



Global **HEALTH** Advocates
Avocats pour **LA SANTÉ** dans le Monde

Child mortality in ACP countries: getting to zero?

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Latest estimates

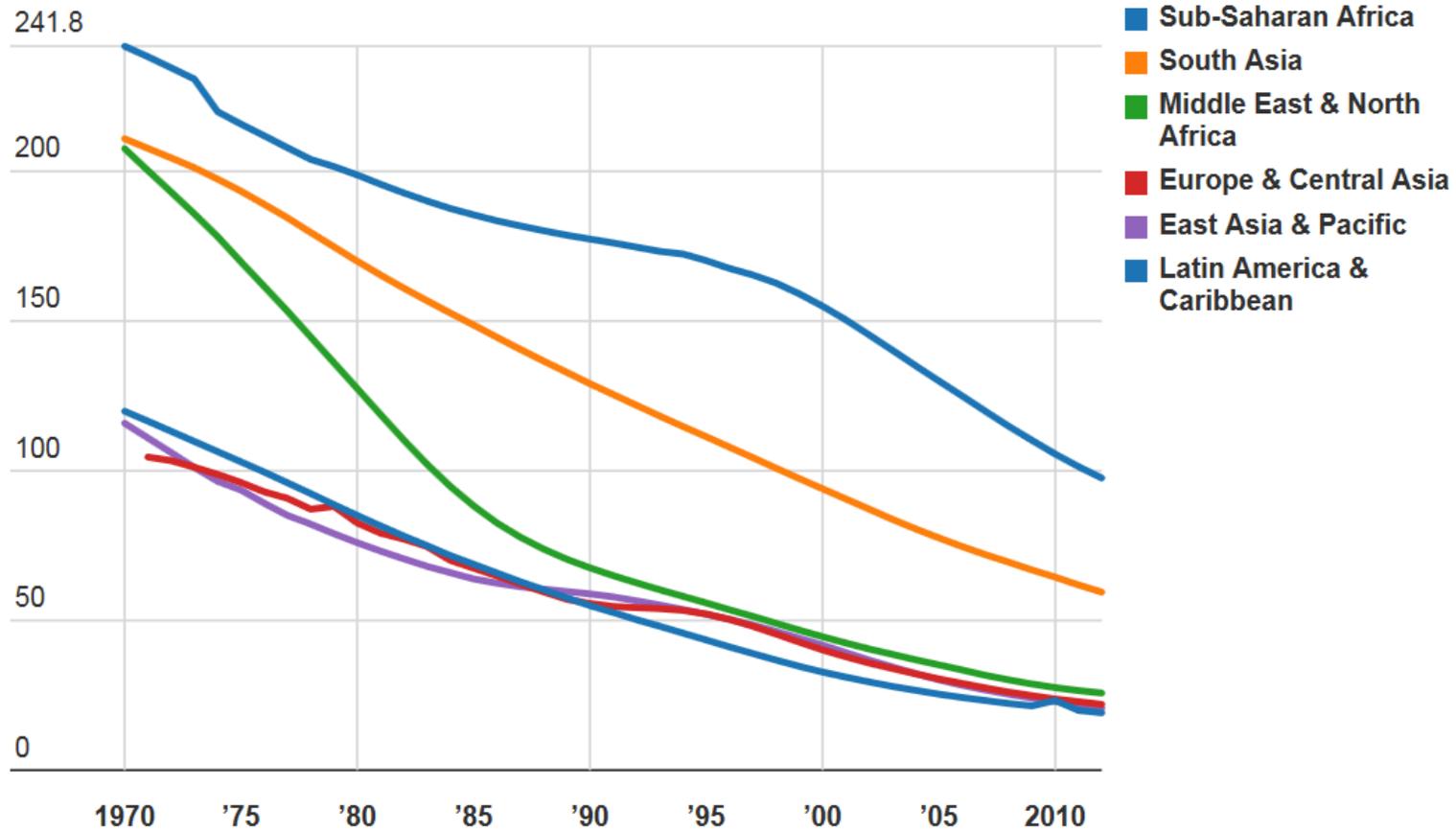
- Substantial progress made towards achieving MDG 4.
 - 12.6 million in 1990 to 6.6 million in 2012.
- 17,000 fewer children dying every day but still 18,000 children every day in 2012.
- Since 1990 the global under-five mortality rate has dropped by 47% — from 90 deaths per 1,000 live births in 1990 to 48 in 2012.
- All regions, except for Sub-Saharan Africa and Oceania, have reduced their under-five mortality rate by 50% or more.

→ However this is insufficient to meet MDG4 globally



Under-five mortality rate by region

1970-2012 (per 1,000 live births)



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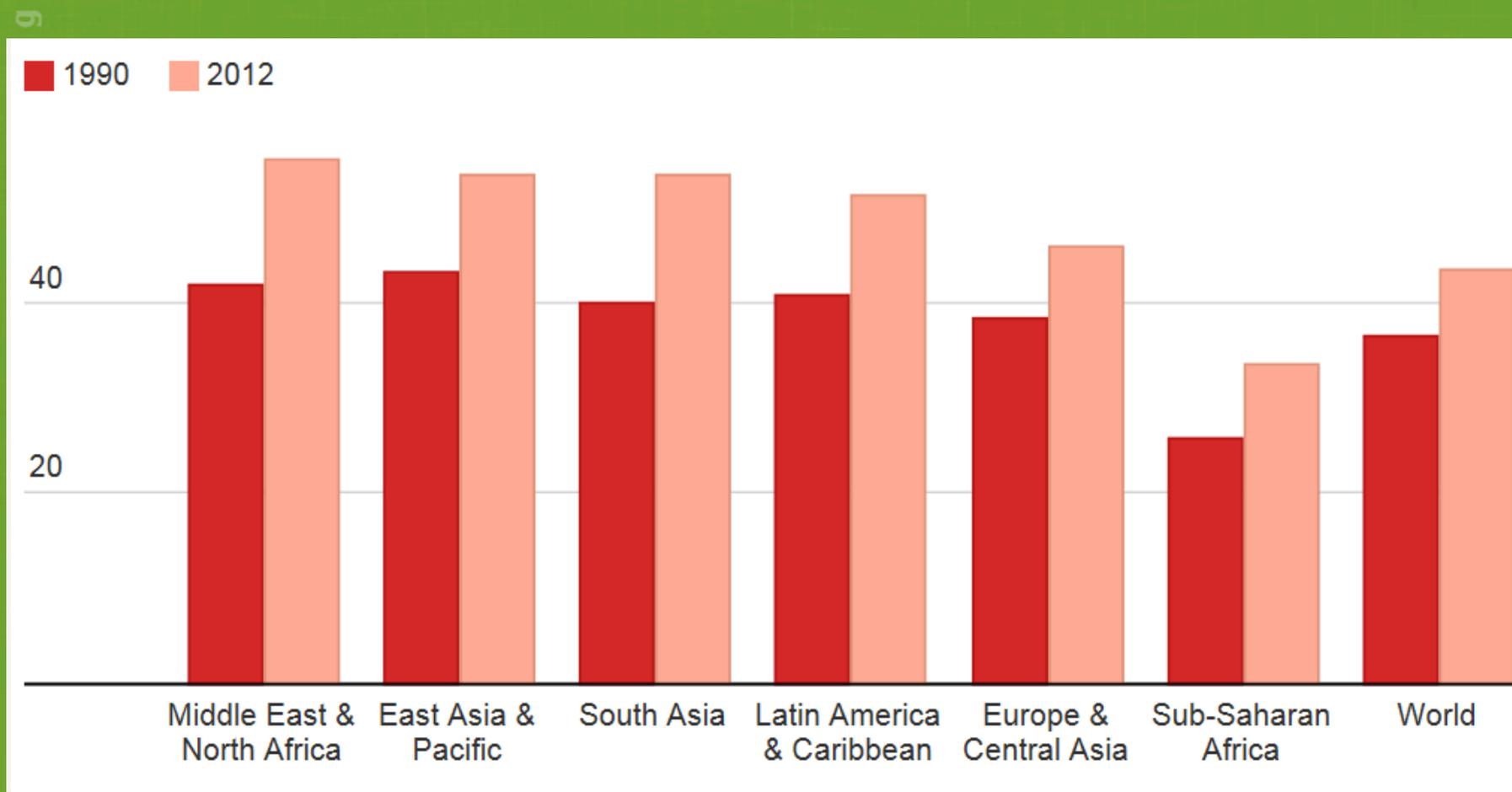
Source: [World Bank](#), [Get the data](#)



Rates of reduction

- The average accelerated—from 1.2 percent a year 1990–1995 to 3.9 percent 2005–2012
- Within sub-Saharan Africa, divergence between Eastern and Southern Africa (53% reduction since 1990) and West and Central Africa (39%) Concentration of the burden in 5 countries
- 50% of deaths are in India (22%), Nigeria (13%), Democratic Republic of the Congo, Pakistan and China.
- Declines of neonatal mortality are slower than for older children: proportion risen from 37% to 44 %.

Change in % of newborn deaths



Equitable and sustainable change

Country Name	Reduction in U5 Mortality score (out of 1)	Equity score (out of 1)	Sustainability score (out of 1)	Total score (out of 3)
Niger	1.0	0.67	0.88	2.54
Liberia	1.0	--	0.88	2.21
Rwanda	1.0	0.17	1.00	2.17
Indonesia	1.0	0.67	0.50	2.17
Madagascar	1.0	0.67	0.50	2.17



National level

- Seven high-mortality countries (5 ACP) have already reduced their under-five mortality rates by two-thirds or more since 1990;
- Six of these countries are low-income
- A further 18 high-mortality countries have also managed to at least halve their under-five mortality rates over the same period.

➔ low national income is not a barrier to making faster and deeper gains in child survival.



Ethiopia and Nigeria : A closer look

• Ethiopia :

- 67% fall in under-5 mortality since 1990 from 440 thousand death to 205. Recently reached MDG4
- Salama said the fact “government-owned rather than donor-led” policies has contributed to such success

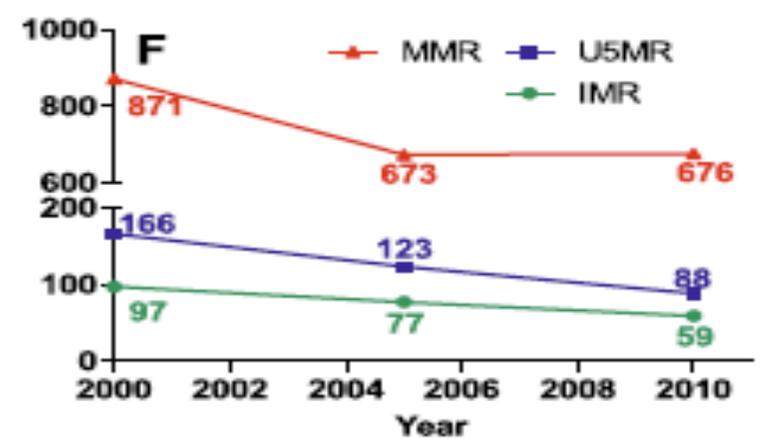
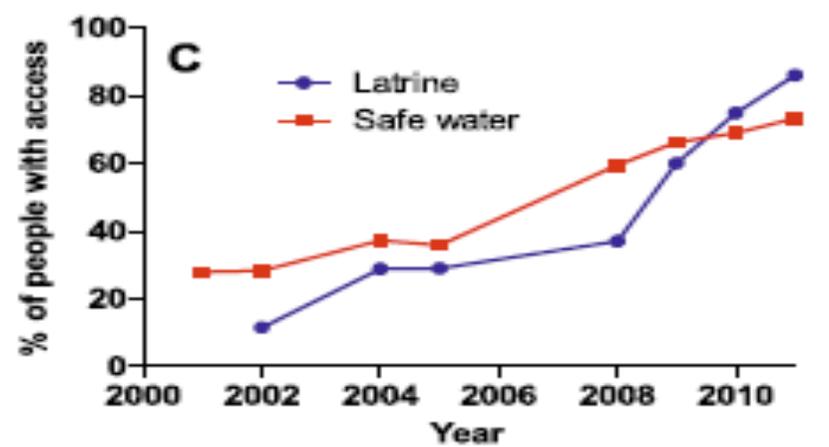
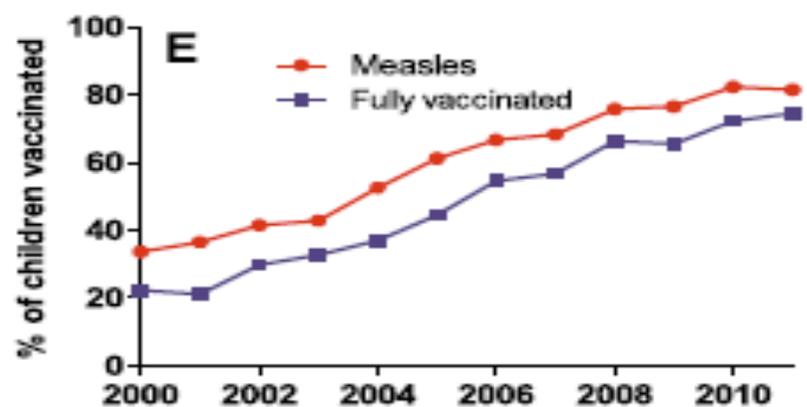
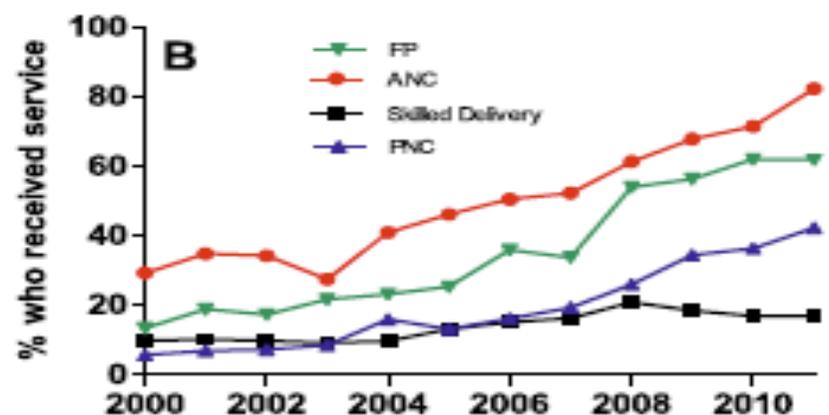
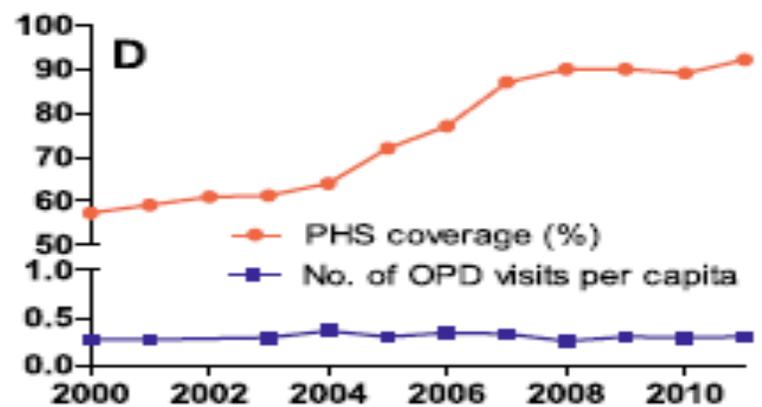
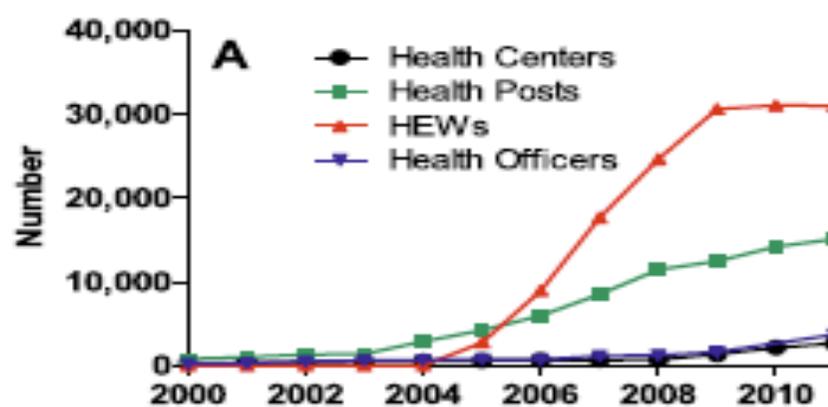
• Niger

- Rate declined from 226 deaths per 1000 live births in 1998 to 128 deaths in 2009, an annual rate of decline of 5.1%.
- Introduction of insecticide-treated bednets (25%); improvements in nutritional status (19%);
- vitamin A supplementation (9%);
- treatment of diarrhoea with oral rehydration salts and zinc careseeking for fever, malaria, or childhood pneumonia (22%);
- Vaccinations (11%).



Ethiopia

- Reaching the Abuja target: 14,64 % of national budget to health
- Government led programmes with coordination and harmonisation for donors ie Code of Conduct
- Reducing the equity gap :
 - 36,000 health workers and deployed them to more than 15,000 health posts on government payroll 34,382 based in rural areas
- Comprehensive mother and child health policies focused on high impact interventions
 - Integrating access to immunisation, infectious diseases prevention and treatment, family planning and nutrition interventions
- Free health care at the point of use for women and children
- Coordination with other government sectors (such as education and agriculture)





Niger

- 11,08% of national budget to health and increase in ODA targeting MNCH
- government policies supporting universal access, provision of free health care for pregnant women and children:
 - increase of access to services starting in 2006 when user fees were abolished
- Decentralised nutrition programmes and training of community health workers on high impact interventions
 - Treatment and prevention of pneumonia and diarrhoea, malaria prevention, promotion of key practices and malnutrition
- Use of mass campaigns to scale up coverage such as promotion of vaccination against measles
- A focus on nutrition following the nutrition crisis in 2005.

Child health commitments made

- **Previous pledges partially met**

- In 2011, only 8,1% of EU aid was dedicated to health and 4,1% to basic education despite the longstanding call of the EP for 20% of EU aid to health and education
- In 2011, only 6 countries has reached the 15% target and 7 countries have reduced their health expenditure

- **But important new commitments :**

- 20 % of EU aid in the new MFF will be dedicated to social inclusion and human development with a focus on health, education and social protection: Member States conclusion on the Agenda for a Change
- President Barroso reaffirmed the EU's commitment to immunisation as well as treatments for HIV/AIDS, Tuberculosis and Malaria
- EC communication on nutrition aim at reducing by 7 million the number of children who are stunted
- 410 million euros committed for mother and children under nutrition direct intervention
- African Union calls child health to be at the forefront of Africa's development agenda.

Upcoming opportunities

- **Post-2015 agenda: ending all preventable child death, equity and Universal Health Coverage?**
- **For MEPs: advocating for 20% of EU aid to be dedicated to health and education and monitoring the achievements of the benchmark**
- **ACP MPs: ensuring that health and education is a priority in country programming with the EU and that child health is a key objective as well as in the Intra ACP fund**
- **Promote child health and universal health coverage targets in post 2015 discussions**
- **ACP EU JPA : Suggest a report on scaling up child health interventions in ACP countries in the social affairs committee in order to ensure accountability of EU and ACP commitment on the issue.**