



# MDG 4

## MILLENNIUM DEVELOPMENT GOAL

Reduce Child Mortality

### TARGET

- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.



Irish Aid  
Department of Foreign Affairs  
An Roinn Gnóthaí Eacnamaíche

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commitment  
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## CURRENT GLOBAL STATUS

- There has been progress in reducing child mortality globally. For the first time in documented history annual childhood deaths have dropped below 9 million, from 12.5 million in 1990 to 8.8 million in 2008. The child mortality rate in developing countries has declined from 99 deaths per thousand live births in 1990 to 72 in 2008, and recent survey data show remarkable improvements in several key child survival interventions that are expected to yield further declines in under-five mortality over the next few years.<sup>1</sup>
- However, only 30% of the progress needed by now to be on target to achieve MDG 4 has been achieved. Sub-Saharan Africa in particular has not kept pace with the global pattern where under-five mortality has decreased from 185 per 1000 live births in 1990 to 145 per 1000 live births in 2007. Encouragingly the most impressive gains have been in the last five years.
- Over 80% of childhood deaths are from a handful of preventable causes - neonatal complications and infections, pneumonia, diarrhoea and malaria - and for at least 35% of all deaths, under-nutrition is an underlying cause. Almost all these deaths (99%) occur in poorer countries.
- Child deaths and child health are intimately linked to the health, survival, education and empowerment of their mothers. 270 million children are not reached by formal health systems and 6 million child deaths each year could be saved with simple interventions such as immunisation, treated malaria bed nets, breast feeding, skilled attendance at birth, hand washing and better basic nutrition.
- Many governments are demonstrating strong and effective leadership supported by budgetary commitment, but more aid is needed as well as an improvement in the effectiveness of aid.
- Information, evidence and its analysis remain a challenge. Inadequate population and health statistics have made it difficult for monitoring progress for effective accountability.

## IRELAND'S POLICY POSITION & RESPONSE

Improving health outcomes is a central development objective of Irish Aid as outlined in its Health Policy and White Paper. Irish Aid is committed to paying particular attention to the health needs of children, women and vulnerable groups. Irish Aid's approach to reduce childhood mortality emphasises effective health sector based service delivery that reaches children most in need. Irish Aid embraces a broader concept of health that recognises the importance of community based interventions and the important contribution of sectors other than health in addressing this MDG and dealing with the determinants of children's health.

Irish Aid's programmatic response involves multiple aid modalities and strong partnerships at different levels that ultimately come together at country level to deliver a coherent and effective programme.

<sup>1</sup>Data from UNDP (2010), WHO web site fact sheets and State of the Worlds Vaccines and Immunisation 2009, WHO, UNICEF, and World Bank

**In particular Irish Aid:**

- Employs a combination of global, regional and national levels of support and engagement emphasising the need to strengthen health systems.
- Supports the UN system, including WHO and UNICEF alongside global partnerships - the Global Fund to fight AIDS, TB and Malaria and the GAVI Alliance for immunisation – to accelerate delivery of life saving services and commodities for children;
- Engages with and funds a number of product development partnerships to develop new and better medicines for children;
- Works with the public sector as the principal partner responsible for effective health systems and also with other providers and stakeholders including Non-Government Organisations (NGOs), and civil society as providers of important services on the one hand, and as vital actors in accountability mechanisms on the other;
- Affords particular priority to human resources for health; nutrition in the health sector; maternal, neonatal and child health; primary health care services; peripheral service delivery and community based work;
- Links HIV and AIDS programming with health programming so that HIV incidence in children is reduced through preventing transmission to newborns from their mothers and by increasing children's access to HIV treatment.
- Invests in research programmes and research systems to provide evidence for better health policy and planning. Irish Aid supported the Joint Learning Initiative on Children affected by HIV and AIDS. The findings of this global research initiative have been instrumental in advocating for family and community based responses to children affected by HIV and AIDS. It also identified ways in which integrated health care and social services can be targeted at children in low income, high disease burden countries.
- Collaborates with Irish institutions where such partnerships are of added value. Irish Aid supports the Royal College of Surgeons in Ireland to improve access to life saving surgery, including caesarean operation births.
- Responds to humanitarian crises, situations in which children are particularly severely affected; and
- Employs a variety of strategies in different settings to address under nutrition in children.

## EXAMPLES OF IRISH AID PROGRAMME INTERVENTIONS IN SUPPORT OF MDG 4



NATURE OF INTERVENTION	SPECIFIC EXAMPLE OF IRISH AID RESPONSE	RESULTS
<p><b>SUPPORTING WORK FOCUSSED ON INCREASING CHILDREN'S ACCESS TO HIV TREATMENT</b></p>	<p>In partnership with the Governments of Lesotho and Mozambique and the Clinton Foundation HIV and AIDS Initiative, Ireland is supporting children's access to HIV treatment and other related services.</p>	<ul style="list-style-type: none"> <li>• Impressive rise in numbers of children accessing HIV treatment and associated basic health services.</li> <li>• Over 173 000 people on HIV treatment in Mozambique and about 8% are children.</li> <li>• Over 62 000 people on HIV treatment in Lesotho.</li> </ul>
<p><b>ACCELERATING DELIVERY OF LIFE SAVING SERVICES AND COMMODITIES FOR CHILDREN</b></p>	<p>Ireland has provided over €20 million to the GAVI Alliance for immunisation since 2002 to expand access by children to essential vaccines.</p>	<ul style="list-style-type: none"> <li>• Over the last ten years GAVI has directly supported the immunisation of more than 300 million children.</li> <li>• During that time it's estimated that they have prevented more than four million children from dying of preventable diseases and protected hundreds of millions more against infection.</li> </ul>

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<p><b>DEVELOPING NEW AND BETTER MEDICINES FOR CHILD HEALTH</b></p>	<p>Through support to the European Vaccine Initiative, the Medicines for Malaria Venture, and the Global Alliance for TB Drug Development, progress towards development of better drugs and a malaria vaccine for children has been accelerated.</p>	<p>A new product for treating malaria in children has been introduced to great effect (Coartem dispersible). This has boosted community level treatment for childhood malaria – a key strategy responsible for the reductions in childhood mortality in sub-Saharan Africa.</p>
<p><b>STRENGTHENING SYSTEMS AND CAPACITY FOR DELIVERY OF BASIC HEALTH SERVICES THAT BENEFIT CHILDREN</b></p>	<p>Ireland prioritises sector-wide support and joint pooled funding to provide flexible core funding to health Ministries to strengthen institutional capacity and internal systems. Ireland, together with other donors has encouraged the Global Fund and GAVI to provide support for health systems strengthening (HSS).</p>	<p>A reduction in under five mortality from 147 in 2000 to 91 per1000 live births in 2008 in Tanzania is associated with increased per capita spending in the health sector at district level.</p> <p>Both GAVI and the Global Fund (around one third of Global Fund resources directly contribute to HSS) now have substantial allocations to health systems strengthening and a joint platform for HSS in partnership with the World Bank.</p>
<p><b>RURAL ACCESS</b></p>	<p>In Mozambique Irish Aid is supporting organisations to provide community and home based care and services to support an increase in access to health services in rural areas</p>	<p>By the end of 2009 some 3,300 people were benefitting from community and home based care in the province of Inhambane (Mozambique) alone.</p>
<p><b>RESEARCH AND INNOVATION</b></p>	<p>Trinity College Dublin has been funded by Irish Aid to study issues related to human resources for health that affect maternal and neonatal outcomes.</p>	<p>Preliminary findings point to the value of auxillary health workers in reducing maternal and neonatal deaths.</p>
<p><b>ADDRESSING UNDER-NUTRITION IN CHILDREN</b></p>	<p>In Malawi, Irish Aid is working with Concern and Valid International to increase access to nutrient supplementation for mothers and children and to ensure that they have diversified diets.</p>	<p>A national programme of Community Therapeutic Care (where those suffering from severe acute malnutrition are treated in their homes) is in place; a national education programme aimed at promoting the benefits of dietary diversity is being delivered; and Malawi is implementing a clear national response to micronutrient deficiency</p>

# TANZANIA CASE STUDY



*Agnes Emmanuel with her son John at Misasi Health Centre*

## Helping to reduce child mortality in Tanzania

Agnes Emmanuel was worried about the health of her seven-month old son, John. His appetite was poor and he was very irritable. Agnes (23) suspected that he might have malaria, and carried John seven kilometres on foot to the health centre in Misasi.

Medical staff took a blood sample from John and analysed it in the laboratory. It was confirmed that John had malaria. He was given anti-malarial medication and Agnes took him home to recover.

Agnes and her baby benefited from a better service at Misasi Health Centre, as a result of improvements implemented by the Ministry of Health, with financial and technical assistance from Ireland and ten other donors.

Misasi is in Misungwi District in north western Tanzania, close to Lake Victoria. Five years ago the district, which has an estimated population of 302,000, had no medical doctor and no ambulance, and patients requiring surgery had to travel approximately 100 kilometres to Mwanza city. Increased health funding, combined with technical and policy support for the Ministry of Health and Social Welfare to strengthen health services, led to improvements on the ground.

Misungwi has been able to renovate its health facilities, upgrade village dispensaries, purchase an ambulance for emergencies and maintain basic equipment, including an x-ray machine and laboratory supplies for its clinics. The district now has a total of 38 health facilities, consisting of two hospitals, four health centres and 32 village dispensaries.

The district has been able to recruit and maintain qualified staff including a medical doctor for Misasi Health Centre – the same doctor who treated John.

Misungwi District continues to face serious health challenges, including high HIV prevalence and high infant and maternal mortality rates. Half of the clinical staff positions and the health facilities still remain vacant. However, the progress in the past five years, supported by Ireland, has resulted in significantly improved services to the community.

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