

## Malawi: One country and its progress in child survival

ALTHOUGH child mortality in Malawi remains high by global standards, the country has achieved significant progress in reducing child deaths. From 1990 to 2005, the under-five mortality rate fell from 221 to 125 per 1,000 live births. Its 2006 under-five mortality rate of 120 per 1,000 live births is the same as or lower than that of 30 other countries in Africa south of the Sahara.

Factors contributing to this rapid reduction in child mortality include very high immunization coverage and vitamin A supplementation. Among Malawian children aged one year or younger, 99 per cent receive tuberculosis, polio and hepatitis B vaccines, as well as three doses of diphtheria/pertussis/tetanus and three doses of *Haemophilus influenzae* type b vaccines, and 85 per cent are immunized against measles. In 2006, 94 per cent of Malawian children aged 6–59 months received at least one dose of vitamin A,

and 86 per cent received the full two-dose coverage.

At 56 per cent, exclusive breastfeeding for children up to six months is also relatively high by regional standards. About 73 per cent of households use an improved water source. The Government of Malawi reported that more than 1 million insecticide-treated mosquito nets had been distributed by December 2006 – exceeding the Abuja target of 60 per cent by reaching 65 per cent of pregnant women and children under age five. The government also claimed that polio had been eliminated in Malawi in 2002, with no new cases reported since then.

According to the Government's 2006 'A World Fit for Children' report, the reduction in under-five mortality can also be attributed to the expansion of high-impact health interventions under the Integrated Management of Childhood Illness (IMCI) approach, which focuses on parental care and targets malaria, undernutrition, anaemia, pneumonia, measles and diarrhoea. If this reduction rate continues, the report states, the Millennium Development

Goal 4 target for reducing child mortality will be reached.

A 2005 UNICEF report reaffirms the success of the IMCI strategy: "In 2000, following an initial pilot phase, Malawi started scaling up the implementation of intermittent preventive treatment (IPT) for pregnant women, and distribution of subsidized insecticide-treated mosquito nets to mothers during visits to antenatal care and child-welfare clinics. The high antenatal coverage, development of a clear policy on IPT in pregnancy, and the active and positive support from partners (particularly UNICEF, WHO, USAID, Population Services International and Roll Back Malaria) have all contributed significantly to the positive results attained by this strategy."

One factor that has not changed since the 1990s is the prevalence of undernutrition, which remains the underlying cause of almost half of child deaths in Malawi. Nineteen per cent of children under five are moderately or severely underweight, and 46 per cent are moderately or severely stunted.

*See References, page 50.*