

## Child survival in Ethiopia and Cambodia: Stories of partnership activity

Ethiopia ranks among the countries with the highest burden of child mortality. Following a high-level visit of members of the Child Survival Partnership to Ethiopia in December 2003, the Government set up a working committee to organize a national conference on child survival. In preparation, global partners provided technical support for planning of the conference (WHO) and for conducting a situation analysis (USAID/WHO). The three-day *National Partnership Conference on Scaling Up Child Survival Interventions in Ethiopia* took place from 22 to 24 April 2004, with participation from senior decision makers in the Ministry of Health, related government sectors, national development partners, and UNICEF, WHO, World Bank, USAID and CIDA. Participants at the conference agreed to:



- Develop, promote and abide by one plan, one coordinating mechanism and one monitoring strategy for improving child survival in Ethiopia
- Double resources for health in Ethiopia and overcome constraints to full utilization of existing and future budgets for child survival activities, including those provided through the country's health sector development programme and the Poverty Reduction Strategy Paper
- Support the new government-promoted Health Extension Package to increase coverage of basic health services, as a key health delivery approach for achieving the Millennium Development Goal for child survival in Ethiopia.

In Cambodia a high level consultation on child survival was held in June 2004, bringing together for the first time all national partners in health around the common goal of child mortality

reduction. As a result, the Government has established a Child Survival Steering Committee under direct supervision of the Director-General for Health, as well as a Child Survival Secretariat for day-to-day



operations and coordination among partners. In collaboration with the Commission on Macroeconomics in Health, a child survival investment plan is under development while a costing exercise supported by WHO will provide information on the most cost-effective interventions to reduce child mortality in Cambodia. Various partners have made new commitments in support of child survival, including the Cambodia Ministry of Health, the Asian Development Bank, the World Bank, UNICEF,

WHO, USAID, DFID, the European Commission, the Japan International Cooperation Agency (JICA), and an alliance of national NGOs.

The experiences in Ethiopia and Cambodia to date show that the Child Survival Partnership is able to revitalize interest and galvanize action in support of child survival. The Partnership helps achieve these outcomes by working with governments and local partners to build on existing programmes and structures, integrating child survival activities in national development plans, and by reaching out to the poorest segments of the population.

### We have the tools to save children's lives

A review by international health experts, published in *The Lancet* in 2003, shows that we have the tools available to save 6 million children this year from preventable or treatable childhood illnesses. Following is a sample of some of the simple and affordable interventions that, if scaled up appropriately, could help us save these children's lives. Measles immunization is also a cost-effective intervention that can save thousands of lives each year.

INTERVENTIONS	Number of deaths (in 1000s)	Proportion of all deaths
<i>Preventive Interventions</i>		
Breastfeeding (for healthy nutrition and to boost immune systems)	1301	13%
Insecticide-treated materials (for prevention of malaria)	691	7%
Complementary feeding (for healthy nutrition and recovery from illness)	587	6%
Zinc (to help prevent illness and neonatal mortality)	459	5%
Clean delivery of newborns	411	4%
Hib vaccine (to prevent influenza, meningitis, pneumonia, and other infections)	403	4%
<i>Treatment Interventions</i>		
Oral rehydration therapy (ORT - for diarrhea, dehydration)	1477	15%
Antibiotics for sepsis (infection)	583	6%
Antibiotics for pneumonia	577	6%
Antimalarials	467	5%
Zinc (to help treat illnesses such as pneumonia and diarrhoea)	394	4%

Source: *The Lancet* 2003;362:9377:65-71.

### Join the movement for child survival

The Child Survival Partnership includes international players and bilaterals as well as developing country partners. It is hosted by UNICEF in New York. Ms. Shahida Azfar of UNICEF is the interim Director of the Partnership Secretariat and Dr. Flavia Bustreo of WHO/World Bank is the interim Deputy Director.

We encourage all interested organizations to join us in reducing child mortality. For more information, please contact the Child Survival Secretariat.

Child Survival Partnership Secretariat  
3 UN Plaza , Room 23-14, New York, New York, 10017  
(212) 824-6576  
www.childsurvivalpartnership.org

#### Photo credits

Cover: UNICEF/HQ98-0441/ Roger Lemoyne (top); UNICEF/HQ96-1095/ Nicole Toutounji (bottom); Heidi Larson (side bar). *Outside*: UNICEF/HQ03-0273/ Esben Harboe (left); UNICEF/HQ96-0032/ Franck Charton (right). *Inside*: UNICEF/HQ00-0360/ Alejandro Balaguer (side bar).

August 2004

## The Child Survival Partnership



www.childsurvivalpartnership.org



## Child survival is a global imperative

The child survival revolution of the 1970s and 1980s has saved the lives of millions of children around the world. By focusing the world's attention on the global burden of disease and mortality borne by the children under five years of age, this period led to massive investments to reach children with essential interventions including vaccinations and simple treatments for diarrhoea, pneumonia and malaria. But, tragically, progress has stalled in the past decade in many countries, and, in some instances, child mortality rates are increasing.

Today's reality is that the equivalent of a classroom of children under five dies from preventable or treatable diseases such as pneumonia or measles each minute of each day. Globally 10.8 million children will lose their lives this year.

Most deaths occur among children who live in the world's

poorest countries, particularly in sub-Saharan Africa and South-East Asia. Pneumonia, diarrhoea, malaria, malnutrition and measles are the most common killers, with paediatric AIDS taking an increasing toll in countries where the HIV pandemic rages. There are stark inequalities in child mortality rates within and between countries, with vast disparities in access to and use of basic childcare services between the poorest and the richest segments of populations.

**These deaths do not have to occur.** The interventions to prevent them are well-known and tested, and they are feasible for implementation on scale, including in resource-poor settings. A recent series on child survival in *The Lancet* estimated that six million (or two thirds) of child deaths could be averted if children would receive appropriate home care and if simple curative treatments for the common childhood illnesses were available for sick children.

Unfortunately, most children are not reached with effective interventions. Only 39 per cent of infants are exclusively breastfed, 40 per cent of children with pneumonia who need antibiotics receive them, a staggeringly low proportion (25 per cent) of children with diarrhoea receive oral rehydration therapy and fully 1/3 of all infants do not receive the basic course of immunization.

At present, it is estimated that approximately one third of the global burden of disease is born by children. Clearly, nations striving to make progress in health and development must make the health of their children a priority.

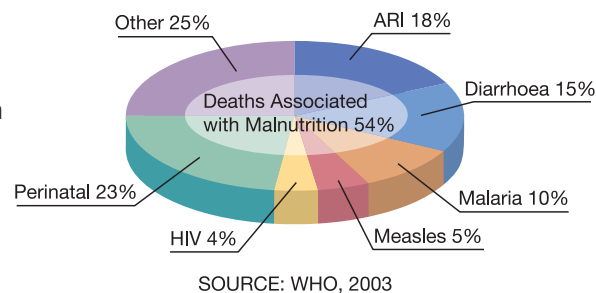
## The Millennium Development Goals

In September 2000, world leaders committed to achieving eight key human development targets by the year 2015, collectively known as the Millennium Development Goals (MDGs). The issues that these goals address are the most pressing development challenges of this new millennium and call for, among other things, a renewed focus on child health. Goal 4 specifically addresses child survival.

## Why create a Child Survival Partnership?

In adopting the MDGs, world leaders committed to reducing child mortality by two thirds by the year 2015. A recent series of *Lancet* articles on child survival alerted the world that this goal can only be achieved if cost-effective interventions are implemented at very high levels of coverage. See table listing the estimated mean coverage

Major Causes of Childhood Deaths in Developing Countries (2002)



of a subset of these interventions, together with the proportion of deaths that could be prevented. It is clear that our challenge is not what to do, but rather how to do it.

Achieving the MDGs for child survival requires a modest increase in investment and massive efforts in social mobilization and the development of innovative strategies for delivering the interventions. Too many infants die in the first month of life and too many children die at home without any support from a qualified health-care provider. Progress can only be made by bringing health services closer to communities, as well as strengthening health-seeking behaviours and childcare in the home.

No single actor can take on this challenge alone. Reaching every child with a basic package of essential, proven interventions requires the joint strength of governments, bilateral and multilateral agencies, non-governmental organizations, health professionals, professional associations and the private sector. Now, the Child Survival Partnership is being formed to respond to the health crisis facing children and to help countries scale up their interventions rapidly.

## What is the Child Survival Partnership and what does it do?

The Child Survival Partnership (CSP) brings together partners at national, regional and global levels. At present, they include the governments of partner countries, UNICEF, the World Health Organization, World Bank, the Canadian International Development Agency (CIDA), the United Kingdom Department for International Development (DFID), the U.S. Agency for International Development (USAID), the Bill & Melinda Gates Foundation, research and technical institutions and a growing number of bilateral partners and non-governmental organizations.

The Partnership has a two-pronged strategy. First, it encourages better use of existing resources to address defined needs, enhancing the scale of implementation of proven interventions that reduce child mortality rates and improve efficiency in service delivery. Second, it advocates, at global and country levels, for additional resources at the national level to scale up programmes. The Partnership is not a fund-holding and fund-disbursing organization. Rather, it is an advocacy initiative for increased mobilization of resources and support for child survival programmes by participating countries and organizations committed to achieving the fourth Millennium Development Goal.

The CSP provides a forum for **coordinated action** to address the major conditions that affect children's health: it enables governments and partners to agree on **consistent approaches** and stimulates **concerted efforts** towards their implementation.

The CSP assists countries with a high child mortality burden to:

- Raise the profile of child survival among governments, development partners and all other concerned parties that are responsible for children's health and well-being
- Develop country-led strategies for child mortality reduction that include:
  - Empowering parents and families with knowledge, skills and behaviour to ensure safe motherhood, healthy children and a good start in life for newborns
  - Improved investment decisions by focusing resources on the optimal mix of child survival interventions for that country
  - Facilitation for the scaling up of the best mix of cost-effective child survival interventions in countries with a high burden of childhood deaths, based on priority country needs
  - Identification of gaps in knowledge about the content and delivery of child health interventions and stimulating research to fill these gaps
  - Identification of health system barriers to rapid scaling-up of child health interventions, addressing them through innovative implementation approaches
- Strengthen coordination, communication and knowledge-sharing among key actors concerned with child survival at global, regional and national levels
- Monitor the process and evaluate outcomes of child survival activities and track the allocation and use of financial resources at all levels
- Disseminate information and facilitate an exchange of knowledge, expertise and resources between all interested parties.

