Child Survival Action
A roundtable discussion for accelerated progress towards 2030

Event recap: key messages

On 23 May 2022, on the margins of the 75th World Health Assembly, the Minister of Health of Sierra Leone, H.E. Dr. Austin Demby and the Minister of Health of the United Republic of Tanzania, H.E. Ummy Mwalimu, hosted a roundtable discussion in collaboration with the Child Health Task Force, the Global Financing Facility, PMNCH, Save the Children, UNICEF, USAID and WHO. The discussion, moderated by Minister of State to the President of Senegal, Dr. Awa Marie Coll Seck, included the Ministers of Health (or their senior representatives) from Chad, Madagascar, Mozambique, Nigeria, Somalia, as well as global health and development leaders. The aim was to reflect on the current state of progress and discuss the way forward to secure renewed commitment and drive equity-enhancing actions to achieve the SDG targets for child survival.

Context

Fifty-four countries, 80% located in Africa, urgently need accelerated efforts to achieve the Sustainable Development Goal 2030 target on child mortality of at least as low as 25 deaths per 1000 live births.

Post-neonatal deaths still represent 52% of overall under-five mortality, with this proportion reaching 70% in some countries. The majority of these deaths are caused by preventable and treatable infectious diseases, such as acute respiratory infections, diarrhoea, and malaria, often compounded by malnutrition.

Strengthened and people-centered primary health care services could increase access to care and improve coverage of essential interventions for all children.

Figure 1: Percentage change required in the average annual rate of reduction in under-five mortality rate to achieve the 2030 SDG target of 25 or fewer deaths per 1000 live births. Countries in red shading are considered off track, countries in green shading have already achieved or are expected to achieve the target.
Key messages

Accelerated action for child survival towards 2030 is urgently needed

The data are clear – too many children die because of common but preventable illnesses. Inequities are pronounced not only across countries but often times within countries. These inequities are further being exacerbated by conflict, climate change, food insecurity and most recently COVID-19.

Urgent action is needed to ensure that children survive early childhood, a critical first step in ensuring they can fully thrive and reach their full development potential. It is also crucial to specifically address sub-national inequities in mortality outcomes, access to and utilization of high-quality health services in facilities and communities, and an enabling environment to promote positive child health outcomes and multi-sectoral action, including good nutrition, WASH services, educational opportunities for women and girls.

We know what works

While there is no one-size-fits-all approach, there are many evidence-based and affordable health care interventions, including immunization, better nutrition, quality diagnosis and treatment that have proven to give children a good start in life. However, there is a knowledge-to-policy gap, and fragmentation in the way government and global public health partners facilitate implementation. There is therefore a need for:

• strong government leadership and accountability, and multi-sectoral responses aligned with national strategies that bring together multi-stakeholders from health (including immunization), nutrition, WASH and protection together;

• people-centred, equitable, and quality primary health care delivered in communities and facilities by a capacitated, skilled, remunerated and motivated health workforce (including fully integrated community health workers) with reliable access to essential supplies, and supportive leadership and management;

• an approach that combines not only domestic financing, external pooled investments and innovative approaches, but also a commitment to making better use of existing resources;

• engaging communities in the design and implementation of multi-sectoral responses;

• strengthening and utilizing country data systems on a continuous basis to focus on vulnerable children is critical to ensure accountability at all levels for change; and

• an equity-sensitive approach that builds upon the actions to reach zero-dose and under-immunized children, as well as those with acute malnutrition and wasting, to reduce the risk of mortality in highly vulnerable children.

There is need for urgent evidence-based action in the 54 targeted countries to tackle the unfinished agenda of child survival by rallying governments and partners for more effective coordination, implementation and monitoring of policies, service delivery and investments, both human and financial. Only when children survive will they have a chance to thrive and reach their full development potential, enabling countries to build up their human capital and create more equitable, prosperous, and sustainable societies.

Useful links

Recording of the event in English and French here. Social media toolkit here.