

Saving the Other Half: How the World Can End Preventable Child Deaths

No statistic can express what it is to see even one child die in such a way; to see a mother sitting hour after anxious hour leaning her child's body against her own; to see the child's head turn on limbs which are unnaturally still, stiller than in sleep; to want to stop even that small movement because it is so obvious that there is so little energy left inside the child's life; to see the living pink at the roof of the child's mouth in shocking contrast to the already dead-looking grayness of the skin, the colors of its life and death; to see the uncomprehending panic in eyes which are still the clear and lucid eyes of a child; and then to know, in one endless moment, that life has gone.

To allow 40,000 children to die like this every day is unconscionable in a world which has mastered the means of preventing it.

- Jim Grant, Executive Director of UNICEF, *State of the World's Children Report 1982-83*

Thirty years ago, when UNICEF launched its "Child Survival Revolution," 14 million children under the age of five died every year around the world. Today, after three decades of leadership, innovation, and hard work, that grim number has been cut in half. This progress must strengthen our resolve to do more, faster, because today we have more and better tools, and saving the other half is now possible.

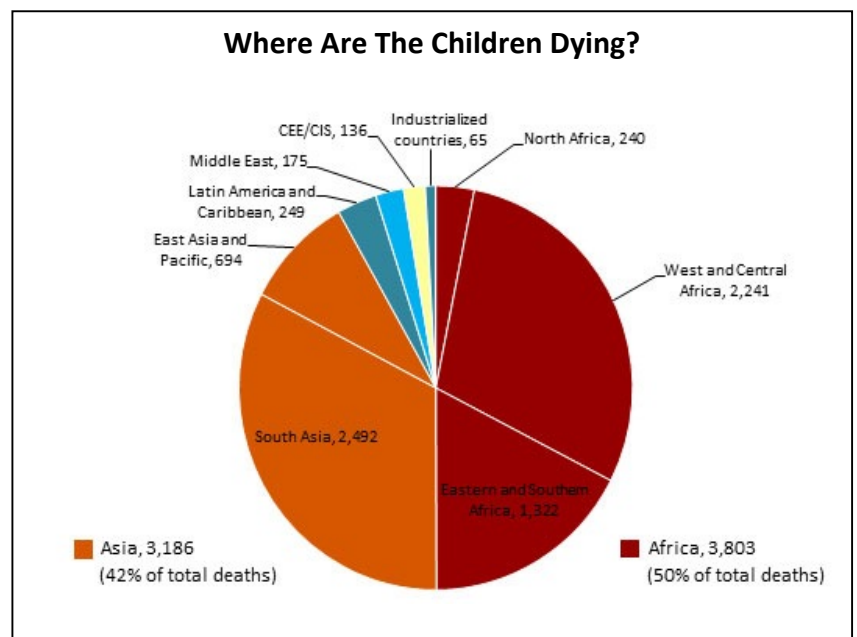
On June 14-15, world leaders gathered in Washington, D.C. to create a plan to finish the job. During a "Call to Action" on child survival, leaders endorsed a simple yet audacious goal: **ending the preventable deaths of children**. For the first time, there is consensus among scientists and global health experts that this is possible. Political leaders must now devote both the attention and the resources to achieve this bold, yet absolutely achievable, goal.

As Secretary of State Hillary Clinton said in her opening remarks, "All children, no matter where they're born, should have the same chance to survive... If we make sure that every child everywhere has the same chance to reach his or her fifth birthday, then we will have added another story to the short list of the greatest things people have ever done for one another. We would have set ourselves on a path to a world that is more stable, more prosperous, and more just."

Progress and Challenges

The world has made enormous strides in saving the lives of children when focused commitment has been backed with sufficient resources. Over the past 50 years, child mortality has dropped by 70 percent worldwide. In the past two decades alone child deaths have fallen dramatically, plummeting from 12 million in 1990 to 7.6 million in 2010.¹

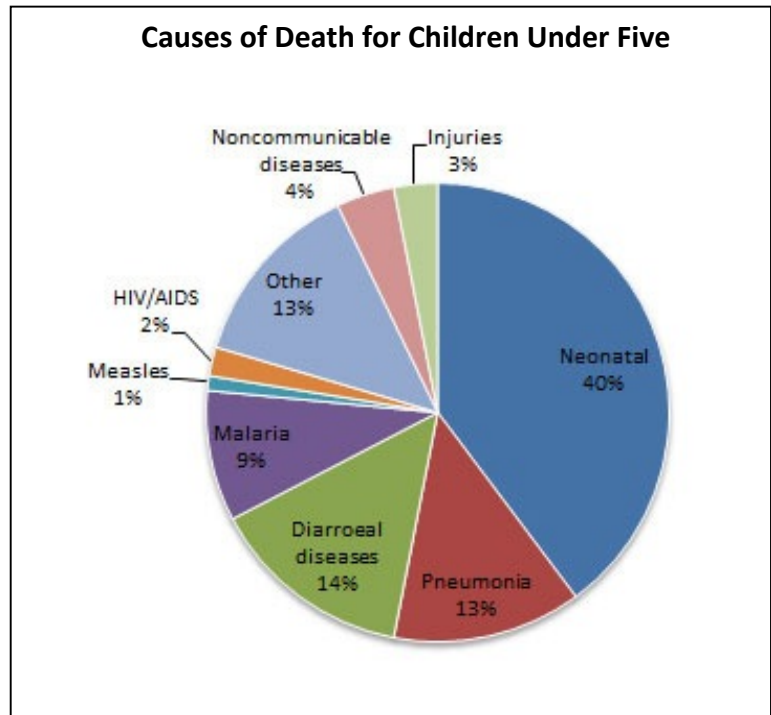
Dramatic progress has been made against a handful of major killer diseases. Polio was a devastating cause of death and disability worldwide but is now



endemic in just three countries thanks to eradication efforts. Vaccination against measles has produced rapid improvements in children's health. Africa has seen a 92 percent reduction in measles deaths over the last decade.² And, the distribution of hundreds of millions of insecticide-treated bed nets and other measures have cut malaria deaths by half in 11 African countries.³

Thanks to modern public health improvements that most of us take for granted — clean drinking water, vaccinations, sanitary birth conditions, and antibiotics — diseases and infections that claimed so many young lives a century ago are no longer a concern for most of us in the United States. However, the very poorest and most disadvantaged children are still missing out on these life-saving health services. Of the over seven million children dying annually, the vast majority are in poor countries; half are in sub-Saharan Africa.

The leading causes of death are almost entirely preventable or treatable. Together pneumonia and diarrhea account for over a third of child deaths. Both of these ailments can be prevented, or treated cost-effectively when they occur.



Ending Preventable Childhood Deaths: A Call to Action

In June 2012, world leaders convened in Washington, D.C. to create a roadmap toward ending preventable childhood deaths. The meeting was co-convened by the United States, Ethiopia, and India, in close partnership with UNICEF. Over 55 governments signed a pledge committing their support to a movement to end preventable childhood deaths by 2035.

What makes experts so confident that for the first time we can end preventable childhood deaths? The answer is not a not a single breakthrough miracle drug, but the cumulative impact of innovation and progress gained over the past three decades.

First, there are newly available tools, and new updates to old tools, to save children's live from pneumonia and diarrhea. Last year, new vaccines to prevent major causes of pneumonia and diarrhea were introduced for the first time in low-income countries. The U.S. is helping to support a plan through the GAVI immunization fund to expand access to these underutilized vaccines. The effort is expected to prevent four million deaths by 2015.

A time-tested treatment for diarrheal diseases is oral rehydration solution (ORS), a simple solution of salt and sugar that prevents deadly dehydration. Since its introduction in the 1970s, it has saved 50 million lives. UNICEF and the World Health Organization now recommend adding zinc, which helps recovery and can prevent additional bouts of diarrhea. However, of the millions of kids who suffer potentially life-threatening bouts of diarrheal disease, less than 1 percent are getting the optimal ORS and zinc treatment. 4

Second, the world has made great strides in understanding *how* these life-saving vaccines and treatments need to be delivered. The majority of children who die of preventable diseases are not dying in hospitals — they are

dying in rural and under-served areas. That's why well-trained community health workers fighting on the front lines of these diseases are so important. Ethiopia has trained 40,000 community health workers in the last five years and deployed them in village health outposts across the country. This has resulted in dramatic gains in immunization rates and better and more consistent treatment of pneumonia.

Finally, renewed commitment and resources from the countries where these deaths occur make the goal of ending preventable childhood deaths achievable. Nigeria and India, which together account for one-third of all child deaths, have substantial domestic resources of their own to dedicate to the problem of child illnesses. And countries like Ethiopia, Rwanda, and Nepal have demonstrated that even in very poor countries, lives can be saved with cost-effective tools when the government makes children's health a priority.

In her remarks, Secretary of State Hillary Clinton praised the Ethiopian and Indian governments for their efforts to reduce child mortality. While the Child Survival Call to Action was convened in the U.S., it was co-hosted by India and Ethiopia. U.S. leadership is still needed, but it's increasingly clear that its *partnership* with poor countries that will ultimately end preventable child deaths.

Matching Opportunity with Action

Ending preventable childhood deaths is achievable in our lifetimes, but it won't happen overnight, or without increased commitment and focus. For the Call to Action to be a success, the U.S. will need to identify immediate steps to accelerate global progress in reducing child mortality.

First, to borrow a medical phrase, do no harm: don't cut the budget that funds child health programs. U.S. investments in global health and all other international affairs programs amount to just over one percent of the federal budget. But these programs are being targeted with deep and disproportionate cuts.

The simple tools that save children's lives are cost-effective, but they are not free. Even as low-income countries and emerging economies step up to assume a greater share of the cost, U.S. support for these life-saving programs is still urgently needed. Congress should preserve our modest global health spending and ensure the roadmap to ending preventable child deaths does not take an immediate detour.

Second, the U.S. should start with a commitment to address the two leading killers of children — pneumonia and diarrhea. Ten countries⁵ with some of the highest burdens of deaths from these two killers have developed detailed, country-specific plans. At least half of the cost of these plans will be borne by the countries themselves, but they need support from donor countries to ensure the plans are fully funded and implemented.

Children are the hope for a better future. With every child that dies, so too does the potential they had to contribute to the world. The deaths of children are not just measured in increased mortality rates, lost GDP, and great sorrow in their communities. Each child that dies has the potential to grow into the next Einstein, Gandhi, or Lincoln. Each child that dies represents a loss of hope and a stain on our global conscience. We should be proud of the gains we have made, but we cannot rest on those laurels. We must all stand up, redouble our efforts, and make sure every child is given the chance to grow into greatness.

¹ UNICEF, World Health Organization, The World Bank, UN DESA/Population Division. *Levels & Trends in Child Mortality*; 2011. Available at: http://www.childinfo.org/files/Child_Mortality_Report_2011.pdf

² UNICEF. "Fast Facts on Measles." Available at: http://www.unicef.org/esaro/factsonchildren_5776.html.

³ Kaiser Family Foundation. "Fact Sheet: The Global Malaria Epidemic;" March 2011. Available at: <http://www.kff.org/globalhealth/upload/7882-03.pdf>

⁴ Bloomberg View. "Spoonful of Zinc Can Save Countless Developing-World Kids;" April 29, 2012. Available at: <http://mobile.bloomberg.com/news/2012-04-29/spoonful-of-zinc-can-save-countless-developing-world-kids>

⁵ Bangladesh, Dem. Rep. of Congo, Ethiopia, India, Kenya, Niger, Nigeria, Pakistan, Tanzania, Uganda