
WITHIN REACH

Ending preventable child deaths



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Executive summary

The world is at a critical juncture in the effort to achieve lasting progress on child mortality. The number of children dying each year under the age of 5 has fallen from 12 million to fewer than 7 million in the past two decades – a dramatic 42 per cent reduction.¹ But there is still a long way to go. A staggering 4.4 million children died in 2011 from conditions which are preventable or treatable: pneumonia, diarrhoea, malaria, birth complications and newborn infections.

Solutions are known and cost effective. The recent *Lancet* series on childhood pneumonia and diarrhoea shows that by 2025, key solutions for these top two killers of children under 5 could virtually eliminate child deaths from diarrhoea and reduce by almost two-thirds child deaths from pneumonia. These reductions would be possible if the solutions were scaled up to reach at least 80 per cent of the people who need them.²


The majority of children dying of preventable causes are concentrated in the poorest and most marginalised communities. This report argues that these children are not beyond reach. It highlights an often overlooked strategy that is key to keeping children healthy: **engaging and empowering families and communities in taking control of their own health**. Mothers, caregivers and families need to know how to prevent and treat sickness. They need to have a sense of ownership over their child's health by being able to take responsibility for it. **Families and communities act as front-line health workers for child health and survival.**

The Millennium Development Goals (MDGs) and a range of other recent and upcoming initiatives for child survival present concrete opportunities to put children, families and communities at the centre of efforts to reduce child deaths amongst those once thought to be out of reach. Amongst these initiatives are the UN Secretary-General's *Every Woman Every Child initiative*, *A Promise Renewed*, the *UN Commission on Life-Saving Commodities for Women and Children*, the *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea* and the *Global Newborn Action Plan*. These initiatives should support and align with national policies. The success of these initiatives should be measured not only by the supply of medicines or by policy change at the national level, but also by families' capacity to, amongst other things, prevent illness and get the medicines they need to treat their sick child at home.

At the community level, preventing and treating the major childhood diseases needs to include:

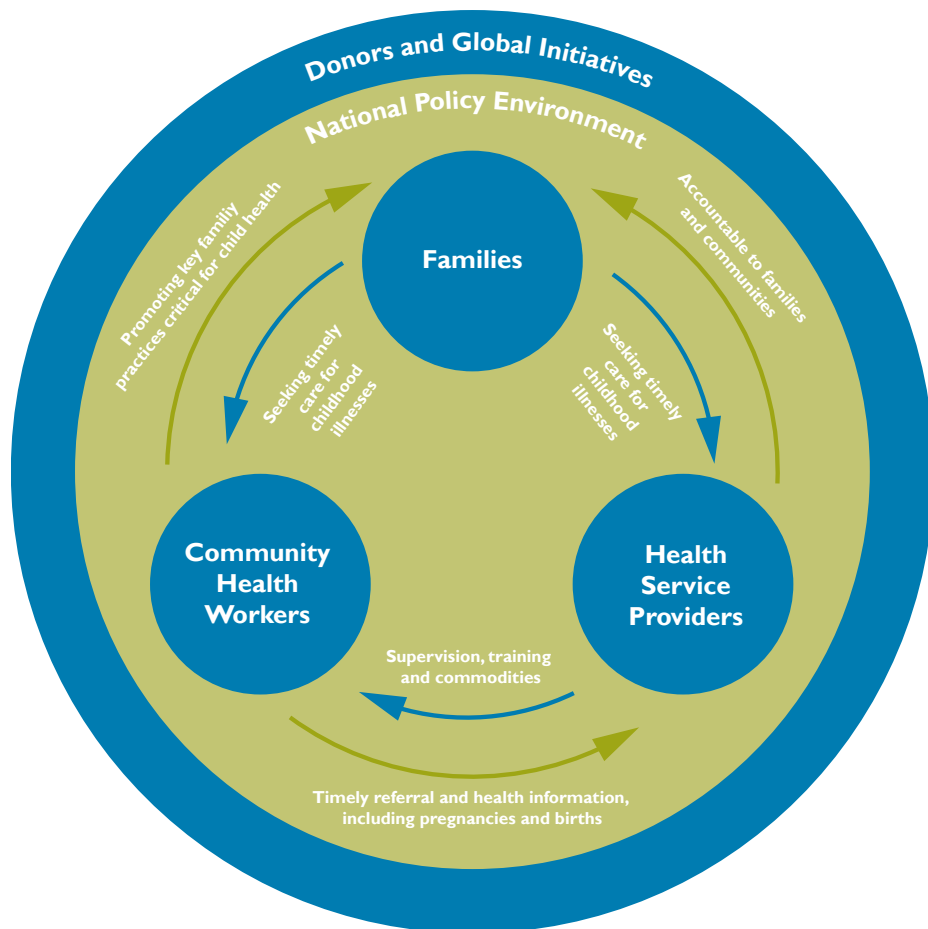
- care and attention provided to women and children by their own informed families and communities
- knowledge and experience of skilled front-line health workers
- availability of adequate local health facilities and community health posts, essential medicines, and emergency care when needed.

Expanding coverage of essential child health interventions to children most in need requires a strong partnership between families, communities, the health system, governments and donors (Figure 1).



Current child survival initiatives present concrete opportunities to put children, families and communities at the centre.

Figure 1. The right environment for child survival



World Vision proposes the following critical community-based strategies to effectively engage and empower families and communities for improved child health outcomes:

- community health worker home visits to provide information and education to promote healthy behaviours
- community case management of childhood pneumonia, diarrhoea, malaria and neonatal infections
- mothers’ groups focused on support and education for pregnant women and new mothers
- accountability and collective community action for better health services.

World Vision recommends the following:

I. National and sub-national governments should demonstrate leadership and commitment to ending preventable child deaths by:

- reviewing and revising national health policies to ensure adequate focus on children most in need
- ensuring community health workers are integrated into the health system and appropriately trained, supervised and equipped
- increasing investment for the implementation of proven community-based strategies, including community health workers, community case management and mothers’ groups
- engaging and empowering families and communities as partners in the planning, delivery and review of health services.

2. Current and upcoming initiatives, such as the *UN Commission on Life-Saving Commodities for Women and Children*, the *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea*, the *Global Newborn Action Plan*, and the post-2015 development framework, should:

- respect principles of country ownership for national policies to reach children most in need
- reflect a greater focus on engaging and empowering families and communities through proven strategies, including community health workers, community case management and mothers' groups
- enhance accountability by involving communities in the planning, monitoring and review of these initiatives
- include metrics of measurement that reflect a focus on family and community strategies and impact on children most in need.

As the 2015 deadline of the MDGs looms near and preparations for the post-2015 agenda intensify, the pressure is on. Maintaining momentum is the minimum required to reduce child mortality by two-thirds. Increasing momentum is necessary to go beyond this target and end all preventable child deaths. The children who are most in need are within reach if governments, donors, multilaterals and civil society choose the right ways to target them. These methods include rebalancing efforts to ensure that engaging and empowering families and communities is a foundation for better child health.



The children who are most in need are **within reach** if governments, **donors**, multilaterals and civil society **choose** the right ways to target them.

1. Interagency Group for Child Mortality Estimation (UNICEF et al.), *Levels and Trends in Child Mortality: Report 2012* (New York: UNICEF, 2012).

2. Z. Bhutta, J. Das, N. Walker, A. Rizvi, H. Campbell, I. Rudan and R. Black, 'Childhood Pneumonia and Diarrhoea 2: Interventions to address deaths from pneumonia and diarrhoea in children under five years of age', *Lancet* 2013; 381: 987-997.

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