

Towards ending preventable child deaths

Thanks in large part to the increased attention to maternal and child survival brought about by the Millennium Development Goals (MDGs),¹ the world has made substantial progress in reducing child mortality over the past two decades. The number of deaths among children younger than 5 years has declined from more than 12 million in 1990 to 7.6 million in 2010.² The mortality rate in children under 5 years has dropped from 88 deaths per 1000 livebirths in 1990 to 57 in 2010—a 35% reduction.² The rate of decline in the under 5 mortality rate has accelerated from 1.9% a year from 1990 to 2000 to 2.5% a year from 2000 to 2010.² The rate of reduction has doubled in sub-Saharan Africa.² These gains underline the importance of having clearly defined targets, especially when they are combined with mechanisms for monitoring progress, ensuring equity, and promoting accountability.

Despite these impressive gains, every year 7.6 million children still die before their fifth birthday. Two-thirds of child deaths in 2010 were due to infectious causes, nearly all of which were preventable through cost-effective interventions, such as breastfeeding and vaccination.³ An additional high proportion of child deaths result from such causes as preterm birth, perinatal asphyxia, injuries, and congenital anomalies,³ for which interventions already exist, for example, family planning and care during pregnancy and delivery. If the world mobilises to ensure that children in low-income and middle-income countries have access to all the interventions for maternal, newborn, and child care that have reduced child mortality in high-income countries, we could put an end to preventable child deaths.

The time has arrived to commit fully to this ambitious but attainable goal. On June 14–15, 2012, policy makers and leaders from civil society, academia, and industry will gather at the Child Survival Call to Action in Washington, DC, USA—a high-level forum co-convened by the Governments of Ethiopia, India, and the USA. The event will launch *Committing to Child Survival: A Promise Renewed*, a multi-year global initiative to unite governments and partners with the clear and compelling goal of effectively ending preventable child deaths.

In 2010, the UN Secretary General launched the *Global Strategy for Women's and Children's Health*,

prompting the commitment of over US\$43 billion towards maternal, newborn, and child health.^{4,5} Building on this initiative, *A Promise Renewed* invites governments everywhere to immediately commit to lowering child mortality rates and accelerating progress on newborn, child, and maternal health. UN agencies, industry, civil society, and the many global partnerships and coalitions dedicated to the rights of children pledge to work together to support these government-led efforts and to implement measures that monitor progress, ensure equity, and promote accountability.

The Call to Action and *A Promise Renewed* will rally efforts to reduce child mortality to below 20 child deaths per 1000 livebirths in every country by 2035. Assuming countries already below 20 continue the historical trends, achieving this target will save an additional 5.6 million children's lives every year by then. It will also promote greater equity through acceleration of efforts where they are needed the most.

Reaching this new goal requires overcoming substantial challenges. Most countries in sub-Saharan Africa would need to increase rates of child mortality reduction to 5–9% per year, which may be two to four

For *Child Survival Call to Action* see <http://5thday.usaid.gov/pages/ResponseSub/Event.aspx>

For *Committing to Child Survival: A Promise Renewed* see <http://www.apromiserenewed.org>



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For more on **Countdown to 2015** see <http://www.countdown2015mnch.org>

times greater than that achieved by many of them in the past decade. But these high rates of mortality reduction are feasible, as shown in the past decade by about 20% of all developing countries and 10% of countries in sub-Saharan Africa.⁶ An example is Rwanda, which had 6.6% per year mortality reduction from 2000 to 2010.²

In 2010, about 30% (43 of 146) of developing countries already had child mortality rates below 20 child deaths per 1000 livebirths.² A meaningful target for such countries might be to ensure that all regions—including those that are most vulnerable geographically and socio-economically—achieve the 20 child deaths per 1000 livebirths mortality rate, thus focusing on the reduction of disparities within the countries.⁶ This would address the issue of inequity, which has represented a key obstacle to progress in the past.

Despite global progress in child survival since 1990, differences in mortality across regions have widened; mortality reduction has tended to be slower in the regions where most child deaths occur. So we see that children in low-income countries are now nearly 18 times more likely to die before the age of 5 years than children in high-income countries (under 5 mortality rate 107 vs 6 per 1000 livebirths), whereas in 1990 they were 14 times more likely to die (164 vs 12 per 1000 livebirths).⁷

But the wide gap in child mortality between and within countries is a testimony to the unrealised potential in ending preventable child deaths. Achieving the new child survival targets will involve improving the coverage of existing preventive and therapeutic interventions for mothers, newborn babies, and children. The use of new or improved communications and technologies will increase intervention coverage and can add improved efficiency to delivery approaches. UNICEF's recent analysis suggests that by focusing on reaching those groups with the highest under 5 child mortality, such as newborn babies and disadvantaged populations, we can increase the efficiency of interventions to reduce child mortality.⁸

Investments in other sectors such as education, especially girls' education, will also add to gains.⁹

Efforts will need to be supported by resources and new or stronger mechanisms for monitoring and accountability at the global and country level. As always, coordinating with and building upon existing initiatives—in this case, the Countdown to 2015, the Commission on Information and Accountability for Women's and Children's Health, and others—is essential to success.

We, as the leaders of WHO and UNICEF, are personally committed to the achievement of MDG 4 and new targets introduced through A Call to Action and A Promise Renewed. The two agencies will work in an even closer collaboration to support countries to achieve universal coverage of effective interventions—and effectively put an end to preventable child deaths.

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