THE MDG Health Alliance

Overview of a Proposed Roadmap to Reach MDG4

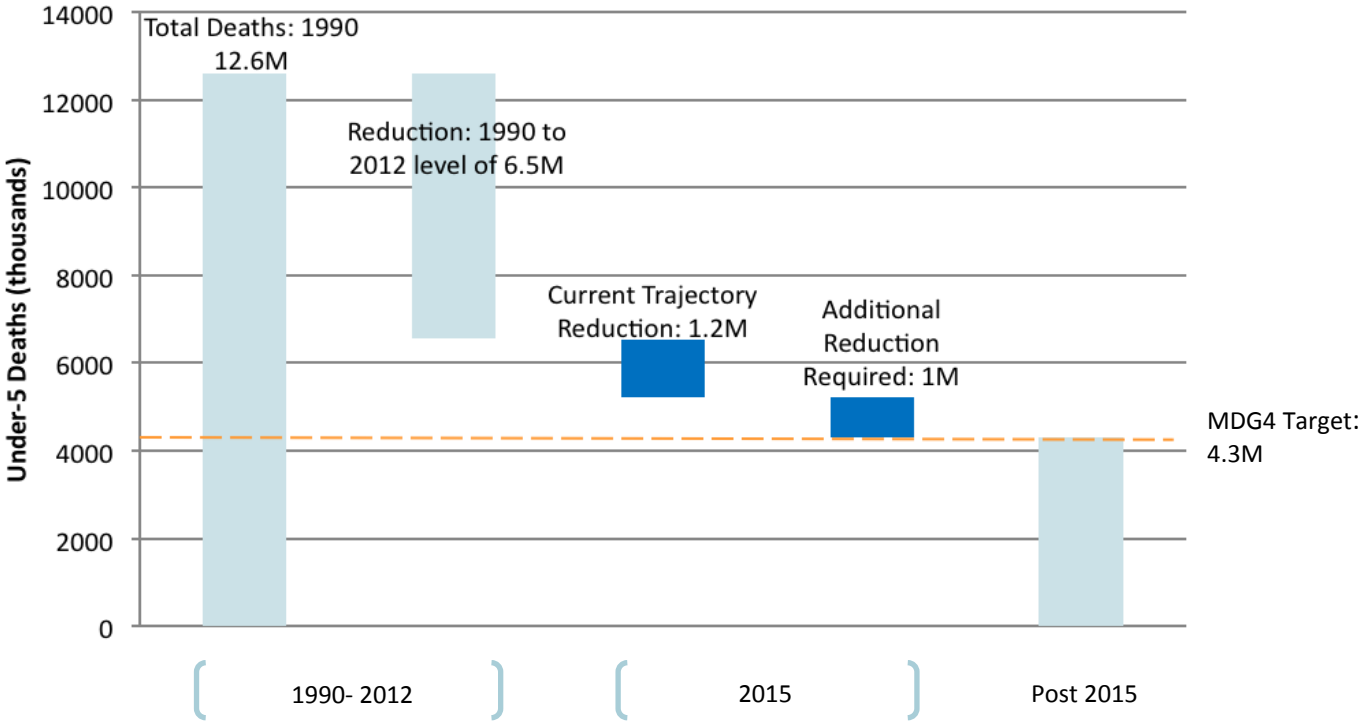
Achieving MDG4: Reducing child mortality by 2.2 million under-5 deaths in 2015

Required Progress to Achieve MDG 4

Global child mortality has been almost halved from an estimated **12.6 million** children dying before their 5th birthday in 1990 to **6.55 million** children in 2012. The world is currently reducing under-five deaths faster than at any other time in history. This is in large part due to better and more affordable tools, innovative ways of delivering interventions, integrating effective mechanisms across diverse platforms, greater levels of funding, and sustained political commitment. To achieve MDG4, fewer than **4.3 million** children should die before their 5th birthday in calendar year 2015. This document outlines current plans and a path to close the **2.2 million** gap for 2015.[1] Figure 1 illustrates the current trajectory and needed additional impact to achieve MDG4.

By taking into account the recent rates of reduction in child mortality and the currently funded country and donor plans, we estimate that we are on track to prevent **1.2 million** more child deaths during 2015.[2] We estimate a gap of approximately **one million** additional children's lives that must be saved in 2015 in order to achieve MDG 4. The first priority must be to ensure that interventions, and associated health systems improvements, accounted for in the current trajectory are successful. Our second priority is to ensure that strategies for closing this gap are considered and agreed upon amongst the countries themselves, as well as the key stakeholders supporting them. Finally, a third priority will be to position these efforts to ensure that sustainable systems are in place to maintain success and further progress post 2015.

Figure 1. Current Trajectory and Needed Additional Impact to Achieve MDG4



[1] The 2.2 million lives saved is for one year while 3.5 million is cumulative over 2.5 years. As new global estimates are made available (expected in September 2014), these numbers will be recalibrated to create new point estimates for mortality reduction goals.

[2] While one million is a point estimate, it likely falls between 800,000 to 1.3 million.

While MDG4's success measurement is an annualized one with a 2015 deadline, we recognize that saving lives now is essential and that we have no time to lose. As UNICEF set out in its "A Promise Renewed report (2013)", to reach MDG4, the pace of reduction of child mortality would need to quadruple. *Every day that we delay accelerating means that even more work lies in front of us, making 2014 a critical year for acceleration*. On our current path, we are on track to save 700,000 lives in 2014, and a track that will lead to MDG4 would require 500,000 additional children's lives to be saved this year, or 167,000 lives per quarter over the next three quarters of 2014. Saving these lives would not only allow these additional children to see their fifth birthday, but would provide the required momentum as we head into 2015 and the final year.

Breakdown of Current MDG 4 Trajectory by Disease/Cause of Death

By looking at what is currently underway or planned to prevent the leading causes of death in the highest burden countries, it is possible to estimate the expected decrease in child mortality.[3] Given current efforts we estimate that the current trajectory will result in mortality decreases for children under-five years of age totaling approximately 1.2 million deaths averted in 2015:

- **Malaria:** The ongoing scale-up of bednet distribution, indoor spraying, and expansion of treatment is on track to reduce annual malaria deaths from 480,000 in 2012 to no greater than 100,000 in 2015, with approximately 380,000 deaths averted in 2015[4]
- **Pneumonia:** Expanding roll-out of pneumococcal vaccine and increasing access to antibiotic treatment are on track to reduce annual pneumonia deaths from 830,000 in 2012 to 540,000 in 2015, with approximately 290,000 deaths averted in 2015.
- **Diarrhea:** Expanding roll-out of rotavirus vaccine and increasing access to ORS/Zinc treatment are on track to reduce annual diarrheal deaths from 580,000 in 2012 to 480,000 in 2015, with about 100,000 deaths averted in 2015.
- **Prevention of Mother-to-Child Transmission of HIV (PMTCT):** Accelerated roll-out of national PMTCT programs is on track to reduce deaths from 130,000 in 2012 to 33,000 in 2015, with approximately 95,000 deaths averted in 2015.
- **Neonatal** (especially prematurity, sepsis, and birth asphyxia): Extending the recent annual rate of reduction of neonatal deaths will reduce neonatal mortality from 2,690,000 in 2012 to 2,370,000 in 2015, with 320,000 deaths averted in 2015.
- **Other causes** (Measles, Meningitis, Injury and "Other"): Additional scale-up of measles, HiB, and Menafrivac vaccines is predicted to reduce deaths from these diseases from 1,850,000 annual deaths in 2012 to 1,720,000 deaths in 2015, with approximately 130,000 deaths averted in 2015. Note: **Nutrition** is an attributable cause of pneumonia, diarrhea, malaria and neonatal deaths. Nutrition-focused interventions are on track to reduce from 1,530,000 deaths in 2012 to 1,130,000 deaths in 2015, with approximately 400,000 deaths attributable to nutrition on track to be averted in 2015 – accounted for in the above cause-specific deaths averted calculations.

[3] Figures based on causes of death in the 50 countries that represent 80% of the total global under-5 mortality

[4] The replenishment of the GFATM at its target amount of US$15 billion is essential to achieve these goals, and that malaria continues to receive the approximate 33% of overall funding, and that previously funded services (such as LLINs) continue to receive funding.

Closing the Gap: Potential "Acceleration Activities" to Save an Additional 1 Million Child Lives in 2015

There is an urgent need to scale-up interventions to save an additional one million child lives above and beyond the current trajectory and achieve the MDG4 target of 2.2 million child lives saved in 2015. Ensuring that the current trajectory is maintained will require countries to sustain and strengthen existing health systems and delivery mechanisms for these life-saving interventions. Recent work on the continuum of care and health systems provides a framework to assist policy makers and senior managers in focusing future investments and system strengthening interventions. Optimizing current and planned activities as well as the mix of interventions and quality of services at key contact points will be critical to achieving the required progress.

Figure 2 maps out some of the opportunities for additional scale-up, which cut across multiple disease areas but can be delivered through improving existing delivery systems and in a timely fashion.[5] This is not intended to be an exhaustive list of all potential child health interventions, nor is it meant to be a definitive pathway for achieving MDG4. Some Acceleration Activities have clearly identified an initial set of Lead and Operational Partners who will support country governments to manage work accordingly at country, state/district, and/or regional level.

Figure 2: Select Intervention Areas with the Potential to Save Up to 1 million Child Lives in 2015

Potential Accelerants to MDG4	Programmatic Objectives and Activities	Key Contact Points/Delivery Platforms	Direct causes of death to be addressed	Additional Lives Saved in 2015	Potential Lead Country Support Partners
Strengthen the Integration of Child Survival Campaigns	A series of integrated campaigns to deliver life-saving interventions to the greatest concentrations of vulnerable children, largely "piggybacking" on existing delivery systems and maximizing their "carrying capacity"	Outreach, Immunization, campaigns	Pneumonia, diarrhea, possibly neonatal (sepsis, birth asphyxia)	**~275,000-340,000**	UNICEF, CHAI, USAID, WHO Polio Eradication Initiative, BMGF
Scale-up Community Health Workers (CHW)/ Community Case Management(CCM)	Support mobilization of resources (human and financial) to improve frontline delivery of life-saving health services at the community level	Management of childhood illness, post-natal follow-up, ante-natal care	Pneumonia, diarrhea, malaria, possibly neonatal (sepsis)	**~150,000-250,000***	CHW+ Steering Group, One Million Community Health Workers campaign, UNICEF, UNCoISC[6], BMGF
Close Pneumonia/ Diarrhea Treatment Gaps	Finance scale-up proposals prepared for 10 high burden countries; Rationalize amoxicillin supply for pneumonia & newborn sepsis treatment; Harmonize newborn sepsis treatment in target countries	Management of childhood illness, outreach, post-natal follow-up	Pneumonia, diarrhea, neonatal (sepsis)	**~100,000 – 200,000**	CHAI, UNCoISC Commodities, Pneumonia & Diarrhea and UNCoLSC Injectable Antibiotics Working Groups, BMGF
Prevent Undernutrition	Increase coverage of exclusive breastfeeding, complementary feeding; Scale-up Community Case Management of Acute Malnutrition (CMAM); Integrate nutrition with other child health programs	Management of childhood illness, ante-natal care, outreach / campaigns	Pneumonia, diarrhea, malaria	**~50,000 - 100,000**	UNICEF, CIFF, SUN Movement, USAID
Integrate Maternal & Neonatal Health	Integrated Maternal and Newborn Health programming, with focus on 48 hrs. surrounding birth of a child and consistent with the Every Newborn Action Plan	Ante-natal care, institutional delivery, outreach	Neonatal (sepsis, birth asphyxia)	**~50,000 - 100,000**	CHAI, Save the Children, UNCoLSC, DFID, SMGL
Scale-up Seasonal Malaria Chemoprevention (SMC)	Scale-up SMC programming in the Sahel and where possible, integrate with nutrition supplementation to address peak seasons for child wasting and malaria mortality	Outreach / campaigns, management of childhood illness	Malaria, possibly pneumonia and diarrhea	**~40,000 – 70,000**	WHO, Roll Back Malaria Harmonization Working Group, CHAI, GFATM
Scale-up Family Planning to Prevent High-Risk Pregnancies	Family planning programs that aim to prevent adolescent pregnancy, child marriage, rapid, repeat pregnancy, high parity pregnancy	Outreach / campaigns, post-natal follow-up	Maternal and Neonatal	**T.B.D.**	BMGF, UK, USAID
Results-based Financing Maternal and Child Health	Country-specific focus on set of activities aimed at financing results of in maternal and child health. Examples include MNCH weeks, incentivizing institutional delivery	Institutional delivery, outreach/campaign ante-natal care, post-natal follow-up, immunization	Pneumonia, diarrhea, malaria, neonatal	**T.B.D.**	World Bank, Norway, UK
Total				**665,000 - 1,070,000[7]**	

**Lives saved do not yet account for integration of newborn sepsis treatment or nutrition services*

[5] These are estimates only, and more accurately and comprehensively estimated impact of interventions to close the gap will require the continued engagement of stakeholders and potential partners to avoid double-counting or overlap in lives saved estimates across activities.

[6] UN Commission on Life Saving Commodities (UNCoLSC), now broadened to be the RMNCH Steering Committee and Support Team

[7] In some cases, these areas of focus overlap in the accounting for lives saved because their impact cuts across multiple disease areas. As a result, the total estimated lives saved may in fact be smaller than the ranges outlined.

Financing for Acceleration

In September 2013, the World Bank, UNICEF, USAID and Norway jointly announced – with UN Special Envoy for Financing the Health MDGs and for Malaria, Ray Chambers - $1.15 billion for maternal and child health, one of the single largest financial commitments to these two issues, providing not only the resources necessary for life-saving interventions, but also tremendous momentum for the overall effort. Figure 3 outlines the financial commitments. These additional pledges, coupled with highly encouraging initial support for the Global Fund's full $15-billion replenishment target, the World Bank's replenishment of its International Development Association (IDA), and what we hope will be a successful replenishment of the Global Alliance for Vaccines and Immunization (GAVI), position country leaders and the global community of donors and implementing organizations to finance the achievement of the Health MDGs in 2015, and set up success for a post-2015 goal of ending preventable child mortality.

Figure 3: Summary of Additional RMNCH Financial Commitments Announced at UN General Assembly Week (September 2013)

Donor	Total Amount 2013-2015	Method of Funding	Likely Focus
World Bank	US $700m	Directly to Countries, through World Bank Processes	Focus on Results Based Financing (RBF) and scale-up of RBF pilots to create incentives for achievement of MDG 4/5 indicators
UNICEF	US $300m	Through UNICEF Processes	TBD activities to "bend the curve" to achieve MDG4
USAID[8]	US $75m	Through USAID processes	Commodity financing and their supportive delivery costs
Norway (NORAD)	US $75m	RMNCH Trust Fund	RMNCH country plans to "bend the curve" to achieve MDGs 4 and 5
Total	US $1.15 Billion[9]		

In Conclusion

Accelerating our efforts in the final year of the MDGs has the potential not only to save an additional 1 million children, it also increases the likelihood of more lives being saved post-2015. In addition to expanding the child health delivery architecture, a demonstrable escalation in lives saved will increase societal expectations on the ground, in turn intensifying pressure on governments - donor and domestic - to maintain the gains being made. Refusing to let business continue as usual in the next two years reinforces our collective commitment to ending child deaths from preventable causes. Anything less is unacceptable in 2014, 2015 and beyond.

[8] In its fiscal year 2013, USAID funded $1.9 billion in direct support to ending child and maternal death. This was in addition to the US Government's ongoing contributions to GAVI, UNICEF, the Global Fund, and the World Bank.
[9] DFID recently announced it will be contributing funds to the RMNCH Trust Fund for acceleration activities aimed at achieving MDGs 4 and 5.