

RECOMMITTING TO CHILD SURVIVAL: A PROMISE RENEWED

I. Key Messages - A Promise Renewed

I. Progress

Over the past 40 years, new vaccines, improved health care practices, investments in education, and the dedication of governments, civil society and other partners have contributed to reducing the number of child deaths by more than 50%.

Overall, substantial progress has been made towards reducing under-five mortality rates (MDG4). The number of under-five deaths worldwide has declined from more than 12 million in 1990 to 7.6 million in 2010. Nearly 21,000 children under age 5 died every day in 2010—about 12,000 fewer per day than in 1990.

Since 1990 the global under-five mortality rate has dropped by 35 per cent—from 88 deaths per 1,000 live births in 1990 to 57 in 2010. Collectively, developing and developed regions have reduced their under-five mortality rate by 50 per cent or more.

The rate of decline in under-five mortality has accelerated—rising from 1.9 per cent a year over 1990–2000 to 2.5 percent a year over 2000–2010—but it remains insufficient to reach MDG 4, particularly in sub-Saharan Africa, Oceania, the Caucasus and Central Asia, and Southern Asia.

While there are chronic challenges in sub-Saharan Africa, there has also been dramatic success in preventing child deaths. The average annual rate of reduction in under-five mortality has accelerated, doubling from 1990–2000 to 2000–2010. Of the 14 best-performing countries, 6 are in Sub-Saharan Africa, as are 4 of the 5 countries with the largest absolute reductions (more than 100 deaths per 1,000 live births).

II. The challenges that remain

Still, almost 21,000 children die every day from preventable diseases, never reaching their fifth birthday. Many more millions of children suffer from illnesses caused by lack of clean water, poor nutrition, and inadequate health services and care. These children are less likely to reach school age healthy and well-nourished, safe and confident and ready to learn.

About half of the number of deaths among children under five occur in five countries: China, Democratic Republic of the Congo, India, Nigeria, and Pakistan. India (22 per cent) and Nigeria (11 percent) together account for a third of all under-five deaths.

Pneumonia and diarrhoea are among the leading killers of children

worldwide.

III. Challenges - the first month, the first year

Over 70 per cent of under-five deaths occur within the first year of life.

The proportion of under-five deaths that occur within the first month of life - the neonatal period - has increased roughly 10 percent since 1990 to more than 40 per cent.

Almost 30 per cent of neonatal deaths occur in India. Infants in sub-Saharan Africa, the region that has shown the least progress, face the highest risk of death in the first month of life.

IV. Preventable deaths from preventable causes

Globally, the major killers of children under age 5 are pneumonia (accounting for 18 per cent of under-five deaths), diarrhoea (11 per cent) and preterm birth complications (14 per cent).

Undernutrition is an underlying cause in more than a third of under-five deaths.

Malaria is still a major killer in sub-Saharan Africa, causing about 16 per cent of under-five deaths.

V. Prioritizing inequality: As broad indicators improve, the gulf between the best and worst off is widening.

Societies with a high degree of inequality tend to have higher infant mortality rates and lower life expectancies, poorer educational attainment, more homicides and high rates of imprisonment.

Across the developing world, children in the poorest income quintile are still less than half as likely as those in the wealthiest quintile to benefit from prenatal care received by their mothers. These children are nearly three times as likely to be underweight and twice as likely to die before their fifth birthday.

The highest rates of child mortality are still in sub-Saharan Africa—where 1 in 8 children dies before age 5, and Southern Asia (1 in 15). The under-five mortality rate in sub-Saharan Africa is more than 17 times the average for developed regions (1 in 143).

Under-five deaths are increasingly concentrated in sub-Saharan Africa and Southern Asia, while the share of the rest of the world has dropped from 31 per cent in 1990 to 18 per cent in 2010.

VI. Countries must lead the way, but A Promise Renewed requires a sustained, multi-sectoral effort to improve the health of the world's children.

Countries must provide leadership through political commitment, increased

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country ownership and transparency to ensure that existing life-saving interventions are delivered to those who need them most.

UNICEF is committed to empowering countries with technical support, capacity-building and mechanisms for monitoring and evaluation to help them reduce sickness and death among children.

Civil society partners are instrumental in ensuring momentum around *A Promise Renewed* by continuing advocacy, focusing on transparency and accountability, and by implementing effective programmes on the ground.

The private sector is a critical partner in catalyzing innovative solutions and cost-effective interventions to improve the health of children younger than five years old.

II. Key Messages - Renewing global commitment

I. UN Commission on Life-Saving Commodities for Women and Children

The commission is designed to make sure that inexpensive and effective health commodities—including oxytocin to stop mothers from bleeding after childbirth, oral rehydration salts and zinc to treat diarrhoea, and antibiotics like amoxicillin to treat pneumonia in newborns—get to where they need to go. Job one is to overcome bottlenecks that prevent access to essential health commodities

Women and children – particularly those in rural and other under-served areas – need better access to effective and affordable medicines and basic health supplies

Obstacles to access include: lack of affordable products, lack of products with formulations that are safe for children weak health systems and supply chains, inadequate regulatory mechanisms for detecting counterfeit or substandard products; and lack of local awareness of how, why and when to use these commodities.

Recent experiences with vaccines and programmes for HIV/AIDS, tuberculosis and malaria, show that it is possible to overcome many of these challenges, even in the poorest and most isolated communities.

The Commission will advocate at the highest levels to build consensus around priority actions for increasing availability, affordability, accessibility and rational use of essential commodities for women's and children's health.

II. Pneumonia and diarrhoea: Leading killers, forgotten children

By 2015, over 2 million child deaths could be averted by simply increasing the national coverage of proven, cost-effective interventions for pneumonia and diarrhoea to levels already currently enjoyed by the richest 20 per cent in countries with the highest burdens.

Pneumonia and diarrhoea are the leading killers of the world's youngest children, accounting for 29 per cent of global under-five deaths – a loss of more than 2 million lives each year.

The death toll from pneumonia and diarrhoea is highly concentrated in the poorest regions and countries, and also among the most disadvantaged children within many of these societies. Today, nearly 90 per cent of pneumonia and diarrhoea deaths occur in sub-Saharan Africa and South Asia.

The concentration of deaths from pneumonia and diarrhoea among the poorest children reflects a broader trend of uneven progress in reducing child mortality. Indeed, far fewer children are dying today than 20 years ago (compare 12 million child deaths in 1990 with 7.6 million in 2010).

While gains have been made in many areas, including expansion of immunization programmes and delivery of insecticide-treated mosquito nets to prevent malaria,

progress on addressing pneumonia and diarrhoea has been lagging, despite the existence and development of inexpensive and readily applicable preventive and curative interventions.

Interventions for pneumonia and diarrhoea could save the lives of millions of children when delivered in a coordinated manner.

III. Immunization

Vaccination has always been at the heart of UNICEF's mission. Protecting children from life-threatening diseases is an effective way of ensuring they have the chance to reach their full potential.

UNICEF is an influential part of the world vaccine market. In 2010, it supplied vaccines worth US \$757 million.

UNICEF is taking a critical look at its role in immunization, and gearing up to triple its capacity over the next five years.

Immunization is a rapidly changing field. Existing vaccines are constantly being updated and vaccines are continually introduced to the market. Vaccines have recently been developed for pneumonia and diarrhoea, and a vaccine against malaria has been trialled in sub-Saharan Africa. New vaccines are often more expensive than existing vaccines.

IV. Innovation and technology for development (Tech4Dev) - Using new technology and new ideas to get to the hardest to reach and most vulnerable communities.

In Malawi and Zambia, an SMS-based initiative called Project Mwana found that 30 per cent more early infant diagnosis HIV results were delivered by SMS from labs to health facilities, compared to results delivered in printed copy. Early infant diagnosis results were sent back to mothers 50 per cent faster.

In a pilot area, Project Mwana has improved, by more than 50 per cent the turnaround time for delivering early infant diagnosis HIV results back to rural and underserved communities. Community health workers also register births and track patients via SMS to ensure that they receive key childhood interventions.

Mobile phones are increasingly being used not only for real-time programme course corrections but also for gathering information for assigning accountability and planning.

UNICEF Uganda is supporting the Ministry of Health in a nationwide rollout of an SMS-based disease surveillance and medicine tracking system, including an anonymous hotline. The aim is to provide key health sector stakeholders with timely and accurate data for response, while monitoring health service delivery performance. The initiative will also incorporate citizen feedback through uReport and while public dialogue sessions will integrate a strong governance and

accountability angle.

Well-designed technology (and technology transfer) can link countries and regions. Solutions can be adapted to new sectors and brought to scale in country and across countries, benefiting from UNICEF's global reach.

A multi-country initiative, AnthroWatch, allows community health workers to track children's nutritional status and aggregates the data into national monitoring systems. The system provides health workers with feedback on the child's status and tracks the child's progress over time. It also addresses loss-to-follow-up by alerting staff to children who have missed their appointments.

Developing the entrepreneurialism skills and civic participation of young people is critical to achieving sustainable innovation. Private sector initiatives have been key. For example, young people in Kosovo have been mentored in developing their own social innovation projects and businesses. In Uganda, local partners like Uganda Telecom have made in-kind contributions to projects.

Inspiring the creation of new, lifesaving interventions; supporting more competitive markets to help make these interventions affordable to more countries; and strengthening the supply chain to meet greater demand – all of these are critical to sustainable development.

V. Education

This fall, the United Nations Secretary-General will spur a movement to achieve quality, relevant, inclusive and free basic education for all. The five-year initiative to be launched at the United Nations General Assembly in September 2012 aims to put education at the heart of social, political and development agendas. The role of education in improving child survival is well documented, as is its role in improving the lives and health of mothers.

Globally, over half of the reduction in under-five child mortality during the past four decades can be attributed to the increase in women's education.

Children of mothers with secondary education or higher are twice as likely to survive beyond age 5 as children of mothers who have no education.

A child born to a mother who can read is 50 per cent more likely to survive past age 5.

Each extra year of a mother's schooling reduces the probability of an infant dying by 5 per cent to 10 per cent.

Educated women are less likely to marry early and more likely to have smaller and healthier families and send their children to school. They are also more likely to get a job and earn a higher wage.

Educated women are more likely to send their children to school; better able to protect their children from malnutrition, HIV infection, trafficking, and sexual

exploitation.

For the most disadvantaged children, access to a quality education provides opportunities to break the cycle of poverty. It also provides them with access to other basic services, such as health, water and sanitation, as well as providing a protective environment.

VI. Developmental and social protection

UNICEF has long been committed to reaching all children, particularly those who are most vulnerable. Through the collaborative efforts of partners involved in the A Promise Renewed movement, more children will live to see their fifth birthday and existing child survival mechanisms will be strengthened – thus better equipping communities to face the disease, violence and social harms that threaten their children.

Social and development protection mechanisms result in healthier children and stronger families. Birth registration, for example, helps to protect children from child labour, forced participation in armed conflict, unfair arrest and mistreatment in justice systems, child marriage and trafficking; a variety of legal and social reforms can help eliminate violence against children. Overall, communities that invest in their children's development routinely experience improved child survival in future generations

Registration of children under age 5 is almost universal in industrialized countries. In the developing world, however, only half of the children under five have their births registered.

Children whose births have not been registered may face challenges in accessing health care, education and social assistance. They are the first to fall through the cracks of protection systems and there is a risk that violations of their rights will go unnoticed.

III. Key Messages - Investment Case

I. There are economic and social benefits to be gained

Social protection programmes can reduce the infant mortality rate and increase school enrolment. For example, a conditional cash transfer programme in Turkey increased secondary school enrolment for girls by 11 percentage points, with higher results in rural areas. A cash transfer programme in Cambodia that was conditional on sending girls to secondary school increased school enrolment and attendance by 22–33 percentage points, and the results were particularly significant among the poorest children.

Studies show that a social protection programmes in Nicaragua led to a 16 per

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cent increase in the probability of health check-ups for children under age 3, a 5 percentage point reduction in stunting, a 13 percentage point increase in school enrolment and a 20 percentage point increase in current attendance for the target population.

Healthy children are more likely to live longer, stay in school, have fewer children and be more productive members of society. Overall, improved child health can propel the 'demographic dividend' of a society and create a virtuous circle.