



Who's counting?

**9.2 million children –
the cost of inaction
on child health**



executive summary

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Each year, 9.2 million children under the age of five die needlessly. This appalling tragedy must rank as one of the most neglected crises of our time, particularly given the fact that at least six million of these deaths could be averted each year with an investment of \$15 billion. While the global economic crisis is squarely on decision makers' radars, the global child survival crisis – which is claiming the life of one child every three seconds – gains little media and public attention, and is routinely ignored by decision makers. However, a large and growing body of research and on-the-ground experience indicates that comprehensive provision of appropriate health services at the community and district levels will make a very big difference to the lives of poor children and their mothers,

- saving the lives of around six million children each year;¹
- reducing the number of maternal deaths by around 400,000 each year;² and
- allowing much more effective responses to existing infectious diseases such as HIV and AIDS, malaria and tuberculosis.

This requires an investment in scaling-up of basic health services, and a change in focus to ensure that adequate attention and resources are provided for preventive care. Millennium Development Goals 4, 5 and 6 can be met only if the health needs of families and communities are met. It requires mobilising the resources to bridge the gaps between national health care systems and local health care needs. These gaps exist in multiple areas,

some of which are not traditionally associated with health in the narrow sense: they include child and maternal (mal)nutrition interventions (among them breastfeeding education and provision of micro-nutrients), water and sanitation for hygiene, as well as other forms of disease prevention, immunisation, and access to community-based interventions in case of illness.

Only by recognising the important role of families and communities in identifying and responding to the health care needs of children, and ensuring that they are provided with the quality basic and essential health care services they need, will we see tangible reductions in maternal, newborn and child deaths.

The current economic crisis is seriously affecting many people who are already living in poverty. Yet the severity and extent of the crisis, both for people and for national economies, can be mitigated by a greater investment in preventive health care. Not only do appropriate prevention measures enable people to stay healthy, minimising the need for expensive curative interventions; such measures can bring a six-fold economic return to countries,³ and can contribute to political and social stability as governments more effectively address citizens' needs.

In this latest campaign briefing World Vision calls on world leaders attending the World Economic Forum in Davos to pay equal attention to the child mortality crisis that is claiming the life of one child every three seconds, as they have been paying to the global economic crisis.

1. Jones, Steketee, Black et al (2003), "How many child deaths can we prevent this year?", *The Lancet* (vol 362)

2. Ensuring skilled attendance at all births, backed by emergency obstetric care, could achieve a reduction in maternal deaths of at least 75%. For example, Malaysia, Thailand and Sri Lanka all have achieved decreases in maternal mortality of more than 75%. See WHO (2005), *World health report 2005*, p 66

3. World Health Organization (2001), *Macroeconomics and health: Investing in health for economic development*. Report of the Commission on Macroeconomics and Health, Geneva

Recommendations

Specific actions are needed to reduce maternal and child mortality and ensure that MDGs 4, 5, and 6 are back on track.

Donor nations need to:

1. Allocate at least 10% of their sector-allocable ODA to strengthening community- and district-level health systems,⁴ in order to provide universal maternal and child health services and support the scale-up of responses to HIV and other major infectious diseases. Alternatively, donor countries should contribute their fair share⁵ of the minimum \$15 billion per year in aid required for basic health services by 2010;
2. Accelerate the increase in funding for HIV and AIDS, TB and malaria through the Global Fund, and other mechanisms where appropriate, in order to meet donor countries' commitments to universal HIV prevention, treatment, care and support by 2010 and their commitments to combating other infectious diseases;
3. Work with high-burden countries to assist them in developing comprehensive, adequately funded and workable health plans that focus on effective health systems, with particular focus on delivering an essential package of care through strengthened community and district health interventions;
4. Work in a co-ordinated and transparent manner with other donors, through mechanisms such as the International Health Partnership (IHP), to ensure more effective and long-term support for health in developing countries;
5. Work with the international financial institutions to ensure that they do not unduly influence or impose on developing countries fiscal conditions that hinder the provision of effective basic health services; and
6. Support and adequately fund the World Health Organization (WHO) in its efforts to revitalise the Alma Ata commitments on Public Health Care.

High-burden countries need to:

1. Allocate at least 15% of government budgets to health by the end of 2010;
2. Provide detailed reports to national parliaments from this year, and each year thereafter, on progress in improving health and incorporating indicators of maternal and child health as key measures of health system performance;
3. Develop comprehensive, evidence-based, costed strategies that grant high priority to community- and district-level maternal, neo-natal and child health services;
4. Ensure that all women and children have access to essential health services by 2011 and that cost is not a barrier to accessing treatment; and
5. Set up and adequately resource national health monitoring systems that include birth and death registration.

Private sector leaders are urged to:

1. Support and collaborate with the World Health Organization in its efforts to revitalise Primary Health Care as a means of addressing the child mortality crisis;
2. Use their resources and technologies, where appropriate, to support the achievement of the Millennium Development Goals on health;
3. Ensure that their employees in all countries are working in conditions conducive to good health, and support their access to effective health services; and
4. Consistently, in policy and practice, support the right to health as a universal human right.

4. That is, the sum of funding to OECD DAC sector 122 (basic health) and sector 130 (reproductive health) but excluding sub-sector 13040 (STD control including AIDS) should be at least 10% of sector-allocable ODA. Increasing use of general budget support (which cannot be sector-allocated) means that the share of sector-allocable aid, rather than total aid, is a better indicator of support for health systems and basic health care.

5. The fair share should be based on the donor country's share of the total Gross National Income of all OECD donor countries.

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities world-wide to reach their full potential by tackling the causes of poverty and injustice. As followers of Jesus, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

Children are often most vulnerable to the effects of poverty. World Vision works with each partner community to ensure that children are able to enjoy improved nutrition, health and education. Where children live in especially difficult circumstances, surviving on the streets, suffering in exploitative labour, or exposed to the abuse and trauma of conflict, World Vision works to restore hope and to bring justice.

World Vision recognises that poverty is not inevitable. Our Mission Statement calls us to challenge those unjust structures that constrain the poor in a world of false priorities, gross inequalities and distorted values. World Vision desires that all people be able to reach their God-given potential, and thus works for a world that no longer tolerates poverty.



World Vision is currently spending \$150 million a year globally on health programming and \$300 million a year on in-kind contributions. However, the scale of the problem requires the mobilisation of much larger resources and the implementation of structures at a far larger scale than NGOs can provide. To meet this urgent and pressing need requires commitment and effective implementation by each developing country government, and co-ordinated and well-targeted support by the international donor community.

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