

THE LANCET

Volume 361, Number 9351

The world's forgotten children

This year nearly 11 million children will die before they reach the age of 5 years. More than half of these children—roughly 6 million—will die of diseases that could have been easily prevented or treated. About 2 million will die from diarrhoea, which in most cases can be treated with simple oral rehydration therapy. Another 2·1 million—more than will die this year from HIV, tuberculosis, and malaria combined—will die from pneumonia. Another million will die from malaria, children who could have been protected by such simple measures as insecticide-treated bed nets or treated with available anti-malarials. And hundreds of thousands will die from measles for which there is a cheap, effective vaccine.

Given these numbers and the fact that so many lives could be saved with the implementation of such simple measures, it is surprising that child mortality has not received more attention. But while the world's attention has understandably been focused on the growing HIV/AIDS pandemic and the resurgence of such diseases as tuberculosis and malaria, progress in reducing child mortality has in many of the world's poorest countries slowed, stopped, and in some cases reversed. According to WHO figures, the world's average child mortality rate in the year 2000 was 67 deaths per 1000 livebirths—a marked improvement from 1990 when the average rate was 85 per 1000. But in Africa the child mortality rates are running at an average rate of 150 deaths per 1000 livebirths, a rate eight-times that seen in Europe. In seven African countries—Burundi, Lesotho, Madagascar, Mauritania, Nigeria, Sierra Leone, and Tanzania—there has been little or no change in child mortality rates over the past 50 years.

While HIV/AIDS is beginning to have an effect on child death rates, the cause of most of these deaths remains the same easily treated killers that have stalked poor children of the world in the past. These children are dying because—through our inaction—we are denying them access to proven, inexpensive services. Today, 26% of the world's children under 2 years go without the protection of diphtheria, pertussis, and tetanus immunisation; 28% do not

receive oral rehydration therapy as needed for diarrhoea; 40% do not receive appropriate antibiotic treatment for pneumonia; 58% do not receive exclusive breastfeeding during the crucial first 4 months of life; 52% do not receive vitamin A supplementation; 32% do not have access to iodised salt; and 25% have malnutrition—which contributes to 60% of child deaths.

Next month in Bellagio, Italy, researchers from three groups will meet for a 6-day workshop to refocus the world's attention on child mortality. One group, the Child Health Epidemiology Research Group, has been developing better ways to define the scope of the problem and its causes—very simply, to find out why children die so better interventions can be implemented. The second group, researchers in the Multi-Country Evaluation of Integrated Management of Childhood Illness, has been evaluating programmes in the developing world that emphasise the overall wellbeing of children, focusing on promoting growth and development instead of just combating disease. And the third, the WHO/World Bank/UNICEF Working Group on Child Health and Poverty, is working on ways to overcome the health effects of inequalities in income that now exist not only between countries but also within countries. The research by these three groups—and by other international health groups—shows that we already have all the tools we need to attack this problem now. What is lacking is the political commitment to provide the resources needed.

The goal of the meeting is to make child health an international health priority once again and to establish a permanent working group that will fight for the resources this problem deserves. The results of the workshop will be published in a five-part series that will appear starting May 31 in *The Lancet*, which is helping to organise the Bellagio meeting. The series will lay out what we must do to save these children. The question then will be whether we shall have the will to do what needs to be done.

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