
What Rotarians can do to address child health ...

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Outline of the Presentation

- Size of the problem
- Where is it
- Causes
- Progress
- What donors doing?
- What is the challenge?



More than 10 million children die each year from preventable causes

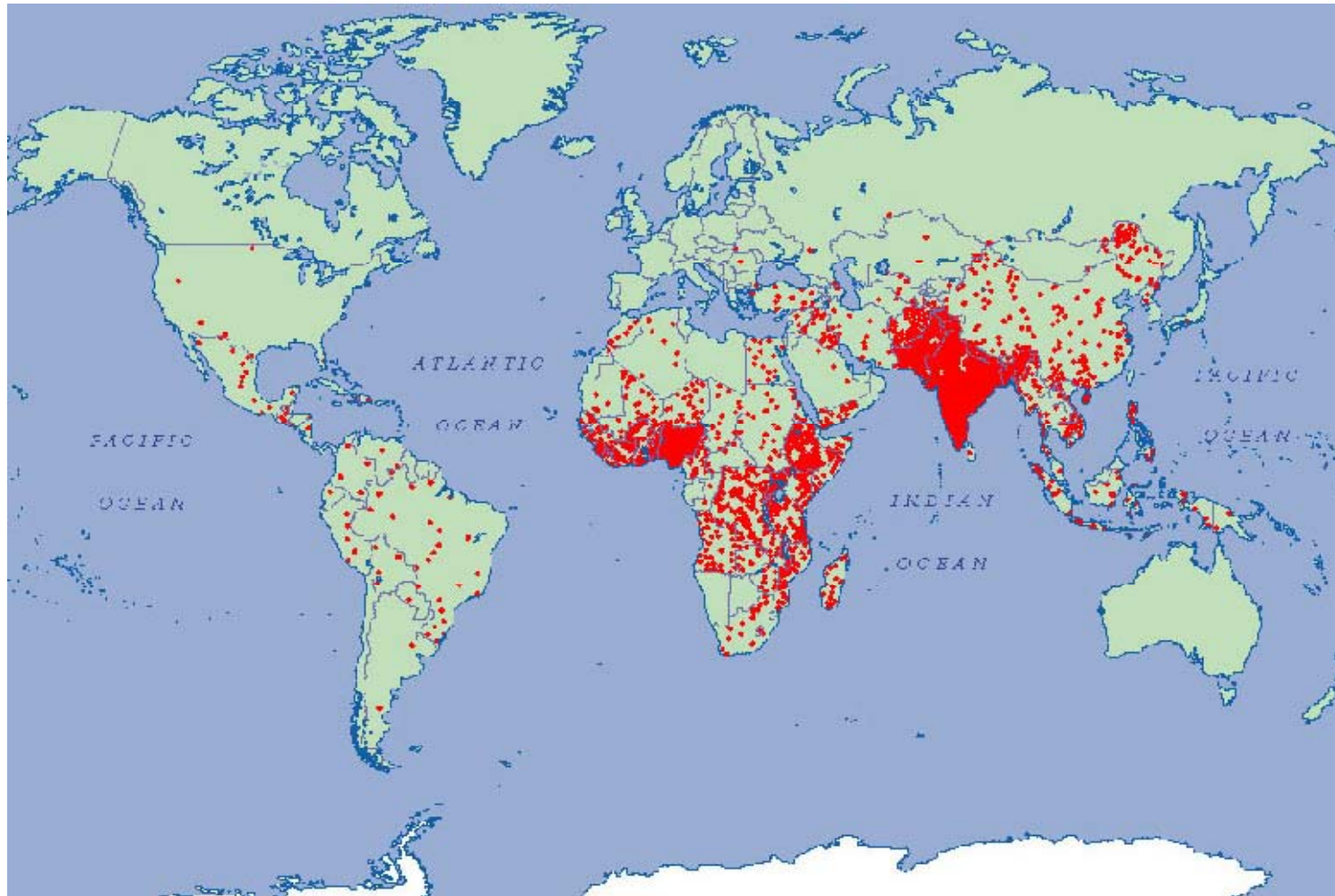
- About 6 million children die per year worldwide, aged 1 mo to 5 yrs
- About 4 million newborn die in the first month of life (40% of all child deaths)
- 530,000 women die each year due to pregnancy-related causes

Death of a mother is intimately linked with health and survival of her children



Where do child deaths occur?

Source: Black et al (2003)



Which countries have the largest problem?

- India 2,402,000 child deaths each year
- Nigeria 834,000
- China 784,000
- Pakistan 565,000
- DRC 484,000
- Ethiopia 472,000

These six countries account for one half of worldwide child deaths.

90% of child deaths occur in just 42 countries.



Child mortality rates and how countries rank

Sierra Leone	316/1000 births
Niger	270
Angola	260
Afghanistan	257
Liberia	235
Mali	233
Somalia	225
Guinea Bissau	215
DRC Congo	205
Zambia	202
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India	76

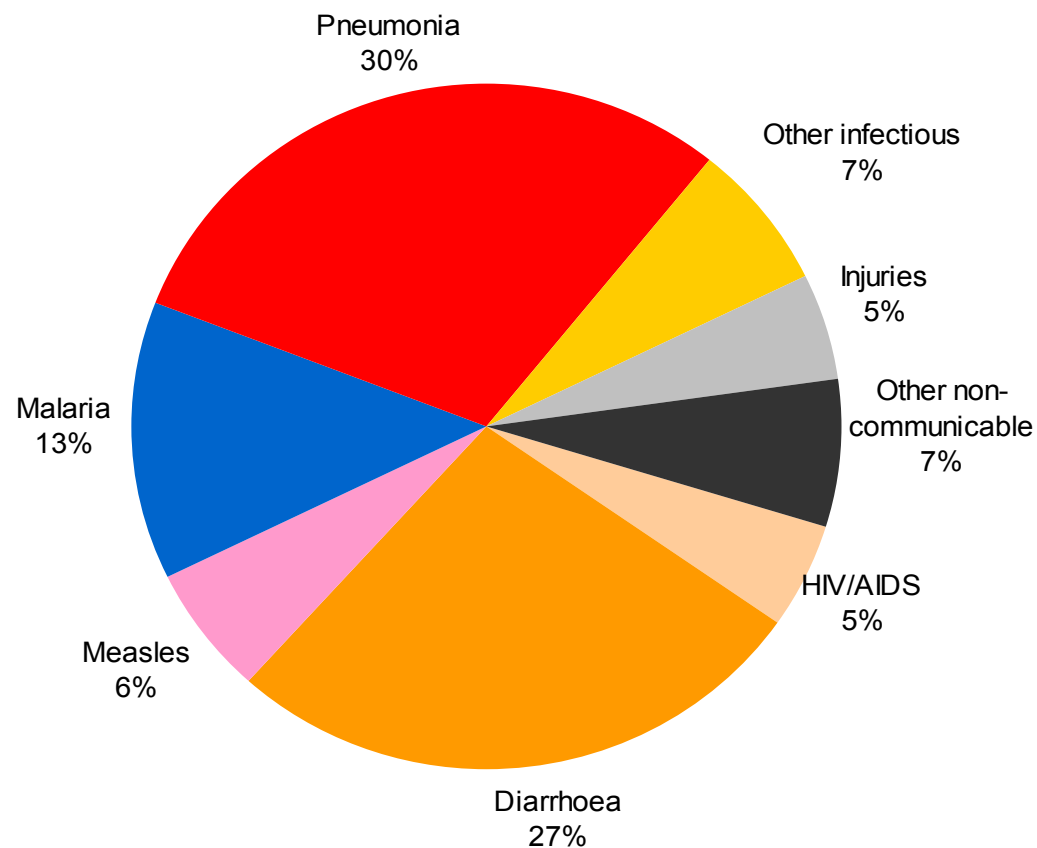
These are **very high rates** of child mortality, however, the populations are relatively small, with the exception of DRC Congo which has a high child death rate and also a large population.

Message: **there is an urgent need for action in all countries, because most deaths are preventable.**



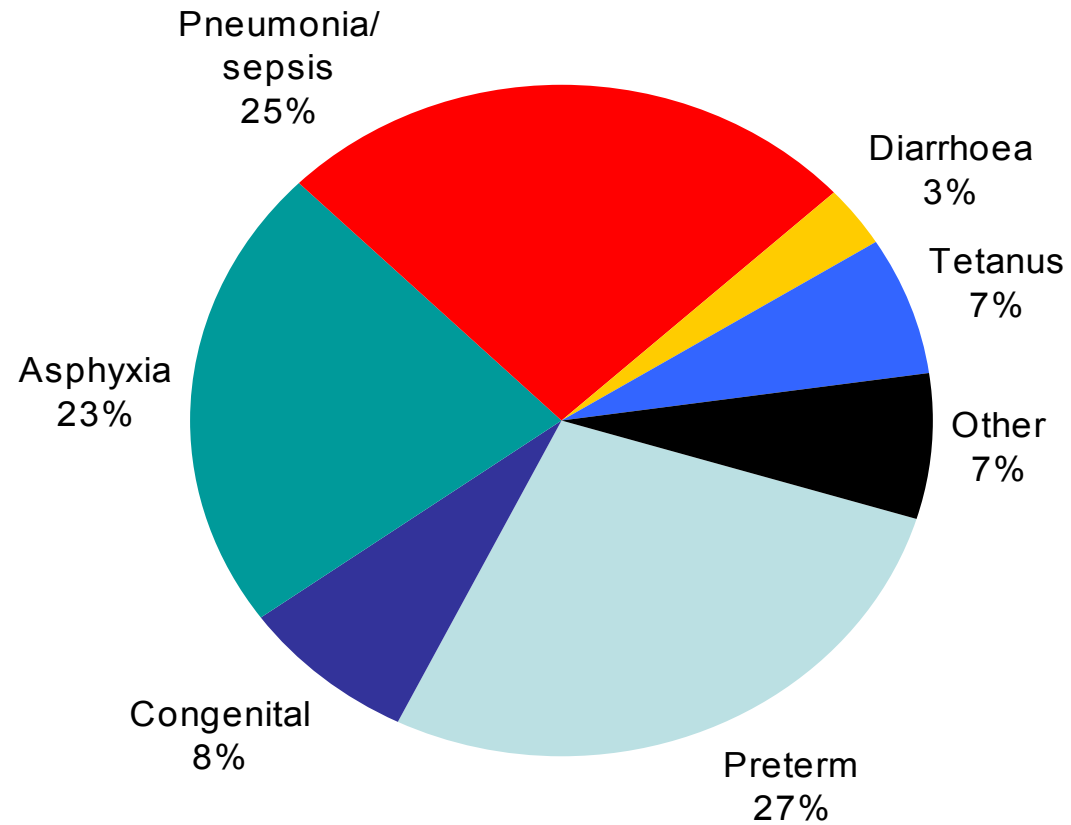
The most common causes of child deaths

Source: WHO

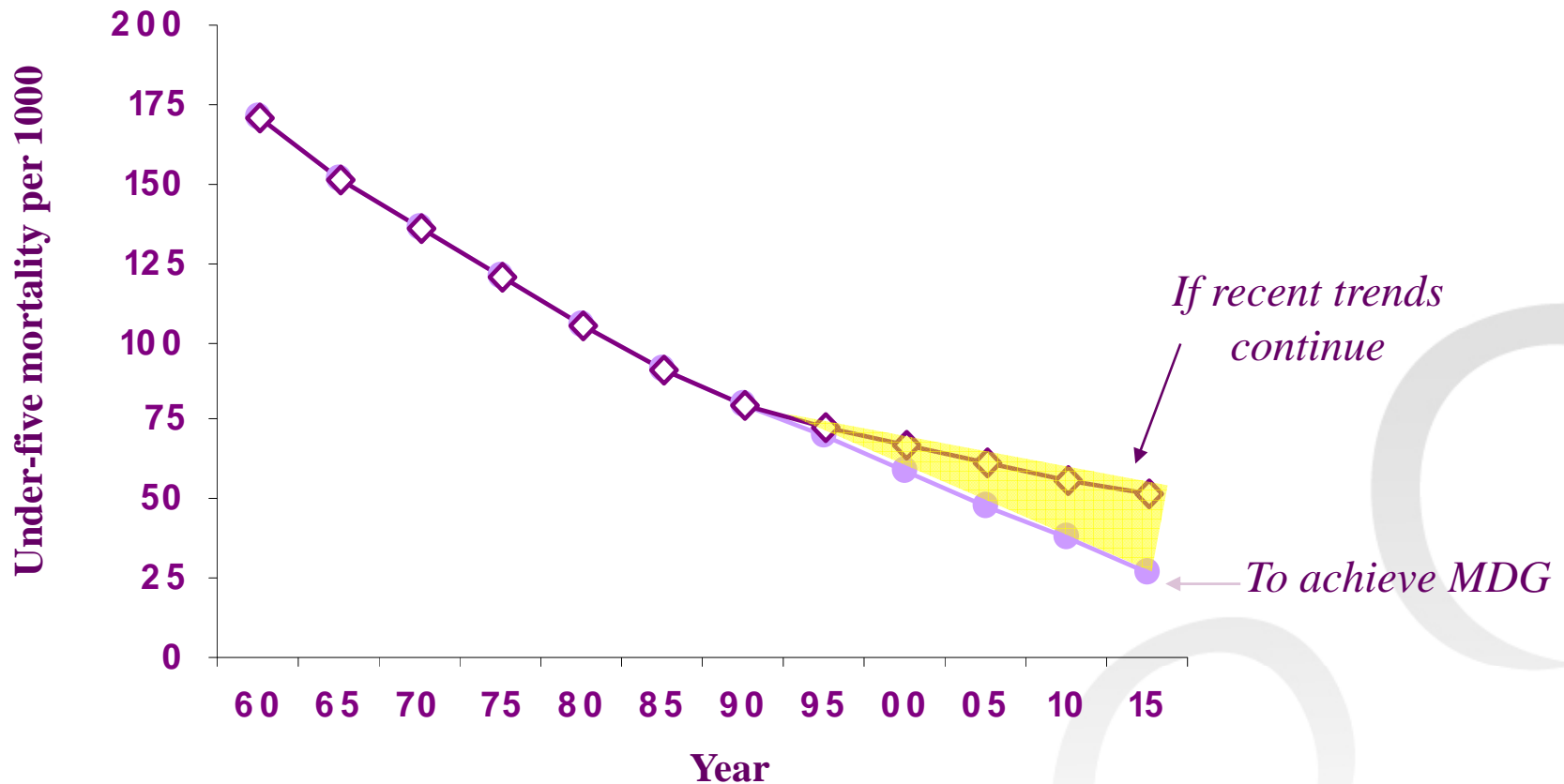


The most common causes of newborn deaths

Source: WHO



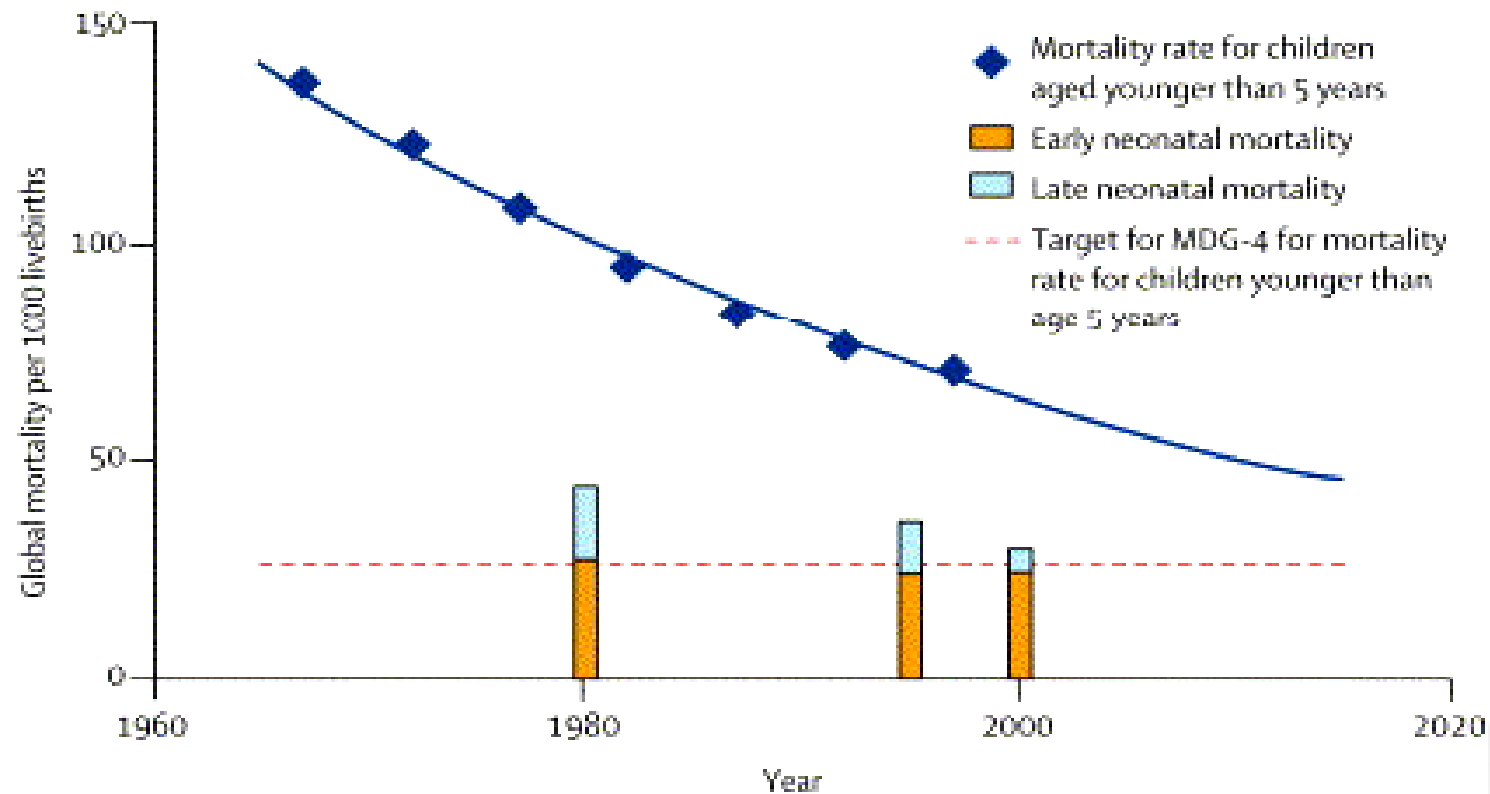
Child deaths have declined since the 60s – but progress needs to be accelerated



Source: Ahmad OB, Lopez AD & Inoue M. (2000)



Further progress requires attention to the newborn



Source: Lawn et al, Lancet Series



Child deaths that could be prevented in 42 countries with 90% of deaths worldwide

Source: Jones et al (2003)


■ Prevention

- Breastfeeding 1,301,000 deaths prevented
- Insecticide treated nets 691,000
- Complementary feeding 587,000
- Zinc 459,000
- Clean delivery 411,000

■ Treatment

- Oral rehydration therapy 1,477,000 deaths prevented
- Antibiotics for sepsis 583,000
- Antibiotics for pneumonia 577,000
- Anti-malarials 467,000





About **two-thirds of child deaths** can be prevented by interventions that are available today and are feasible for implementation in low-income countries at high levels of population coverage!

It is not a matter of waiting for new drugs, new technologies, new vaccines – although these can accelerate the pace of change.

The challenge is to transfer what we already know into action.



Coverage is uneven – continuum of care is missing

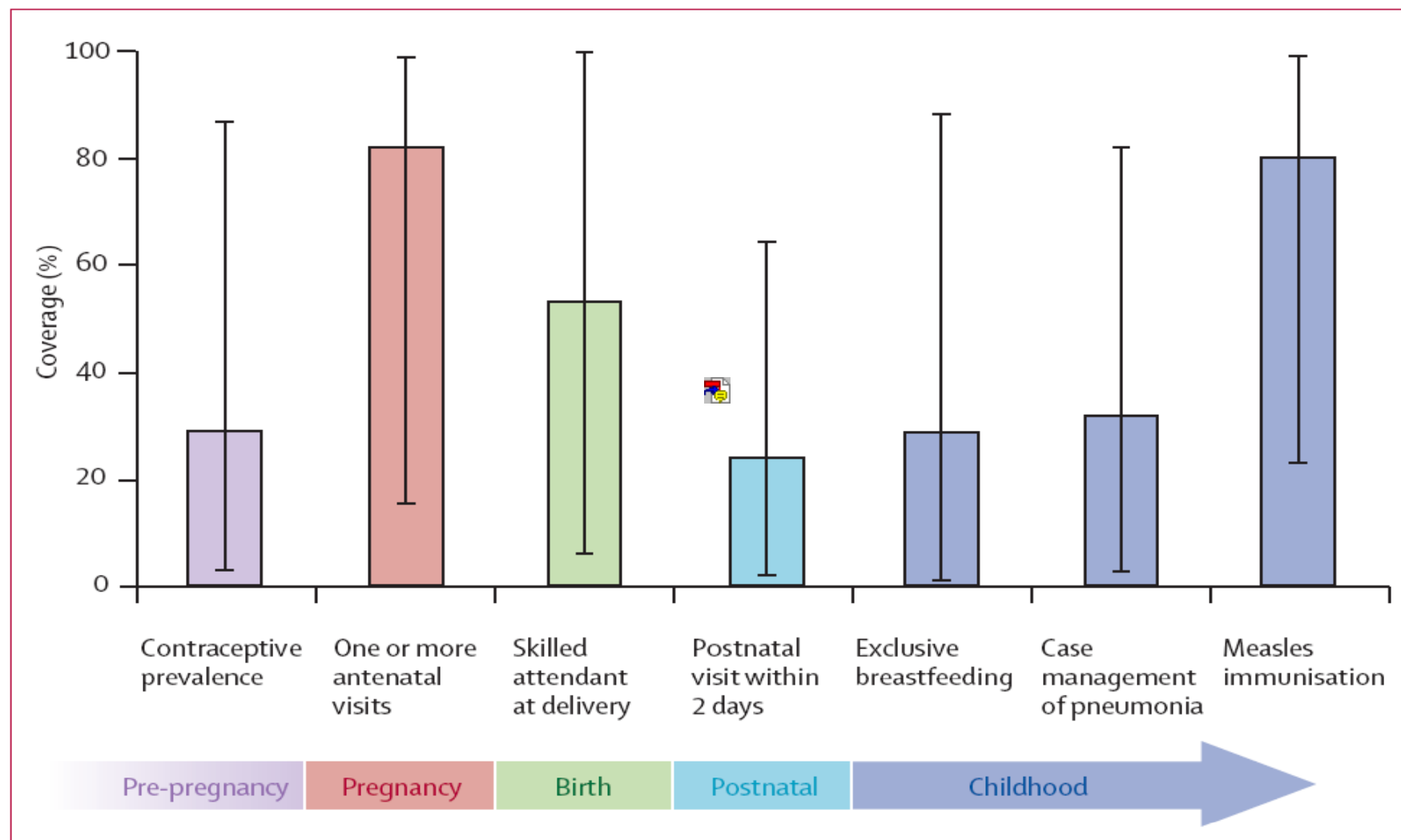


Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000–06)

Transferring knowledge to action: treatment of childhood and newborn pneumonia

- Pneumonia kills more children than any other cause
- Once a child has pneumonia → prompt treatment with a full course of antibiotics saves lives
- Prompt treatment requires training health workers to diagnose and treat in the community
- an additional **US\$340m** is needed annually to increase coverage of pneumonia treatment for children <5 in the countries that account for 95% of mortality (World Health Report 2005)
- South Asia and sub-Saharan Africa have lowest treatment costs: universal treatment in these regions would cost only **\$200m** per year (Wardlaw et al 2006)



What are donors providing for mothers and children?

- Donor funding is increasing
 - From \$4 to \$7 for child health per child in recent years
 - From \$7 to \$12 for maternal/newborn health per live birth
- However:
 - It is still **too low** - only **3.3%** of total aid
 - **94%** delivered through projects - this may not be best approach
 - Aid is volatile and insufficient

Aid for mothers and children needs to triple



In summary

- 6 million child deaths, 4 million newborn deaths, and 530,000 maternal deaths every year
- South Asia and sub Saharan Africa is most affected
- Some progress, but not enough
- Solutions are available and feasible
- The challenge is to turn knowledge into action
- Countries need to allocate resources soundly
- Political leadership and drive in countries *(devise local, sustainable solutions and apply consistently)*
- There is a financing gap – donors need to do more


Results are achievable



Some suggestions for Rotary International ...

- Training midwives and other skilled attendants for safe delivery – *for mothers and babies!*
- Exclusive breastfeeding
- Oral rehydration therapy for diarrhoea
- Antibiotic treatment for pneumonia
- Insecticide-treated bed nets
- Sustained immunization





**To ensure that children thrive, all of us have
important part to play along the continuum of care.
Thank you.**