I have encountered in a large number of our colleagues. Indeed, when one glances over their careers in order to determine their original training, very often one finds that paediatrics lies at the beginning of that long road stretching out in the field of public health. Social medicine is itself an element which converges with the development of those attitudes already revealed in the very practice of paediatrics."<sup>9</sup>

<sup>8</sup>Carol Bellamy, in Türmen and Schaller, pp. 39-40.

<sup>9</sup>Samuel Halter, "He Infuses His Institutions with Energy," in Türmen and Schaller, p. 139.



Dr Halfdan Mahler, Director General emeritus of WHO, said:

"You also have demonstrated a lot of cultural energy. And we realise, through this medium of music, how much culture those billions of people all over the world would produce if only they were given a reasonable opportunity to do so - how it could enrich our lives and how we could share it together and how utterly different our ways of behaving would become through this kind of cultural energy. Also for that, I think you have been a tremendous kind of boost for the cultural energy of our times, at least in our World Health Assembly times."<sup>10</sup>

Earlier in this text the International Children's Center (ICC) was mentioned alongside WHO and UNICEF. In 1999 ICC moved from Paris to Ankara, where it occupies premises on the Bilkent University campus. The Ankara-based ICC decides on its programme of activities with the help of its governing Council, which is an interdisciplinary board of international experts in various fields which bear on child health and welfare including obstetrics & gynecology, pediatrics, sociology, philosophy, economics and management. Also on the Council are representatives of the International Pediatric Association (IPA) and the International Federation of Gynecology & Obstetrics (FIGO) plus representatives of the major UN agencies and bodies: UNICEF, WHO, ILO, and UNFPA.

The United Nations Population Fund (UNFPA) began operations in 1969 as the United Nations Fund for Population Activities and retains the acronym of that original title although its name changed in 1987. UNFPA in its mission statement "recognizes that all human rights, including the right to development, are universal, indivisible..." The mission statement further states that its three main areas of work are:

"to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work."<sup>11</sup>

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<sup>10</sup> Halfdan Mahler, "Human Energy," in Türmen and Schaller, pp. 180-181.

<sup>11</sup> <http://www.unfpa.org/about/report/report98/mission.htm> (accessed 20 May 2005)

since two of ICC's most prominent projects have to do with adolescent reproductive health and child rights. For the last four years ICC, in collaboration with UNFPA, has held training courses for professionals working with adolescents in 18 different countries, primarily in the Middle East, Central Asia and the Balkans. A training course and a workshop on reproductive health also took place in Baku (Azerbaijan), at the ICC branch office there which coordinates ICC activities in Azerbaijan, Bashkortostan, Kazakhstan, Kyrgyzstan, Tatarstan and Uzbekistan. The most recent course took place in Islamabad (Pakistan) on 21-26 February 2005, where ICC and collaborating staff from Hacettepe, Kocaeli, and Osmangazi Universities, together with Pakistani facilitators and UNFPA officers, addressed representatives of the three NGOs which form the Reproductive Health Initiatives for Youth in Asia (RHIYA). In addition, a study has been carried out in Turkey at eight universities on the knowledge and attitude of adolescents with regard to reproductive health, and Adolescent Reproductive Health Counselling Centers have gone into operation on those campuses.

On the child rights front, ICC concentrates on the rights of survival, development, protection and participation, in a two-pronged approach. One group concentrates on advocacy activities directed at pupils, teachers and parents, to inform them of the children's rights. The other group works together with branches of the Turkish National Committee for UNICEF and the Turkish National Pediatric Society in 26 Turkish provinces, to promote the implementation of child rights and to monitor the results of those activities, which include promoting breastfeeding, the Baby-Friendly Hospitals Initiative, and the girl child's school attendance as well as protection of neglected or abused children and providing skills training to street children. These ICC programmes are being expanded this year in support of yet another UN body, namely UNHCR, the UN Refugee Agency, to support refugee children with attention to their health and education.

Regarding child rights, the United Nations General Assembly first proclaimed the Declaration of the Rights of the Child on 20 November 1959, where two principles emphasise the child's right to health:

"Principle 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration."

"Principle 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services."<sup>12</sup>

It was the Convention on the Rights of the Child, however, which was promulgated by the UN General Assembly on 20 November 1989 and went into force on 2 September 1990, that set the stage for far-reaching efforts on behalf of children because it brought into being a system of monitoring the behavior of the states ratifying the Convention. It is section (3) of Article 24 of the Convention which prompts the ICC activities:

"... To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."<sup>13</sup>

It is the mission of ICC to carry out this important task of informing the children, their parents and teachers about their rights so that together they can take steps to ensure that all parties enjoy the benefits of these rights.

In short, the United Nations, together with its agencies and associated bodies, throughout its history has expended a great deal of effort in an attempt to achieve a healthier world. A prominent example which involved a multi-party global effort was the campaign for Health for All by the Year 2000 (HFA/2000). The joint WHO/UNICEF International Conference on Primary Health Care held in Almaty (then in the USSR and known as "Alma-Ata") adopted the Alma-Ata Declaration on Primary Health Care (PHC)<sup>14</sup> in September 1978 as the key to attaining the goal of Health for All by the Year 2000. The World Health Assembly the following May endorsed the Alma-Ata Declaration and PHC as the key to HFA/2000, and the UN General Assembly seven months later endorsed the Health for All and PHC resolutions and reaffirmed health as a powerful lever for socioeconomic development and peace. In May 1981 the World Health Assembly adopted a Global Strategy for Achieving HFA/2000, subsequently endorsed by the

<sup>12</sup><http://www.unhcr.ch/html/menu3/b/25.htm> (accessed 20 May 2005)

<sup>13</sup><http://www.unhcr.ch/html/menu3/b/k2erc.htm> (accessed 20 May 2005)

<sup>14</sup>[http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)

UN General Assembly in December of that year. This strategy signified a new model of development, with health progress promoting overall socioeconomic development. The results were mixed: countries focussed on the principles of HFA but dire poverty prevented many of them from reaching their targets. With the year 2000 behind us, the latest programme targets the so-called UN Millennium Development Goals,<sup>15</sup> and the 191 member states of the UN have pledged to meet those goals by the year 2015. The goals bearing directly on health include reducing by two-thirds the mortality rate among children under five; reducing by three quarters the maternal mortality ratio; halting and beginning to reverse the spread of HIV/AIDS and halting and beginning to reverse the incidence of malaria and other major diseases.

Many aspects of health were included in the plans to achieve health for all by the new millennium, and progress has indeed been achieved. For example an important social indicator is the infant mortality rate of a country, and this rate has been brought down in many areas, yet even within countries the disparities continue to be great. The hope for eradication of many infectious diseases has yet to be realized despite heroic efforts. This is due in part to the modern challenge of globalisation, which allows a disease to be spread quickly to far-away places. There is also the resistance of certain population groups, which are influenced by various authorities who have their own agendas. Witness the case of worldwide polio eradication: just when this seemed to be attainable, a group in Kano (Northern Nigeria) decided to refuse immunisation of the children on political grounds, and rather than being contained, the disease subsequently was diagnosed in ten countries which had previously been pronounced polio-free.<sup>16</sup>

My last point is about the future. Scientific research in the fields of molecular biology and genetics in the last 50 years has now reached an unprecedented level of importance. These scientific achievements are already revolutionising the practice of medicine. In preventive medicine, we will witness a rapid rise in the use of tests for genetic risk for many human diseases, including those affecting large populations such as cancer, diabetes and cardiovascular diseases. Will these advances be available to the millions who lack basic health care?

There is no doubt that the biggest impact of basic science on the practice of medicine will be in the treatment of disease. Major advances are expected in the development of new drugs, gene therapy and cell-replacement therapy. In addition

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<sup>15</sup><http://www.un.org/millenniumgoals>

<sup>16</sup>[http://www.unicef.org/infobycountry/nigeria\\_22786.html](http://www.unicef.org/infobycountry/nigeria_22786.html)

to new drugs that have already been approved for treatment of humans, it is expected that more than 3000 new ones will be made available over the next 20 years.

This progress brings high hopes for a better life, but these new developments are not without social and ethical implications. These are highlighted by the political and economic barriers to reducing the risk of mother-to-child transmission of HIV in newborns and providing antiretroviral treatment to young people living with AIDS. As we continue to make new scientific breakthroughs, the inequalities already present between developing and developed countries regarding access to care and treatment will increase. Therefore, it is time for the global community, governments and all partners in health to find ways to share better the benefits of scientific and technological knowledge in the field of human health. In this the United Nations agencies and NGOs such as the International Children's Center will have a major role to play.

With the world becoming smaller and smaller, we must realise that these inequalities, by creating an environment of greater poverty, conflict and terror, threaten to wipe out all our best efforts to improve the health of children and adolescents.

We need to create a brighter future for the young. We need to invest more in health to improve the hope of many to rise above poverty. We need to make sure that health is highest on the political agenda of all countries working to reduce poverty and promote peace.