

## Issues paper

### **Day 2: Tuesday, 4 November 2003**

#### **Theme: Millennium Development Goals**

During the discussion of this theme, participants are invited to address the following topic:

### **Reduce child mortality (Goal 4)**

#### **Background information**

Millennium Development Goal 4 calls for a two-thirds reduction in childhood mortality by 2015 compared to 1990. Projections of global trends show that this can only be achieved if there is a sharp acceleration in the pace of progress.

Children under the age of five bear an undue share of the global burden of disease. The major reductions achieved in childhood mortality during previous decades have more recently given way to stagnation and many countries have even witnessed negative trends.

Nearly all of this year's 10.8 million child deaths will be confined within the world's 42 lowest-income countries, concentrated in sub-Saharan Africa and South Asia. Diarrhoea, pneumonia, and neonatal conditions are the most important causes of childhood mortality worldwide, with malaria and HIV infections contributing in many areas. Malnutrition is associated with 54% of all child deaths. Measles remains an important cause of death and is a predisposing disease, leaving its victims vulnerable to subsequent diarrhoeal or respiratory infections with high case fatality rates.

Two-thirds of child deaths could be prevented by interventions which are not only already available but which are also feasible to implement in low-income countries:

- a group of nutrition interventions including appropriate breastfeeding and complementary feeding, together with vitamin A and zinc supplementation could save 2.4 million children or 25% of total deaths;
- management of infections (diarrhoea, pneumonia, malaria and neonatal sepsis) could save 3.2 million children or 33% of total deaths;
- a package of neonatal health interventions could prevent 55% of deaths in the first month of life, or 18% of all child deaths;
- full coverage of measles vaccination would prevent all deaths due to measles, approximately 700 000 per year.

Many promising interventions can be delivered at the community or household level, with limited need for additional resources.

WHO, with partners, supports interventions that have a direct impact on child mortality and health. These include immunization, management of common illnesses, infant and young child feeding (including micronutrient supplementation), presumptive treatment of malaria, use of insecticide-treated bednets, and maternal and newborn care.

In order to maximize the use of resources and opportunities, delivery of interventions is integrated wherever possible. For example, Integrated Management of Childhood Illness (IMCI) combines curative and preventive interventions, at health facilities and in communities. IMCI has been introduced in over 100 countries; a recent evaluation confirms the effectiveness of IMCI clinical management training. In addition, related community-level activities are supported by numerous partners, including UNICEF, bilateral agencies, and nongovernmental organizations.

Unfortunately coverage of IMCI, vaccination, and other interventions remains low, particularly in countries with weak health systems. Increased investment in health systems is urgently needed, as is operational research to explore complementary delivery mechanisms.

Over the next two years, WHO's response to the challenges above will involve the following activities:

- Exploring innovative ways to increase coverage of interventions, particularly in the 42 countries with the highest under-five mortality rates.
- Providing guidance to Member States, assisting them to develop comprehensive national child health policies and strategies.
- Helping to establish monitoring systems enabling Member States to follow progress towards the Millennium Development Goals.
- Ensuring that WHO-backed research is used to guide country-level activities, and that it reflects the needs of Member States.

### **Points for discussion**

- Strategies for mobilizing resources in substantial quantities, enabling Member States to implement interventions on a scale large enough to have a significant impact on national child mortality.
- Ways of enhancing synergy among all child health programmes, in particular IMCI, immunization, nutrition, and malaria control.
- Partnership building in order to ensure that child health – including mortality reduction – remains a high priority on the global public health agenda.
- The role of WHO in activities to promote child health and which extend beyond health facilities, e.g. involving families and communities to improve key practices.

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