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Sent: Monday, November 15, 2004 3:24 PM
Subject: [pha-ncc]

http://www.unicef.org/media/media_24252.html

World falling short on promise to reduce child deaths

With Goal of Two-Thirds Reduction by 2015, 98 Countries Are Off the Mark; AIDS and Conflict Send Some Nations Spiralling in Wrong Direction

NEW YORK, 7 October 2004 – New country-by-country data reveals alarmingly slow progress on reducing child deaths despite the availability of proven, low-cost interventions, a UNICEF survey revealed today. UNICEF said that while 90 countries are on track to meet the target of reducing child deaths by two-thirds by 2015, 98 countries are considerably off track, and globally the pace of progress is far too slow.

At the current rate of progress, the average global under-five death rate will have dropped by roughly one-quarter by 2015, far below the two-thirds reduction agreed to by world leaders.

"A child's right to survive is the first measure of equality, possibility, and freedom," UNICEF Executive Director Carol Bellamy said, launching Progress for Children in New York. "It is incredible that in an age of technological and medical marvels, child survival is so tenuous in so many places, especially for the poor and marginalized. We can do better than this."

Progress for Children ranks countries on their average annual rate of progress since 1990, which is the baseline year for the global goal of reducing child mortality by two-thirds by 2015 – a goal agreed to by all governments as part of the UN's Millennium Development Goals.

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Child mortality refers to the number of children who die before their fifth birthday, and is measured per 1,000 live births. For example, in 2002, the most recent year for which comprehensive data is available, industrialized countries had an average child mortality rate of 7 deaths per 1,000 live births; the least developed countries had a rate of 158 deaths per 1,000 births. UNICEF considers child mortality rates the basic measure of a country's **advancement**.

The regional tables in the report provide comparisons of how quickly or slowly nations have made progress on child mortality between 1990 and 2002. The goal of a two-thirds reduction assumed an average annual rate of progress of roughly 4.4 per cent between 1990 and 2015. The report reveals that no region has met that standard, though nearly 50 individual countries have. Some 78 countries have failed to average even two percent progress per year in reducing child mortality.

The figures make clear that those countries that have fallen short on progress since 1990 now have a much more daunting task. At least 39 countries must now reduce mortality by more than 8 per cent per year, on average, during the remaining years to 2015 in order to reach the goal.

Heading in Reverse

Child mortality rates vary considerably among regions and countries, but the most disturbing findings are those countries whose annual rate of progress has been negative; in other words, they are heading in reverse, with rising child mortality rates. In several countries in sub-Saharan Africa

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and the Commonwealth of Independent States, children are less likely to make it to their fifth birthdays than they were in 1990.

HIV/AIDS remains one of the chief underlying causes affecting child mortality trends, particularly in sub-Saharan Africa. Botswana, Zimbabwe and Swaziland, which registered the second, third and fourth fastest increases in under-five deaths, also have the world's highest national HIV prevalence rates - about 37, 25 and 39 per cent, respectively. Other key factors behind spiking child mortality rates, as in the case of Iraq and Afghanistan, are the effects of armed conflict and social instability.

Despite a slight improvement, Sierra Leone continues to have the world's highest rate of child mortality, with more than one in four children dying before age five (284 deaths per 1,000 births annually).

Latin America and Caribbean countries have seen the most substantial improvement on average, although alarming gaps are opening up within countries there. Poverty and discrimination are preventing large groups of children within these countries from accessing basic services.

Malaysia, Malta and Egypt have made the most dramatic leaps forward overall, although Egypt is still battling polio. Iraq has lost the most ground since 1990.

Root Causes

Inadequate birthing conditions – meaning little or no health care for mothers, and the lack of skilled attendants during deliveries – cause the largest proportion of preventable deaths. Infectious and parasitic diseases, such as diarrhoea and acute respiratory infections, followed by malaria and measles are the next biggest killers. Acute respiratory infections and diarrhoea are at the root of roughly one-third of child deaths.

Malnutrition contributes to more than half of all child deaths. Unsafe water and poor sanitation are also contributing factors.

“The world has the tools to improve child survival, if only it would use them,” Bellamy said.

“Vaccines, micronutrient supplements and insecticide-treated mosquito nets don't cost much, and would save millions of children. But not enough children are being reached with these basic life-savers. That's what has to change. No government should be allowed to let another ten years pass with so little progress for children. Leaders have agreed to goals and they must be held accountable.”

Regionally, much of the Middle East and Northern Africa, Latin America and the Caribbean, and East Asia and the Pacific are on track to reach the goal. But Central and Eastern Europe, South Asia, and sub-Saharan Africa will require dramatic measures if they are to come close.

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CF/DOC/PR/2004-095

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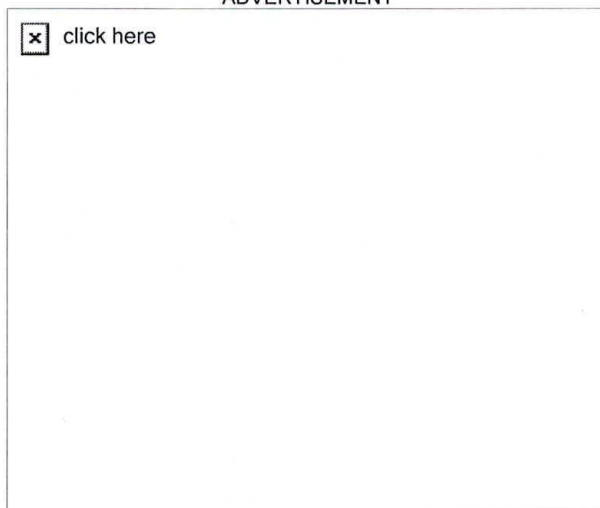
Please Visit our websites www.bpni.org and www.ibfan-asiapacific.org

The International Baby Food Action Network (IBFAN) is the 1998 Right Livelihood Award Recipient. It consists of more than 200 public interest groups working around the world to save lives of infants and young children by working together to bring lasting changes in infant feeding practices at all levels. IBFAN aims to promote the health and well-being of infants and young children and their mothers through protection, promotion and support of optimal infant and young child feeding practices. IBFAN works for the universal and full implementation of 'International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions. IBFAN recognizes and endorses the Global Strategy for Infant and Young Child Feeding, committed to improve infant feeding practices. IBFAN follows clear funding policies that do not lead to any conflicts of interest and does not accept funds or sponsorship of any kind from the companies producing breastmilk substitutes, feeding bottles, related equipments, or infant foods (cereal foods).

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