

U.S. Leadership Needed to Finish the Child Survival Agenda

Sharper Focus and Further Funding Can Save Children's Lives

More than 20 years ago, the United States joined nations around the world in making a major commitment to prevent or treat illnesses that kill and disable tens of millions of children each year in the world's poorest countries. Despite significant progress, the international community's "Child Survival Agenda" remains unfinished and in some cases hard-won successes in saving children's lives are being reversed.

More than 10 million children under age 5 still die each year – that's almost 30,000 a day – almost all in developing countries.² Most of these children die from diarrhea, pneumonia, malaria and measles, all of which can be prevented or treated. Millions more – between 120 and 150 million – become ill or disabled from these same causes.³ Malnutrition makes children more vulnerable to these diseases and is associated with half of these deaths.⁴

These children do not have to suffer or die. The tools exist to save them. What is needed is a global renewal of commitment and much greater focus on reaching those most at risk with the measures that work. This means:

- **Increase funding for the services that will save the most children and their mothers.** Basic maternal and child health and voluntary family planning services have proven effective in reducing deaths among children and mothers in recent decades, but U.S. government funding for these services has declined or stagnated.
- **Save newborn lives.** Newborns (birth to 28 days) have the highest risk of death among all children. The 4 million deaths annually among newborns now represent 40 percent of all deaths to children under age 5, yet little attention has been focused on this vulnerable age group.
- **Protect the health of mothers.** When a mother is not healthy during pregnancy, or when she dies as a result of complications during childbirth, her children – especially newborns and the very young – face increased risk of death. Lack of access to modern contraception prevents millions of women from delaying and spacing their births at intervals that are healthy for them and their babies.
- **Reach the poorest.** The poorest children and their mothers often did not benefit from earlier child survival successes. In the past decade, there has been a dramatic widening of the gap in child death rates between rich and poor countries. There also are huge disparities in child death rates between the rich and the poor within countries.

In 2000, the United States joined 188 other member nations of the United Nations pledging to reduce child deaths worldwide

by two-thirds and maternal deaths by three-quarters before 2015. These pledges were part of the Millennium Development Goals designed to achieve "a more peaceful, prosperous and just world" during the 21st century.

U.S. leadership has played a critical role in providing the funding and expertise that have saved millions of children's lives in the developing world, but funding levels fall far short of what is needed to save these lives – and threaten to undermine the success achieved to date. The United States can maintain its position as a world leader in saving children's lives by increasing funding for successful programs and working with the international community to reach the poorest children, especially newborns, and their mothers.

Save the Children recommends that the United States increase foreign assistance funding for child survival, maternal health and voluntary family planning. This is a worthwhile investment given the returns – the potential to help millions of children and mothers enjoy healthier and more productive lives and dramatically increase the prospects of a more stable and prosperous world. An increased commitment to saving these lives would send a clear message of U.S. concern for the health and well-being of mothers and children around the world.

Americans consistently rank child survival in poor countries as a top priority of U.S. foreign policy.

In the next 24 hours, almost 30,000 children under age 5 will die, most from preventable or treatable causes.¹

Save the Children recommends that the United States increase foreign assistance funding for child survival, maternal health and voluntary family planning to help children – and their mothers – survive and thrive.

Bolivia



FACTS:

- Millions of children under age 5 are still vulnerable to the same causes of death that prevailed more than 20 years ago.
- Effective and affordable tools exist that could save two-thirds of the 10 million young lives lost each year, yet many mothers and children lack access to these life-saving measures.
- Funding levels for child survival programs have failed to keep pace with needs.



Uganda

Affordable tools exist to save the lives of millions more children

Millions of children are still vulnerable to the same causes of death that prevailed more than 20 years ago.⁵ The four most common killers of children under age 5 are diarrhea, pneumonia, malaria and measles. Malnutrition is a contributing factor to half of these deaths.⁶ HIV/AIDS, especially in sub-Saharan Africa, is emerging as a major cause of death in some countries.

Experts agree that past successes in reducing child deaths demonstrate clearly that with existing tools we can save two-thirds of the 10 million children under age 5 that are still dying each year.⁷ During the 1990s, for example, simple low-cost, effective interventions for diarrhea such as oral rehydration therapy contributed annually to saving the lives of 1 million children.⁸ Immunizations reduced measles deaths by almost 40 percent,⁹ and vitamin A supplementation saved a million young lives between 1998 and 2000 alone.¹⁰

Despite this good news, many children in developing countries still lack access to these tools. For example, immunization coverage for diphtheria, whooping cough and tetanus remained stagnant at 75 percent in the 1990s,¹¹ and over 30 million

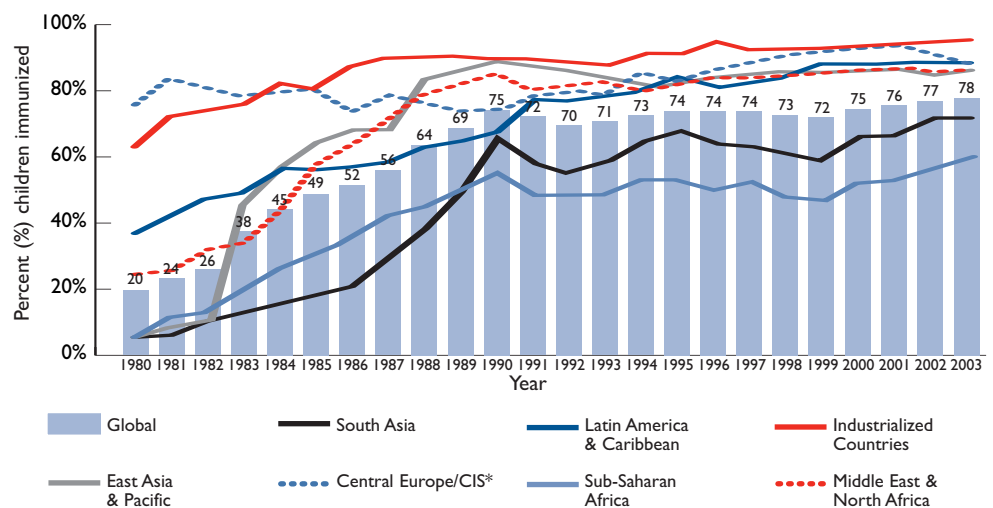
children still are not reached with routine immunizations each year.¹² Lack of access to antibiotics and drugs to treat pneumonia and malaria still results in over 1 million preventable deaths each year.¹³ And, only about half of all infants are breastfed exclusively for their first four months, despite the cost-effectiveness and the proven health benefits to both mother and baby.¹⁴

The tools that can save these lives are not expensive. For example, antibiotics to treat pneumonia can cost as little as 15 cents.¹⁵ A child can be immunized against six major childhood diseases for as little as \$15,¹⁶ and a one-year dose of vitamin A capsules costs just a few cents.¹⁷ While each of these measures can help prevent illness or death among young children, they work best when delivered together as a basic child health care package.

Earlier global support for the child survival agenda in the 1980s dramatically increased the availability of these measures and saved millions of young lives. But support for child survival programs has not kept pace with increasing needs, and funding for child survival programs by major international donors declined in the 1990s.

Fewer Resources Mean Fewer Children Get Immunized

Declines in funding from donor nations, like the United States, and developing country governments have led to stalls and declines in immunization coverage.



*Central Europe/Commonwealth of Independent States

Source: WHO/JUNICEF National Immunization Coverage Estimates, 2004

PROGRESS MADE – PROMISES YET TO KEEP

During the 1990s, impressive gains were made in saving children's lives. Past progress shows that we have the tools we need to save millions of children's lives, yet the "Child Survival Agenda" remains unfinished.

- **Immunization programs** reduced polio cases by 99 percent, tetanus deaths by 50 percent, and measles cases by 40 percent,¹⁸
Yet ... more than 30 million children are still not reached each year with immunization services,¹⁹ and measles and tetanus kill more than 1 million children under 5 each year.²⁰
- **Vitamin A supplements** are estimated to have saved 1 million lives between 1998 and 2000 alone,²¹
Yet ... only 50 percent of children under 5 in developing countries receive these inexpensive life-saving supplements.²²
- **Oral rehydration therapy** helped reduce diarrhea-related deaths by half, and an estimated 1 million deaths are prevented each year,²³
Yet ... large disparities in oral rehydration therapy use within and among countries still exist, and more than 2 million diarrhea-related deaths still occur each year.²⁴
- Use of **voluntary contraception** services doubled in the least developed countries, allowing women to delay and space their births at intervals healthy for them and their babies,²⁵
Yet ... over 120 million women in developing countries who do not want to become pregnant are not using contraception, and one in five pregnancies is unplanned.²⁶
- Access to facility-based **treatment for pneumonia and malaria** has improved in some countries,²⁷
Yet ... lack of access to low-cost drugs contributes to more than 3 million deaths to children under 5 each year.²⁸



Afghanistan

RECOMMENDATION:

- Refocus global commitment and resources on expanding access to affordable tools that have proven most effective in protecting the health and saving the lives of children under age 5.

MILESTONES IN THE FIGHT FOR CHILD SURVIVAL

1982 – Child Survival Revolution Launched. The international health community joined together in a major campaign to reduce infant and child deaths. The initiative promoted the use of low-cost basic health care services to prevent and treat the major causes of child deaths.

1990 – World Summit on Children. World leaders, in their largest gathering to date, committed to the *World Declaration on the Survival, Protection and Development of Children* and a *Plan of Action* that included 27 goals related to improving the survival and well-being of children by 2000.

2000 – Millennium Development Goals. All United Nations member countries pledged to reduce child deaths by two-thirds and maternal deaths by three-quarters by 2015.

2005 – UN World Summit. United Nations member countries met to review progress toward the Millennium Development Goals.

FACTS:

- Newborn deaths account for 40 percent of all deaths among children under age 5.
- The greatest threats to newborn survival and health include infections, complications at birth and low weight at birth, which can be prevented or treated with existing low-cost measures.



Vietnam

Saving newborn lives a priority for reducing child deaths

Newborns (birth to 28 days) have the highest risk of death among all children. While child death rates overall have been reduced by roughly 14 percent over the past decade, newborn death rates remained relatively constant.

The 4 million annual deaths among newborns now represent 40 percent of all deaths to children under age 5.²⁹ Nearly all of these deaths occur in developing countries, and most newborns die at home without receiving even the most basic health care.

It is especially risky to be a newborn in the poorest developing countries. On average, a newborn in an African country is 25 times more likely to die than a newborn in a developed country like the United States.³⁰

Infections, birth asphyxia, lack of trained birth attendants, poor or harmful newborn care practices and low birth weight combine to claim the lives of eight newborns every minute.³¹ Many of these deaths could be prevented with basic, low-cost services and programs.

Infections – including neonatal tetanus, sepsis, pneumonia and diarrhea – contribute to nearly a third of all newborn deaths.³² Mothers and their newborns can be protected against infections with low-cost services such as tetanus toxoid immunization during pregnancy. Deaths can also be prevented through simple newborn care practices such as the use of a clean razor and surface for cutting the umbilical cord, drying and keeping the baby warm immediately after birth, and promoting early and exclusive breastfeeding.³³

Birth-related injuries, including an inadequate supply of oxygen – most often caused by prolonged or obstructed labor – contribute to nearly a third of all newborn deaths.³⁴ Access to skilled birth attendants could reduce these deaths, but tragically, more than half of women in South Asia and in sub-Saharan Africa give birth alone or with untrained assistance.³⁵

Newborns at Greatest Risk of Death

Death rates among all children under age 5 have declined in recent decades. But newborn death rates have changed very little. Newborns represent 40 percent of all deaths to children under age 5.

- More than 10 million children under age 5 die each year.
- Among those who die under age 5, more than 7 million die during the first year of life.
- Almost **two-thirds*** of deaths among children under age 1 occur in the first month of life.
- Among those who die in the first month of life, about **two-thirds*** die in the first week of life.
- Among those who die within the first week, **two-thirds*** die in the first 24 hours.

*Two-Thirds Rule: This rule applies only to the world average. Local proportions will depend on progress in addressing newborn relative to post-newborn deaths.

Sources: *The Lancet*, Vol. 361, July 2003, (Lynhurst Press Ltd.: London) p.2,226 and *State of the World's Newborns*, (Save the Children: Washington, D.C.: 2001) p.13

RECOMMENDATION:

- To save more newborn lives, increase support for low-cost measures to improve the care of mothers during pregnancy and childbirth and the immediate care of newborns. Examples include preventing and treating infections, encouraging immediate and exclusive breastfeeding, warming and drying the baby, and preventing and treating a lack of oxygen supply to the baby from a prolonged or obstructed labor.

A Shot in the Arm Saves Newborn Lives in Pakistan

Before 2003, some 28,000 newborns died each year in Pakistan from tetanus, an easily preventable infection.³⁶ However, thanks to a Save the Children program, deaths from tetanus have been cut in half in the last two years.

Unsafe and unhealthy practices such as the use of a dirty razor blade or knife to cut the umbilical cord during birth can cause tetanus, which can lead to death for both mother and her infant. These deaths can be prevented by ensuring that every pregnant woman receives two shots of tetanus-toxoid during pregnancy, or that all women of childbearing age receive three shots over a two-year period.

In 2001, Save the Children's *Saving Newborn Lives* program, a global effort to reduce newborn deaths, joined with the Ministry of Health, UNICEF and other partners to launch an immunization campaign to eliminate tetanus. Save the Children organized a public awareness campaign that educated women about the life-saving benefits of tetanus immunization and encouraged them to get shots. The campaign included advertisements, brochures, videos and posters. Special events were held at health clinics on the days that shots were given. Health workers also went door-to-door to administer immunizations in women's homes. Since the launch of the campaign, 10 million women have been immunized.

Following the success of the campaign in Pakistan, Save the Children has launched similar campaigns with national governments and UNICEF to protect mothers and newborns from tetanus in Mali and Ethiopia.

Saving Newborn Lives is supported by a generous grant from the Bill & Melinda Gates Foundation. To learn more, go to www.savethechildren.org.



Pakistan

FACTS:

- Threats to a mother's health during pregnancy and childbirth increase the risk of death to both mother and her child. Risks are especially high for young women and their babies in developing countries, where many women marry in their early teens and immediately begin childbearing before their bodies are fully developed.
- The greatest threats to a mother's survival in developing countries include early pregnancy and childbirth, closely spaced births, infectious diseases, malnutrition, and complications during childbirth.



Vietnam

Investing in mothers' health saves children's lives

The health and survival of children is inextricably linked to the health and well-being of their mothers. When mothers survive and thrive, their children survive and thrive.

More than half a million women die from pregnancy- and childbirth-related causes each year; a number that has changed very little in past decades. Nearly all of these deaths occur in the developing world. When a mother dies from childbirth, it means almost certain death for her newborn and increases the risk of death for her other young children.

Complications during pregnancy and childbirth are among the leading causes of death for women of childbearing age in developing countries, with young mothers most at risk of dying. Between 20 and 50 percent of girls in developing countries are married by age 18 and many start childbearing soon after marriage.³⁷ Girls in their teens are twice as likely to die from pregnancy and childbirth-related causes compared with older women. Their babies face a risk of dying before age 1 that is one-and-a-half times higher than children born to women in their twenties.³⁸

The survival and health of mothers and their children are threatened by births that are too early, too close, or too late in a woman's life. They also are threatened by malnutrition during pregnancy, infectious diseases (such as malaria, measles and HIV/AIDS), and complications

during childbirth. Most mothers in the developing world give birth at home, without assistance from someone who has been properly trained to deliver babies safely and to recognize birth complications. An estimated 15 percent of pregnant women will experience birth complications that are potentially life threatening, but are difficult to predict,³⁹ and over 1 million newborns die from complications of delivery each year.⁴⁰

A mother's access to health care services during pregnancy/delivery and after childbirth can help reduce the risk of death to her and her baby. These services include immunizations, nutritional education and supplements, access to skilled birth attendants and emergency obstetric care. Health care services must also be offered to women before they become pregnant, with information on nutrition, and prevention of diseases and infections.

Increased access to and use of modern contraception can also lead to improvements in maternal and child survival. Voluntary family planning has been estimated to prevent one-fourth of maternal deaths by helping women delay early pregnancy and childbirth, prevent closely spaced births and reduce the risk of HIV/AIDS transmission.⁴¹ It also increases the survival of their babies. Infants spaced more than three years apart are more than three times as likely to survive as infants born less than one-and-a-half years apart.⁴²

Childbirth Can Be a Death Sentence for a Woman or Her Baby

A mother in Africa is 25 times more likely to see her newborn die and 156 times more likely to die herself than a mother in a developed region of the world.

| | Risk that a woman will lose a newborn* over the course of her lifetime | Risk that a woman will die of maternal causes over the course of her lifetime |
|----------------------------|--|---|
| AFRICA | 1 in 5 | 1 in 19 |
| ASIA | 1 in 11 | 1 in 132 |
| LATIN AMERICA | 1 in 21 | 1 in 188 |
| DEVELOPED COUNTRIES | 1 in 125 | 1 in 2,976 |

*Deaths to babies between birth and 28 days

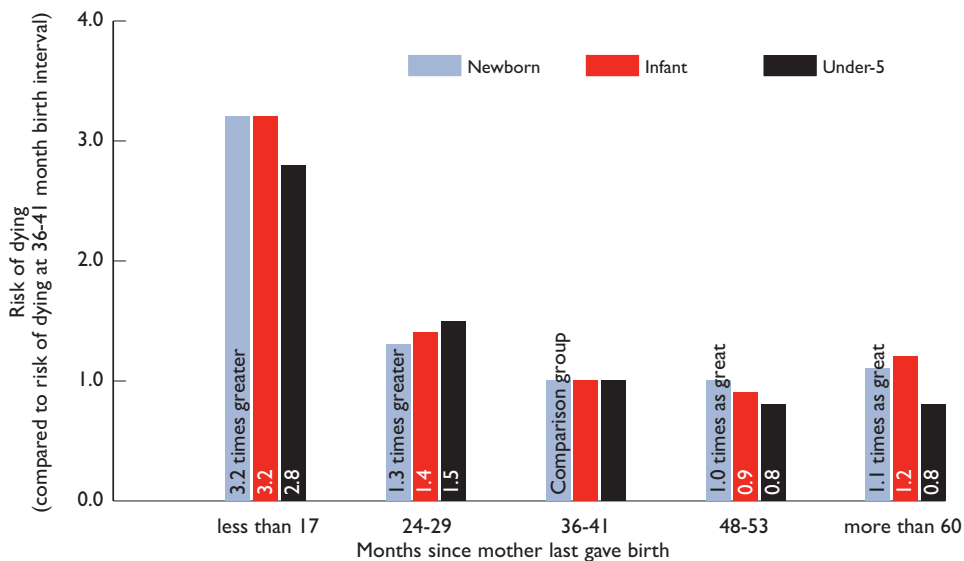
Source: "Healthy Mothers and Healthy Newborns: The Vital Link," Policy Perspectives on Newborn Health, Table 1 (Save the Children and Population Reference Bureau: 2002)

RECOMMENDATION:

- To reduce the risk of death among mothers, increase women's access to modern contraception so they can delay and space their births, and to critical health services such as: skilled birth attendants and emergency obstetric care during pregnancy/delivery and after childbirth.

Family Planning Helps Save Lives

The risk of a child dying under the age of 5 is lowest for those whose births are spaced three to five years apart. This pattern holds true for infants and newborns. For instance, the chart below shows that infants spaced more than three years apart are more than three times as likely to survive as infants born less than one-and-a-half years apart. There are more than 150 million couples in the developing world who have expressed their desire to space apart pregnancies or avoid pregnancies, but who do not currently use modern contraception.



Source: Population Reports Vol. XXX, No. 3, Summer 2002, Figure 1, (The Johns Hopkins University, Bloomberg School of Public Health) p.4



Mozambique

FACTS:

- In the past decade, there has been a dramatic widening of the gap in child death rates between rich and poor countries. There also are huge disparities in child death rates between the rich and the poor within countries.
- The poorest, who are most vulnerable to diseases and death, are much less likely than the rich to use the services that will save the lives of mothers and children.
- National strategies and programs have often not been designed to reach the poorest mothers and children with life-saving services.

The poorest mothers and children must be reached

Dramatic and steady improvements in death rates among children under age 5 for all regions of the world in recent decades often left out the poorest children and their mothers who have the greatest need for health care.

The gap in child death rates between the richest and poorest regions of the world has increased in the past decade. In 1990, the rate for sub-Saharan Africa was 20 times higher than for industrialized countries. By 2000, the rate was 25 times higher.⁴³ Sub-Saharan Africa, with only 10 percent of the world's population, accounts for 43 percent of all deaths among children under age 5.⁴⁴

And within countries, death rates among the poorest children are higher. A child in the poorest fifth of a population faces a risk of dying that is at least twice as high compared with a child from the richest fifth.⁴⁵ This statistic masks much larger differences in some countries. In Indonesia, for example, the poorest children face a risk of dying that is four times higher than for the richest children.⁴⁶

The poorest children are much more vulnerable to death and disease than other children because of greater

exposure to unclean water; poor sanitation, indoor pollution and inadequate housing conditions. They are more susceptible to contracting life-threatening infectious diseases because of malnutrition, recurring common diseases, and the likelihood of being born at low birth weight.⁴⁷

The poorest children also face greater risks because their parents often lack knowledge of healthy practices and services that could save their children. The quality of services for the poorest are inadequate compared to the quality of services for wealthier communities. The poorest women and families are the least likely to use the services that can do the most to save them and safeguard their health.

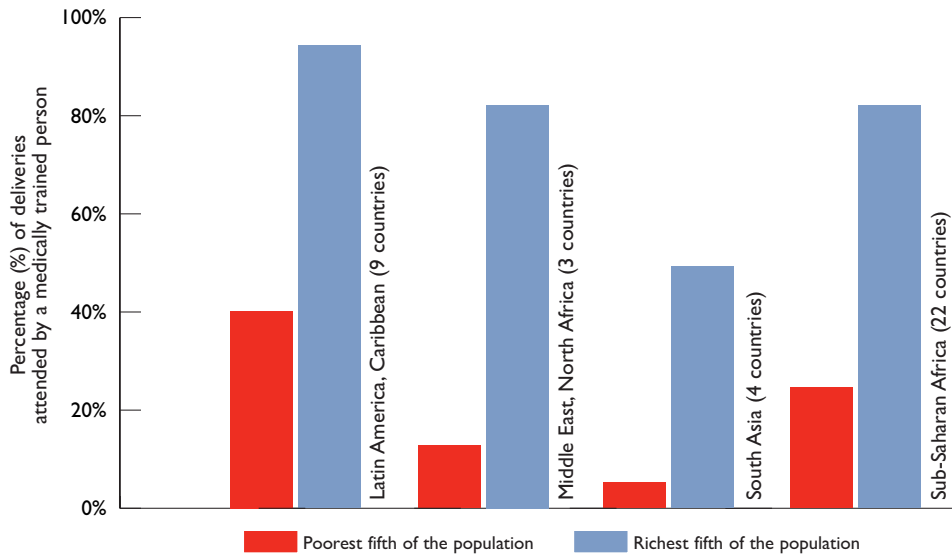
These obstacles can be overcome by increasing access to services in areas where the poorest are concentrated. Changing the way many governments distribute health services will also help. Ironically, the richest fifth of the population often benefits more than the poorest fifth from subsidized government health services.



Vietnam

Access to Life-Saving Health Services Lowest Among the Poorest

A gap in the percentage of the richest and poorest having a birth attended by a trained health professional exists in all regions. In some regions the gap is enormous.



Source: World Bank PovertyNet website. Multi-country Reports by HPN Indicators on Socio-Economic Inequalities. www.worldbank.org/poverty/health/data/multi.htm

RECOMMENDATION:

- To save the lives of the poorest mothers and children, maternal and child health-care programs need to be redesigned to reach the poorest, marginalized populations and to increase their use of these services.



Jordan

FACTS:

- U.S. foreign assistance for child survival, maternal health and voluntary family planning is not keeping pace with increases in the numbers of children under age 5 and women entering their reproductive years. It is also not sufficient to meet the Millennium Development Goals of reducing child deaths by two-thirds and maternal deaths by three-quarters before 2015.
- Millennium Challenge Account funds will have minimal impact on the health and survival of the developing world's poorest children under age 5 because most live in countries ineligible for funding.

U.S. leadership can prevent needless child deaths

It doesn't cost a lot to protect young children from conditions that kill or disable millions each year, though it costs more than governments are spending. In the 1990s, developing country governments and donors alike failed to sustain their support for programs that work to save children's lives. Donor funds were at record lows during the decade.⁴⁸

Since the mid-1990s, U.S. foreign assistance for child survival and maternal health has changed very little. Funding for voluntary family planning actually declined after fiscal year 1995. Yet the numbers of children and women entering their reproductive years in need of these services rose during the 1990s and will continue to increase for the foreseeable future.⁴⁹

Poll after poll show that Americans place child survival among the highest priorities of foreign assistance. Polls also indicate that most Americans believe the United States should spend about 10 percent of the federal budget on foreign assistance. Yet, in reality the United States allocates less than 1 percent for development assistance,⁵⁰ and on a per capita basis it ranks last among the richest nations in giving.⁵¹

The Bush administration has launched two encouraging and laudable foreign

assistance initiatives, the Millennium Challenge Account (MCA) and the President's Emergency Plan for AIDS Relief (PEPFAR), but neither will do much to increase the survival of the world's youngest and poorest. Most of the 42 countries in which more than 90 percent of child deaths take place are not eligible for funding from the MCA.⁵² PEPFAR will not save the majority of children under age 5 who are dying from other causes.

Worldwide, only 3 percent of all deaths under age 5 are due to HIV/AIDS.⁵³ Even in sub-Saharan Africa where the global epidemic has hit hardest, only 8 percent of all deaths among children under age 5 are due to HIV/AIDS.⁵⁴

With modest levels of funding to help countries reach the poorest with child survival, maternal health and voluntary family planning services, the United States can provide the leadership that will give millions more mothers and children hope and opportunity for healthy and productive lives. This is one of the most cost-effective investments the United States can make to help secure the stability and prosperity all countries seek for the 21st century.

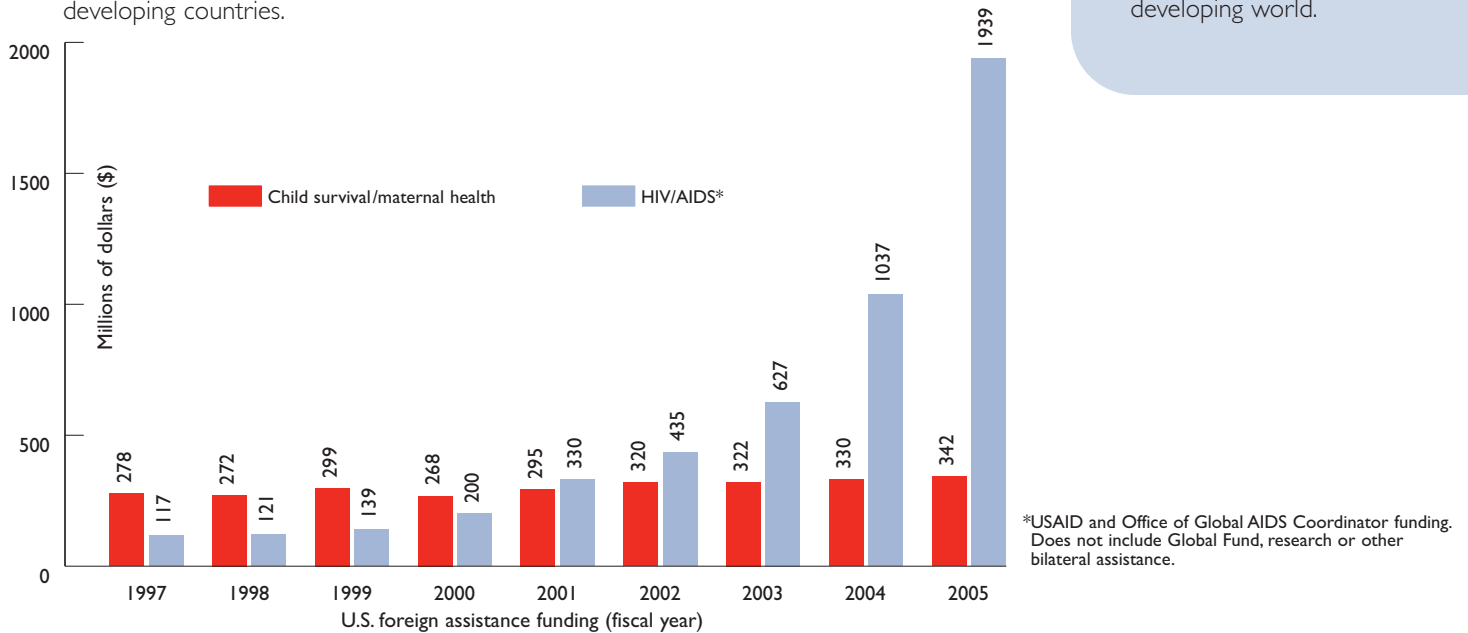


Investing in Future Generations

U.S. foreign assistance for child survival and maternal health has not kept pace during the past few years with other health initiatives while the number of children under 5 and the numbers of young women in their early reproductive years (ages 15 to 24) steadily increased. For example, there were 46 million more women and children in these age groups in 2003 than in 1997. The recent increases in funding for HIV/AIDS will help protect some mothers and children, but will not save the lives of most children under 5 who die each year in developing countries.

RECOMMENDATION:

- Increase U.S. government funding for child survival, maternal health and voluntary family planning programs in the developing world.



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Burkina Faso

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Mozambique

Child Survival Issue Brief

Endnotes

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