

Never Had a Chance:

Why millions of children still die needlessly every year



With three years to go until the Millennium Development Goals deadline, we are 15 years off track – and children are paying the price.

Working together to give children a chance in life

EVERY YEAR SINCE 1990 the number of children under the age of five dying from preventable causes around the world has fallen. This is amazing and encouraging, and shows what happens when we commit to saving the lives of children around the world. It shows that when families, communities, supporters, ambassadors, leaders, governments, multilateral organisations and the UN work together, real progress is made. Since 2009, World Vision has been working with these partners through the Child Health Now campaign to eliminate the preventable deaths of children under five.

But, heartbreakingly, every year nearly seven million children still die before their fifth birthdays. They die from the most basic causes. They die in places we have overlooked or can't reach. I don't believe they die because we don't care; I believe they die because we just aren't doing enough. What we know, as this report shows, is focusing on families and communities is key to making it stop.

I met Sushmita Pal, known as Pinki to her friends, in India last year. Pinki is a leader in a Child Parliament organised by World Vision and was part of a delegation of children who met with their government to discuss improved access to good health for children across her country. I asked her to help me introduce this report, and here's what she said:

Health centres and hospitals are basic services that all people in our country and village should receive. The state of health care in our village is very poor. It is a problem to have to go to the nearby towns and cities for treatment and as a result of this, people waste a lot of their time and money. In cases of emergencies, many people die for lack of medical care.

Because of ignorance or because people have to travel very far for the hospital, they try to treat children at home. This, instead of making them better, worsens the health of the child. In many cases, the children die. All this is because they do not have access to basic health care and are not aware of how to treat illnesses.

I want the government to give more priority to health care in villages and rural areas. They should allocate higher budgets for this. The government has to open more health centres in rural areas. Only then can we reduce the number of people dying. For this, the government should make a law and pass it in the parliament."

We'll be right behind Pinki during our Global Week of Action this November as she and others – groups, churches, communities – across the world show their leaders that they care about ensuring families and communities have what they need to give every child a chance to survive to the age of five.

Join us at www.childhealthnow.org

Charles Badenoch

Vice President, Advocacy and Justice for Children
World Vision International

Time lost means lives lost

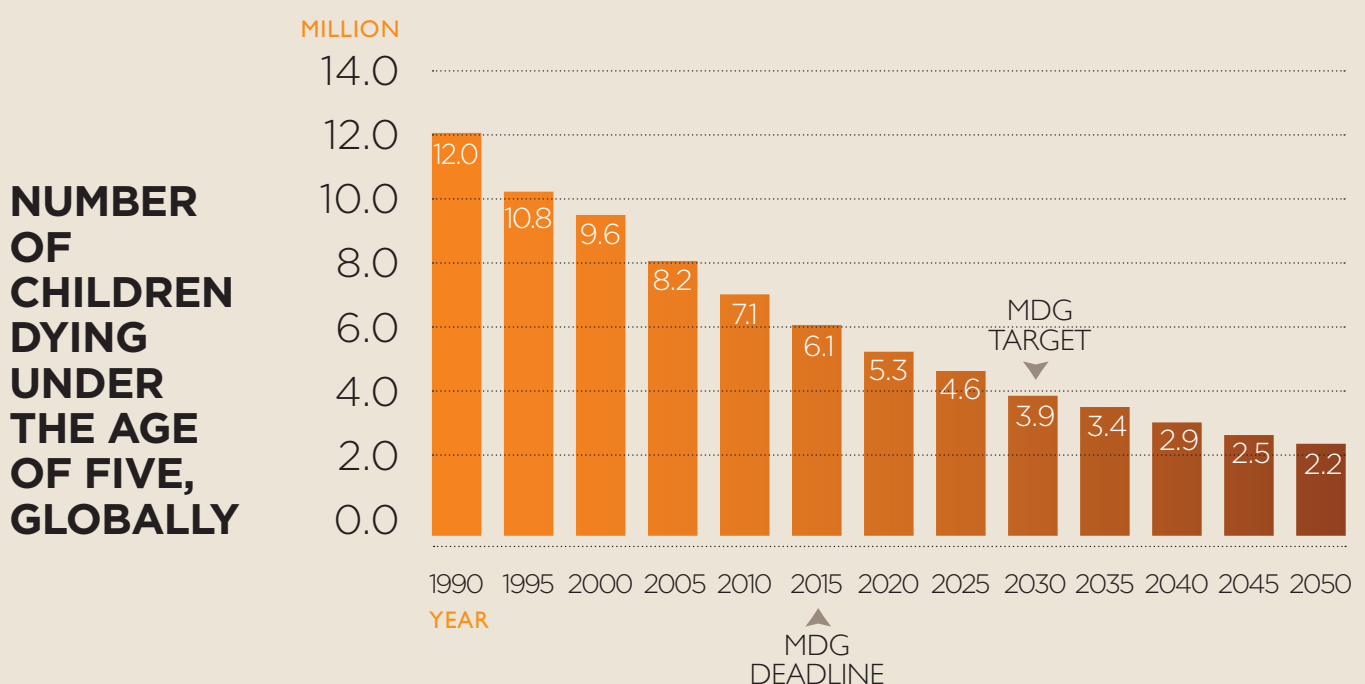
In the past 22 years, the number of children dying each year under the age of five has fallen from 12 million to just under seven million – a **42 per cent reduction**. Lives have been saved through concerted effort by countries and international bodies, and through the appliance of science. New technologies and more treatments have saved lives and helped to prove that change is not only possible, but eminently achievable with prompt and sustained action.

For the families of the nearly seven million children who do not survive, however, this is cold comfort. Their tragedy is compounded by the fact that governments, UN bodies, the corporate sector, and civil society organisations like World Vision all know how to prevent their deaths. We know, and have access to the effective, affordable interventions that would save five million lives every year. The problem is that countries who have pledged to slash mortality rates are dragging their heels – and time lost means further lives lost unnecessarily.

In the year 2000, world leaders pledged to reduce the number of deaths of children under the age of five by two-thirds by 2015. On current rates, Millennium Development Goal (number four) is 15 years off being reached. If we don't do something quickly, our target will not be achieved until 2030.

The time to act is now, this very year. Without urgent action in every country and at every level, there will be more than **100 million preventable child deaths between now and 2035**.

It doesn't have to be this way. Not only are the main causes of child mortality largely preventable; in cases where prevention fails, they are treatable.



Out of sight, out of mind

The bulk of child fatalities are now concentrated in a small number of countries. **Half occur in just five countries**, and nearly two thirds happen in ten nations.

Not all countries where child deaths occur are poor: of the 10 worst affected countries, four of the top five, and five of the top 10 are classified as middle income. It is likely these countries have sufficient resources to meet the basic health needs of their children, if resources are managed effectively and distributed fairly across the population.

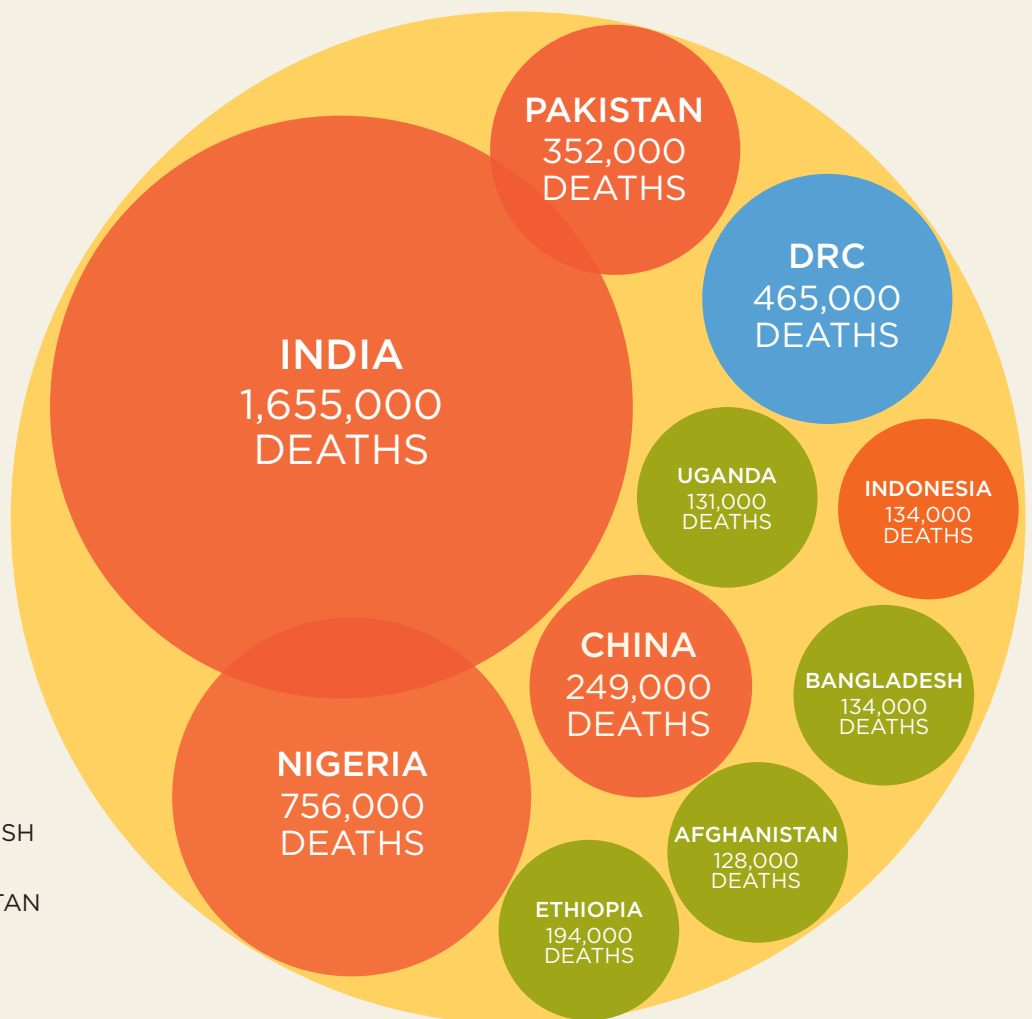
WHERE CHILDREN ARE DYING

6,914,000
TOTAL GLOBAL DEATHS

61%
SHARE OF GLOBAL DEATHS

GNI PER CAPITA (US\$)

- \$5,445 CHINA
- \$3,495 INDONESIA
- \$1489 INDIA
- \$1452 NIGERIA
- \$1,194 PAKISTAN
- \$735 BANGLADESH
- \$487 UGANDA
- \$576 AFGHANISTAN
- \$374 ETHIOPIA
- \$231 DRC



The six biggest killers of children

The main causes of child mortality under the age of five are **entirely preventable or effectively treatable**. Preterm complications; birth complications; newborn infections; pneumonia; diarrhoea; malaria: together these factors killed a staggering 4.4 million children in 2011, accounting for 64 per cent of the total number of deaths. Every life lost is a tragedy for their family, community and country.

In recent years, a number of developing countries, including Brazil, China, Colombia, Mexico and Sri Lanka, have demonstrated how progress is possible by successfully lowering their child mortality rates to the target of 20 or less deaths per 1000 live births.

What's needed to prevent a child from dying are simple things – education about breastfeeding, good nutrition and hygiene, early identification of symptoms and quick treatment of simple diseases – which can be provided by a parent or community health worker if available resources are directed appropriately. Trained doctors and midwives are best equipped to handle the more complex issues such as complications during birth and neonatal infection, but the majority of needs can be addressed by the local community. That is why it is essential that investment at the community and family level is dramatically increased as soon as possible.

THERE ARE SIX MAIN PREVENTABLE CAUSES OF CHILD DEATH:

1 **PRETERM COMPLICATIONS** kill one million children each year.

TO STOP THIS HAPPENING REQUIRES:

- Adequate nutrition for expectant mothers
- Effective antenatal care
- Early initiation of breastfeeding
- Family knowledge of danger signs in pregnancy
- Access to emergency obstetric and newborn care
- A skilled attendant at every birth
- Delayed birth of a family's first child, and a gap of three years between each child
- Close skin-to-skin contact with a parent immediately after birth (also known as kangaroo care)

2 **PNEUMONIA** kills one million children each year.

The illness can be bacterial or viral, but both types are generally preventable through good nutrition, hygiene and appropriate care for children with lower respiratory tract infections. Early identification and appropriate medicine are key to curing most pneumonia cases.

TO STOP THIS HAPPENING REQUIRES:

- Exclusive breastfeeding for the first six months
- Appropriate nutrition provided for children from six months to five years
- Immunisation against the major causes of pneumonia
- Regular hand-washing with soap
- Family knowledge of danger signs in young children
- Prompt administration of the right medication
- Good and steady access to micronutrients

3 NEWBORN INFECTIONS kill 700,000 children each year.

TO STOP THIS HAPPENING REQUIRES:

- Adequate nutrition in expectant mothers
- Effective antenatal care including antiretroviral treatment for mothers with HIV
- A skilled attendant at every birth
- Hygienic delivery
- Early initiation of exclusive breastfeeding
- Effective postnatal visits to mother and newborn in the home
- Family knowledge of danger signs in newborns
- Appropriate care seeking and treatment

4 DIARRHOEA kills 700,000 children each year.

Both viral and bacterial infections can cause diarrhoea, and whilst the illness itself is not usually fatal, the resulting dehydration and salt loss from the body can end in death. Oral rehydration therapy prevents these complications and zinc tablets help children to recover more quickly.

TO STOP THIS HAPPENING REQUIRES:

- Exclusive breastfeeding for six months, to increase immunity in babies
- Appropriate nutrition for older children
- Good and steady access to micronutrients
- Immunisation against measles and rotavirus
- Regular hand-washing with soap
- Access to clean drinking water
- Family knowledge of the importance of clean water and sanitation for health
- Family knowledge of danger signs in young children
- Early intervention with oral rehydration therapy and zinc

5 BIRTH COMPLICATIONS kill 600,000 children each year.

TO STOP THIS HAPPENING REQUIRES:

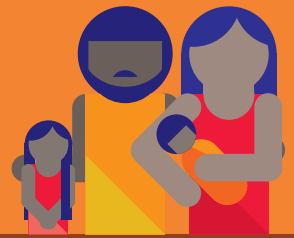
- Adequate nutrition for expectant mothers
- Effective antenatal care
- Family knowledge of danger signs in pregnancy and immediately after birth
- A skilled attendant at every birth
- Access to emergency obstetric and newborn care

6 MALARIA kills 500,000 children each year.

TO STOP THIS HAPPENING REQUIRES:

- Exclusive breastfeeding for the first six months
- Appropriate nutrition for children from six months to five years
- Good and steady access to micronutrients
- Insecticide-treated nets to cover beds
- Residual insecticide spraying of homes
- Family knowledge of danger signs in young children
- Rapid testing and treatment

WHAT CHILDREN ARE DYING OF: THE MAJOR KILLERS

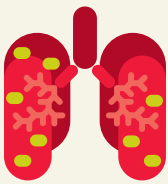


MAJOR KILLERS OF CHILDREN



PRETERM COMPLICATIONS

kills one million children each year



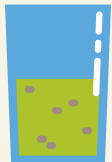
PNEUMONIA

kills one million children each year



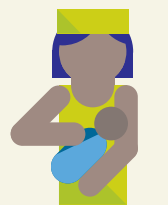
NEWBORN INFECTIONS

kill 700,000 children each year



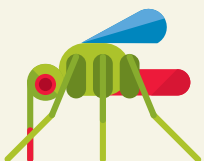
DIARRHOEA

kills 700,000 children each year



BIRTH COMPLICATIONS

kills 600,000 each year



MALARIA

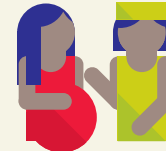
kill 500,000 children each year



MAJOR SOLUTIONS



Immediate and exclusive **breastfeeding**



Skilled attendant for antenatal, birth and postnatal care



Access to **nutrition** and micronutrients



Family **knowledge** of danger signs



Water, sanitation and **hygiene**



Immunisations



OTHER SOLUTIONS

Delayed birth of a family's first child, and a gap of three years between each child

Early intervention with oral rehydration therapy and zinc

Close skin-to-skin contact with a parent immediately after birth (also known as **kangaroo care**)

Sleeping under **insecticide-treated nets**

Prompt administration of the **right medication**

Residual **spraying of home**

Appropriate **care seeking** and **treatment**

Rapid testing and **treatment**

The missing link— families and communities

The lives of millions of children continue to be lost every year because their families and communities still do not have access to the information, the approaches and medicines proven to save lives.

The burden of child mortality remains in the families on the **lowest incomes and in the most remote areas**. These people often have the poorest diets, live in the most crowded and dangerous conditions and have the highest exposure to illness.

On average only one in four women in the poorest 20 per cent of households has access to a skilled birth attendant, compared to nine out of 10 of those in the top 20 per cent of households in the same country. As UNICEF reports, “infectious diseases are characteristically diseases of the poor and vulnerable, who lack access to basic prevention and treatment interventions”. However, focusing aid on the poorer and more remote communities – who have limited access to health information and services – provides the highest return on health investments.

Now is the time to demand action of our world leaders.

World Vision believes that focusing on the following four areas would save more than four million children each year:

1. Providing **health information, resources and incentives** to families and communities, plus instruction in giving basic treatments and seeking professional help when required.

2. Increasing recruitment, support and use of **community health workers** to educate communities about healthcare and to act as a vital and trusted link to professional health services.

3. Providing adequate **staffing, training** and stocking of professional primary **healthcare services**, particularly for poorer and more remote populations that usually face the biggest health threats and worst outcomes.

4. Improving the **quality of services** provided by **private health providers** such as doctors and pharmacists, who are a front-line source of advice and treatments for families in many communities.

Actions needed to save lives

The key to making real change happen and save more than four million children's lives, is to ensure that governments have the resources and support they need to focus on families and communities.

IN COUNTRIES WITH THE HIGHEST CHILD MORTALITY RATES, GOVERNMENTS SHOULD:

- Prioritise the poorest and most vulnerable families.
- Shift the focus of national and district health plans and budgets to family and community-based initiatives.
- Empower communities, especially women, caregivers, faith leaders and civil leaders, to seek care where appropriate, and to hold their government to account for the delivery of quality health care.
- Ensure that sufficient numbers of community-based health workers are adequately trained, supported and supervised.
- Instigate a joined-up service between those sectors providing health, nutrition, sanitation and clean water.

IN DONOR COUNTRIES AND ORGANISATIONS, DECISION MAKERS SHOULD:

- Recognise that eradicating the major causes of child mortality depends upon greater priority and funding for family and community-based interventions.
- Improve transparency and coordination with other donors to ensure long-term predictable funding for family and community-focused care.

IN MULTILATERAL ORGANISATIONS:

- Operational plans for existing frameworks and initiatives, such as Every Woman Every Child, must include a strong focus on family and community interventions.
- Research should be carried out to capture evidence and lessons from countries with proven success in implementing family and community care, and reducing child deaths from the major preventable killers.

Global frameworks and movements, such as the UN's Every Woman, Every Child initiative and UNICEF's A Promise Renewed, reinforce national-level efforts to reduce the number of children dying every year. But it is crucial that these include action at the family and community level if we are to make sure children feel the impact and lives are saved.



This report has been compiled by World Vision's Child Health Now team and draws on World Vision, UNICEF and Countdown to 2015 resources. For more information, please visit www.childhealthnow.org

Child Health Now is World Vision's five-year global campaign, active in nearly 50 countries, aiming to see an end to the more than six million deaths of children under five that we believe are preventable.

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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities worldwide to reach their full potential by tackling the causes of poverty and injustice.

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