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PROGRESS REPORT ON "CHILD SURVIVAL: A STRATEGY FOR THE AFRICAN REGION"

Information Document

CONTENTS

Paragraphs

BACKGROUND 1–4
PROGRESS MADE 5–11
NEXT STEPS 12

BACKGROUND

1. Every year, about 4.7 million children under five years of age in sub-Saharan Africa die of preventable and treatable diseases including infections, malnutrition and neonatal conditions.[1] These deaths account for 51% of global under-five mortality.[1] Only five countries[2] in the WHO African Region are on track to achieve Millennium Development Goal 4 which is to reduce child deaths by two-thirds from the 1990 levels by 2015.

2. "Child Survival: A strategy for the African Region,"[3] was developed by WHO, UNICEF and World Bank and adopted by the fifty-sixth WHO Regional Committee in 2006. The Strategy aims to scale up a defined set of effective child survival interventions including antenatal care, newborn care, appropriate infant feeding, immunization, management of common childhood illnesses and use of insecticide-treated nets (ITNs).

3. The fifty-sixth WHO Regional Committee[3] urged Member States to develop policies for effective scale up of interventions; strengthen capacity to plan, implement and monitor child survival activities; develop communication strategies; develop effective partnerships; conduct operations research; document experiences and develop frameworks for monitoring and evaluation. The roles of WHO and partners under the Strategy include providing support to countries for scale up, documentation, operations research and facilitation of coordination and collaboration.

4. This report summarizes the progress made in implementing the Strategy and proposes next steps for action.

PROGRESS MADE

5. **Development of policy, strategy and plan:** During the period under review, 21 countries developed comprehensive strategies and plans for scaling up child survival and 24 countries adopted the use of low-osmolarity oral rehydration salts and zinc in the management of childhood diarrhoea. In addition, 17 countries adopted policies for community case management of pneumonia and other childhood illnesses.

6. **Capacity building:** Since 2006, the child health programme management skills of 27 managers from 12 countries have been strengthened.[4] Thirty-one countries have built capacity for neonatal survival activities since the adoption of the child survival strategy.

7. **Partnerships and social mobilization:** Since 2006, national partnerships for Maternal, Newborn and Child Health (MNCH) have been formed in seven countries.[5] Maternal and child survival country profiles have been developed through joint global tracking of progress towards

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[1] UNICEF, *The State of the World's Children 2009*, UNICEF, 2008

[2] Algeria, Cape Verde, Eritrea, Mauritius and Seychelles (UNICEF, *Countdown to 2015, Maternal, Newborn and Child Survival: Tracking Progress in Maternal, Newborn and Child Survival – The 2008 Report*. UNICEF, 2008).

[3] WHO, *Child Survival: A Strategy for the African Region*, Brazzaville, World Health Organization, Regional Office for Africa, 2006 (AFR/RC56/13).

[4] Burkina Faso, Ethiopia, Ghana, Kenya, Liberia, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe.

[5] Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Tanzania and Zambia.

achieving MDGs 4 and 5. In addition, eleven countries[6] promoted key family and community practices through communication and social mobilization.

8. **Operations research, documentation, and monitoring and evaluation:** Since the adoption of the child survival strategy, seven countries[7] have conducted Child Health Facility surveys to assess the quality of care provided to the sick child at first-level health facilities. Child health research has also been conducted in countries including Ghana, Kenya and Uganda.

9. **Scaling up child survival interventions:** Since the adoption of the Strategy, Integrated Child Health Weeks have been conducted in 13 countries.[8] During these weeks, essential interventions such as vaccinations, vitamin A supplementation, provision of de-worming medicines and distribution of ITNs were carried out to augment routine services. Increased measles immunization coverage contributed to 89% decrease in measles deaths in the Region between 2000 and 2007.[9] In 2005, the regional estimate for children sleeping under ITNs was 4%. Recent data from 18 countries shows that ITN use in children was estimated at 23% in 2007.[10] Provision of antiretrovirals to prevent mother-to-child transmission of HIV (PMTCT) increased from 31% in 2006 to 43% in 2007 in Eastern and Southern Africa and from 7% to 11% for West and Central Africa.[11] Children under 15 years on antiretroviral therapy increased from 55 000 in 2005 to 158 000 in 2008.[12]

10. Despite these achievements in some areas, coverage of some effective interventions remains low. Vitamin A supplementation coverage, exclusive breastfeeding in the first six months of life and appropriate care seeking for acute respiratory infections failed to increase between 2005 and 2007. The rates of appropriate treatment of diarrhoea and fever declined over the same period.[12]

11. Various health system challenges hamper progress in child survival interventions. These include inadequate country-level funding for scaling up effective interventions, inadequate monitoring of the coverage of interventions and human resource limitations. HIV infection and conflicts are the main reasons why some countries are making least progress in child mortality reduction. Accelerated efforts are required to achieve set targets.

NEXT STEPS

12. In order to increase coverage of effective child survival interventions and accelerate progress in the implementation of the regional child survival strategy, countries, with the support of partners, should:

(a) use available opportunities to improve coverage of key child survival interventions such as Child Health Weeks/Days, immunization campaigns, etc;

(b) mobilize and allocate appropriate resources to implement national child survival scale up strategies and plans, using domestic resources and external funding opportunities

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[6] Burkina Faso, Democratic Republic of Congo, Eritrea, Ethiopia, Ghana, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali and Zambia.
[7] Ethiopia, Ghana, Kenya, Niger, Senegal, Zambia and Zimbabwe.
[8] Benin, Côte d'Ivoire, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Senegal, Sierra Leone, Togo, Zambia and Zimbabwe.
[9] World Health Organization, *African Region, 16th Task Force on Immunization meeting*, December 2008.
[10] WHO, *World Malaria Report*, Geneva, 2008.
[11] UNICEF, *Children and AIDS – Third Stocktaking Report*, UNICEF December 2008.
[12] UNICEF, State of the World's Children 2009, UNICEF, 2008.

provided by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and Global Alliance for Vaccines and Immunization (GAVI);

(c) develop and/or implement frameworks for regular monitoring of progress in the coverage of child survival interventions in order to facilitate remedial action at district level;

(d) facilitate and/or provide training for community health workers in the management of common childhood illnesses and conditions like malaria, diarrhoea and pneumonia in settings where access to health facilities and/or human resources are limited.