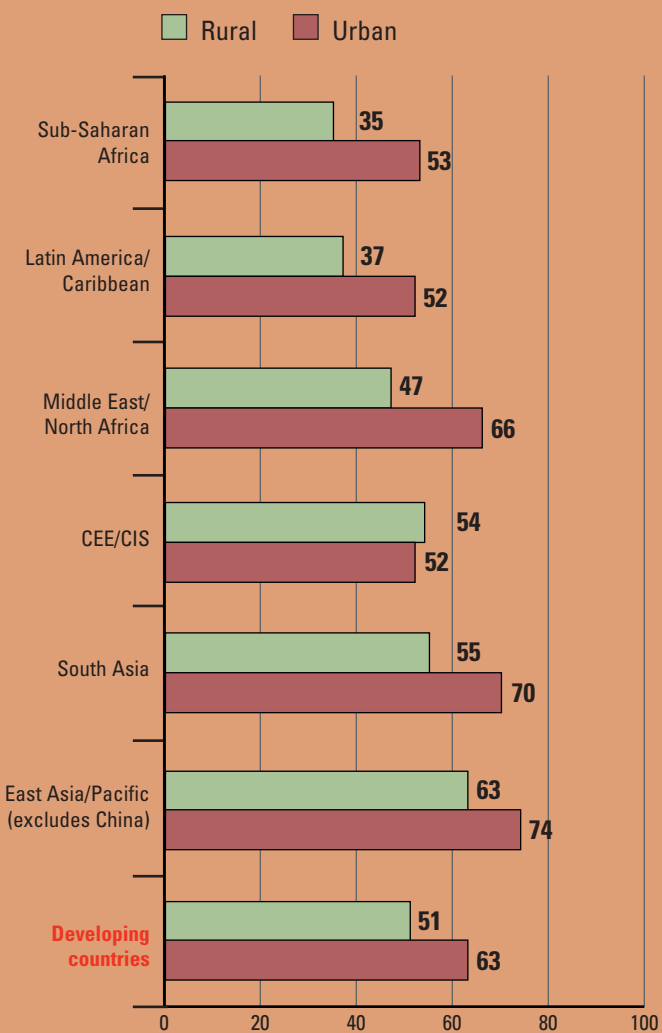


Rural children less likely to receive care for ARI

Percentage of children with ARI taken to a health provider*, by residence

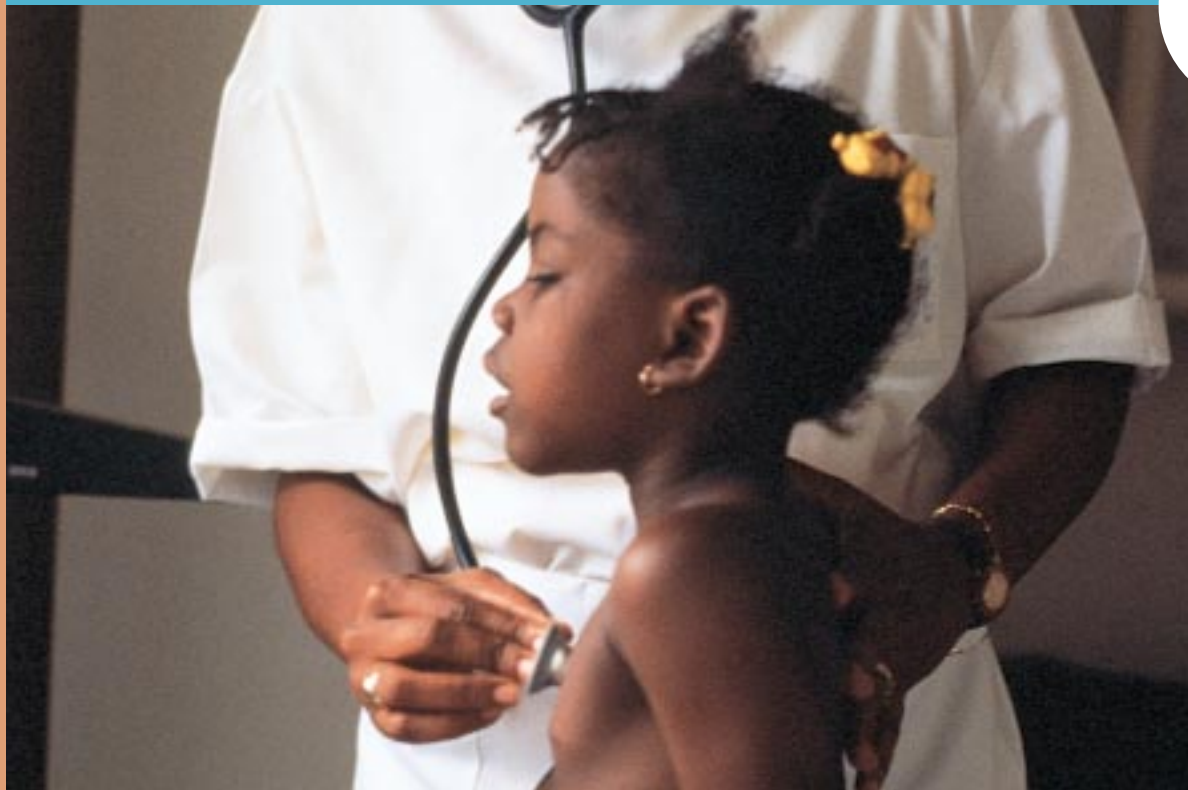


Source for graphs and map: UNICEF, 2001.

Goal

Reduction by one third in the deaths due to ARI in children under five years

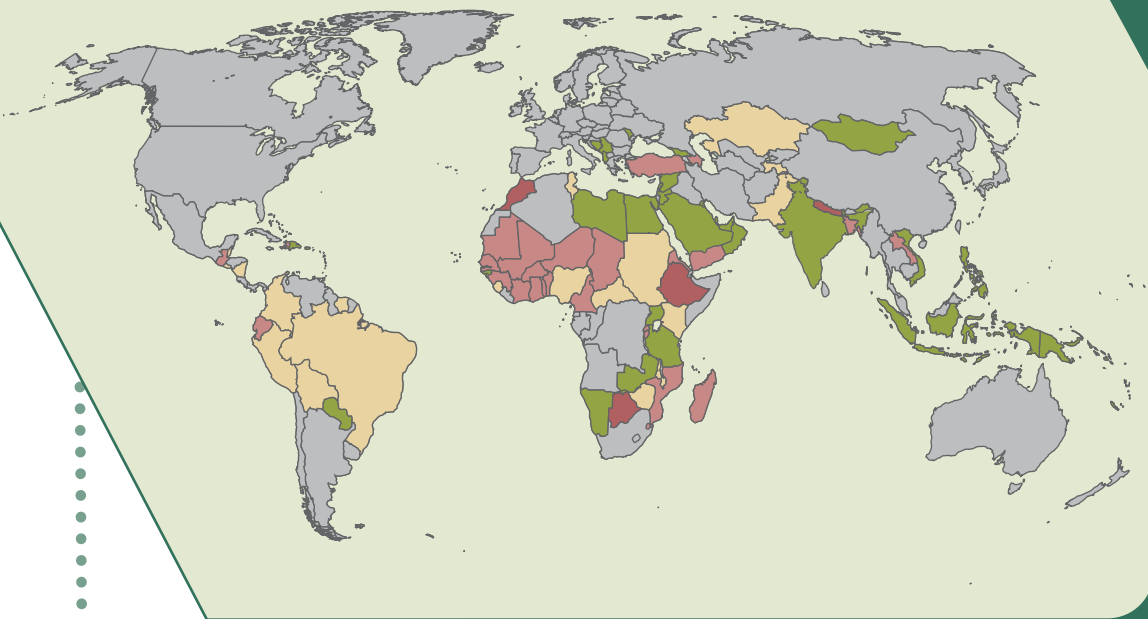
» Acute Respiratory Infection (ARI)



Too few children treated for ARI

Percentage of children with ARI taken to a health provider, 1990-2000

60%+ 40-59% 20-39% 0-19% No data



Result

The Integrated Management of Childhood Illness (IMCI) initiative, first developed in 1992, and other community-based health programmes teach caregivers to recognize the signs of ARI and seek timely treatment outside the home.

... but

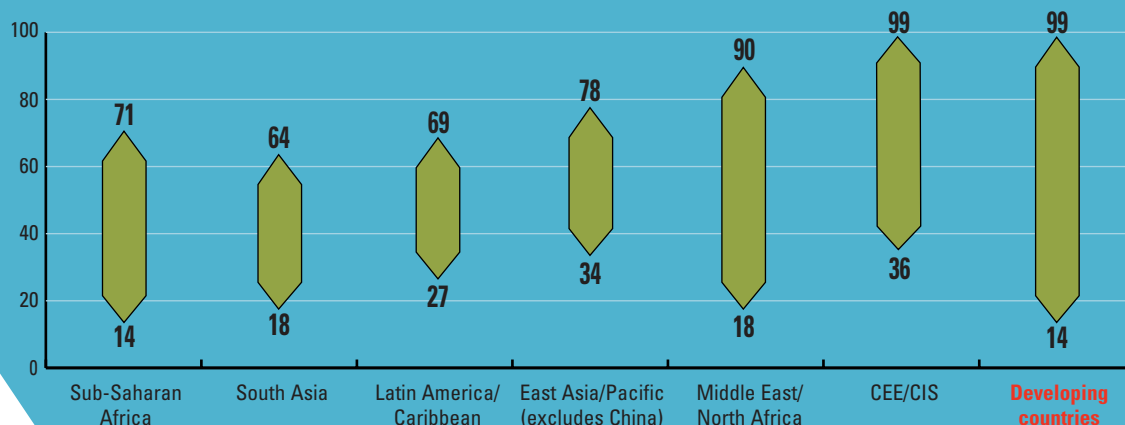
In more than 40 of the 82 countries with available data, fewer than 50 per cent of the children with ARI were taken to a health care provider. Availability and accessibility of appropriate health care providers and antibiotics must also be improved in many countries.

Issue

ARI is a leading cause of death in children under the age of five in developing countries. Pneumonia is the most serious of these infections but often can be treated with affordable antibiotics. When children develop signs of ARI – a cough accompanied by short, rapid breathing – appropriate health care should be sought immediately.

Regional differences in seeking care for children

Wide intercountry and regional variations in promoting timely care-seeking behaviour for children with ARI



The two data points for each region show the highest and the lowest country rates achieved in taking children with ARI to a health care provider.

*Health care providers include hospitals, health centres, dispensaries, village health workers, maternal and child health clinics, mobile/out-reach clinics and private physicians. In 15 countries (primarily in Latin America and the Middle East) pharmacies are included.