ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

Ending Preventable Child Deaths in our Lifetime

5 REASONS TO INVEST IN CHILD HEALTH

> “In the 21st century, no child in the world deserves to die from a preventable disease. No mother deserves to die simply from giving birth. No person deserves to die from hunger. These are the lives—the millions of lives—that we can save.”
>
> — US President Barack Obama

Chanika, Tanzania. Mother Asha Bakari with her one-year-old daughter Rahmat Athumani. Photo by Daniel Hayduk/RESULTS UK

Table of Contents

Ending Preventable Child Deaths in our Lifetime: 5 Reasons to Invest in Child Health

Reason #1: We must accelerate our progress

The end of preventable child deaths is within sight – and could be achieved in our lifetime.

More children than ever before are living to see their fifth birthday.

In 1990, more than 12 million children lost their lives before they turned five years old, but today that number has been cut in half. Break these numbers down and the immensity of this progress becomes stark: 17,000 fewer children died every day in 2012 than in 1990.[1]

FOCUS ON: IMMUNIZATIONS

Every year, immunizations against preventable illnesses like pneumonia and measles save 2.5 million lives – giving more children the chance to grow up healthy, spend more time in school, and ultimately fulfil their potential.

When the global Expanded Programme on Immunization launched in 1974, less than 5% of the world's children received even the basic vaccines. Today, more than 80% of children are protected against infectious diseases that used to be leading killers. Since 1974, more vaccines have been created to combat leading killers of children, including those against pneumonia and diarrhea.

Yet more must be done. Only 5% of the world's children receive all recommended vaccines. If fully funded, the GAVI Alliance – a public-private partnership working to ensure the world's poorest children access life-saving vaccines – expects to increase that figure to 50% by 2020.[5]

Even in countries where the challenge seemed too steep, where poverty levels were high and child mortality seemed insurmountable, remarkable results have been achieved. Bangladesh, Ethiopia, Liberia, Malawi, Nepal, Timor-Leste, and Tanzania have reduced child mortality rates by two-thirds or more since 1990.[2] This progress has only accelerated over time, especially in sub-Saharan Africa where rates of child mortality reduction have doubled between decades.[3]

Increased political will, financial resources, and innovations like new vaccines have driven these advancements. We also can't forget about the tireless efforts of mothers and fathers, health care providers, international and national organizations, and governments to ensure more children than ever before access the care and treatment that will not only save their lives, but give them a chance to fulfill their potential and dreams.

Let's make this picture of progress more vivid and specific. Programs to reach children with life-saving vaccines, to prevent mother-to-child transmission of HIV, and to expand access to bed nets that prevent malaria helped to reach the following milestones between 2000 and 2012:

- Measles deaths dropped by more than 80%.
- Deaths from AIDS dropped by more than 50%, as have deaths from diarrhea.
- Rates of both malaria and pneumonia fell by a third.[4]

Accelerating Our Momentum

In 2012, leaders from around the globe renewed their commitment to child health by signing the Child Survival Call to Action and committing to end preventable child deaths. **176 country governments signed on to this historic agreement.** What would have been considered an audacious goal only a few decades ago, when 115 out of every 1,000 children died before the age of five,[6] is now seen

as an ambitious but viable political statement to which governments are willing to commit. Today, approximately 50 out of every 1,000 children die before the age of five.[7]

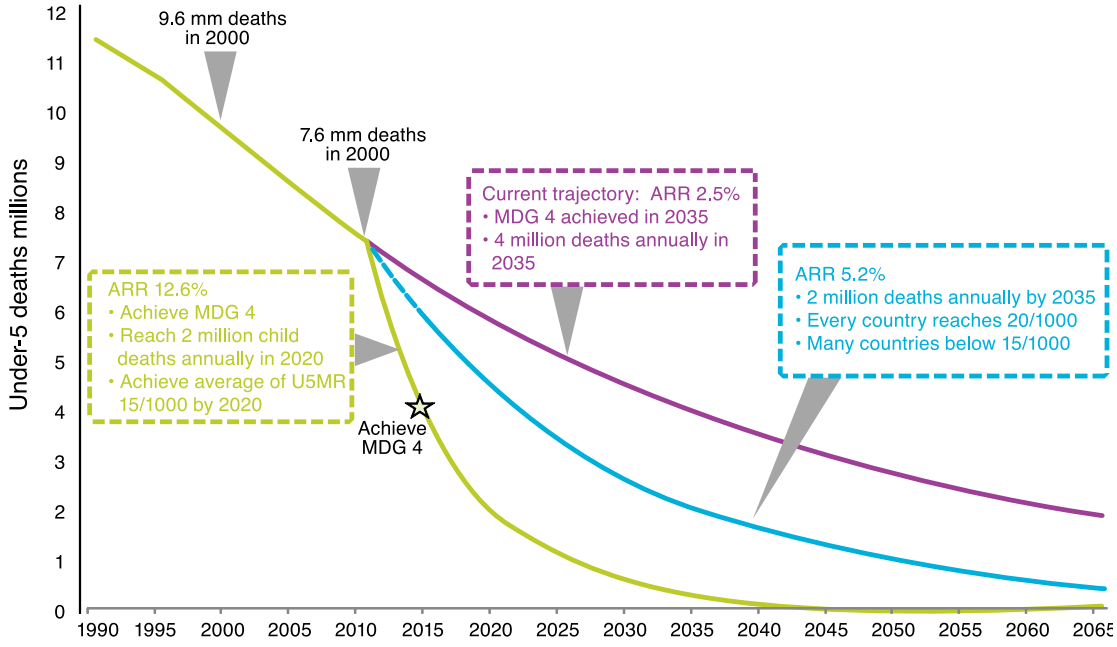
But this commitment wasn't just born out of hope for the future, it was driven by the reality that the number of children who suffer and die from preventable illnesses remains unacceptably high.

As of 2012, 6.6 million children died of largely preventable and treatable causes. At current reduction rates, it is possible we will not reach United Nations Millennium Development Goal 4 to reduce child mortality by two-thirds until 2028 – missing the 2015 deadline by 13 years and at a cost of 35 million additional child deaths.[8]

Our progress on child survival has been undeniably impressive and our momentum is heartening, but ending preventable child deaths is not guaranteed. It's estimated that only half of the total resources needed to achieve global goals for both maternal and child health are estimated to be mobilized, leaving a gap of nearly $40 billion.[9]

We need political will to ensure we continue accelerating our efforts to reach all children with the simple, affordable solutions we know can save their lives.

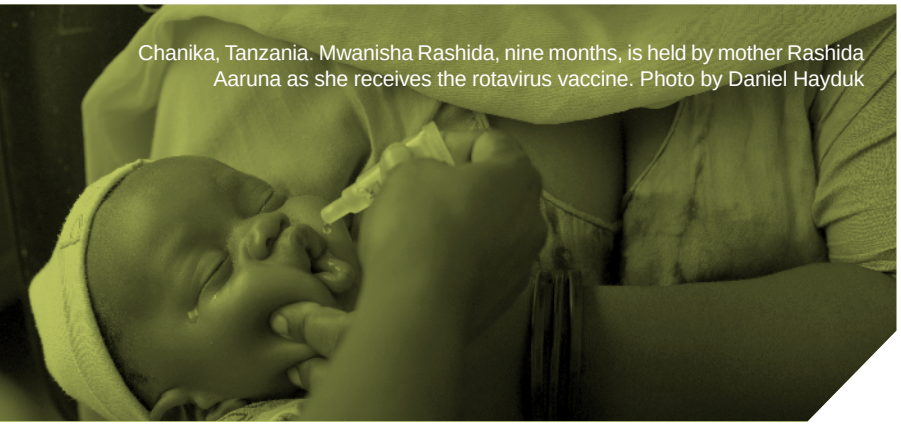
> "Immunization represents one of the smartest investments we can make in the health of our citizens."
>
> — President Jakaya Kikwete of the United Republic of Tanzania



Source: UNICEF State of the World's Children 2012; The UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality: Report 2011; Team analysis from 2035 onward, based on straight-line annual rates of reduction (ARR) from UNICEF numbers 1990-2035.

Reason #2: We can boost our economic development

Investing in child health can have an immense human and economic impact – now and in the future.



Chanika, Tanzania. Mwanisha Rashida, nine months, is held by mother Rashida Aaruna as she receives the rotavirus vaccine. Photo by Daniel Hayduk

As the health of children improves, so too does the health of economies and societies.

The case for investing in the health of the world's children is grounded in strong scientific and sociological evidence, but the economic impact of this work is also compelling. Investments in the health of children help break the cycle of poverty by supporting the physical and cognitive development that helps children do better and go further in school, earn higher wages, and achieve greater physical strength as adults. As more children survive, families tend to have fewer children, and build resilience to escape the cycle of poverty.

> "Development can be full of problems we have few ways to solve. Helping a child reach their fifth birthday is not one of them. It is not a question of whether the world can end preventable child deaths; it is question of whether we will."
>
> — USAID Administrator Rajiv Shah

IMPACT FACT:

If we scale up vaccine coverage for children in the world's poorest countries in the next decade, the world would save $63 billion in treatment and productivity costs, and prevent 6-8 million deaths. This comes at the cost of roughly $18 per child, a small price for preventing disease and greatly increasing quality of life for a child.[10]

Just a 2% increase above current spending on maternal and child health – $5 per person per year – to scale up critical interventions, would produce up to nine times that investment in economic and social benefits, including greater gross domestic product (GDP) and the prevention of millions of needless deaths.[11]

The Cost of Inaction is Also Clear:

- Malnutrition and related conditions decrease country GDP by at least 2-3% annually.[12]
- Every $1 invested in nutrition can return up to $138 in health savings and increased productivity on a societal level.[13]

The benefits of investing in children far outweigh the costs. The Copenhagen Consensus, a group of economic experts, issue recommendations to solve global problems based on the most cost-effective investments. In 2012, their top five recommendations included reducing undernutrition, improving malaria treatment, and expanding immunization coverage.[14]

> “If governments are serious about reducing poverty, achieving greater equity and social stability, and increasing economic growth, investing in children is imperative. Redoubling our efforts for child survival and development, particularly for the most disadvantaged children, will be essential to regain any lost ground as a result of the recent global economic crisis, and build a foundation for more sustainable and equitable development in the future.”[15]
>
> — UNICEF, 2012

Chanika, Tanzania. A mother weighs her child at a medical clinic. Photo by Daniel Hayduk/RESULTS UK

Reason #3: We know what we need to do

Solutions to prevent child deaths are known, simple, effective, and interlinked.

Ending preventable child deaths isn't a guessing game – we know what is killing the world's children. Almost two-thirds of all children die of preventable infectious diseases like malaria, pneumonia, diarrhea, measles, and AIDS.[16]

We also know what needs to be done. Simple, affordable interventions delivered as a package can **protect** children from illness, **prevent** the impact of serious disease, and ensure children are **treated** should they fall ill. Many of the interventions described below support both healthy mothers and children, and can help reduce multiple causes of child deaths simultaneously.

FOCUS ON: NUTRITION, THE FOUNDATION OF CHILD HEALTH

Malnutrition is an underlying cause for almost half of all child deaths. Roughly one quarter of all children are also stunted – a condition resulting from chronic malnutrition, which can lead to lifelong and irreversible impacts on growth, brain development, and earning potential. To ensure children are well-nourished, interventions in the 1,000 day window from pregnancy to age two are critical:

1. If possible, pregnant women and women of reproductive age should be able to access and eat a balanced diet, while some micronutrients such as iron, folic acid, and calcium may be taken in pill or powder form as a supplement.
2. Pregnant women should use salt that has had iodine added.
3. Pregnant women should be given a balance of protein and energy in the form of additional food or supplements as necessary.
4. For newborns, clamping of the umbilical cord should be delayed for at least a few minutes after birth.
5. High doses of vitamin K should be given after birth via injection.
6. Vitamin A should be given two times a year at high doses.
7. There should be skin-to-skin contact between infant and caretaker (kangaroo care).
8. Women should, if possible, breastfeed within one hour after birth and exclusively for the first six months.[17]

Protect

The first 24 hours of life are the most dangerous time for a child. Almost half of all deaths in children under five occur during the first month following birth.[18] An infant's early survival depends on the health of its mother, a safe and skilled delivery in a health facility, good nutrition, and access to treatment for post-birth complications.

Good nutrition starts with a child's mother and is an essential part of protecting infants from deadly diseases, which provides a solid foundation for life-long healthy development.

IMPACT FACT:

Breastfeeding in the first hour after birth, if implemented on a wide scale, could prevent up to 22% of newborn deaths.[19]

Moreover, **early and exclusive breastfeeding** – for 6 months when possible – is vital to protect children from diseases like pneumonia and diarrhea. Breast milk is a total package of the vital nutrients and disease-fighting agents needed to protect children from disease, and to promote their brain and physical development.[21]

After six months, **complementary feeding** – nutritious food provided in addition to continuing breastfeeding – is recommended.[22] Support and information from health workers, and supportive

social and work policies, can help women increase overall rates of breastfeeding.

REALITY CHECK:

How can children get the vitamin A they need?

Providing children with vitamin A has been shown to reduce overall child deaths by 24%, and reduce incidences of both measles infection and diarrhea.

But how can they get it? Consistent breastfeeding prevents vitamin A deficiency among newborns and infants, while older children may be provided with high-dose supplements if they are deficient. Vitamin A is found in many fruits and vegetables, but commonly-used foods can be fortified to reach children who may not be able to access these foods due to geography or cost.[20]

Ensuring a child receives enough **vitamin A** and **zinc** is particularly vital for boosting the immune system and protecting children from potentially deadly illnesses.[23]

Prevent

One child dies every 20 seconds from a disease preventable by a vaccine. A child's first line of defense against disease is therefore a **comprehensive vaccination package**, including vaccines for measles, pertussis, meningitis, and pneumonia.

IMPACT FACT:

Expanding access to treatment for women living with HIV/AIDS helps prevent the transmission of the virus to their babies. Globally, 40% fewer children were infected with HIV in 2011 than in 2001.[24]

Other interventions also ensure children avoid preventable diseases and conditions. One area of particular success has been in **preventing the vertical transmission of HIV** from pregnant women living with HIV to their children. A simple set of interventions during pregnancy, delivery, and post-delivery including the provision of antiretroviral drugs can reduce chances of vertical transmission from an HIV positive mother to child to around 5%.[25]

REALITY CHECK:

About 88% of child deaths from diarrheal diseases are due to poor drinking water, lack of sanitation, or improper hygiene practices. When treating diarrhea, it's important that children stay hydrated. However, dirty drinking water can hinder a caretaker's ability to mix oral rehydration solution, a key treatment for diarrhea, leading to a cycle of diarrhea and malnutrition.[26]

Insecticide-treated bed nets to protect children from mosquitos at night are an extremely simple but effective way to prevent children from **getting malaria**.

IMPACT FACT:

Evidence shows that if we give each household in a community even just one bed net per home, child deaths decrease by 25% among those families. That's a huge reach for a low cost investment.[27]

Phom Lou, Cambodia. Srey Neit and her baby in front of her home. Village health volunteer. Health and nutrition education by UNICEF, child survival. © Nicolas Axelrod/Ruom for Results UK

Finally, **a safe and healthy environment** – including access to clean water, good hygiene practices, and safe sanitation facilities – is essential to prevent illnesses like diarrhea and pneumonia. For example, water disinfection, the use of soap when washing hands, and water quality improvements have been associated with better growth for children under five. Reducing open defecation has been shown to significantly reduce disease among all ages.[28]

IMPACT FACT:

When used, community-based management of childhood illness has led to 70% reduction in pneumonia deaths, and 93% reduction in deaths from diarrhea.[29]

Likewise, **reducing indoor air pollution** – and particularly the use of solid fuels indoors and tobacco smoke – can prevent acute lower respiratory infections such as pneumonia and tuberculosis among children.[30]

Treat

In addition to efforts to protect children from illness, we must ensure they can access quality care and treatment if they do become ill.

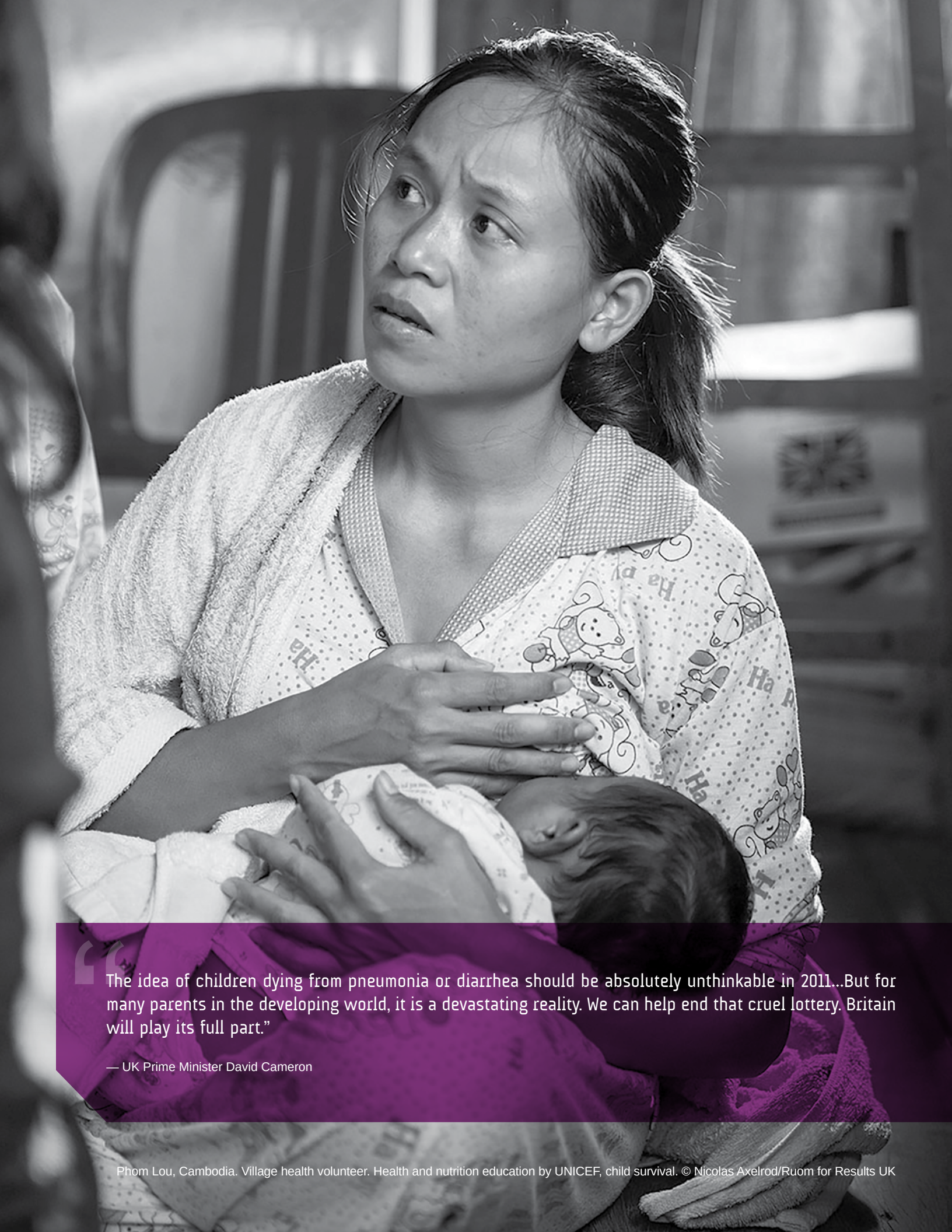
REALITY CHECK:

Despite simple, affordable treatments for pneumonia, only 60% of children with suspected pneumonia access care, and only 31% receive antibiotics.[31]

Caretakers must first recognize symptoms of sickness and seek treatment. Many countries have networks of community health workers working at the local level to support parents seeking treatment and health advice for their children. If the child is too sick, community health workers can refer caretakers to a nearby health facility for proper diagnosis and treatment. Unfortunately, many children, especially vulnerable children in remote communities, don't access quality treatment for many deadly illnesses.

For example:

- A child with severe acute malnutrition, resulting from interruption in food supply at a specific time such as during a famine, is at high risk of dying if left untreated. Most children can be safely treated at home and in the community with ready-to-use therapeutic foods, which do not require refrigeration, cooking, or water. However only about one out of the eight children who need this treatment can access it.[32]
- Pneumonia symptoms can look similar to those of other illnesses like tuberculosis or malaria, so all children suspected of having malaria should be tested. Unfortunately, these tests often aren't available in remote communities. In some rural African communities, less than 10% of children with a fever receive a confirmed malaria diagnosis.[33]
- If untreated, half of children with HIV will die before the age of 2. Treatment is expanding for children, yet only 28% of children eligible for HIV treatment were receiving it in 2012. Integrating pediatric HIV treatment into other child health services like immunization could help identify HIV positive children to ensure they are treated.[34]



"The idea of children dying from pneumonia or diarrhea should be absolutely unthinkable in 2011...But for many parents in the developing world, it is a devastating reality. We can help end that cruel lottery. Britain will play its full part."

— UK Prime Minister David Cameron

Phom Lou, Cambodia. Village health volunteer. Health and nutrition education by UNICEF, child survival. © Nicolas Axelrod/Ruom for Results UK

Reason #4: We know how to do it – but integration and

Delivering services together can reach more children, and save money.

The simple solutions outlined previously are essential pieces to the child health puzzle, and supporting one area often means indirectly supporting many others. For example, good nutrition provides a healthy foundation for children to fight leading childhood illnesses, including diarrhea, pneumonia, and malaria.[35]

However, ensuring we reach the poorest children with this integrated care will be critical to our success to end preventable child deaths.

Every Child Deserves an Equal Chance

This is a matter of justice and urgency: Every child should have equal access to a healthy future, irrespective of where they are born or live.

Global achievements to prevent child deaths have been unequal across regions. For instance, four out of five child deaths are now concentrated in sub-Saharan Africa and South Asia – warranting concerted efforts in these regions.

FOCUS ON: **SUB-SAHARAN AFRICA**

One in 10 children die in this region before the age of five, a rate more than 16 times the average for developed regions. Even within sub-Saharan Africa, progress has been unequal. West and Central Africa is the only region in the world not to have at least halved child mortality since 1990. It is also the only region to have seen no reduction in the absolute number of child deaths since 1990, hovering around 2 million child deaths annually.[36]

And within countries, inequities based on income, mother's education, and urban/rural divides persist – causing stark divides in chances of survival. Many countries may show progress through national averages, but leading killers like pneumonia, diarrhea, and malnutrition remain concentrated among poor families.[37]

Progress is possible – under-five mortality rates have fallen amongst the poorest households in all regions of the world. But rates of decline between rich and poor have been very uneven, as 70% of countries with the largest decreases in overall child mortality actually show a widening gap between richest and poorest households.[38]

Other factors such as access to health services, parental education, and civil conflict can further prevent those living in poverty from improving their children's chance at survival.

Reaching the poorest and most vulnerable children in all countries is not only **morally just, but is also cost-effective**. Concentrated outreach to underserved populations was long thought to be too expensive, but new evidence shows it can have more impact, and be more cost-effective than mainstream "business as usual" approaches:

- For every $1 million invested through an equity-oriented approach, countries can prevent 60% more deaths than from the same investment in conventional approaches.[39]
- Reducing health inequity by 1% per year could increase a country's annual GDP growth rate by 0.15%.[40]

equity are critical

- Reshaping health programs to have an equity-focused approach could result in faster gains in reducing child mortality, preventing stunting, and ultimately saving money.[41]

We cannot have a healthy world and a healthy economy in the future if millions of the world's children die before they reach the age of five, cutting off their chance to live a full and productive life. No child should be left behind in efforts to save lives from preventable and treatable illnesses.

FOCUS ON: PNEUMONIA AND DIARRHEA

Pneumonia and diarrhea are inextricably linked as major causes of child deaths, sharing risk factors including undernutrition, infrequent or lack of breastfeeding, lack of access to proper hygiene, and zinc deficiency.[42] This overlap illustrates the need to integrate the prevention and treatment of both diseases, and ensure collaboration among the political, medical, and community levels to effectively address these child killers.[43]

Reaching Children with Integrated Care

Every child's caretaker should be able to easily access a package of prevention and treatment services for their child within one stop, whether at a clinic or in discussion with a community health worker. In countries with strong immunization systems, a child may receive a bed net, vitamin A, or information about nutrition. For more complicated cases, there should be a strong referral system in place to link children to higher levels of health care.

Linking all relevant child health services makes sense: A child safe from pneumonia due to the pneumococcal vaccine shouldn't be vulnerable to malaria because they are not sleeping under a bed net or cannot access a malaria test and treatment.

A strong health system is the backbone of integration, but many countries have weak health systems due to political, financial, or geographical challenges. Shortages of skilled healthcare workers, the inability of parents to pay for services that may require out of pocket payments, and other barriers can prevent families from accessing care.

To reach vulnerable and remote children where health systems are weak, an Integrated Community Case Management (iCCM) approach is helping countries make great strides. It links communities with clinics, trains community health workers, and increases community demand for health services to address malaria, pneumonia, diarrhea, and malnutrition.

Thanks to networks of community health workers, treatment is closer than ever to patients. In Nepal, since the expansion of iCCM programming, 69% of under-five children now have access to treatment, and the mortality rate for acute diarrhea and severe pneumonia have decreased substantially. Adding interventions has been found to be cost-effective, and can help improve sanitation, breastfeeding, and hygiene practices.[44]

> "Saving the lives of mothers and children is not only a moral imperative, it is also the foundation for building prosperous communities for this generation and the next."
>
> — Canadian Prime Minister Stephen Harper

Reason #5: We're working to end preventable child deaths,

Increased political commitment, continued innovation and integration, and support for citizen advocacy will be essential to accelerate our progress on child health.

The foundation for ending preventable child deaths has been laid, but we're not there yet. Many children around the world, especially the poorest and most vulnerable, need our continued support to ensure progress continues until no child dies from a preventable and treatable illness. The recommendations below outline the steps that countries, donors, civil society, and the global community can take to help reach this goal.

Countries with High Burdens of Preventable Child Deaths

- Countries on the frontlines of the fight against preventable child health must prioritize investment in their health systems, including reaching set goals like the Abuja Declaration target to invest 15% of national budgets in health. Maternal and child health services often make up 25% of national health spending, and should be prioritized through the expansion of health services specifically for primary preventive care.[45]
- Health plans must focus on creating coordinated and well-resourced health care systems that are accessible to all, including the poorest and hardest-to-reach children. Countries should work with donors to ensure funding supports comprehensive national health plans, and that co-financing obligations are met.
- Results in child health can only be sustained and deepened if national governments actively work with all stakeholders – including civil society – to generate community demand for health services, promote healthy behavior, and remove the barriers that prevent mothers and children from accessing care.[46]

Donors

- Political will accompanied by increased funding have been the keys to global successes on child health. To sustain and accelerate this momentum, donor countries must continue to fulfill their current commitments to child health, and promise to extend their commitments to end preventable child deaths.
- These high-level commitments should respond to country-specific needs and priorities, and be flexible in terms of funding, timing, and measurement. Donors must coordinate with countries to ensure financial barriers to accessing health are removed.
- Where possible, donors should channel funding through multilateral initiatives like the Global Fund and the GAVI Alliance which rely on country demand, and support initiatives to harmonize efforts through a single national health strategy such as through the International Health Partnership (IHP+).
- Donors should invest in innovative products and approaches that are affordable, accessible, and adapted for children and low-income settings.

and we need your support

Civil Society

- As government commitments and promises on child health pile up, an active, independent, and knowledgeable civil society is more important than ever. Holding governments accountable – in both donor countries and in countries where the number preventable child deaths are highest – will be key to continued success. Advocates can support governments to scale up investments and create integrated policies, or raise the alarm over failed promises.
- Civil society forms a critical part of communities, and often provides health services for the poor and marginalized. Civil society actors should work together with the government and donors to ensure strong health systems and services that reach all women and children.

Multilaterals and Partnerships

- Multilateral partners like the World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance should invest in equity-oriented, innovative approaches to scale up child health services.
- Exciting innovations like new vaccines that protect against pneumonia and diarrhea have helped to drive down child deaths, and many innovations are continually being developed, tested, and rolled out around the world. Multilateral partnerships like the GAVI Alliance should continue to use the added value of its partners to ensure low prices, and strong health systems to reach all children.
- New, innovative tools designed specifically for low-resource settings at low cost need to be developed to ensure safe births, access to essential treatments, and more affordable interventions to reach more children.
- Multilateral partners should ensure the coordination of investments across health – bringing together vertical programs for HIV, TB and malaria through the Global Fund with maternal and child health to support the strengthening of overall health systems.

The Global Community

- We know that we can't end preventable child deaths unless we work together to streamline our efforts and ensure children can access comprehensive care that serves all their needs. We need to be coordinated.
- At the international level, donor countries, international agencies, NGOS, and high-burden countries must be persistent in attempts to streamline and simplify child health plans and policies, and ensure these policies meet the needs on the ground.

Every child has a right to health. By working together and sustaining our political commitment to child health we can ensure all children not only live to see their fifth birthday, but are given a healthy start to a life full of potential.

> "There are two versions of the future. One is full of promise. The other is a broken promise. How well we care for women and children will determine which future comes to pass."
>
> — Melinda Gates, Co-Chair of the Bill and Melinda Gates Foundation

ENDNOTES

1. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF.
2. Ibid, 2013
3. United Nations. (2013). *The Millennium Development Goals Report*. New York: United Nations.
4. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF.
5. UNICEF. (2013). *Expanding Immunization Coverage*. Available at: http://www.unicef.org/immunization/index_coverage.html
6. UNICEF (2013). *Trends in under-five mortality rates, 1960–2012*. Available at: http://www.childinfo.org/mortality_ufmrcountrydata.php
7. UNICEF. (2012). *Child Mortality Overview*. Available at: http://www.childinfo.org/mortality.html
8. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF.
9. WHO and PMNCH. (2013). *Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health The PMNCH 2013 Report*. Geneva: WHO. Available at: http://www.who.int/pmnch/knowledge/publications/pmnch_report13.pdf?ua=1
10. John Hopkins Bloomberg School of Public Health. (2011). *The Value of Investing in Vaccines*. Available at: http://www.jhsph.edu/research/centers-and-institutes/ivac/resources/vaccine-cost-effectiveness.html
11. Stenberg, K, et al. (2014). Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. *The Lancet*, Volume 383, Issue 9925, Pages 1333 – 1354. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62231-X/abstract
12. Hoddinott J, et al. (2008). Effect of a nutritional intervention during early childhood on economic productivity in Guatemalan adults. *The Lancet*. Volume 371, Issue 9610: Pages 411–6. Available at: http://goo.gl/EcFKf6
13. Hoddinott J, Rosegrant M, Torero M. (2012). *Challenge Paper: Hunger and Malnutrition*. Copenhagen Census 2012. Available at: http://www.copenhagenconsensus.com/sites/default/files/Hunger%2Band%2BMalnutrition.pdf
14. UNICEF Policy Advisory Unit. (2012). *Investing In Children*. New York: UNICEF. Available at: http://www.unicef.org/socialpolicy/files/Investing_in_Children_19June2012_e-version_FINAL.pdf
15. Ibid, 2012.
16. Countdown to 2015: Maternal, Newborn and Child Survival. (2013). *Accountability for Maternal, Newborn and Child Survival: The 2013 Update*. Geneva: WHO.
17. Bhutta, Z, et al. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, Volume 382, Issue 9890: Pages 452 - 477. Available at:
18. World Health Organization. (n.d.). *Neonatal Mortality*. Available At: http://www.who.int/gho/child_health/mortality/neonatal_text/en/
19. Edmond, K. M.-E.-A. (2006). Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics*, Issue 117: Pages 380-386.
20. Bhutta, Z, et al. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, Volume 382, Issue 9890: Pages 452 - 477. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60996-4/fulltext
21. Ibid, 2013.
22. Ibid, 2013.
23. Ibid, 2013.
24. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF. Page 28
25. UNICEF. (2011). *Preventing Mother-to-Child Transmission (PMTCT) of HIV*. Available at: http://www.unicef.org/esaro/5482_pmtct.html
26. UNICEF. (2003). *Water, Sanitation and Hygeine: Links to health, education and development*. Available at: http://www.unicef.org/wash/index_healthandeducation.html

27. Institute for Health Metrics and Evaluation. (2012). *Malaria kills nearly twice as many people than previously thought, but deaths are declining rapidly*. Available at: http://www.healthdata.org/news-release/malaria-kills-nearly-twice-many-people-previously-thought-deaths-are-declining-rapidly

28. Dangour AD, W. L. (2013). Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children. *Cochrane Database Syst Rev*, 8.

29. UNICEF and WHO. (2012). *Ending Preventable Child Deaths from Pneumonia and Diarrhea by 2025*. Geneva: WHO. Available at: http://apps.who.int/iris/bitstream/10665/79200/1/9789241505239_eng.pdf

30. WHO. (2006). *Indoor air pollution and lower respiratory tract infections in children*. Geneva: WHO. Available at: http://whqlibdoc.who.int/publications/2007/9789241595728_eng.pdf?ua=1

31. UNICEF (2013). *State of the World's Children*. Available at: http://www.unicef.org/sowc2013/files/Table_3_Stat_Tables_SWCR2013_ENGLISH.pdf

32. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF. Available at: http://www.unicef.org/lac/Committing_to_Child_Survival_APR_9_Sept_2013.pdf

33. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF. Available at: http://www.unicef.org/lac/Committing_to_Child_Survival_APR_9_Sept_2013.pdf

34. Ibid, 2013.

35. Caulfield, L, et al. (2004). Undernutrition as an underlying cause of malaria morbidity and mortality in children less than five years old. *Am. J. Trop. Med. Hyg.*, 71(Suppl 2), 2004, pp. 55–63

36. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF

37. Ibid, 2013.

38. Carrera, C, et al. (2012, October). The comparative cost-effectiveness of an equity-focused approach to child survival, health, and nutrition: a modelling approach. *The Lancet*, Volume 380, Issue 9850: Pages 1341 – 1351. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61378-6/abstract

39. UNICEF. (2010). *Narrowing the Gaps to Meet the Goals*. New York: UNICEF. Available at: http://www.unicef.org/publications/files/Narrowing_the_Gaps_to_Meet_the_Goals_090310_2a.pdf

40. Rees, N. et al. (2012) *Right in Principle and in Practice: The Review of the Social and Economic Returns to Investing in Children*. New York: UNICEF. Available at: http://www.unicef.org/socialpolicy/files/RIGHT_IN_PRINCIPLE_AND_IN_PRACTICE.pdf

41. Carrera, C, et al. (2012, October). The comparative cost-effectiveness of an equity-focused approach to child survival, health, and nutrition: a modelling approach. *The Lancet*, Volume 380, Issue 9850: Pages 1341 – 1351. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61378-6/abstract

42. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF. Available at: http://www.unicef.org/lac/Committing_to_Child_Survival_APR_9_Sept_2013.pdf

43. UNICEF and WHO. (2012). *Ending Preventable Child Deaths from Pneumonia and Diarrhea by 2025*. Geneva: WHO. Available at: http://apps.who.int/iris/bitstream/10665/79200/1/9789241505239_eng.pdf

44. UNICEF & WHO (2012). WHO/UNICEF JOINT STATEMENT *Integrated Community Case Management*. Available at: http://www.who.int/maternal_child_adolescent/documents/statement_child_services_access_whounicef.pdf?ua=1

45. WHO and PMNCH. (2013). *Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health The PMNCH 2013 Report*. Geneva: WHO. Available at: http://www.who.int/pmnch/knowledge/publications/pmnch_report13.pdf?ua=1

46. UNICEF. (2013). *Committing to Child Survival: A Promise Renewed*. New York: UNICEF. Available at: http://www.unicef.org/lac/Committing_to_Child_Survival_APR_9_Sept_2013.pdf

CREDITS

ACTION is a global partnership of advocacy organizations working to influence policy and mobilize resources to fight diseases of poverty and improve equitable access to health services. ACTION's priorities are ending the tuberculosis epidemic and ending preventable child deaths.

Our partners (www.action.org/about/partners) work across five continents in both donor and high burden countries:

- AIDES (France)
- Community Initiative for People Living with AIDS, tuberculosis, malaria plus other related diseases (CITAM+, Zambia)
- Global Health Advocates France
- Global Health Advocates India
- Kenya AIDS NGOs Consortium
- RESULTS International (Australia)
- RESULTS Canada
- RESULTS Educational Fund (U.S.)
- RESULTS Japan
- RESULTS UK

Published by

ACTION Secretariat
C/O RESULTS Educational Fund
1101 15th Street NW Suite 1200, Washington DC, 20005
Tel +1 202 783 4800 // **General Inquiries** info@action.org

www.action.org @ACTION_Tweets www.facebook.com/ACTION.org

Cover photo: 21 year old Asha Devi holds her 11 month daughter, Sita Mandal while her 3 year old son, Gaurav Mandal (left) looks on in her house in Bhardaha in Saptari, Nepal. Photo by Sanjit Das.

Design by Six Half Dozen (www.sixhalfdozen.com)

“We are at a crucial juncture in our final sprint towards the 2015 Millennium Development Goals and the 2035 vision of ending preventable child deaths. Much will depend on country-level leadership and action on child survival. I strongly believe we can only accelerate our progress if we renew our commitments and live up to providing increased, sustained and more harmonized leadership and support.”

— Ethiopia’s Minister of Health Kesetebirhan Admasu

Photo by Sanjit Das

ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

ACTION Secretariat
c/o RESULTS Educational Fund
1101 15th Street NW, Suite 1200, Washington, DC 20005
Tel +1 202 783 4800 // **General Inquiries** info@action.org

www.action.org @ACTION_Tweets www.facebook.com/ACTION.org

Caretakers wait to consult the health workers at the government health center in Hanuman Nagar, Saptari, Nepal. Photo by Sanjit Das