



# Committing to Child Survival - A Promise Renewed - ending preventable child deaths

**Addis Ababa, 16 January 2013**

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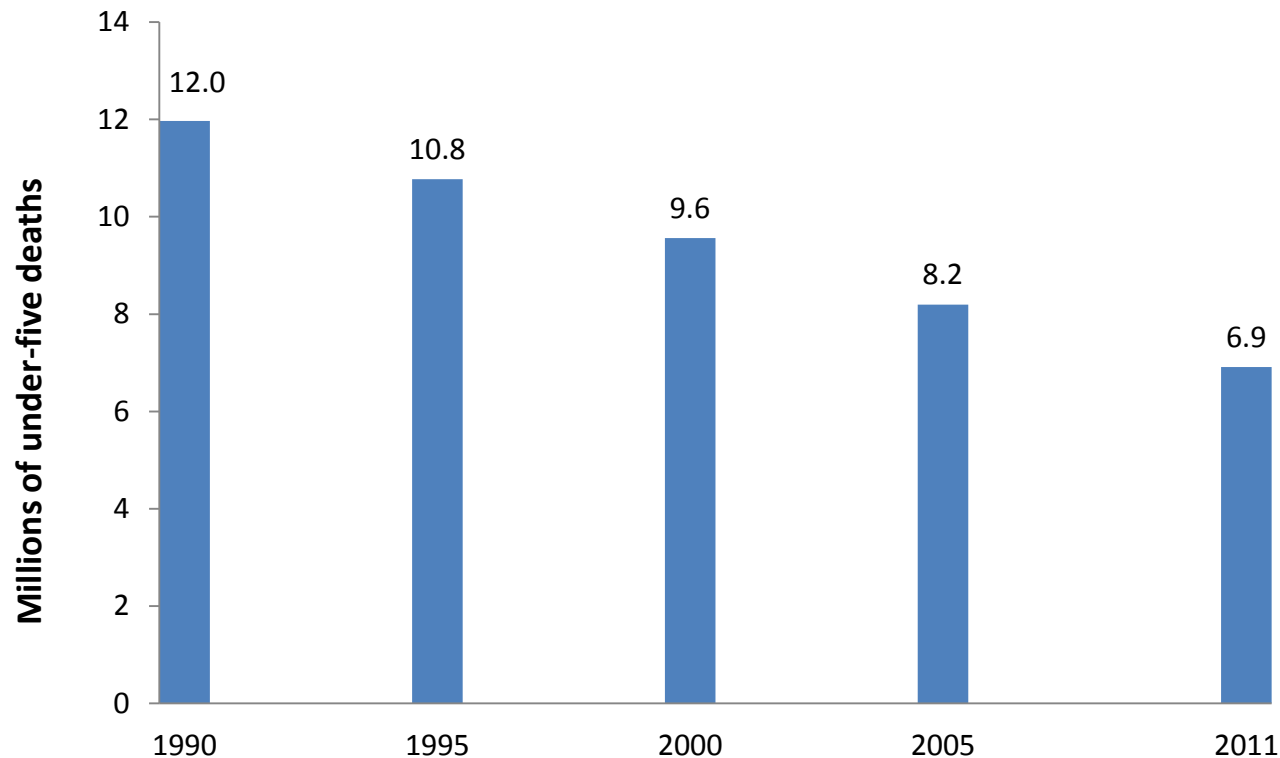


# Key Messages

- Globally and in Africa we are making progress
- However for too many women and children and some conditions progress is too slow
- The ambition of A Promise Renewed for Africa
- The immediate challenges for accelerating progress

# The global burden of under-five deaths has fallen steadily since 1990

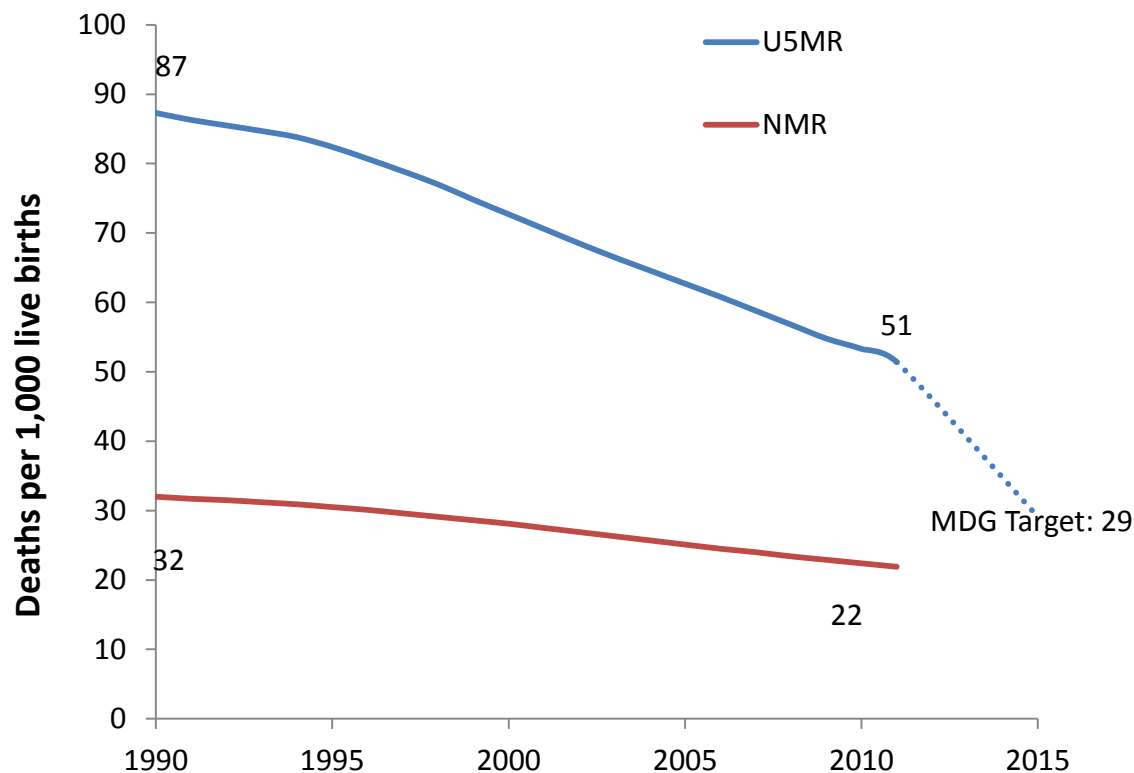
Global number of under-five deaths, selected years



Source: The UN Inter-agency Group for Child Mortality Estimation, 2012; provided by SMS/DPS/UNICEF

# The global under-five mortality rate has fallen by 41% from 1990 to 2011

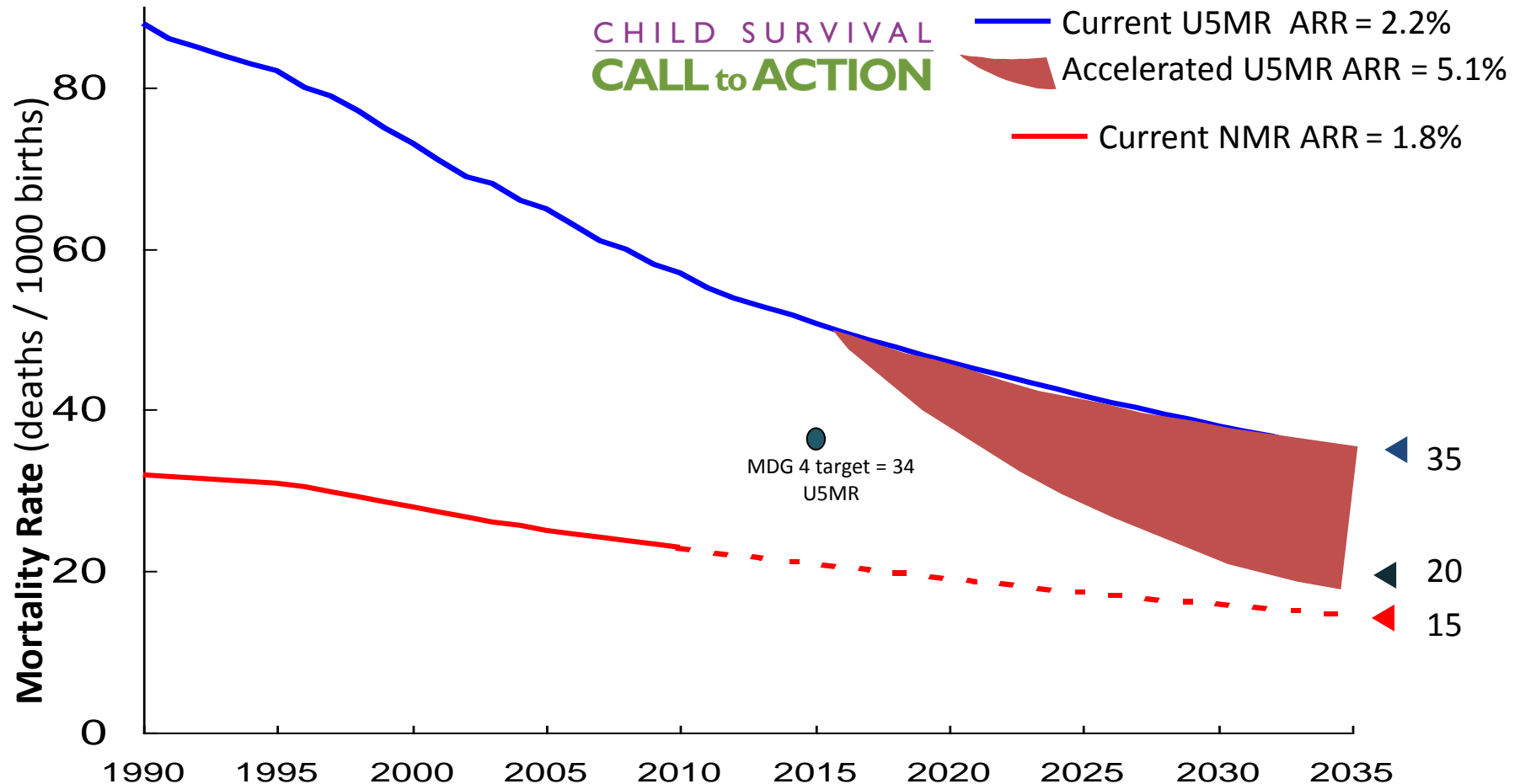
Under-five and neonatal mortality rate, 1990-2010



Source: The UN Inter-agency Group for Child Mortality Estimation, 2012;  
provided by SMS/DPS/UNICEF

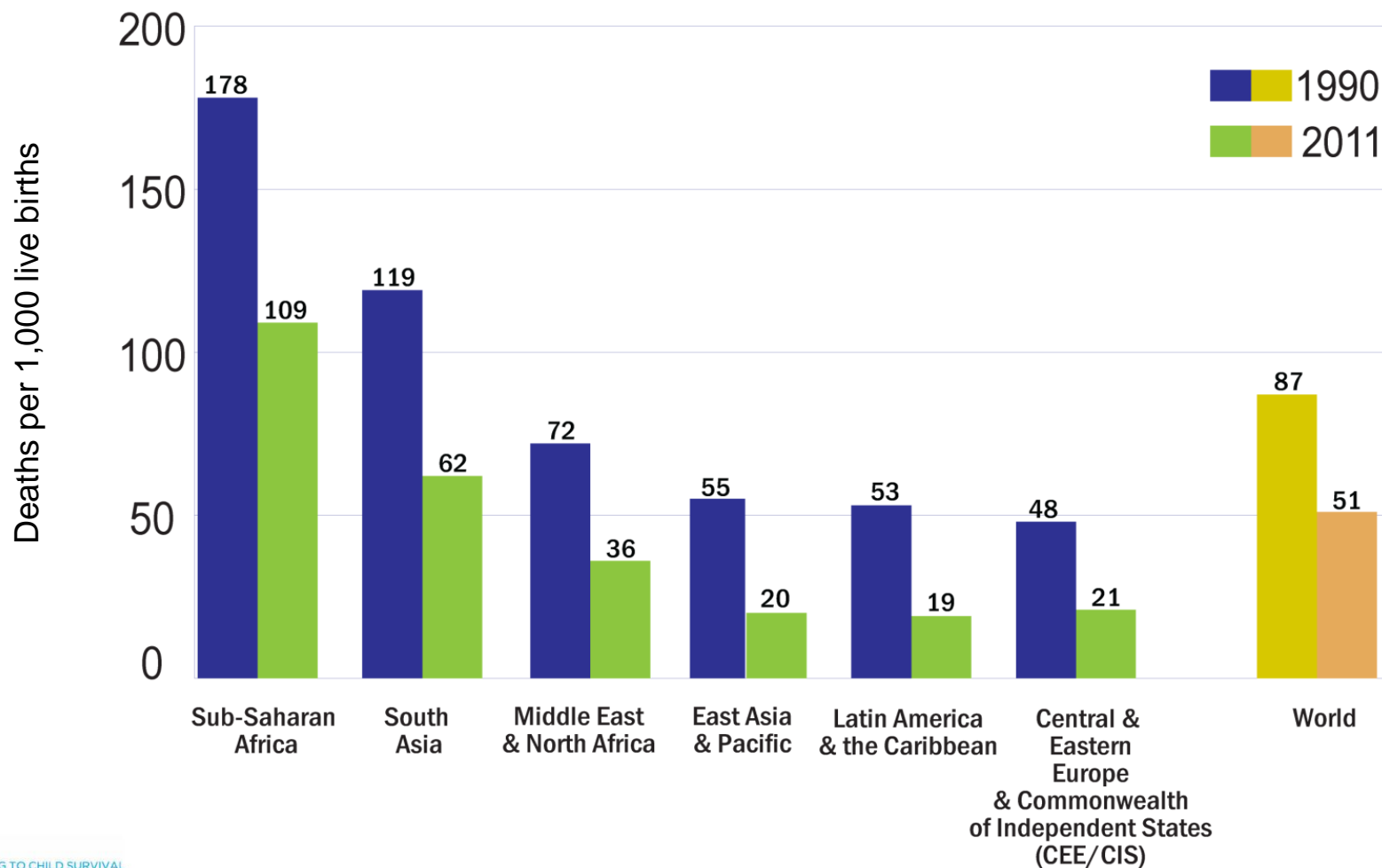
# Global Progress for child survival

U5MR and NMR decline 1990-2010, projected to 2035



**If 1-59 month mortality accelerates further but neonatal mortality continues on same trend then with 2 million child deaths in 2035, 1.5 million may be neonatal.**

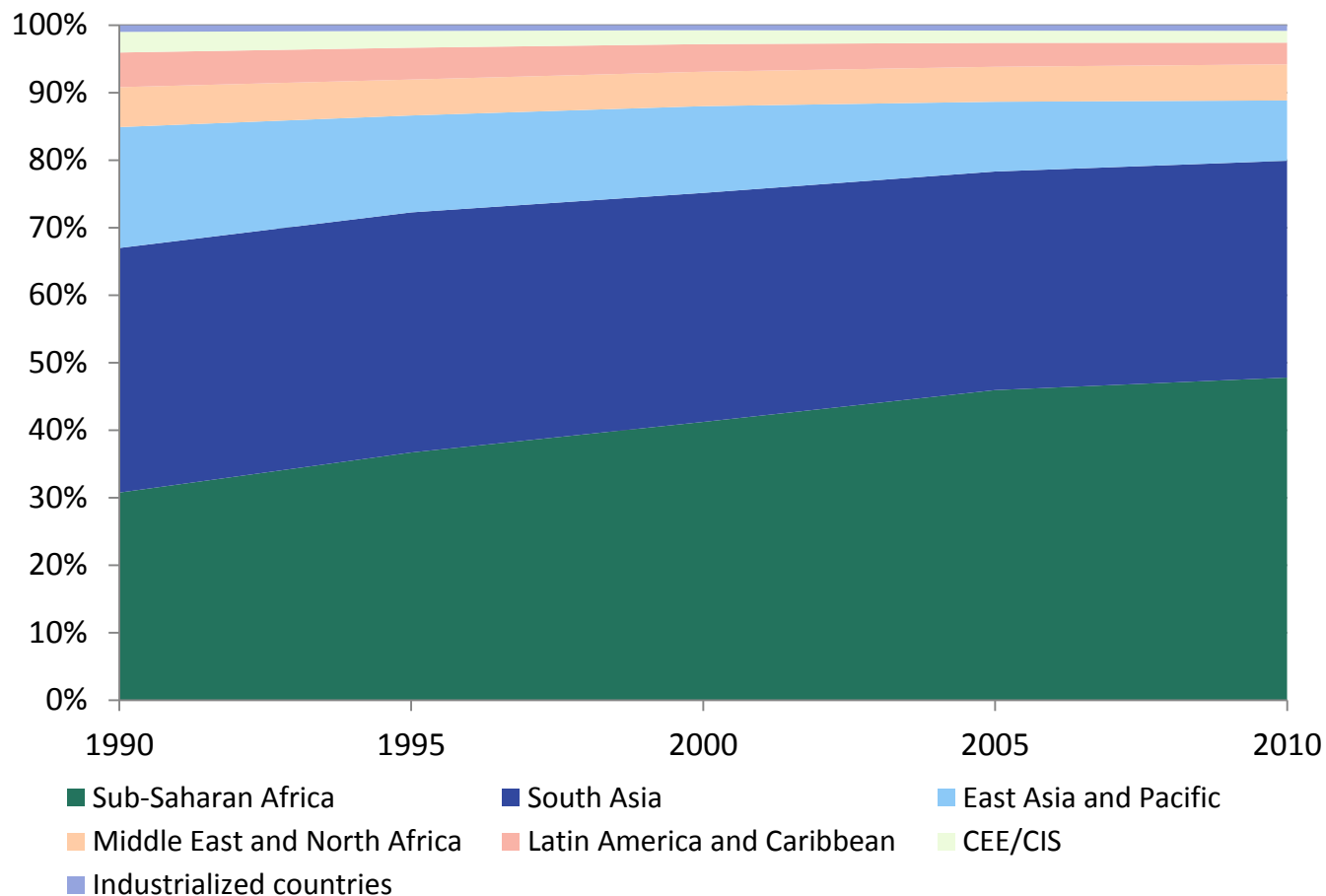
# All regions have experienced marked declines in under-five mortality rates since 1990



Source: IGME 2012

# The global burden of under-five deaths is increasingly concentrated in Sub-Saharan Africa

Share of under-five deaths, by region, 1990-2010 (%)



Source: IGME 2011

In 2011, for the first time, the 20 countries with the highest under child mortality rates are all in Africa. There is a strong correlation between conflict, 'fragile situations' and child mortality rates.

- 1) Sierra Leone (185 per 1000 live births)
- 2) Somalia
- 3) Mali
- 4) Chad
- 5) Democratic Republic of the Congo
- 6) Central African Republic
- 7) Guinea-Bissau
- 8) Angola
- 9) Burkina Faso
- 10) Burundi
- 11) Cameroon
- 12) Guinea
- 13) Niger
- 14) Nigeria
- 15) South Sudan
- 16) Equatorial Guinea
- 17) Mauritania
- 18) Togo
- 19) Benin
- 20) Swaziland (104 per 1000 live births)

Source for mortality rank: UN Inter-agency Group for Child Mortality Estimation 2012; *Fragile Situation countries are shown in red* (source: World Bank 2011)



# Top 10 countries in Africa with the largest reductions in child mortality, 2000-2011

Rank	Country	Annual rate of reduction (%)
1.	Senegal	6.4%
2.	Malawi	6.2%
3.	Zambia	5.6%
4.	Ethiopia	5.3%
5.	Namibia	5.2%
6.	Niger	5.0%
7.	Morocco	4.3%
8.	Zimbabwe	4.1%
9.	Kenya	4.0%



COMMITTING TO CHILD SURVIVAL  
A PROMISE RENEWED

# Committing to Child Survival: A Promise Renewed



Progress Report 2012

unicef 



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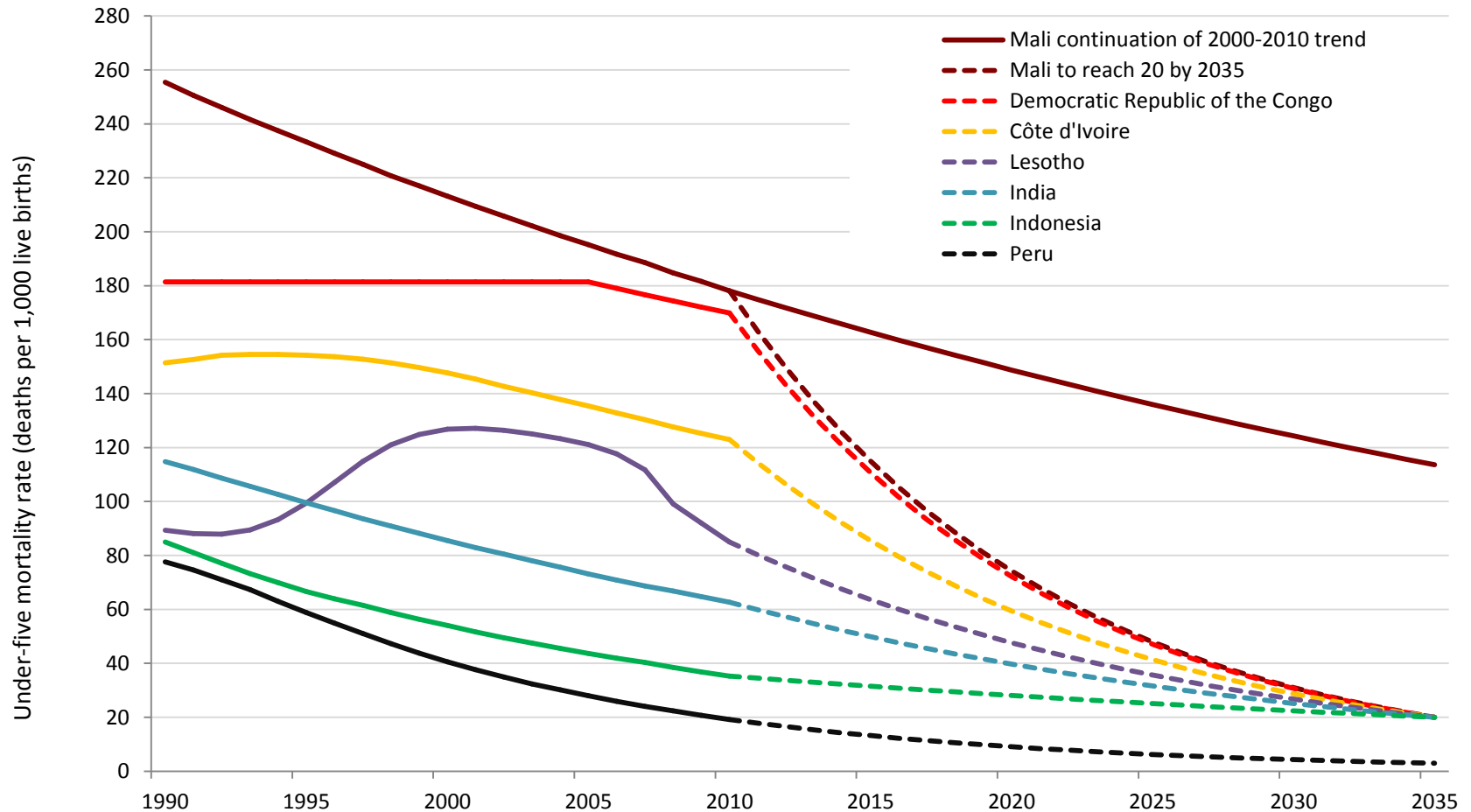
# 170 Governments Pledged to date

*Including 48 of the 54 countries in Africa*  
plus hundreds of

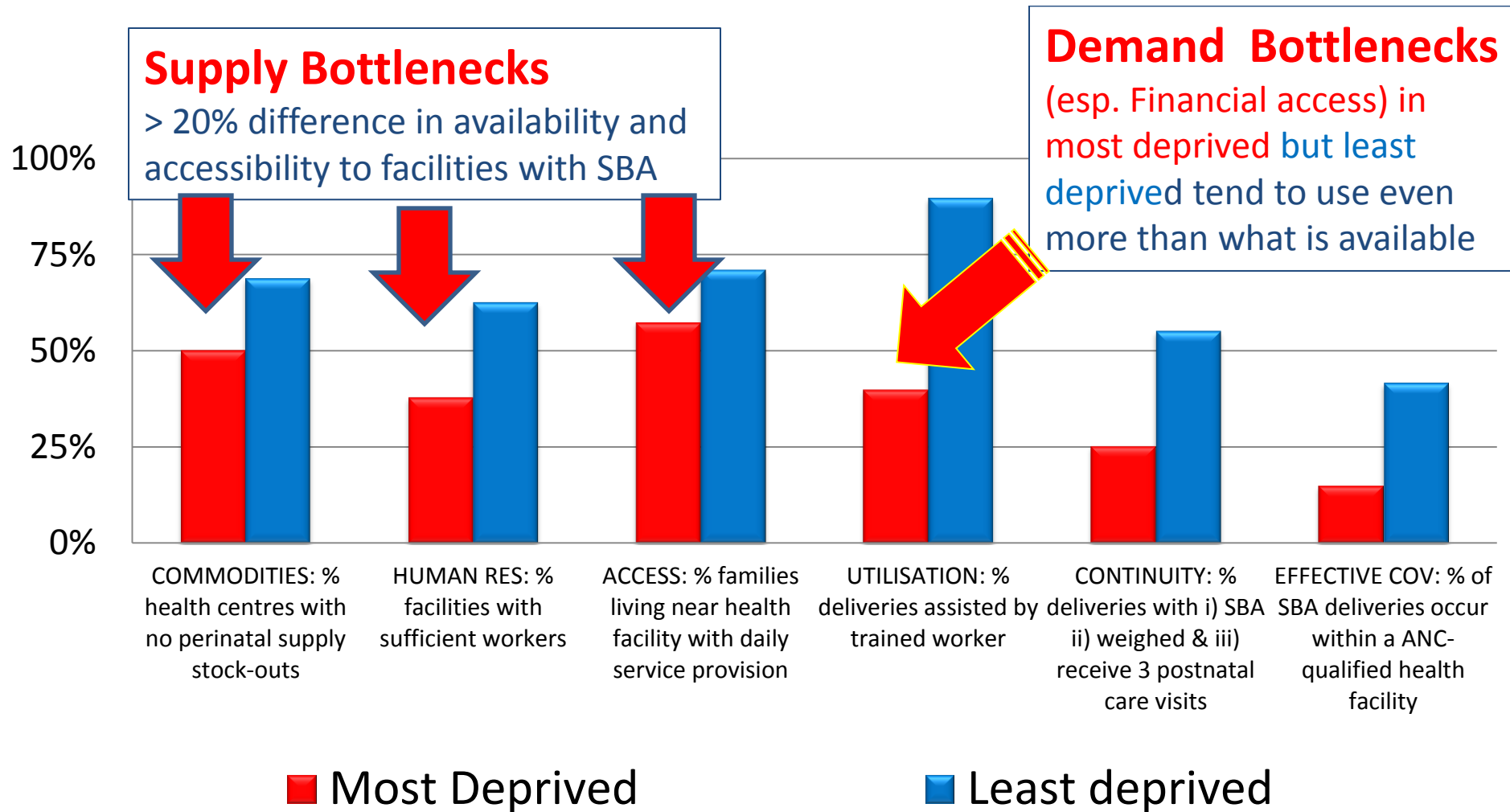
- Civil Society organisations, Faith Based organisations, Individuals, schools and workplaces
- Focus on results and accountability
- But also an important technical component

[www.apromiserenewed.org](http://www.apromiserenewed.org)

# 20 by 2035: selected country U5MR trajectories

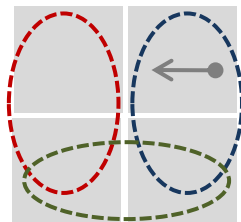


# Changing How We Do It: supply and demand bottlenecks for most / least deprived areas analyzed

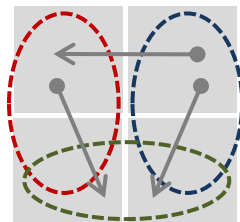


# Major bottlenecks to achieving results

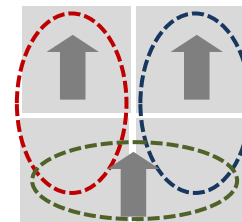
- **Decentralization & Low capacity:** weak supervision, management, QA and motivation
- **Major barriers to access:** poor enforcement of pro-poor cash transfers and fee-waivers
- **Incomplete uptake of life-saving interventions:** e.g. zinc for diarrhea
- **Ineffective resource management:** especially in decentralized settings
- **Structural barriers:** economic, political, socio-cultural



Shift existing within channel



New delivery or technology approach



Improve channel performance

**Potential approach**

**Shift intervention within channel**

**Shift intervention to different delivery channel**

**Improve performance of delivery channel**

**Description**

Change way of delivering interventions within existing channels

Deliver the intervention through a better performing channel

Improve efficiency, capacity and accessibility of delivery channel

**Possible strategies**

Task shifting among different cadres of workers  
 Improving outreach services (including specialist outreach)  
 Shifting to different sets of providers through public-private partnerships, contracting out, or franchising

Task shifting from clinic-based to community-based  
 Shifting interventions from clinic-based to child health campaigns  
 Shifting behaviour change counselling from face to face to social marketing or implementing policy changes

*Human resources availability:*  
 Compulsory service, Hardship allowances, retention of HR in rural settings...  
*Geographic access:*  
 Increase number of service points  
*Financial access:*  
 User fee abolitions, Insurance schemes, Conditional cash transfers, Vouchers  
*Continuity:*  
 PBI, remuneration (salaries)  
 Defaulter tracking  
*Quality:*  
 Supervision/mentoring, training, audits, accreditation...  
*Demand:*  
 Community/individual empowerment, social marketing...



# THANK YOU !

