

# MINING COMPACT FOR CHILD HEALTH

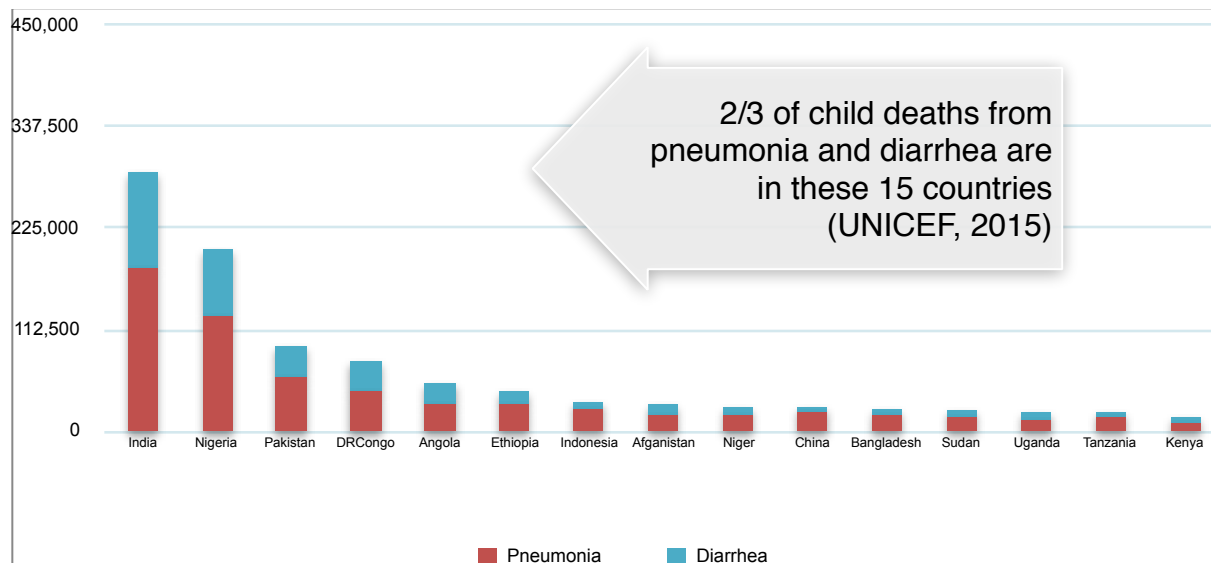
## MOBILIZING THE MINING INDUSTRY FOR CHILD SURVIVAL

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In 2015, 5.9 million children did not reach their fifth birthdays. The majority of deaths are occurring in just 15 countries and India and Nigeria account for one third (Figure 1). Tragically, 1.5 million (25%) of all child deaths are caused by pneumonia and diarrhea, which are entirely preventable and treatable at low cost. Oral rehydration salts (ORS) and zinc treatment could avert over 90 percent of diarrhea deaths at a cost of less than 50 cents per treatment and antibiotics could avert over 40 percent of pneumonia deaths for a similar cost. Zinc treatment not only lessens the severity and duration of diarrhea but also provides protection against future infections, including those that cause pneumonia.<sup>1</sup> In fact, zinc is such a precious commodity for child health that eradicating zinc deficiency alone could prevent the deaths of an estimated 120,000 children.<sup>2</sup>

Despite the lifesaving potential of zinc, ORS and antibiotics, most children never receive these treatments (Table 1). Demand for ORS is low and almost non-existent for zinc as the relationship between zinc and child health is not well understood by consumers or healthcare providers in most low income countries. This has created a market trap limiting supply and distribution of both zinc and ORS. Further, low recognition of the symptoms of childhood pneumonia inhibits care seeking by families and the lack of a simple way for healthcare providers to diagnose pneumonia in children contributes to the shockingly low treatment rates. *The vast majority of children who die from pneumonia never receive antibiotic treatment.* If demand was unlocked, billions of episodes of diarrhea would require treatment with zinc and ORS every year and millions of episodes of pneumonia would require antibiotics, triggering a supply-side response that could prevent more than one million child deaths each year.

**Figure 1: 15 countries hold the key to preventing child deaths from pneumonia and diarrhea...**



<sup>1</sup>UNICEF, *Committing to Child Survival: A Promise Renewed. Progress Report*, 2015.

<sup>2</sup>Black RE, Victora CG, Walker SP, et al, the Maternal and Child Nutrition Study Group: Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* 2013;382:427–451.

Successfully preventing these one million child deaths would accelerate the achievement of Sustainable Development Goal 3.2. To achieve SDG 3.2 each country needs to achieve a Child Mortality Rate of 25 deaths per 1,000 live births, or lower, by the end of 2030. Urgent action to scale up coverage of pneumonia and diarrhea treatments could contribute significantly to achieving this goal and many companies in the extractives industries are well positioned to champion the use of these treatments in the countries where child deaths are concentrated. The wide geographic reach of many of the major extractive companies means that they already operate in many of the countries with the highest burdens of child mortality and have a direct interest in investing in the health of the families of their employees and the local communities in which they operate. Given the long life of many extractive operations, investments in children today are investments in the workforce of tomorrow. Further, as this sector extracts zinc - the commodity that has such a strong and positive impact on child health – it is a natural champion for child health. Good work is already underway with Zinc Saves Kids, an initiative by the International Zinc Association (IZA) and UNICEF, and the Zinc Alliance for Child Health, a partnership between Canadian mining company Teck Resources, the Micronutrient Initiative, the Canadian Government and UNICEF.

*“Zinc is one of the greatest untapped resources for child survival and growth, with preventive zinc supplements among the three interventions with the largest potential effect on mortality in children younger than 5 years and zinc treatment able to reduce diarrhea deaths by 23%.”*

*-MDG Health Alliance*

**Table 1: Most children are not receiving the recommended treatment for diarrhea and pneumonia<sup>3</sup>**

Country	Under 5 deaths from diarrhea	Under 5 deaths from pneumonia	ORS coverage	Zinc coverage	Antibiotic coverage
India	108,100	180,200	26%	0.3%	13%
Nigeria	75,000	127,500	26%	1%	45%
Pakistan	34,600	60,500	41%	0%	50%
DRC	30,500	45,800	27%	2%	42%
Angola	23,700	28,700	No data	No data	No data
Ethiopia	14,700	31,300	26%	0%	7%
Afghanistan	11,300	17,900	53%	No data	64%
Niger	9,700	18,500	44%	No data	No data
Sudan	8,900	16,000	31%	No data	71%
Indonesia	8,800	25,000	39%	No data	39%
Tanzania	7,800	14,700	44%	5%	No data
Kenya	7,800	10,400	62%	1%	87%
Bangladesh	7,100	17,900	78%	23%	71%
Uganda	6,800	13,600	44%	1%	47%
China	5,500	21,800	No data	No data	No data

<sup>3</sup> UNICEF, *The State of the World's Children*, 2014

The ***Mining Compact for Child Health*** seeks to build on these successful initiatives by inviting the world's leading mining companies to join forces with governments, non-government organizations, industry associations and civil society to stimulate the growth and development of sustainable markets for quality, affordable, child-friendly zinc, ORS and antibiotics in the countries with the greatest numbers of under 5 child deaths from diarrhea and pneumonia.

Based on country plans developed by governments in close coordination with leading global child health organizations, a number of key activities have been identified to successfully achieve the goal of a long-term, sustainable and significant reduction in childhood deaths from pneumonia and diarrhea.

To become a partner in the ***Mining Compact for Child Health***, companies are asked to commit to, and support, one or more of the following five multi-stakeholder led activities in the countries with the highest numbers of child deaths:

- 1.** Work with development partners and other stakeholders to support country-led efforts to develop local markets for quality, affordable, child-friendly formulations of zinc, ORS and the WHO recommended antibiotic for the treatment of childhood pneumonia – amoxicillin dispersible tablets;
- 2.** Support efforts to dramatically increase family use and health provider recommendation of zinc and ORS to treat childhood diarrhea, amoxicillin dispersible tablets to treat pneumonia, and zinc supplements and fortified zinc products (e.g. staple foods) to improve children's nutritional status and resistance to infection;
- 3.** Finance education campaigns about the benefits of zinc for child health and ORS and zinc as treatments for diarrhea to increase demand for zinc/ORS among consumers and to improve the quality of treatment by healthcare providers; and increase awareness about the danger signs of childhood pneumonia and the importance of seeking care from a qualified health provider quickly;
- 4.** Leverage existing company distribution channels, networks and workplace programs, where appropriate, to increase access to zinc, ORS and amoxicillin for children, particularly in rural and remote areas; and
- 5.** Advocate to governments and other stakeholders for greater access to quality, affordable, child-friendly zinc, ORS and amoxicillin as treatments for childhood pneumonia and diarrhea.

There has never been a more important time to act. With 500 days to achieve Millennium Development Goal 4 accelerated action on the leading causes of child death in the countries where most deaths are concentrated is now critical.

The ***Mining Compact for Child Health*** is part of a global push to end child pneumonia and diarrhea deaths and is consistent with the recommendations of the:

- [Integrated Global Action Plan for Pneumonia and Diarrhea](#)
- [Declaration on Scaling Up Treatment of Diarrhea and Pneumonia](#)
- [UN Commission on Life-Saving Commodities for Women and Children](#)
- [A Promise Renewed: Child Survival Call to Action](#)

Members of the ***Mining Compact for Child Health*** become part of the United Nations Secretary-General's [Every Woman, Every Child](#) movement and their work is highlighted during United Nations General Assembly week and at other times throughout the year.

***For more information please contact:***

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