

# An introduction to child health

## GOAL 03 ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

### Target 3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

### Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

#### ► What do we mean by child health?

5.9 million children under the age of five die every year from a range of mainly preventable diseases.

During the first five years of life, children are vulnerable to many deadly diseases, including pneumonia, diarrhoea, and malaria. In the poorest countries, these conditions are worsened by chronic under-nutrition, poor access to treatment and preventative care, and lack of access to clean water and basic hygiene and sanitation.

#### ► Why is it important?

Globally, child mortality has fallen substantially over the last two decades. However, more than 16,000 children under the age of five still die every day. The majority of these deaths can be prevented by using simple, proven and cost-effective interventions: interventions like cheap, easy to administer vaccines. But these interventions are not reaching the poorest and most vulnerable children.

Beyond our moral obligation to address this inequality, the health and survival of children is directly linked to the overall economic and social development of countries. Poverty is both a cause and effect of high child mortality, while childhood diseases in themselves perpetuate a cycle of poverty. Addressing child survival is therefore critical to advancing the development of countries.

#### ► Why is it a problem?

Child health is influenced by a range of complicated, interlinked factors. From more obvious, direct medical issues through to complex economic, social and political conditions.

#### ► Direct causes of mortality

Proper uptake of highly-effective prevention (e.g. vaccines) and treatment (e.g. oral rehydration treatment used to tackle the effects of diarrhoea) interventions against the leading causes of death in children are critical to reducing child mortality. However, access to these interventions remains low in sub-Saharan Africa and South Asia, particularly among the poorest populations. This low coverage is influenced by a variety of factors including weak national health systems, financial or physical barriers to accessing healthcare, and low supply and demand of effective treatments.

### The truth about child health

14<sub>x</sub>

Children in Sub-Saharan Africa are more than 14 times more likely to die before the age of five than children in developed regions and it is the only region where the under-five mortality rate is expected to rise over the next decade.

5.9<sub>m</sub>

Almost one third of the 5.9 million deaths from childhood diseases can be prevented by vaccines.

1:5

Despite impressive progress in expanding immunisation coverage around the world, nearly one in five infants is unable to access even the most basic vaccines.

99%

A successful global campaign to eradicate polio has reduced the incidences of paralytic polio by 99%. By 2019, polio could become only the second disease to be eradicated.

1/4

Together, pneumonia and diarrhoea are responsible for more than a quarter of all child deaths, yet effective vaccines exist.

## ▶ Indirect causes of child mortality

Social, economic and political factors all have an impact on child mortality around the world. In particular, childhood nutrition, the education of mothers and the broader political and economic stability of a country all impact on a child's chance of surviving past their fifth birthday. But this is by no means an exhaustive list.

## ▶ What can be done?

There is no single intervention that ensures good child health. A small set of essential interventions available for all children who need them would drastically improve the health and survival of children around the world.

These include:

**01 Vaccines** – one of the most powerful and cost-effective interventions in public health. It is estimated that 18.7 million children every year miss out on even the most routine vaccines.

**02 Short course antibiotics** – can be used to treat pneumonia. Currently only 35% of children receive these antibiotics.

**03 Oral Rehydration Salts (ORS)** – a glucose-electrolyte solution which quickly helps to restore a child's energy and a hydration levels when suffering from the most extreme forms of diarrhoea. Only 37% of children suffering have access to ORS.

## ▶ Lasting, sustainable solutions

Improving the health of children relies on a comprehensive approach, integrating the delivery of essential interventions through strong national health systems. Strong health systems require well-trained and incentivised healthcare workers in reach of every child, along with access to safe, effective and affordable essential medicines, vaccines and diagnostics for all. Gavi, the Vaccines Alliance has drastically lowered the price of vaccines globally, increasing accessibility of vaccines around the world.

## MULU'S STORY

Mulu Refera is one of 38,000 Health Extension Workers (HEWs) in Ethiopia. The HEWs are part of a wider Health Extension Programme (HEP) which was designed by the Ministry of Health in Ethiopia to provide a defined package of 16 basic and essential health care (promotive, preventive and high impact) services. HEWs are trained for a year and then paid to provide primary health care. These services target households in both urban and rural areas. This is important as more than 80% of Ethiopia's population lives in rural, hard to reach areas. The HEP aims to provide two HEWs and a community health post for every 5000 members of the community – all within 5 km of every member of the community.

Mulu is one of two HEWs at Bonde Health Post, a rural health post about 50km from Addis Ababa. One of the essential and often life-saving interventions that she is responsible for is vaccinations and Mulu is an integral part of the country's plans to strengthen routine immunisation and reach every child.



Zacharias Abubeker/RESULTS UK

Mulu ensures that children in her community get vaccinated by regularly visiting those families. She will then refer people to the health centre as necessary. As a regular feature in community life, Mulu is able to check on children who have missed immunisation appointments and ensure that every time a child visits a health post, their vaccination

history is up to date. Mulu doesn't just attend to vaccinations though. Nutrition is also one of the packages of services in the HEP and all children under the age of 5 in districts which face food insecurity are screened for stunting. Mulu is also an educator and helps the community understand about access to clean water and proper waste disposal.