World Vision®

CHILD HEALTH NOW

REVIEW 2010

Why are we campaigning for Child Health Now?

Kevin Jenkins talks about why World Vision is so committed to the Child Health Now campaign.

CONGRATULATIONS to everyone who's been part of the incredible first year of the Child Health Now campaign, and welcome to those about to embark on the Child Health Now journey in 2011.

Together and with others, we've already convinced world leaders to do more to end child deaths. Because of changes ranging from big G8 and UN child health funding announcements to health budget increases and open discussions about child health policy changes in countries where governments haven't prioritised the health of children, the tide is changing.

Explore this report and feel the excitement that's building.

Think about the challenges we've faced and the barriers still in front of us.

Dream with us about a world where no child dies of preventable conditions like diarrhoea, malaria or hunger. Be challenged and inspired to do more—there's so much more to be done.

Kevin Jenkins, Charles Badenoch and the Child Health Now team

Why Child Health Now?

There's a huge child health crisis, and the promise made by world leaders in the year 2000 to fix that is very far behind. When 300,000 people died in the earthquake in Haiti, the world appropriately responded generously and quickly, yet 27 times that number of children die every year before they turn five, and their deaths are virtually ignored.

The Problem

We know exactly what's causing most of the deaths of small children, and where a child's chances are worst. Here's what children face:

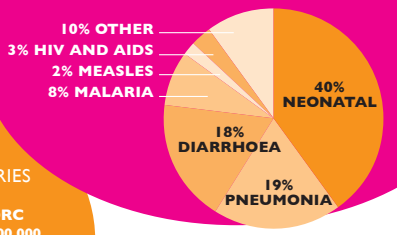
WHERE ARE THEY DYING?

WHO IS DYING?

9 MILLION CHILDREN UNDER FIVE YEARS OF AGE DIE EVERY YEAR

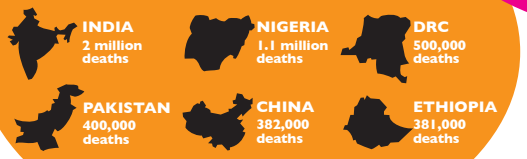
3.8 million | **6.3 million** | **9 million**

WHAT ARE THEY DYING OF?



5 MILLION DEATHS

60% OF ALL CHILD DEATHS IN JUST 6 COUNTRIES



The Solutions

We know how to stop most of the child deaths that are happening and we do stop them in many countries around the world. Here's how:

- **BED NETS**
- **ORAL REHYDRATION**
- **EXCLUSIVE BREAST-FEEDING**
- **SKILLED ATTENDANTS**
- **IMMUNIZATION**

Why World Vision?

It's only a lack of political will that's holding up the funding for the solutions we know will save children's lives, and World Vision is in an ideal position to push decision-makers to have the will to make those life-saving choices.

60+ World Vision has 60 years of experience and we know what's wrong and what's needed for child health

40,000+ World Vision has 40,000 employees who see the results of underfunding child health and they care deeply about children

22+ We work in 22 of the 30 worst countries for child mortality

100+ We work to empower communities in nearly 100 countries and can talk to decision-makers in all of them

3,800,000+ 3.8 million children are in World Vision sponsorship programmes thanks to generous sponsors around the world. What if these sponsors all demanded Child Health Now?

7+ We have a strong presence in seven of the eight G8 countries

17+ We work in 17 of the G20 countries

12+ We work with more than a dozen other NGOs and groups that also want to see this problem solved

301= We already spend more than 301 million dollars on health-related programmes every year

1 **Those facts total one organisation in a great position to bring about Child Health Now**

The campaign in a nutshell

Child Health Now is the result of a decision to use World Vision's big voice to shout for change.

It's a campaign to eliminate six million deaths of children under five—the ones we know are easily preventable—by getting governments to do more, so children have enough nutritious food and clean water, and access to community-based health services.

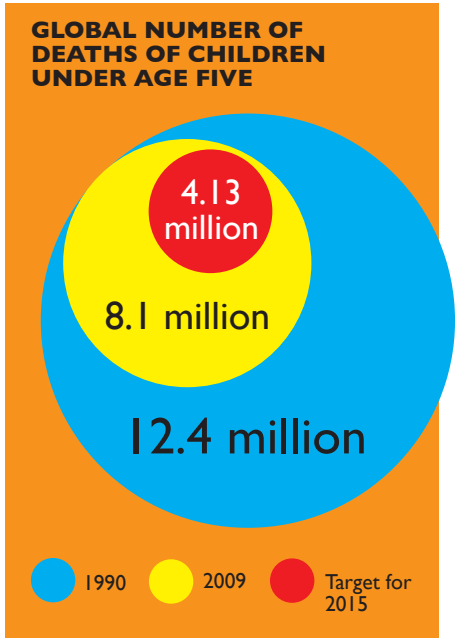
For our part, World Vision is doing more and spending more to improve child health in our own work.

It works like this: Campaigners push their own governments (local, regional and national) in countries that have too many children dying and in wealthy countries that don't give enough money or focus to global child health.

At times, everyone in the campaign and our partners pressure the UN or the G8 or other global organisations to get big health funding and policy wins for children.

Are we making progress?

It's only a lack of political will that's holding up the funding for the solutions



Child deaths

Globally, the number of deaths among children under age five has fallen from 12.4 million in 1990 to 8.1 million in 2009.

Looking at the global numbers can be deceiving, however. Not all countries are making progress, and in six nations, babies and young children have less chance of survival than they did in 2000, when world leaders promised to radically improve their chances.

The Child Health Now campaign focuses on the 30 countries that have the highest rate of child deaths. World Vision works with partners and communities in 22 of them to increase access to essential health services, especially at the community level.

In 2008, 7.7 million children under five died in those 30 countries; last year the death toll was down to 6.6 million—a reduction of more than 1.1 million under-five deaths in two years!

Maternal deaths

Globally, 150,000 fewer mothers died in childbirth and from pregnancy complications than they did in 2008, but nearly 1,000 women still die as a result of their pregnancy or during childbirth every day.

Health systems and services

So far, 20 of the 30 priority countries have developed health plans with estimates of costs, 15 countries have set up systems and legislation so midwives can give basic emergency obstetric care and seven countries now offer free health care for pregnant women, the delivery of babies, and young children in community clinics and hospitals.

Public funding

The G8 leaders demonstrated their commitment by pledging $7 billion to maternal and child health; they are joined by six priority countries that have increased health spending to more than 15 percent of their respective GDP: Liberia, Rwanda, Botswana, Burkina Faso, Zambia and Malawi.

Progress like this can be fleeting. The last WHO report, released on November 22, stated that only three high child-mortality countries spent that much this year: Liberia, Rwanda and Tanzania.

Three NGOs (World Vision, Save the Children and Care) alone have committed more than $5 billion to support the implementation and success of the UN Secretary-General's Global Strategy for Women's and Children's Health.

National and global leadership

This year we've seen the emergence of important global leadership on child health. UN Secretary-General Ban Ki-moon took

on the development of a global strategy.

- The **Canadian** prime minister, Stephen Harper, led the G8 to prioritise child health.
- The health strategy of the **U.S.** president, Barack Obama, focuses on child health, while U.S. Secretary of State Hilary Clinton has added her voice to those calling for commitments from all countries. The U.S. has taken leadership on nutrition—spearheading the 1,000 Days campaign.
- The president of **Malawi** has influenced many global decisions by presenting his country as a case study at many key global meetings.
- The president of **India** hosted a meeting of key partners working to improve maternal and child health and assured the world that his country would take leadership on the issue.
- **The Bill & Melinda Gates Foundation** and the **GAVI Alliance** (formerly the Global Alliance for Vaccines and Immunisation) have brought businesses and foundations together on the issue as well.

Eliminating barriers to health care services in the poorest communities

A lack of information is still a major barrier to health. It stops people from accessing services. Citizen Voice in Action programmes are starting to make sure people are aware of their rights around health service access and claim them. Health workers are speaking up and community groups are being included in the development and monitoring of health services in some countries, but not enough.

Prevention of disease

The world has had some great success tackling individual diseases because of the work of groups like The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance. But the global effort to reduce deaths of newborns has not seen the same level of progress. Disease prevention measures don't work for those babies. They depend on good antenatal care and education for their mothers and good infant care in their first month of life. If we can solve that problem, the levels of child death will go down dramatically.

Prevention of malnutrition

Malnutrition is still responsible for more than a third of childhood deaths. This has remained constant and the economic crisis has made it difficult to make progress. The solution to this problem goes beyond basic health care and into almost all of the other Millennium Development Goals. It's hard for governments to coordinate all the departments that need to respond, and it takes strong political will, as seen, for example, in Malawi, where a nutrition department was created in the Office of the President.

That's why we've made nutrition our main campaign focus of Child Health Now for next year.

Already, a global agreement has been reached on a Scaling Up Nutrition Framework and Roadmap for Action.

The score for the 30 worst countries

28/30
Reducing the percentage of children dying from pneumonia

30/30
Adopting a focus on primary health care

3/30
Implementing community treatment of pneumonia

13/30
Reducing the percentage of children dying from diarrhoea

12/30
Reduced the percentage of children dying from malaria

22/30
Reduced the percentage of children dying due to HIV

26/30
Reduced the percentage of children dying from measles

2/30
Reduced the percentage of children dying in their first month

24/30
Increased the number of children dying in their first month

Progress toward MDG 4

Child Health Now campaigners are focusing on finding ways to improve child health in these 30 worst countries for child deaths, especially the ones that are off track or failing.

- Ordered according to countries that have made the most to least progress between 1990 and 2006
- Circles sized from small to large, according to countries that are closest to and least closest to meeting their targets as at 2006
- Within each country, circles are scaled in proportion to its child mortality rates
- For example, Mozambique made greater progress between 1990 and 2006 in reducing its child mortality rate than did India
- However, India's mortality rate in 2006 is closer to its 2015 target than is Mozambique's

ON TRACK

BANGLADESH

INDONESIA

CHINA

LIBERIA

OFF TRACK

MOZAMBIQUE

ETHIOPIA

GUINEA

NIGER

ANGOLA

ZAMBIA

TANZANIA

GUINEA BISSAU

INDIA

NIGERIA

KENYA

PAKISTAN

MALI

SUDAN

UGANDA

EQ. GUINEA

SIERRA LEONE

RWANDA

BURUNDI

AFGHANISTAN

BURKINA FASO

FAIL

SOMALIA

CAR (CENTRAL REPUBLIC OF AFRICA)

CHAD

CAMEROON

DRC (DEMOCRATIC REPUBLIC OF CONGO)

Source: *Countdown to 2015, Tracking Progress in Maternal, Newborn and Child Survival 2008* report, 29 high priority countries

ON TRACK

BANGLADESH

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

183

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

000

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 20% to 70%
2. Increase number of women attending antenatal clinics from 51% to 90%
3. Increase access to emergency obstetric care from 54% to 80%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 12% with more resources going to maternal and child health
2. Advocate for increased resources for education, sanitation and nutrition
3. Support increased health-seeking behaviour: promote hand-washing, maternal nutrition, neonatal care, maternal health

CHINA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

365

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

347

PRIORITY INTERVENTIONS

1. Increase access and quality of postnatal care
2. Increase access to and quality of emergency obstetric care
3. Increase number of children seeking care with acute respiratory infections, especially in rural areas

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for increased resources for education, sanitation and nutrition
3. Advocate for competency-based retraining of health workers. Train and retain more staff for rural areas

INDONESIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

173

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

163

PRIORITY INTERVENTIONS

1. Change laws so midwives can be trained to save lives
2. Implement international code of marketing breast milk substitutes and increase exclusive breastfeeding from 32% to 64%
3. Increase access to sanitation from 52% to 78%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expediture to 10% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access, especially in rural areas and poorest districts
3. Advocate for increased focus on midwifery care and increase numbers of midwives in the rural areas

LIBERIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

20

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

16

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 46% to 72%
2. Increase number of children sleeping under bed nets from 26% to 52%
3. Increase number of children seeking care for acute respiratory infections from 62% to 80%

IMPLEMENTATION STRUCTURE

1. Advocate for government expenditure to stay at 17% with a focus on public, maternal and child health
2. Support increased training and retention of health workers, especially in hard to reach areas
3. Support increased health-seeking behaviour: promote use of maternal and public health care

OFF TRACK

AFGHANISTAN

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

311

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

237

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 14% to 50%
2. Increase coverage of clean water from 39% to 60%
3. Increase female literacy

IMPLEMENTATION STRUCTURE

1. Advocate for increase in budget spent on health and more resources going to primary health care
2. Advocate for increased resources for education, water and sanitation and nutrition programme
3. Increase community involvement in governance through social participatory tools

ANGOLA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

165

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

116

PRIORITY INTERVENTIONS

1. Increase number of children seeking care for acute respiratory infections to 60%
2. Increase number of children sleeping under a bed net from 18% to 60%
3. Increase number of women that have access to prevention mother-to-child transmission of HIV from 19% to 70%

IMPLEMENTATION STRUCTURE

1. Advocate for increased resources for education, water and sanitation and nutrition programme
2. Support increased health-seeking behaviour: promote immunisations, maternal health and public health services free at point of access
3. Advocate for competency-based retraining of health workers (many are ex-soldiers)

OFF TRACK

BURKINA FASO

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

117

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

121

PRIORITY INTERVENTIONS

1. Increase number of children with pneumonia treated with antibiotics from 15% to 60%
2. Increase access to sanitation from 11% to 50%
3. Increase exclusive breastfeeding from 7% to 50%

IMPLEMENTATION STRUCTURE

1. Advocate for return to 15% of budget spent on health
2. Support increased health-seeking behaviour: promote sleeping under bed bets, hand-washing, immunisations, maternal health
3. Increase community involvement in governance through social participatory tools

BURUNDI

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

72

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

46

PRIORITY INTERVENTIONS

1. Reduce chronic malnutrition (stunting) from 63% to 35%
2. Increase number of children with diarrhoea that take oral rehydration salts from 23% to 70%
3. Increase number of women using family planning from 9% to 50%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to primary health
2. Advocate for increased resources for education, sanitation and nutrition
3. Advocate for competency-based retraining of health workers, and implementation of human resource strategy to train and retain more staff for rural areas

ETHIOPIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

321

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

315

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 6% to 50%
2. Increase number of children with acute respiratory infections treated with antibiotics from 5% to 50%
3. Reduce chronic malnutrition (stunting) from 51% to 25%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access
3. Support increased health-seeking behaviour: promote use of maternal and public health care through social participatory tools

EQ. GUINEA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

4

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

4

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 65% to 85%
2. Increase number of children sleeping under a bed net from 1% to 60%
3. Increase number of women that have access to prevention mother-to-child transmission of HIV from 22% to 80%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access
3. Support increased health-seeking behaviour: promote use of maternal and public health care

GUINEA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

54

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

54

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 64% to 96%
2. Increase number of children treated for malaria (ACT) from 44% to 88%
3. Increase number of health workers from 0.14 to 2.5 per 1,000 population

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 1% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access
3. Advocate for competency-based retraining of health workers. Train and retain more staff for rural areas

GUINEA BISSAU

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

12

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

12

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 39% to 58%
2. Increase number of children treated for malaria (ACT) from 46% to 69%
3. Increase number of children seeking care for acute respiratory infections from 57% to 80%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 10% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access
3. Support increased health-seeking behaviour: to promote use of maternal and public health care

OFF TRACK

INDIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

1830

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

1726

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 47% to 70%
2. Increase vitamin A supplementation from 53% to 85%
3. Change laws so midwives can be trained to save lives

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expediture to 10% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access, especially in rural areas and poorest districts
3. Advocate for increased focus on midwifery care and increased numbers of midwives in the rural areas

KENYA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

189

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

124

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 44% to 60%
2. Increase vitamin A supplementation from 27% to 80%
3. Change laws to allow trained community health workers to administer antibiotics for acute respiratory infections

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expediture to 15% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access, especially in rural areas and poorest districts
3. Advocate for increased focus on training and retention of health workers, especially in hard to reach areas

MALI

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

100

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

101

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 49% to 75%
2. Increase number of children sleeping under bed nets from 27% to 55%
3. Increase access to sanitation from 36% to 72%

IMPLEMENTATION STRUCTURE

1. Advocate for government expediture to reach 15% with a focus on public, maternal and child health
2. Support the increased training and retention of health workers, especially in hard to reach areas.
3. Support increased health-seeking behaviour: promote use of maternal and public health care

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

110

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

121

PRIORITY INTERVENTIONS

1. Increase access to clean water from 47% to 70% and sanitation from 17% to 51%
2. Increase number of children sleeping under bed nets from 23% to 60%
3. Increase density of health workers from 0.34 to 2.5 per 1,000 population

IMPLEMENTATION STRUCTURE

1. Advocate for government expediture to reach 15% with a focus on public, maternal and child health
2. Support increased training and retention of health workers, especially in hard to reach areas
3. Implement system to notify of maternal deaths

NIGER

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

121

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

122

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 33% to 66%
2. Increase number of children sleeping under bed nets from 7% to 54%
3. Increase exclusive breastfeeding from 4% to 40%

IMPLEMENTATION STRUCTURE

1. Advocate for government expediture to reach 15% with a focus on public, maternal and child health
2. Support increased training and retention of health workers, especially in hard to reach areas
3. Increase community involvement in governance through social participatory tools

NIGERIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

1077

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

794

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 39% to 70%
2. Increase number of children sleeping under bed nets from 6% to 60%
3. Reduce adolescent birth rate from 123 to 90 births per 1,000 women

IMPLEMENTATION STRUCTURE

1. Advocate for government expediture to reach 15% with a focus on public, maternal and child health
2. Support training and refresher courses and retention strategies for health workers, especially in the hard to reach areas
3. Call for laws to be changed so midwives can be trained to save lives

OFF TRACK

PAKISTAN

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

465

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

460

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 39% to 80%
2. Increase number of children seeking care for acute respiratory infections from 69% to 89%
3. Increase number of women attending antenatal clinics from 61% to 90%

IMPLEMENTATION STRUCTURE

1. Advocate for government expediture to reach 10% with a focus on public, maternal and child health
2. Support training and refresher courses and retention strategies for health workers, especially in hard to reach areas
3. Establish enabling environments for women to have decision-making power and economic independence in relation to seeking health care

RWANDA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

41

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

42

PRIORITY INTERVENTIONS

1. Increase early initiation of breastfeeding from 41% to 82%
2. Increase number of children treated with antibiotics for acute respiratory infections from 13% to 65%
3. Reduce chronic malnutrition (stunting) from 51% to 26%

IMPLEMENTATION STRUCTURE

1. Support training and refresher courses and retention strategies for health workers especially in hard to reach areas
2. Call for laws to be changed to ensure all maternal deaths are recorded
3. Track state and district resources for maternal

SIERRA LEONE

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

43

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

43

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 42% to 65%
2. Increase access to vitamin A supplementation from 12% to 80%
3. Increase access to sanitation from 13% to 52%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 1% with more resources going to public, maternal and child health
2. Increase community involvement in governance through social participatory tools
3. Advocate for increased resources for education, sanitation and nutrition

SUDAN

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

138

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

139

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 49% to 89%
2. Increase family planning from 8% to 64%
3. Change laws so midwives can be trained to save lives

IMPLEMENTATION STRUCTURE

1. Advocate for government expenditure to increase resources for health from 6% to 12%
2. Support training and refresher courses and retention strategies for health workers, especially in the hard to reach southern and eastern areas
3. Support increased health-seeking behaviour: promote use of maternal and public health care

TANZANIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

188

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

188

PRIORITY INTERVENTIONS

1. Increase number of women delivered by skilled birth attendants from 43% to 86%
2. Allow trained community health workers to manage pneumonia treatment with antibiotics
3. Increase access to sanitation from 24% to 60%

IMPLEMENTATION STRUCTURE

1. Advocate for government expenditure to maintain resources for health at 18%
2. Advocate for laws to be changed to ensure community management of pneumonia is implemented and supported
3. Develop a national health financial plan to protect the poor

UGANDA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

190

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

184

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 42% to 84%
2. Increase number of children sleeping under a bed net from 10% to 60%
3. Reduce chronic malnutrition (stunting) from 48% to 24%

IMPLEMENTATION STRUCTURE

1. Advocate for government expenditure to increase resources for health from 10% to 15%
2. Support training and refresher courses and retention strategies for health workers, especially in hard to reach areas
3. Develop a national health financial plan to protect the poor

ZAMBIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

77

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

74

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 47% to 85%
2. Reduce chronic malnutrition (stunting) from 45% to 22%
3. Increase density of health workers from 0.77 to 2.5 per 1,000 population. Ensure more equitable distribution

IMPLEMENTATION STRUCTURE

1. Advocate for government expenditure to increase resources for health to stay at 15%
2. Support training and refresher courses and retention strategies for health workers, especially in hard to reach areas
3. Develop a national health financial plan to protect the poor

FAIL

CAMEROON

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

96

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

108

PRIORITY INTERVENTIONS

1. Increase access to postnatal care
2. Increase access to sanitation from 47% to 70%
3. Reduce adolescent birth rate from 141 per 1,000 to 75

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for increased resources for education, sanitation and nutrition
3. Support increased health-seeking behaviour: promote use of bed nets, early careseeking, hand-washing, maternal nutrition, neonatal care, maternal health

CAR

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

27

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

26

PRIORITY INTERVENTIONS

1. Increase number of children sleeping under a bed net from 13% to 85%
2. Increase number of children with diarrhoea that take oral rehydration salts from 22% to 70%
3. Reduce Out Patient Expenditure from 70% to 25%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for increased resources for education, sanitation and nutrition
3. Increase community involvement in governance through social participatory tools

CHAD

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

103

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

100

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 14% to 50%
2. Increase number of children sleeping under a bed net from 1% to 80%
3. Increase number of health workers from 0.32% to 2.5% per 1,000 population

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for increased resources for education, sanitation and nutrition
3. Advocate for competency-based retraining of health workers, and implementation of human resource strategy to train and retain more staff for rural areas

DRC

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

502

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

558

PRIORITY INTERVENTIONS

1. Increase number of babies delivered by skilled birth attendants from 74% to 90%
2. Increase coverage of clean water from 46% to 90%
3. Increase number of children with diarrhoea that take oral rehydration salts from 42% to 74%

IMPLEMENTATION STRUCTURE

1. Advocate for increase of government expenditure to 15% with more resources going to public, maternal and child health
2. Advocate for essential package of health services given free at point of access
3. Advocate for increased resources for education, sanitation and nutrition

SOMALIA

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS)

76

ANNUAL NO. OF UNDER-5 DEATHS (THOUSANDS– USING UNICEF 2010 REPORT)

69

PRIORITY INTERVENTIONS

1. Increase exclusive breastfeeding from 9% to 54%
2. Increase number of children seeking care for acute respiratory infections from 13% to 52%
3. Increase access to clean water from 30% to 45%

IMPLEMENTATION STRUCTURE

1. Advocate for increased resources for health and increased transparency on government spending
2. Support training and refresher courses and retention strategies for health workers, especially on hard to reach areas
3. Develop a national health financial plan to protect the poor

Campaign Progress

Year One: Building up the campaign

For our first year our main focus was to place child health squarely on the public and political agendas using our own influence and working with others to ensure an increase in the resources available for child health.

Scaling up the campaign across the partnership and building up World Vision's capacity to speak out was the internal goal, particularly in countries where child and maternal deaths are too frequent. There it's vital that campaigners can engage in effective, influential work that draws on our programmatic expertise and what we see in the field.

To do this right, it means that communities are core players in this campaign. They are identifying issues and speaking out on their own to push for change in their communities and get government to listen to them. We then use those examples to push for change at the regional, national and global levels.

Developing Advocacy

If we do it right, World Vision and Child Health Now will no longer be needed in the process of change. That will be the ultimate success, but we aren't there yet.

That's why we've focused on developing advocacy capacity and increasing campaign engagement in and from the global south. We're striving to align the campaign with other areas of work where World Vision is a leader—development, emergency and humanitarian response, fundraising and communications.

Our Network

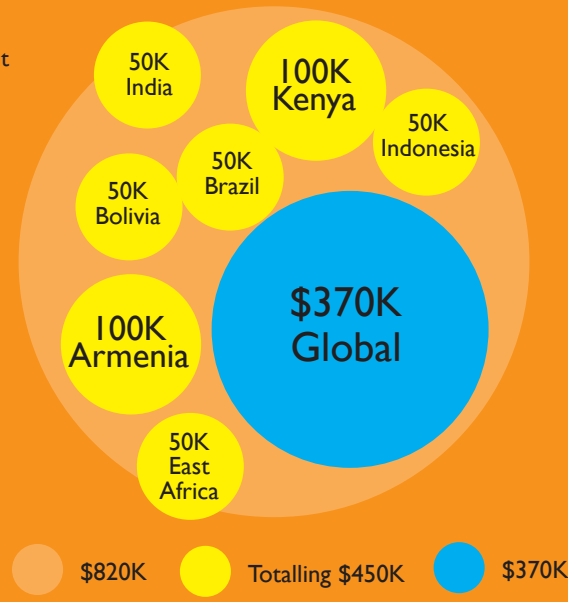
We've built up a network of advocacy experts and working groups from across the partnership covering different areas of advocacy, health and nutrition, and all of the outreach tools of campaigning. They're now in a position to advise offices in many countries on best practices and to provide support in the development, analysis and activities necessary to implement the Child Health Now campaign in different contexts.

Senior World Vision management, including those in regional roles, in both donor countries and developing countries are excited about the campaign and are making sure Child Health Now messages are heard. And they've been out in force at national level venues, in parliaments all over the world and in international platforms like the G8 and G20, the UN Millennium Development Goals summit, the Women Deliver conference and the World Health Assembly.

This year's investment in making Child Health Now a priority issue.

Campaigners in all the countries involved in Child Health Now have invested incredible amounts of time and energy, and juggled budgets to ensure they had the resources to make child health issues noticed.

Centrally an investment of $820,000 was made launching Child Health Now. Here's how it's broken down:



$450K allocated to each of the pilot countries to spend on the campaign at the national level, giving campaigners the freedom to develop and implement the campaign for their own context.

$370K invested in creating a global platform for Child Health Now, building our capacity internally through training and development; created tool kits and guidance material to build a broad institutional effort within World Vision from which to grow and develop the campaign right across the globe.

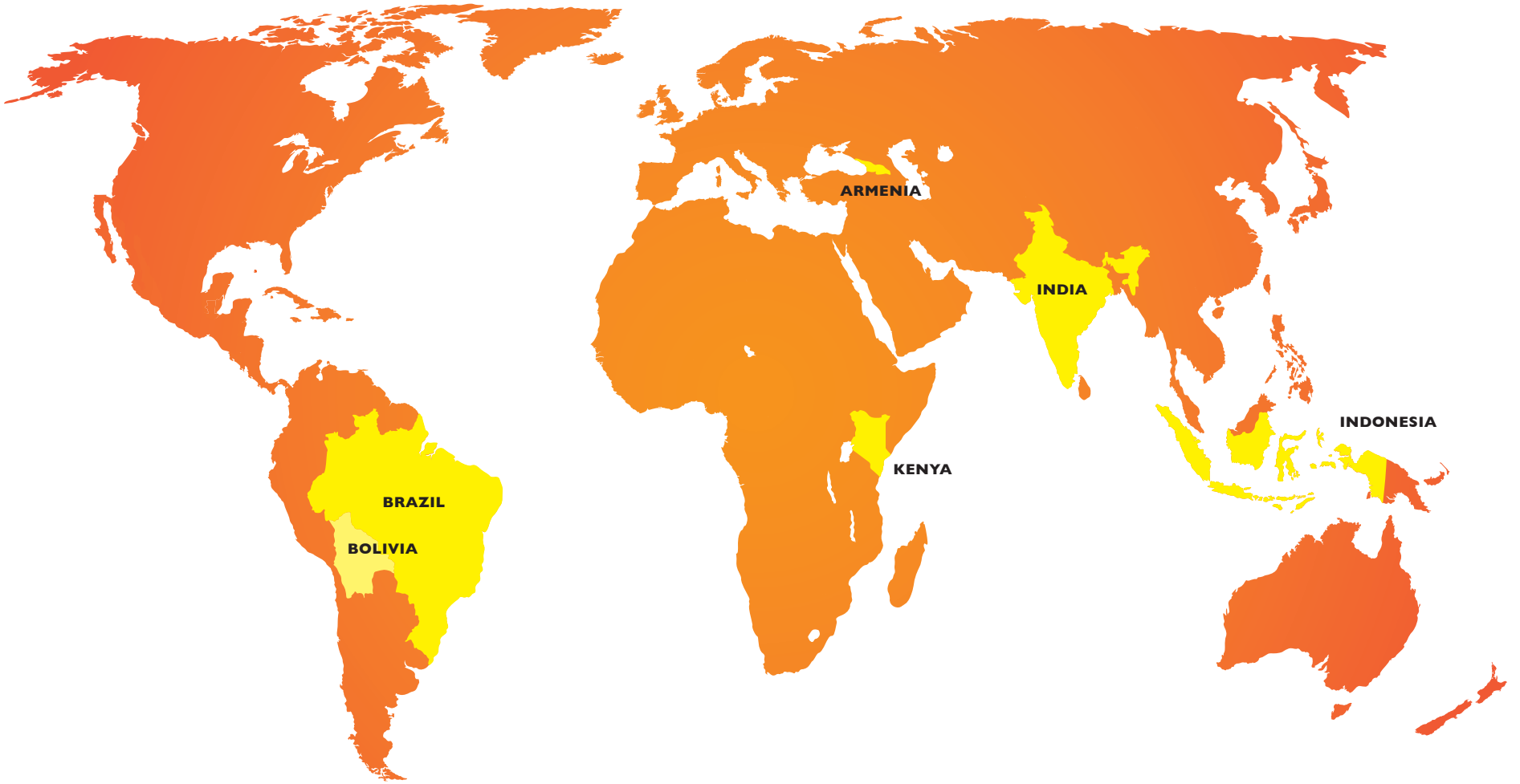
The human resources allocated to the campaign has been extensive, with many offices bringing policy and advocacy expertise on board and developing the knowledge of existing staff to build and implement the campaign.

Worldwide Campaign Activities

Developing Countries

Explore this map to learn about the World Vision offices that campaigned for Child Health Now in 2010.

This is a network of campaigners that's integrated at all levels, especially with our development programmes. When we get information or have success in one country, it's shared with all the others. That's helped us speak out with authority and with one voice for children.



BRAZIL

- **World Vision Brazil** proudly celebrated its first advocacy campaign in its history—Child Health Now.
- **Campaigners** partnered with NGOs, community-based organisations, churches and the government to provide added credibility and legitimacy to maternal and child health issues. As a result, events were held at the national level, raising widespread awareness.
- **Two** of the most important universities in Brazil teamed up with campaigners to help make the issues relevant to local communities and ongoing development work.

BOLIVIA

- **Through its work** on Child Health Now, World Vision Bolivia has become the leading voice for child rights to health in the country.
- **Campaigners** in Bolivia repackaged existing national health information and presented it to the government when they launched Child Health Now in their country. They used the information to lobby officials to do more for child health. That prompted local governments to ask World Vision for advice on developing policies that impact child health.
- **UNICEF** has signed up to take part in the Child Health Now campaign in Bolivia.
- **Partnerships** were established with Esther Morales, sister of the president of Bolivia; musical group Tejilah; and councilman Guillermo Mendoza, as spokespeople for the campaign in Bolivia, attracting widespread attention and action on the issue.

ARMENIA

- **Campaigners** were integral to achieving an increase in funding for health care in Armenia.
- **A focus** on strong voices from communities created bridges between decision-makers, citizens and service providers through a series of events.
- **Close integration** with World Vision's development work gave campaigners the opportunity to become actively engaged in budget hearings with the government, resulting in the financing for health care—specifically for maternal and child health—increasing from 1.4 percent in FY10 to 1.7 percent of the GDP, an increase of $10 million.

KENYA

- **World Vision Kenya** has been asked by the government to represent all civil society organisations working on health for Kenya NGO's Alliance Against Malaria, and UNICEF has asked it to develop a concept paper on nutrition.
- **The Kenyan government** now views World Vision as an authoritative and credible voice on the subject of child and maternal health.
- **Campaigners** in Kenya secured the support of a number of high-profile and influential ambassadors for the campaign, from the wife of Prime Minister Raila Odinga to legendary New Zealand rugby player Timo Tagaloa to Mama Sarah Obama, grandmother of U.S. President Barack Obama.

Developing Countries

INDIA

- **India** has the greatest number of under-five deaths, but is making progress toward meeting the Millennium Development Goals.
- **India** has the greatest number of under-five deaths, but is making progress against Millennium Development Goal No. 4, reducing the number of under-five deaths from 2.1 million in 2006 to 1.7 million in 2009.
- **Campaigners** here have adopted an integrated approach in seven states selected to pilot the campaign: linking work in communities, within the regional context, to the national policy engagement establishing women's tribunals, hearings and focus group discussions, giving children, mothers and communities the opportunity to voice their concerns.

INDONESIA

- **The Indonesian** government has lots of resources but allocates only four percent to health.
- **Campaigners** here are regularly consulted by government on key child and maternal health issues because they engaged with many national, regional, provincial and municipal leaders, as well as 40 other NGOs, to build a shared vision for change.
- **They were featured** in more than 100 news articles at the launch of the campaign, driving widespread awareness.
- **They are concentrating** on the 10 poorest provinces and using the Millennium Development Goal framework to convince leaders to invest greater priority and resources in maternal, newborn and child health.
- **World Vision Indonesia's** board members have been critical in influencing government officials. (This is an important lesson to all boards as to their role in supporting our campaigns.)

Worldwide Campaign Activities

Global Events

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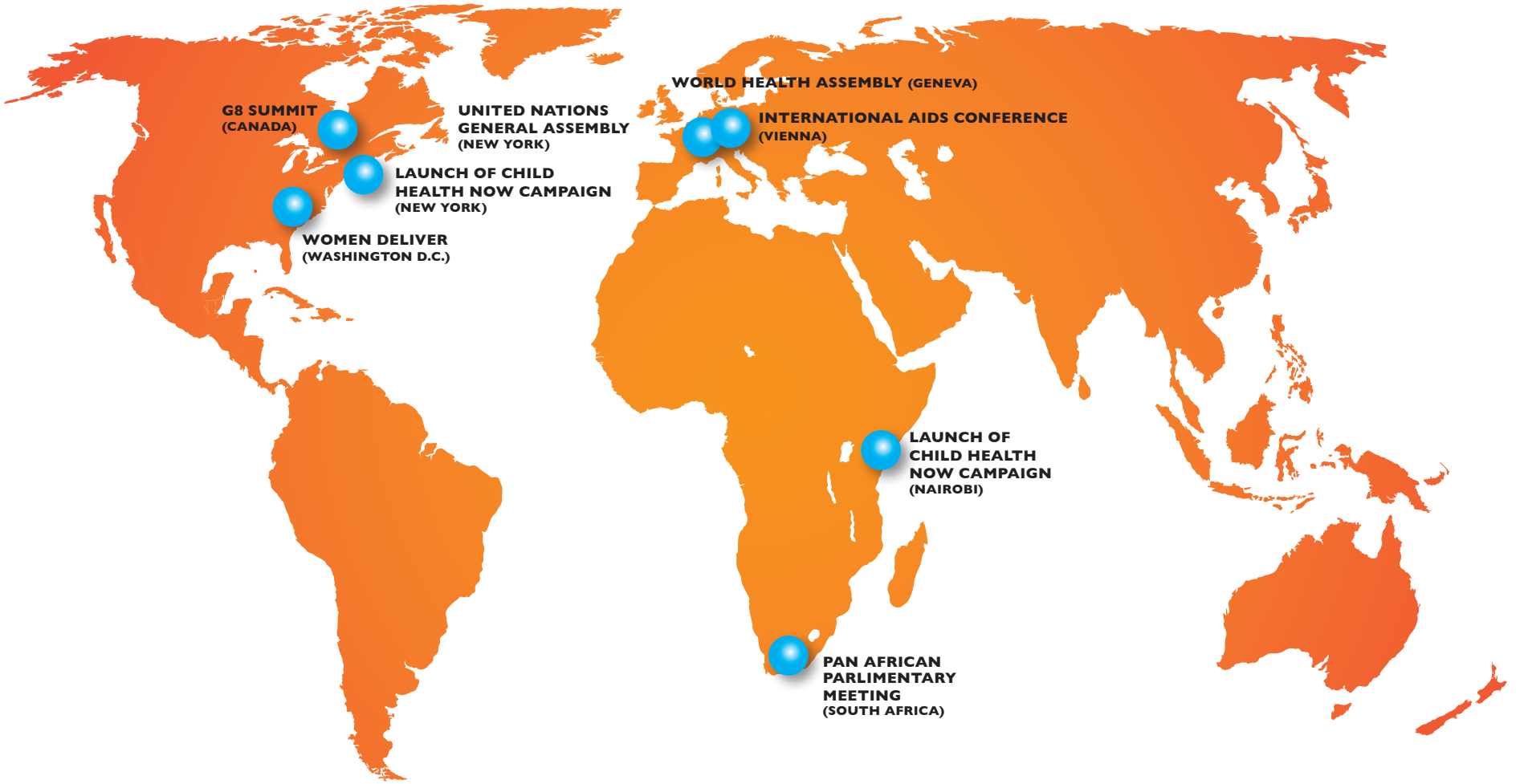

G8 SUMMIT

Attention-gaining campaigners in Canada successfully keep child and maternal health on the politicians' and public's radar

Child Health Now campaigners were at the summit, doing street theatre and talking to reporters to make sure child health didn't get lost in the coverage of all the activity.

- As a direct result of World Vision campaigning leading up to the G8 in June, the Canadian government launched the Muskoka Initiative, which committed $7.3 billion for child and maternal health. Of that, $1.1 billion was new money from the Canadian government.

LAUNCH OF CHILD HEALTH NOW CAMPAIGN

Campaigners in New York and Nairobi joined together to reveal a pivitol report on child and maternal health

The official launch of the Child Health Now campaign was held jointly in both Nairobi and New York with the unveiling of a comprehensive report on the issues of child and maternal health.

- The report laid out the problem and viable solutions in a clear way for the first time in the global policy environment.
- The report has been widely welcomed by other maternal and child health advocates, including the influential *Lancet* journal and MPs in several countries. It sparked conversations among key decision-makers that influenced positive changes in funding priorities that will save millions of mothers and children.

WORLD HEALTH ASSEMBLY

Child Health Now campaigners get governance on the agenda

At the World Health Assembly in May, World Vision campaigners

- brought with them a health governance discussion paper and convinced four delegations (Brazil, Hungary, the European Union and the U.S.) to call for global health governance to be added to the next World Health Assembly agenda;
- helped get nutrition, breastfeeding, and water and sanitation highlighted in a Millennium Development Goal resolution; and
- helped get a new global code of practice to reduce aggressive recruitment of health staff from developing countries.

WOMEN DELIVER (JUNE 2010)

Leading by example, World Vision promises $1.5 billion toward child and maternal health

Nineteen World Vision campaigners from 12 countries joined health experts, business leaders, politicians and advocates to call for urgent action to meet the maternal and child health Millennium Development Goals.

- World Vision was the first INGO to support the UN Secretary-General's Global Strategy publicly, committing to spend $1.5 billion on maternal, newborn and child health by 2015.
- World Vision's Mesfin Loha (health programmes director in East Africa) called for the strategy to include more community and family health care services and a stronger mechanism to promote global health governance.

Global Events

- Anatoli Rugaimukamu presented World Vision's experiences of community-based nutritional approaches that promote maternal, newborn and child health in Tanzania, calling for more focus on the integration of health and nutrition.
- World Vision facilitated the Ethiopian Ministry of Health to share its experience of using health extension workers to increase access to health care in communities.

UNITED NATIONS GENERAL ASSEMBLY

World Vision instrumental in energising UN to take on child health issues

Child Health Now campaigners worldwide worked together to influence the UN to take renewed action to tackle child health. We were effective enough that our experts were there every step of the way to help design and launch the UN-led global plan.

- World Vision president Kevin Jenkins was the only NGO representative invited to speak at the UN Secretary-General's launch of the Global Strategy for Women's and Children's Health.
- Ban Ki-moon praised World Vision for our work.
- Our $1.5-billion commitment to child and maternal health in our health and nutrition programming makes us a major contributor to the strategy (equal to The Bill & Melinda Gates Foundation).

INTERNATIONAL AIDS CONFERENCE

World Vision helps bring attention to the plight of youth and children dealing with the impact of HIV and AIDS

The International AIDS Conference 2010 coincided with a major push for expanded access to HIV prevention, treatment, care and support, particularly for children. World Vision campaigners

- held sessions on children from marginalised groups, family vulnerability and the prevention of mother-to-child transmission;
- provided space for children by bringing a youth delegation from Bosnia and Herzegovina, the Russian Federation and Romania to this year's Youth Force Pre-conference and the main AIDS conference; and
- displayed artwork from children sharing their experiences of the impact of AIDS.

PAN-AFRICAN PARLIAMENTARY MEETING

The Pan-African Parliament makes historic decision to mobilise resources for child and maternal health

- In October, it passed a resolution to coordinate action on budget support for improving investment in reproductive, maternal and child health, and the prevention of mother-to-child transmission of HIV.
- They also adopted a budget action plan for maternal and child health because of a meeting organised by the Pan-African Parliament and Africa Public Health Parliamentary Network, in partnership with The Partnership for Maternal, Newborn and Child Health, UNFPA, UNAIDS, IPPF, GAVI Alliance, Global Health Workforce Alliance and World Vision.

Worldwide Campaign Activities

Donor Countries

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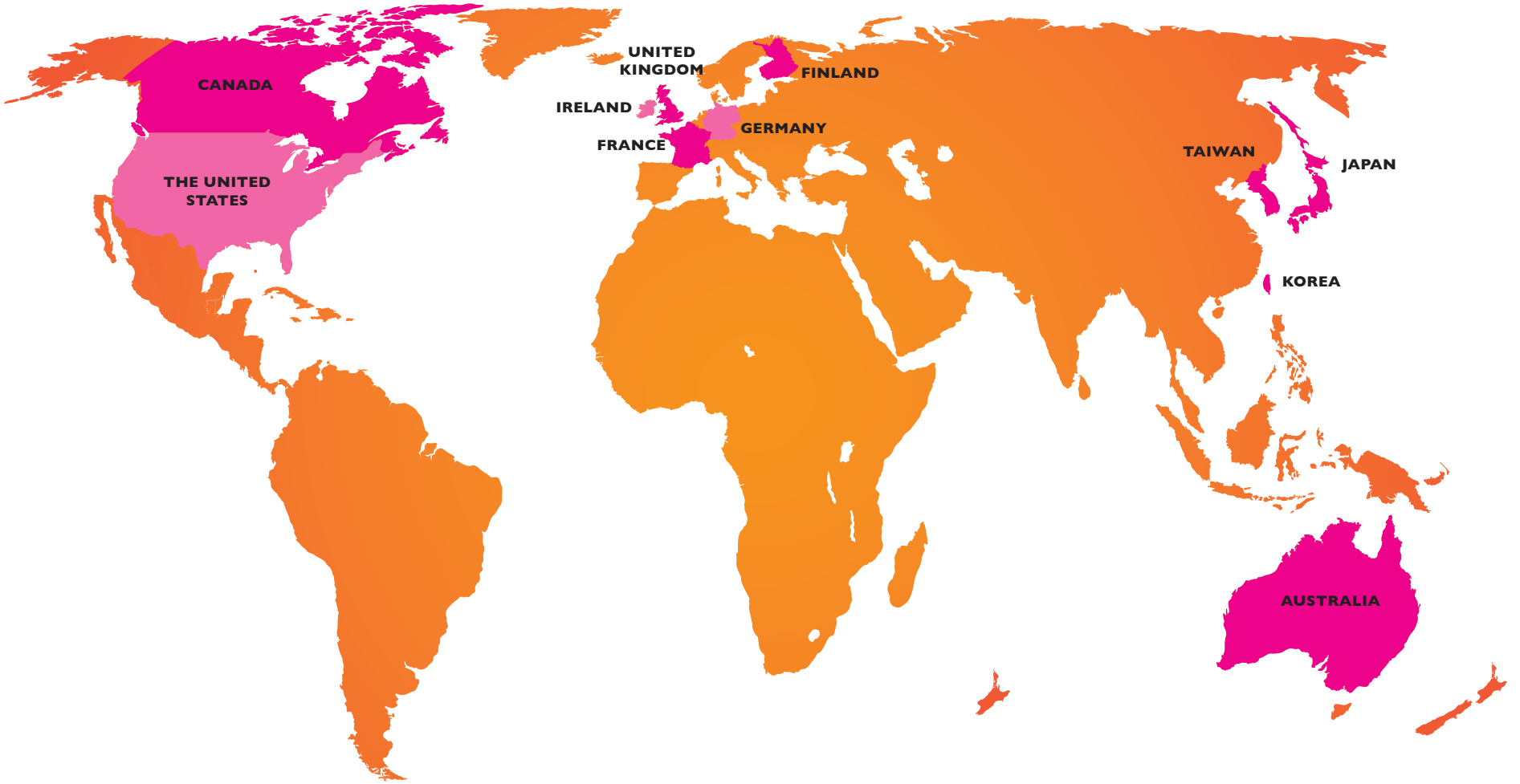


THE UNITED STATES

U.S. campaigners participated in campaign events around the world and lobbied their government to support child health legislation

- **World Vision United States** took the Child Health Now campaign to the U.S. government and to global events in 2010.

It spearheaded the Child Health Now campaign launch at the United Nations in New York City and joined campaigners from around the world at the G8 and G20 meetings in the summer, and at the United Nations General Assembly meetings in New York in September. U.S. campaigners operated the World Vision booth at the "Stand Up, Take Action to End Poverty" event that kicked off the UN General Assembly. Their "call to action" was for Congress to increase funding for international affairs. World Vision United States supported campaign activities in Armenia and Brazil. Its staff joined with Armenian campaigners to meet with members of the Armenian Parliament and government on child health issues.

- **U.S. campaigners** hosted two lobby days, bringing supporters to Washington, D.C., to push the U.S. Congress to pass malaria, and child and maternal health legislation. In March they hosted a Women of Vision conference in Washington for 250 people from 30 states. U.S. supporters took action on child and maternal health, asking President Obama to raise child and maternal health issues at the Canada G8 and G20 meetings.
- **The U.S.** joined other Washington, D.C.-based NGOs to meet the U.S. G8 and G20 sherpa and the U.S. Agency for International Development Administrator at the White House and ask them to support child health.

World Vision United States president Rich Stearns wrote to President Obama asking him to support Child Health Now policy recommendations for the G8 and G20 meetings and the September United Nations General Assembly meetings on the Millennium Development Goals.

CANADA

After a hugely successful campaign, World Vision Canada continues to hold world leaders to account for their 2010 commitments

- **World Vision Canada** made the Child Health Now campaign and G8 summit a primary focus for 2010. Its November launch was set up with feature articles in major Canadian papers on child and maternal health. At the launch, World Vision Canada president and CEO Dave Toycen and Canadian rocker Tom Cochrane, along with dozens of moms and kids, urged Canadians to join the campaign and get the issues on the public and political agendas. Thousands of messages were sent by World Vision Canada supporters and staff.
- **For months,** advocacy staff met with CIDA and officials in the Prime Minister's Office to influence the G8 agenda. They celebrated the January announcement that child and maternal health would top that agenda. At the same time, they maintained public pressure on government officials through the media, email actions by supporters, petitions, Facebook discussions and Flash Mob actions. They attended the G8 Development Ministers Meeting in April and were the only NGO voice on site. They used the focus on moms and kids on Mother's Day to make direct contact with every Member of Parliament, gaining national media coverage.
- **At the G8 and G20 summits,** the Canadian campaign team hosted colleagues from around the world. They ensured that the thousands of international media had the information and images needed to write stories on the importance of action on child and maternal health. And they created a powerful visual "stunt" delivered at the G8 summit that got our issues into newspapers and broadcasts around the world. Just ahead of the summit, Dave Toycen was invited to meet with the Prime Minister to talk about our G8 calls and the child and maternal health package. In September, Dave was asked to be part of the official Canadian ministerial delegation at the UN General Assembly and Millennium Development Goals summit in New York.

UNITED KINGDOM

The Child Health Now campaign fosters inspiring moments in the UK throughout its first year

- **Launching in November,** a plethora of cross-organisational activity saw a 10,000-strong petition handed in to the government, a public action on the banks of the River Thames that was covered in the national media and a coordinated political blogging campaign that hit home with key decision-makers.
- **Through the year,** thousands more people joined the campaign with lobbying activities around the UK elections and more than 11,000 people calling on the government to "Finish the Job" on the child and maternal health-related Millennium Development Goals.
- **The UK government** responded to the pressure and made strong commitments at the Millennium Development Goals summit, pledging to double its funding and spend an annual US$1.1 billion on maternal, newborn and child health between 2011 and 2015.
- **World Vision campaigners** received important attention for child health issues in key news outlets, including the *Guardian* and influential blogs. More than £100,000 was raised for health projects as part of a special Child Health Now appeal. Child Health Now is also featured in the alternative gift catalogue and in Christmas mailings to donors.

IRELAND

Politicians, ambassadors, top civil servants and partner NGOs introduced to Child Health Now in Ireland at the launch of the campaign

- **Campaigners** sent letters and policy briefings to decision-makers before the G8 and UN General Assembly summits. They work closely with a coalition of academics and NGOs called the Irish Forum for Global Health.

FRANCE

Youth take up cause of Child Health Now, and French politicians support child and maternal health efforts

- **Campaigners in France** lobbied hard and successfully gained support from politicians on the issue of child and maternal health. Together with Caritas and Oxfam, campaigners developed a joint-NGO position paper on child and maternal health that was presented to parliamentarians before the Millennium Development Goals summit. Through media and public outreach activities, many young people have become advocates for World Vision's Child Health Now campaign.

GERMANY

Child Health Now campaigners in Germany garner tremendous media attention hosting parliamentary information sessions and meeting with government officials

- **World Vision was the top NGO** source in Germany media commenting on the G8. A press visit to see child and maternal health issues in Sierra Leone before the UN Millennium Development Goals summit, combined with World Vision's expert commentary on the German contribution to the UN Global Strategy for Women's and Children's Health, meant that World Vision Child Health Now campaigners were seen by at least 33 million readers and viewers during that event alone.
- **As part of the campaign,** 7,500 German supporters signed up to give nine euros a month to support health programmes targeting children under five.

FINLAND

Leaders in Finland pushed to face issues of child health and malaria

- **A joint campaign** with Save the Children called "Don't Wash Your Hands" (of the plight of children) raised the Child Health Now issues with leaders in Finland. Actor Chilke Ohanwe and dancer Saara Mattsson raised public awareness about malaria, and 3,500 supporters signed petitions for the President before he went to the Millennium Development Goals review summit in September. World Vision campaigners also ran a child health seminar for government and civil society.

JAPAN

Public outreach and social media employed by Child Health Now campaigners in Japan to make leaders focus on health needs of children

- **Campaigners raised** US$275,000 from corporations for Child Health Now, and more than 32,000 supporters took action to call for an end to preventable child deaths.

KOREA

UN Secretary-General Ban Ki-moon gives kudos to World Vision in Korea for its leadership role in child health issues

- **In Korea,** schools help grow the campaign, and already more than 10,000 supporters have signed the Child Health Now petition. Korean campaigners held a Maternal, Newborn and Child Health conference with government leaders from Foreign Affairs, and Trade and Unification. Because of strong leadership in raising child health concerns and World Vision's work over the past 60 years, UN Secretary-General Ban Ki-moon applauded us publicly and in a special video presentation.

TAIWAN

Major marketing initiatives and strategic partnering help raise awareness of child health issues in Taiwan

- **Celebrated actress Sylvia Chang,** along with actors Mike He and Joe Cheng, led a nationwide marketing and fundraising campaign by speaking out on child health issues in Taiwan. Child Health Now campaigners negotiated exclusives with various media outlets and partnered with Asia's leading drugstore, Watsons, for a one-month broadcast of a Child Health Now video at its 400 stores. Special partnerships were made with two banks to convert credit card holder reward points into donations toward Child Health Now.

Donor Countries

AUSTRALIA

World Vision campaigners are having their demands for action toward health-related Millennium Development Goals heard by government—with impressive results

- **The Child Health Now** campaign began in Australia with a 400-strong crowd at a launch event in November 2009. Since then, campaigners have been lobbying hard to put maternal and child health on the political agenda.
- **In the lead-up** to the federal election, campaigners called on the government to provide health aid on a long-term predictable basis, especially in countries with the highest maternal and child health needs in their region.
- **They pushed their government** to play a lead role in implementing the UN Global Strategy for Women's and Children's Health through briefings and meetings with the Prime Minister, the Foreign Minister, senior AusAID staff and health advisers.
- **World Vision Child Health Now campaigners** worked with other groups to get their demands heard.
  - They hosted a joint parliamentary breakfast seminar with UNICEF on maternal and child health, joined coalitions such as Make Poverty History and Micah Challenge to deliver their messages directly to over 100 MPs and senators in private meetings and at electoral forums.
  - The Micah coalition presented a scroll to the Prime Minister and the Leader of the Opposition with more than 120,000 signatures in support of the health-related Millennium Development Goals.
- **At the Millennium Development Goals** review summit, Australia announced it would commit AU$1.6 billion over the next five years to maternal and child health, to help South East Asia and the Pacific expand family planning and vaccination services, and fund more skilled health workers (including midwives), health facilities and supplies.

Looking Ahead: What else needs to be done

There's so much more to do to get world leaders to focus on child health. Find out what campaigners will be up to this year and right until 2015.

In 2011, nine more countries will join Child Health Now. We'll continue to highlight critical gaps between national health care systems and local health care needs, focusing attention and World Vision's investment on prevention and treatment for families and communities.

Nutrition is our main theme for 2011. We'll push for better child and maternal nutrition and breastfeeding education; the provision of micronutrients; and better community education on how to grow, reap and prepare nutritious meals. This theme will allow us to expand the integration of the campaign with our development work.

We'll learn from the first year, implementing stronger operating processes and structures. We'll use knowledge and expertise from our development work to engage decision-makers and the public.

We'll continue to develop the advocacy capacity of World Vision offices around the world, increasing our engagement in and from the global south so we can broaden the discussion on maternal and child health and increase the imperative to act now.

2011

One focus for Child Health Now in the **Democratic Republic of Congo** will be how to translate the mineral riches and wealth of the country into investment in health services to save the lives of many thousands of children and mothers.

Watch this space—**Nepal** and **Afghanistan** are scheduled to undergo an assessment and design phase with the intention of launching toward the end of FY11.

The Child Health Now campaign in **Sierra Leone** will complement and support the government's Free Health Care initiative, designed to ensure access for pregnant women and children under five.

In **Germany**, the **UK** and other donor countries, news websites will run a blog that compares the experiences of a pregnant woman in a developing country with a pregnant woman in their own country.

2012

In September, we'll be back at the UN General Assembly for the first progress report on the Global Strategy for Women's and Children's Health.

All of the 22 countries with the highest child mortality rates, where World Vision works, will join the Child Health Now campaign by the end of the year.

The **Philippines** is already a member of the national coalition advocating for health and nutrition, ensuring Child Health Now gets off to a flying start.

Pakistan's campaign will be run within a humanitarian emergency context, making integration with development programming crucial to its success.

Uganda's campaign focus for 2011 will be on malnutrition and malaria.

In May, the **World Health Assembly** will meet, and health governance will be on the agenda. This is a big chance to change who controls global health and improve coordination.

In June, the **G8 summit in France** will give campaigners a chance to hold leaders accountable for the promises they've made to end child deaths.

In November, there will be an important **Aid Effectiveness forum** in Korea. We'll be pushing to ensure greater accountability of aid, as health is a major issue on the agenda. We want to ensure that money spent on health saves as many children's lives as possible.

The 17 **G20 countries** in which World Vision works will all join the campaign by the end of 2012, with coordinated action across all of these countries making a global call for child health.

2011

2012

Looking Ahead: What else needs to be done

There's so much more to do to get world leaders to focus on child health. Find out what campaigners will be up to this year and right until 2015.

2013

All eyes will be on the U.S. to provide leadership for child and maternal health in 2012 as it hosts a number of key events, including the G8, the G20, the International AIDS conference and a special UN review of **key AIDS commitments.**

Child Health Now campaigners in every country will be calling for their governments to do more to prevent the deaths of more than three million children each year from just three diseases—**pneumonia, diarrhoea and malaria**—through proven, cost-effective measures such as oral rehydration solution, treated bed nets and trained health workers at the community level.

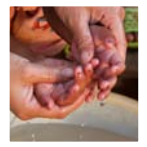
As we mark the two-year deadline countdown to meet the **Millennium Development Goals,** Child Health Now campaigners around the world will be calling on their governments to accelerate progress to ensure all children and mothers have access to quality health care.

Campaigners will be at the **World Health Assembly** holding ministers of health to account on their promises to improve health governance to ensure better coordination of all health partners.

2013

2014

The G8 and G20 will be held to account by Child Health Now campaigners, who will be pushing for improved sanitation and water to be linked to child and maternal health and for promised funding to be delivered.



World Vision workers will play a role in **educating families** to use bed nets and go to the clinic early when their children are sick. They'll share the importance of hand-washing, maternal nutrition, neonatal care and maternal health to keep mothers and children healthy.

Countries will be provided with **real evidence** of their success or failure in increasing their own spending on health in line with their commitments (including those in Africa who have earmarked at least 15 percent of their budget to health).

2014

Too many children die when there is an emergency or war in their country. Child Health Now will focus on getting **emergency responders** and those engaged in conflict to ensure the health of children and mothers is prioritised in the midst of the crises and in the aftermath.

Donor countries that aren't meeting their child and maternal health-funding promises will be under pressure from Child Health Now campaigners to **deliver a last-minute boost** to meeting the promise to save children's lives.

Success stories from countries that have made progress toward improving child and maternal health will be used as proof that coordinated and sustained action can save lives.

2015

The **Millennium Development Goals** summit in 2015 will tell the world if we pass or fail on child and maternal health promises and six other important goals to end poverty. Will six million fewer children die that year?

Will you be part of the **celebration?**

2015

World Vision®

Become part of the Child Health Now campaign.

Become part of the Child Health Now campaign. Sign the petition and ask to be kept informed of campaign activities at childhealthnow.com/take-action; share this report with your friends.

Should your World Vision office be doing more?

Email us at france_charlet@wvi.org to find out what else you can do.

Partner with us.

Are you part of an organisation with similar objectives that could coordinate with Child Health Now? Email us at frank_smith@wvi.org

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