

CHILD SURVIVAL PARTNERSHIP PLEDGE

Achieving unprecedented levels of coordination to save children's lives

To achieve Millennium Development Goal 4 by 2015, we need to prevent the deaths of an estimated 4.4 million children under 5. In the 975 days remaining, the best strategy for accelerating the rate of reduction in child mortality to the level needed to achieve MDG4 is to focus on dramatically increasing usage of the child survival interventions that can save the most lives in the countries where child deaths are concentrated.

Pneumonia, diarrhea, malaria and undernutrition are the leading causes of death for children who survive the first month of life. In 2011, these three diseases killed 1,300,000, 800,000 and 500,000 children under 5 respectively, with undernutrition a contributing factor in one third of all deaths. Half of all child pneumonia and diarrhea deaths occur in just five countries – India, Nigeria, Pakistan, Democratic Republic of Congo and Ethiopia, and half of child malaria deaths occur in just two countries – Nigeria and Democratic Republic of Congo.

As organizations deeply committed to child survival, we pledge to work together to achieve unprecedented levels of coordination in the prevention, diagnosis and treatment of the leading causes of child death in the post-newborn period in the countdown to 2015. We pledge to engage both the public and private sectors and to prioritize accelerating access to the most effective child survival interventions in the countries where child deaths are concentrated, especially vaccines, ORS, zinc treatments, amoxicillin dispersible tablets, long-lasting insecticide treated bed nets, artemisinin-based combination therapies, breastfeeding support, nutritional supplements and improved water, sanitation and hygiene.

To this end, we are committed to working with governments, bilateral, multilateral and private donors, non-government organizations, private corporations, institutions of learning, communities of faith and civil society to:

1. develop government policies and programs supportive of integrated Community Case Management (iCCM) of childhood illnesses and Integrated Management of Childhood Illness (IMCI) at facilities
2. mobilize resources for the financing of integrated approaches to the delivery of child survival interventions at both community and facility levels
3. increase the production and use of quality, affordable, child-friendly preventive, diagnostic and treatment technologies that target the leading causes of under 5 deaths
4. prioritize the distribution of critical child survival technologies to the most vulnerable children
5. Conduct evidence-based education and communications campaigns to encourage healthy behaviors and to increase demand among families and health providers for the most effective child survival interventions
6. Support implementation research to increase the uptake of research findings with significant potential impact on child survival

Noting that it is often the same children who will experience episodes of life-threatening pneumonia, diarrhea, and malaria, and that this is particularly true for children who are undernourished and susceptible to repeat infections, we believe that we can save more lives and accelerate the rate of reduction of child mortality with a coordinated and integrated approach to fighting the leading killers of children, improving access to proven interventions and by prioritizing efforts to reach the most marginalized children in the countries with the largest numbers of child deaths.

PLEDGE ENDORSED BY PNEUMONIA ROUNDTABLE
Tuesday April 30th, 2013, New York City

THE **MDG** Health Alliance

