In sub-Saharan Africa alone, more than 2,000 children under-five a day die from malaria.\textsuperscript{12} For those who survive, episodes of fever and anaemia can inhibit a child’s mental and physical development.

Preventing and treating malaria requires several basic interventions, including sleeping under an insecticide-treated mosquito net (ITN) and providing antimalarial drugs for pregnant women and children with evident signs of the disease. ITN coverage is growing rapidly, albeit from a low base, in part due to a tenfold rise in international funding for malaria control. Trend data for sub-Saharan Africa show a rise in use of ITNs across all countries, and in 16 of 20 countries where such data is available coverage rates have at least tripled since 2000. Nonetheless, these recent gains, overall levels are still low, and most countries are falling short of global malaria goals.

Just over one third of children with fever in sub-Saharan Africa use antimalarial drugs. Furthermore, resistance to established anti-malarial drugs is increasing. A potential breakthrough in treatment is artemisinin-based combination therapy, or ACT. A safe, effective and fast-acting treatment for strains of malaria that are multi-drug resistant, ACT also helps prevent recurrence of the disease.\textsuperscript{13}

### Accelerating progress on the health-related MDGs

The key interventions needed to address the major causes of child deaths are well established and accepted. In fact, research reveals that only about 1 per cent of deaths among children under five have unknown causes and that two thirds of them are entirely preventable.\textsuperscript{17}

The most basic, yet important, services and practices identified include: skilled attendants at delivery and newborn care; care of low birth-weight infants; hygiene promotion; prevention of mother-to-child transmission of HIV and paediatric treatment of AIDS; adequate nutrition, particularly in the form of oral rehydration therapy and zinc to combat diarrhoeal disease; antibiotics to fight pneumonia; and insecticide-treated mosquito nets and effective medicines to prevent and treat malaria.\textsuperscript{18}

Although much has been achieved so far, implementing these seemingly simple solutions has proved far more arduous than experts predicted at the start of the child survival revolution, and the results have been more elusive. Increasingly, the development community is coalescing around several priorities, organized according to the following categories, which could provide the impetus needed to achieve the health-related MDGs:

- **Focusing on 60 countries where the burden of child mortality is highest.**
- **Providing a continuum of care for mothers, newborns and children by packaging interventions for delivery at key points in the life cycle.**
- **Strengthening community partnerships and health systems.**

As the subsequent section shows, action on the first priority is well under way. Progress has been made on the second priority, but much more needs to be done. On the third priority, despite many pilot projects