

Addressing the leading causes of child mortality through life-saving commodities

Key Recommendations

World Vision calls for the Government of South Africa to:

1. Endorse and pass the proposed resolution on the *Implementation of Recommendations of the UN Commission on Life-Saving Commodities for Women and Children* at the 66th World Health Assembly.
2. Commit to developing a national plan to implement the recommendations of the Commission and the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea.
3. Scale-up investment in health services and supplies to reach the most vulnerable children and communities where the greatest gaps exist.
4. Enhance accountability mechanisms by involving communities in the planning, monitoring and review of progress of the recommendations of the Commission and the pneumonia and diarrhoea action plan.

The major causes of newborn and child deaths

In 2011, 6.9 million children died before reaching their fifth birthday. In children aged two months to five years, pneumonia, diarrhoea and neonatal causes are the most common causes of child mortality globally.¹ We know which combination of preventive and curative interventions are needed to prevent millions of children from dying from major preventable causes.² But these interventions are not always reaching the poorest and most vulnerable children and families where the need is greatest. Few children in poor communities receive appropriate treatment for diarrhoea, while less than a third of children with suspected pneumonia receive antibiotics. The greatest burden of child mortality remains in the families on the lowest incomes and in the most remote and rural areas. The majority of these families now live in middle-income countries.³

New global initiatives to end preventable child deaths

The UN Commission on Life-Saving Commodities for Women and Children

In 2012, the UN Secretary-General's Global Strategy for Women's and Children's Health highlighted the suffering of women and children around the world caused by lack of access to life-saving health commodities. The UN Commission on Life-Saving Commodities for Women and Children (the 'Commission') was established to provide

recommendations for increasing access to and appropriate use of essential and overlooked health commodities.⁴ The Commission endorsed an initial list of 13 overlooked life-saving commodities that could be scaled up over five years at a cost of less than US \$2.6 billion, to cumulatively save the lives of more than 6 million women and children. If made available to more women and children, these proven commodities have the potential to dramatically reduce neonatal deaths from conditions such as sepsis and birth asphyxia, and child deaths from pneumonia and diarrhoea.

The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea

Together, pneumonia and diarrhoea account for 29 per cent of all child deaths each year.⁵ Proven interventions to tackle these top two causes of under five deaths already exist, but millions of the poorest children are still needlessly dying because they remain out of reach of existing services. Since many of the causes of and solutions to pneumonia and diarrhoea are inter-related, a forthcoming Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea⁶ is being developed to promote an integrated approach to planning, delivery and monitoring of interventions to address these diseases. The plan aims to ensure that every child has access to preventive interventions – including safe water, hygiene and sanitation, and clean household energy - and appropriate treatment for pneumonia and diarrhoea when children do become sick.

Sixty-sixth World Health Assembly: Resolution on life-saving commodities

A proposed resolution on the *Implementation of the recommendations of the UN Commission on Life-Saving Commodities for Women and Children* at the sixty-sixth World Health Assembly in May 2013 provides Member States with a critically important opportunity to endorse the resolution and commit to national and sub-national planning of the recommendations. The draft text of the resolution calls on Member States to put into practice the implementation plan on life-saving commodities including: **1)** improving the quality, supply and use of the 13 life-saving commodities and building upon information and communication technology best practices; **2)** developing plans to implement appropriate interventions to increase demand for and utilisation of health services and life-saving commodities, particularly among underserved populations; **3)** addressing financial barriers to ensure the poorest people have access to the 13 life-saving commodities and any related commodities; **4)** improving regulatory efficiency by harmonising registration requirements and streamlining assessment processes, including granting priority review to the life-saving commodities; and **5)** implementing proven mechanisms to ensure health-care providers are knowledgeable about the latest national guidelines for maternal and child health.⁷

The role of governments in securing life-saving commodities children under five

The World Health Assembly presents an opportunity for governments to make a firm commitment to implementing the recommendations of the Commission. Importantly, medicines to address the top two causes of under five deaths, pneumonia (amoxicillin) and diarrhoea (Oral Rehydration Solution and zinc) are at the forefront of overlooked life-saving commodities to address under five deaths. This creates an important opportunity to advocate for coordinated and integrated national plans around the recommendations of the Commission and the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea where the two initiatives intersect. It must be noted that the list of life-saving commodities also includes those which address the key causes of maternal and neonatal mortality, which is beyond the scope of the Global Action Plan for Pneumonia and Diarrhoea. Similarly, this action plan must place due emphasis

on preventative measures such as sanitation and hygiene, as much as treatment from essential medicines. However, there is a clear point of intersection between these global initiatives, and both will require government leadership and commitment to implement and coordinate at national and sub-national levels.

Promoting empowerment and community participation and strengthening accountability

The Commission makes specific recommendations focusing on demand and utilisation of health services and products, particularly amongst under-served populations. It recognises the critical importance of family and community perspectives to improve health outcomes for women and children. The right balance between demand and supply of health care services and commodities is essential. Increasing supply means ensuring high quality, affordable health commodities through a strong health system and appropriate market regulation and finance policies. This should be complemented with measures to foster demand for health care to ensure families and communities are aware of life-saving medicines, know how to access them, and understand how and when to use them. Families and communities play a critical role in providing healthcare, facilitating access to and use of health services, promoting citizen participation,⁸ and advocating for essential interventions. The poorest communities should feel empowered to demand the health services to which they are entitled, and hold service providers and governments accountable for the supply of essential medicines. A randomised field trial of community-based monitoring of health services in Uganda demonstrated that a 30 per cent reduction in child mortality was possible through collective community action.⁸ Governments must engage communities in the planning, monitoring and review of health services and in the implementation and monitoring of supply and access to life-saving commodities.

¹ UNICEF (2012) *Committing to Child Survival: A Promise Renewed*

² The Partnership for Maternal, Newborn and Child Health (2011). *A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH)*, PMNCH, Geneva

³ World Health Organisation and UNICEF (2012). *Countdown to 2015: Building a Future for Women and Children. The 2012 Report*, Washington DC

⁴ UN Commission of Life-Saving Commodities for Women and Children: Commissioners' Report, September, 2012

⁵ World Health Organisation, *Global Health Observatory for undernutrition: Black et al. Lancet, 2008*, http://www.who.int/gho/child_health/en/index.html.

⁶ Due to be launched by the World Health Organisation in April 2013

⁷ See http://apps.who.int/gh/ebwha/pdf_files/EB132/B132_R4-en.pdf

⁸ M. Bjorkman and J. Svensson, Power to the People: Evidence from a randomised field experiment on community-based monitoring in Uganda, *Quarterly Journal of Economics* (May 2009, Vol.124, No.2), 735–769.