In 2006, for the first time in recent history, the total number of annual deaths among children under the age of five fell below 10 million, to 9.7 million. This represents a 60-per-cent drop in the rate of child mortality since 1960. Data compiled by the Inter-agency Group for Child Mortality Estimation reveals that progress has been made in every region of the world. Since 1990, China’s under-five mortality rate has declined from 45 deaths for every 1,000 live births to 24 per 1,000, a reduction of 47 per cent; India’s rate declined by 34 per cent. The rates in six countries—Bangladesh, Bhutan, Bolivia, Eritrea, Lao People’s Democratic Republic and Nepal—fell by 50 per cent or more from 1990 to 2006, although under-five mortality rates in these countries remain high. Ethiopia achieved a nearly 40-per-cent reduction during the same period.

This was encouraging news. The data shows that progress is possible and that more can be achieved by scaling up programmes that deliver results, based on accurate information about what works. However, there is no room for complacency. The loss of 9.7 million young lives each year is unacceptable, especially when many of these deaths are preventable. And despite progress, the world is not yet on track to achieve the Millennium Development Goals (MDGs) target of a two-thirds reduction in the rate of child mortality by 2015.

Improvements in the health of pregnant women and new mothers will play an important role in generating further reductions in child mortality. Poor nutrition in women can lead to preterm births and babies with low-birth weight. The evidence also shows that children who lose their mothers are more likely to die before their second birthday than those whose mothers survive. There has been progress here as well, notably in scaling up key interventions, such as skilled attendance during delivery. However, more than half a million women still die every year as a result of complications that arise during pregnancy and childbirth. The focus must be on delivering key interventions at the community level as part of integrated efforts to support the development of stronger country-wide health systems. Widespread adoption of basic health interventions, including early and exclusive breastfeeding, immunization, vitamin A supplementation and the use of insecticide-treated mosquito nets to prevent malaria, are essential to scaling up progress.

Still, if the gains of recent years are to be sustained and increased, we must recognize that providing better health care and higher coverage of vital interventions to those who are most in need requires more than just new hospitals, better immunizations and more skilled health professionals. It requires good roads,
reliable water supplies, and better nutrition and food security. Without these, health workers face difficulties in reaching villages and homes, malnutrition undermines the impact of health interventions, contaminated water sources cause diarrhoeal diseases, and unhygienic practices render children and mothers more vulnerable to disease. Economic growth, poverty reduction and access to skilled health workers all contribute to improving child survival and reducing maternal mortality.

Providing a basic education, especially to girls, will also be crucial to building on the gains of the recent past. Improving access to education is an essential building-block for increasing the number of trained health workers, particularly at the community level. And universal basic education reduces poverty and contributes to economic growth by increasing productivity. Education also helps build the kind of behaviours and habits that have a positive impact on an individual’s health. Children who complete basic education eventually become parents who are more capable of providing quality care for their own children and who make better use of health and other social services available to them. Evidence indicates that when girls with at least a basic education reach adulthood, they are more likely than those without an education to manage the size of their families according to their capacities, and are more likely to provide better care for their children and send them to school.

Achieving universal primary education is itself a Millennium Development Goal. The first measure of success in education is ensuring all children complete primary schooling. But simply completing school is not sufficient. The quality of knowledge and the level of competency that schools are able to successfully impart are equally important. An early start is vital to providing children with good health habits, responsible behaviour patterns and improved self-esteem. However, focusing exclusively on primary education and young children will not guarantee the results that education should deliver, because these attributes are often only put into meaningful practice when girls and boys reach adolescence. Therefore, quality education for children, adolescents and youth must be the focus of our attention.

Quality education means good teaching methods and learning materials provided to those who are sufficiently healthy to benefit from what is offered to them, in an environment that is conducive to learning. Schools that cannot provide basic amenities, such as proper toilets, clean water supply and play areas, do not lend themselves to providing quality education, particularly for girls, whose educational prospects suffer. Faced with a lack of girl-friendly facilities, many parents withdraw their daughters from school when they reach adolescence. And evidence tells us that education, especially of girls, is critical for the development and empowerment of women. It raises economic productivity, reduces poverty, lowers infant and maternal mortality, and helps improve nutritional status and health.
In addition, clean water and adequate sanitation in schools often trigger demand for clean water and good sanitation practices in the wider community. As the education and health levels of communities improve, so, by extension, do their prospects for decreased child and maternal mortality levels. Within classrooms, it is essential that the environment is one in which children can actively participate in the education process and in which resources are adequate to promote enthusiasm for learning. Programmes like the Child Friendly School Initiative support the development of schools that offer a safe, high-quality, inclusive education, tailored to the needs of the children they serve.

Informal education for those not in schools can also contribute to the health and well-being of women, children and their communities. Another initiative, the Child-to-Child for School Readiness programme, provides training and materials that allow teachers to equip students to pass on the knowledge they gain to siblings who are either not, or not yet, in school. This programme has been tested in many countries and has demonstrated that it successfully spreads healthful habits and practices beyond schools and into homes and communities.

The relationship between education and child and maternal health is clear. The larger lesson—that all the MDGs are interlinked and that success in any one will only be sustainable with success across all of the Goals—is one that informs all the United Nations system’s development activities.