



Ministry of
Health



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CONFERENCE MEETS ON SCALING UP CHILD SURVIVAL

Addis Ababa, Ethiopia – The Ministry of Health of the Federal Democratic Republic of Ethiopia and the Child Survival Partnership, an alliance between the World Health Organization, The World Bank, Canadian International Development Agency (CIDA), the U.S. Agency for International Development (USAID), and UNICEF, today concluded a three day National Partnership Conference on Scaling Up Child Survival Interventions in Ethiopia, held in Addis Ababa.

Approximately 10.8 million children die each year from easily preventable and treatable causes, of which 470,000 occur in Ethiopia. In 2000, six countries including Ethiopia accounted for 50 percent of global under-five deaths. The most common causes of mortality and morbidity of under-five children are pneumonia, HIV/AIDS, diarrhoea, malaria, measles, neonatal causes and malnutrition and often to a combination of these.

“This is the first meeting of its kind, and you may ask why in Ethiopia,” said H.E. Dr. Kebede Tadesse, Minister of Health. “Our needs are much higher than in many parts of the world, however needs alone cannot make it a place for launching such an initiative, you also need a conducive environment where this child survival initiative can be showcased.”

Given the Government’s commitment to child survival, Ethiopia is the first country spearheading the partnership. Through coordinated action among international partners and using existing resources, funding and coordination mechanisms more efficiently and effectively, the Partnership will increase attention paid to child survival within priority countries, and scale up known, effective child health and maternal and neonatal interventions like Integrated Management of Childhood Illnesses (IMCI), antenatal and postnatal care, safe and clean delivery, treatment of sepsis and exclusive breastfeeding, immunization, malaria prevention through insecticide treated nets (ITNs), vitamin A supplementation, access to iodised salt and accessible, timely treatment for diarrhoea, pneumonia and malaria.

The Partnership Conference, the first major initiative since the Partnership announced that it would be initiating efforts in Ethiopia to improve child health and save children dying of preventable causes in December 2003, will assist Ethiopia to

scale up child survival interventions to contribute to the achievement of the Millennium Development Goal (MDG) in child mortality reduction.

“Poverty remains the greatest challenge we face as we seek to enhance child survival in Ethiopia,” said Marc Andre, CIDA Country Director and Counselor. “But, though in the long run, income increases are crucial for reducing child mortality, economic growth alone is not enough to achieve the goal of reducing child mortality set by the World Summit. It is not acceptable to allow the suffering and loss of lives to continue while waiting for the benefits of economic development to arrive. In the shorter run, therefore, direct child survival interventions are needed.”

“Survival is about children, it is about understanding the bigger picture, the greater macro-economic impacts and the linkages with development and concomitant derivatives such as poverty alleviation, thinking out of the box, breaking the mould to conquer environment within the family and community context,” said Joy Phumaphi, WHO Assistant Director-General for Family and Community Health.

“These interventions do more than save children from dying,” said Dr. Alfred Bartlett, USAID Senior Advisor for Child Survival. “For every child whose life is saved by preventing measles or malaria, or by breast feeding or vitamin A, the health of many others is strengthened by those same interventions. This means they leave their early childhood stronger, more ready to work productively and to learn the skills their lives will require.”

The recently published articles in the Lancet on child survival make it clear that there are many cost-effective interventions, which could drastically reduce deaths and other burdens of childhood diseases, if they were used more widely. The review of available evidence also confirms once more the importance of malnutrition as an underlying cause of child deaths.

“Many of these cost-effective interventions are not new,” said Dr. Pascal Villeneuve, UNICEF Chief of Health. “Indeed, breastfeeding, the single most efficient intervention for preventing childhood deaths is as old as humanity itself. From the point of view of child health, the number one health worker is the mother. The more we can empower her with basic knowledge, information and skills in good infant feeding practices, care and stimulation of the young child, hygiene and sanitation, better birth spacing, etc. the better the health outcomes of her child. Good maternal health and nutrition too are, of course, of paramount importance.”

Partners at the conference endorsed the Government’s commitment to tackle the main causes of under five mortality in Ethiopia, and called for integrated approaches and multi-sectoral contributions to meeting the MDGs. Partners also expressed their commitment to continuing and strengthening their support of the government’s vision of a world where healthy children and families can attain their full potential.

“We want to confirm our support to the health extension programme and community-based outreach services as part of the World Bank budgetary support to

the Government of Ethiopia, within the framework of decentralization policy, civil service reform and capacity building programmes," said Dr. Flavia Bustreo, speaking on behalf of the World Bank.

The Partnership recognized that emergency preparedness and response remain high priorities in Ethiopia. While moving forward with strengthening and supporting Government-led child survival interventions, it is important to support Government initiatives for effective emergency preparedness and response particularly in early warning and surveillance, nutrition, immunizable diseases, malaria, control of diarrhoeal diseases and access to potable water.

The conference also recognized the additional challenges of emphasizing and addressing HIV/AIDS within child survival goals and strategies, calling for efforts to build on the Government-led initiatives to prevent HIV infection among young people, particularly young women, to prevent mother to child transmission and to mitigate the impact of HIV/AIDS infections.

"In Ethiopia we have decided that we cannot continue as we have been, living in abject poverty," said Dr. Kebede Tadesse. "We have to come out of this poverty as soon as possible. And that is the primary goal of my Government at this moment. We have decided to embark upon a new approach towards development. It is now or never. As a nation it is either to be, or not to be, and we have expressed it as such. This has a meaning on all aspects of development efforts, including specific interventions in the health field, particularly in child survival. Survival is after all about children. It is the children who will replace us and will take care of this country and inherit this country from us. Therefore we have to ensure that our children are taken care of if we want to survive as a nation."

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KEY AGREEMENTS

- There should be one plan, one coordinating mechanism, one monitoring strategy for improving Child Survival
- The Government of Ethiopia and national and international Child Survival partners should commit themselves to doubling resources for health in Ethiopia and overcoming constraints to full utilization of existing and future budgets
- The Health Extension Package was recognized as a key health delivery approach for achieving the MDG for Child Survival

RECOMMENDATIONS

1. Establish a National Child Survival Working Group with representatives from regions and other key partners (by May 2004)

2. Develop a comprehensive Child Survival Strategy and Implementation Plan (by July 2004)
3. Recommendations from this National Child Survival Conference should be used as a brief for the NCSWG and as inputs into the Child Survival Plan
4. Incorporate the Child Survival Plan into HSDP III (by September 2004)
5. Link HSDP III to formulation of SDPRP II (by the end of 2004)
6. The CS Plan should include facility, health extension and community components and should focus on feasible, high-impact interventions
7. Establish Regional Child Survival Working Groups with representatives from woredas
8. Monitor financial resources and progress on key child survival indicators at the national and regional level
9. Establish links with and report progress to the Global Child Survival Partnership

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