

## Continuing the child survival revival



There is much to celebrate in child health. Over the past 20 years, global mortality among children younger than 5 years has decreased by 41%, from 87 deaths per 1000 livebirths in 1990 to 51 in 2011.<sup>1</sup> During the same period, development assistance for maternal, newborn, and child health has increased, and has even done so through the global economic crisis.<sup>2</sup> Recent international initiatives, such as *Every Woman Every Child*, the *UN Commission on Life-Saving Commodities for Women and Children*, and *A Promise Renewed*, have also reinvigorated the child survival agenda. But the job is far from finished. Time trends hide the real tragedy: 6.9 million children under the age of 5 years still died in 2011, largely from preventable causes.<sup>1</sup> Furthermore, the world is not on track to meet Millennium Development (MDG) Goal 4, a two-thirds reduction in child deaths between 1990 and 2015.<sup>3</sup>

What path should we now take? As reported in *The Lancet* in 2012, accelerating the reduction in child deaths will require targeting the leading causes of mortality: neonatal and infectious causes.<sup>4</sup> In this *Lancet* Series, we focus on childhood pneumonia and diarrhoea—the leading causes of death in the post-neonatal period.<sup>4</sup> In the past, these two illnesses have been viewed separately in health programmes and in the minds of international agencies, donors, and governments. However, through many consultations, front-line workers have made it clear that they believe that more cooperation and coordination is needed on the ground in the prevention and control of these two illnesses.<sup>5</sup> They are right. Childhood diarrhoea and pneumonia share many risk factors (eg, lack of exclusive breastfeeding of children younger than 6 months, undernutrition, zinc deficiency), and integrated programmes to tackle these can reduce the incidence of, and deaths from, both illnesses.

The *Lancet* Series on Childhood Pneumonia and Diarrhoea provides evidence for integrated control efforts. We thank Zulfiqar Bhutta and his dedicated team at Aga Khan University, Pakistan, for expertly leading and coordinating this Series of four papers.

The first Series paper by Christa Fischer Walker and colleagues<sup>6</sup> shows that 700 000 children younger than 5 years died from diarrhoea and 1.3 million children died from pneumonia in 2011. Most deaths occurred in infants younger than 2 years for both illnesses, and the

global burden of episodes and severe disease is highest in Africa and southeast Asia. 15 countries in particular have the highest burden of episodes, severe episodes, and mortality.

The second paper by Zulfiqar Bhutta and colleagues<sup>7</sup> shows that 15 highly cost-effective interventions would prevent 95% of diarrhoeal deaths and 67% of pneumonia deaths by 2025, if delivered at scale at an estimated cost of US\$6.715 billion. We think this price tag is feasible given the increase in global funding this sector has witnessed in the past two decades. Governments have also been boosting their health expenditure over the past 10 years. However, much more can be done. In 2001, African Union Governments pledged to provide at least 15% of their annual budgets to health. By 2011, 26 African countries had increased government expenditure on health but only one had reached this target. In another 20 countries, health expenditure decreased or flatlined over this period.<sup>8</sup>

The third paper in the Series by Christopher Gill and colleagues<sup>9</sup> gives voice to the concerns of several hundred key stakeholders who deal with these two diseases, and points to potential ways forward. The final Series paper by Mickey Chopra and colleagues<sup>10</sup> represents a call to action and discusses the global and country-level remedies needed to eliminate preventable deaths from these illnesses by 2025. Modelling by the authors shows that a target of fewer than three deaths from pneumonia per 1000 livebirths, and fewer than one death per 1000 livebirths for diarrhoea by 2025, is an achievable goal. We hope that countries, particularly those in Africa and southeast Asia with the greatest burden of these illnesses, will commit to these goals. They should take inspiration from regional leaders who have made good progress in addressing childhood diarrhoea and pneumonia.

*The Lancet* first published a Series on child survival in 2003. Since then, we have published *Lancet* Series along the continuum of care. We hope this latest Series continues the much-needed revival of the child survival agenda. With the ever-increasing number of global health priorities, and with the MDG era coming to an end in 2015, the international community should not forget that too many children are still dying unnecessarily every year. We must, and can, do better.



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