16. Health: Child Mortality [151]

Commitment

“We will accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on maternal health, including through sexual and reproductive health care and services and voluntary family planning.”

G8 Leaders Declaration: Responsible Leadership for a Sustainable Future

Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Lack of Compliance</th>
<th>Work in Progress</th>
<th>Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td></td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td>France</td>
<td></td>
<td>0</td>
<td>0</td>
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<tr>
<td>Germany</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Italy</td>
<td></td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>Japan</td>
<td></td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td>0</td>
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<tr>
<td>United Kingdom</td>
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<td>United States</td>
<td></td>
<td>0</td>
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</tr>
<tr>
<td>European Union</td>
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</tr>
<tr>
<td>Average Score</td>
<td></td>
<td></td>
<td>+0.11</td>
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Background

The issue of general child mortality was first addressed at the 1998 Birmingham Summit, and it has been brought up again in some form at every following summit. At the 2008 Hokkaido-Toyako Summit, the Toyako Framework for Action on Global Health was published. This document called for substantial action on child mortality, focusing on nutrition, disease prevention, medication to combat acute respiratory infections, and reproductive health.\(^{950}\)

While the report noted that some progress had been made regarding general child mortality, efforts to reduce maternal and newborn deaths showed little progress. The document emphasized the importance of trained health workers during birth and early childhood, reiterating that 90 per cent of all births should be administered by a trained health professional by 2015, a goal laid out at the International Conference on Population Development (ICPD+5) Summit of 1999.\(^{951}\)

The 2009 Italian Summit’s G8 Health Experts’ Report gave the following recommendation regarding child mortality:

“To reduce child mortality, work has to be done toward: universal access to essential newborn care; increase uptake of the WHO integrated management of childhood

illness strategy including immunization, breast-feeding and pneumonia care; incorporate measures to combat under-nutrition, diarrhoeal diseases and malaria. With regard to the implementation of maternal health care and services, an increased access to skilled birth attendants, emergency obstetric care, prevention and management of haemorrhage, family planning and sexual and reproductive health is essential. To that end, women human rights, their freedom of choice and the capacity to exercise those rights need to be ensured.  

These recommendations provide a more in-depth analysis of the commitment.

**Commitment Features**

The commitment focuses on two specific aspects of the child mortality issue: (1) infant/child health (through nutrition supplementation and immunization); and (2) maternal health (through sexual and reproductive health care and services, and family planning). These two categories provide a clear means for assessing the quality of G8 progress regarding child mortality.

With these distinctions in mind, these categories should not be considered separate problems; both are equally important in the reduction of child mortality, and both must be pursued with vigor. The commitment is very clear in stating that progress on the reduction of child mortality must be “accelerated” and “intensified,” and as such, new action must be taken on the part of the member countries. Given this, action will only be considered substantial if it has dealt with both categories of the commitment.

**Scoring**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>Member has not made progress in addressing child mortality through action pertaining to immunization and nutrition AND through action pertaining to maternal health issues including family planning and reproductive health services.</td>
</tr>
<tr>
<td>0</td>
<td>Member has made progress in addressing child mortality through action pertaining to immunization and nutrition OR through action pertaining to maternal health issues including family planning and reproductive health services.</td>
</tr>
<tr>
<td>+1</td>
<td>Member has made progress in addressing child mortality through action pertaining to immunization and nutrition AND through action pertaining to maternal health issues.</td>
</tr>
</tbody>
</table>

*Lead Analyst: Harlan Tufford*

**Canada: +1**

Canada has fully complied with its commitment to improve maternal health and combat child mortality.

On 20 November 2009, Beverley Oda, Minister of International Cooperation, announced that the Canadian International Development Agency (CIDA) would pledge CAD2.4 million toward a three-year program to train pediatric nurses in Ghana, Tanzania, and

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Ethiopia. CIDA has partnered with the SickKids Foundation and the Hospital for Sick Children to provide this training, which is intended to improve maternal health.\footnote{Minister Oda Unveils CIDA’s Children and Youth Strategy, Canadian International Development Agency (Toronto) 20 November 2009. Date of Access: 4 December 2009. www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/NAD-112091924-JT7.}

Minister Oda also pledged CAD150 million toward the Micronutrient Initiative, a Canadian non-profit organization. The funding will be used to provide infants in the developing world with vitamin A, which reduces mortality rates, and salt iodization, which reduces mental impairment.\footnote{Micronutrient Initiative Receives Renewed Canadian Support to Expand Life-Saving and Life-Enhancing Programs, The Micronutrient Initiative (Ottawa) 20 November 2009. Date of Access: 4 December 2009. www.micronutrient.org/English/view.asp?x=656&id=21.}


Canada has been awarded a score of +1 for addressing both the issues of maternal health through better health care, and infant mortality through micronutrient supplementation. 

\textit{Analyst: Hiba Sha’ath}

\textbf{France: 0}

France has partially complied with its commitments to improve maternal and infant health care.

On 5 November 2009, the Agence Française de Développement (AFD) announced a loan of EUR35 million to the Kingdom of Morocco in order to improve the Moroccan primary health care system. The funds will be directed toward staff training programs in basic health care centers, with a focus on improving maternal and infant health treatment.\footnote{AFD Pledges some 500 Million Euros for Development at its 5 November 2009 Board Meeting, Agence Française de Développement (Paris) 5 November 2009. Date of Access: 4 December 2009. www.afd.fr/jahia/Jahia/site/afdf/lang/en/pid/44105.}

However, France has failed allocate funding for immunization or nutrition programs in developing states.

Thus, France has been awarded a score of 0 for partially compliance to the commitment.  

\textit{Analyst: Hiba Sha’ath}

\textbf{Germany: -1}

Germany has failed to comply with its commitments to reduce child mortality and address issues of maternal health.


\footnote{Micronutrient Initiative Receives Renewed Canadian Support to Expand Life-Saving and Life-Enhancing Programs, The Micronutrient Initiative (Ottawa) 20 November 2009. Date of Access: 4 December 2009. www.micronutrient.org/English/view.asp?x=656&id=21.}


On 10 December 2009, International Human Rights Day, German Foreign Minister Guido Westerwelle and Development Minister Dirk Niebel stated that “too many children are still dying in the poorest regions of the world as a result of contaminated water.” However, the issues of maternal health, nutrition, and immunization were not raised.  

With no new programming to address child mortality and maternal health, Germany has failed to comply with its commitment, and as such has been awarded a score of -1.

**Analyst: Harlan Tufford**

**Italy: 0**

Italy has partially complied with its commitments to reduce child mortality and address issues of maternal health.

On 8 December 2009, the Steering Committee of the General Directorate for Development Cooperation at Italy’s Foreign Affairs Ministry pledged EUR4.8 million toward improving conditions in Lebanon. Of this package, EUR1.3 million will be allocated to improving public healthcare systems with a focus on maternal-infant care.  

On 21 December 2009, the Directorate General for Development Cooperation pledged EUR530,000 to UNICEF in response to the Eritrean food crisis. The aid is to be directed towards alleviating serious malnutrition, reducing child mortality rates, and lessening the risk of epidemics. The aid includes the distribution of vitamin- and mineral-enriched cereals.  

Therefore, Italy has been awarded a score of 0 for complying with the development of long-term pledges to improve maternal and infant health, but taking only moderate steps in child nutrition in response to the food crisis.

**Analyst: Harlan Tufford**

**Japan: +1**

Japan has fully complied with its commitment to address child mortality and maternal health issues.

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Over the course of this compliance cycle, the Government of Japan has signed new agreements to provide USD5.6 million to Sudan, USD8.5 million to Nigeria, and USD2.95 million to the Democratic Republic of Congo. The purpose of these funds is to finance health programmes that provide immunization activities, polio and measles immunization campaigns, and provisions of vaccines. The Japanese Government has also provided USD1.3 million to Sierra Leone to support “efforts in reducing maternal and child mortality throughout the country by improving health and nutrition services and improving access to them.”

On 8 November 2009, the Government of Japan announced a donation of USD4.6 million to Afghanistan for the expansion of immunization programmes with the aim of improving better access to “essential supplies, including vaccines necessary for National Immunization Days and routine immunization.”

On 5 October 2009 at the 64th Session of the United Nations General Assembly, Ambassador Shigeki Sumi reiterated Japan’s “fight against disease and promotion of maternal, new born and child health” as being among one of the most important aspects of the MDGs. He also stressed that Japan will take a comprehensive approach “which would strengthen health systems.”

On 13 October 2009, at the United Nations General Assembly to commemorate the fifteenth anniversary of the International Conference on Population and Development (IPD), the Japanese Representative Takeshi Osuga emphasized the importance of implementing health care services to improve maternal and child health. He further stressed the need for universal access to health care as a key factor in combating this issue and indicated that “Japan planned to contribute to human resource development in

the health sector of developing countries and had committed to train up to 100,000 health-care workers. 

Thus, Japan has been awarded a score of +1 for its increased funding and commitment to addressing child mortality and maternal health issues.

**Analyst: Farhana Rahman**

**Russia: 0**

Russia has partially complied with the commitment on combating child mortality.

In 2009, Russia contributed USD26.8 million to the World Food Program (WFP) in 2009, much greater than its contribution of USD15 million in 2008. By 7 February 2010 Russia has contributed USD20 million to the WFP. On 22 September 2009, WFP adopted a new approach to nutrition. Children under two and pregnant or lactating mothers will be prioritized.

On 17 September 2009, the Federal Service for the Oversight of Consumer Protection and Welfare, the Department for Health of Vologda Oblast and the Institute for Family Health held a practical conference entitled “20 years fighting HIV/AIDS in Russia: achievements, problems and prospects.” The Institute for Family Health presented results of its work on measures to prevent transition of HIV/AIDS from mother to child. These measures included: training medical personnel, preparing information and methodical stuff, recommendations on medical aid for HIV/AIDS positive women and their children.

Russia has partially complied with this commitment through actions mother and child nutrition and HIV transmission. However, its new initiatives are limited, and it has yet to take action with regards to immunization.

**Analyst: Natalya Zlokazova**

**United Kingdom: +1**

The United Kingdom has fully complied with its commitment to combat child mortality.

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On 29 September 2009, Prime Minister Gordon Brown announced a GBP250 million pledge to advance health care in developing nations. As part of a larger international pledge worth GBP3 billion, the program will improve access to health care for mothers and young infants in Nepal, Malawi, Ghana, Liberia, Burundi and Sierra Leone. Specifically, the United Kingdom’s contribution will go towards the GBP600 million expansion of the International Financing Facility for Immunization. Brown also stated that the United Kingdom will share medical expertise through the Centre for Progressive Health Financing.

On 9 September 2009, British International Development Secretary Douglas Alexander urged leaders of developing nations to scrap health care user fees for women and children. He chided the international community for being “significantly off track” in complying with this development goal.

Thus, the United Kingdom has been awarded a compliance score of +1 for working to improve access to health care and immunization for mothers and young children.

**Analyst: Abdi Aidid**

**United States: 0**

The United States has partially complied with its commitment to address child mortality and maternal health issues.

Under his 2010 budget, President Obama proposed a 6 per cent increase in spending for maternal and child health. This budget aims to fund significant maternal and child health, family planning, immunization, micronutrients, safe delivery, and “other basic health services that save the lives of children and women.” President Obama has further promised to put greater emphasis on fighting child mortality by spending money to fight malaria and has asserted that AIDS remains “America’s global health priority, constituting over 70 percent of its global health spending.” However, further steps to implement this budget have not been taken during this compliance cycle, therefore constituting partial compliance.

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On 15 August 2009, a Maternal and Child Health programme was launched in the district of Hissor, Tajikistan, by the United States Agency for International Development (USAID) in partnership with Mercy Corps. The program aims to “expand the use of proven methods that reduce infant and maternal mortality by improving the health of women and of children under the age of five.” This program will further work to promote healthy behavior to improve nutrition choices for children under age two.

On 28 October 2009, the Global Child Survival Act introduced by Senators Chris Dodd, Dick Durbin, and Bob Barker was passed. The Act calls for the implementation of a strategy that emphasizes the importance of using cheap and effective treatments that will “improve the health of, and reduce the mortality rates among, newborns and children in developing countries.” The bill reiterates further commitment to combat child mortality and post-natal care for women.

While the United States has announced several initiatives to address child mortality and maternal health, the programs have yet to be implemented at this point. Therefore, the United States has been awarded a score of 0 for its promotion of funding and programming to address child mortality and maternal health concerns.

Analyst: Farhana Rahman

European Union: -1

The European Union has failed to comply with its commitment to combat child mortality. Since the L’Aquila Summit, no specific funding or programming commitments have been made addressing child mortality or maternal health.

On 12 October 2009, the Swedish State Secretary for international development cooperation, Joakin Stymne, addressed the General Assembly on the Commemoration of the 15th anniversary of the International Conference on Population and Development.

On behalf of the European Union, he remarked that worldwide child mortality rates had declined, and urged the international community to pursue further action to combat child

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mortality.\footnote{EU statement in the UN on the Commemoration of the 15th anniversary of the International Conference on Population and Development, Swedish Presidency of the European Union (Stockholm) 14 October 2009. Date of Access: 5 December 2009. \url{www.se2009.eu/en/meetings_news/2009/10/14/eu_statement_in_the_un_on_the_commemoration_of_the_15th_anniversary_of_the_international_conference_on_population_and_development}.} However, there was no mention of potential funding or programming initiatives to address this situation.

Early in September 2009, Malam Musa Mohamed, the chairman of Coalition of Civil Society Organizations, stated that the EU was set to collaborate with 20 NGOs to help curb infant and maternal mortality in Nigeria.\footnote{Reducing maternal mortality in Nigeria, Sunday Trust (Abuja) 6 September 2009. Date of Access:15 November 2009. \url{www.triumphnewspapers.com/res992009.html}.} However, there is no evidence to suggest that this collaboration has materialized.

Thus, the European Union has been awarded a compliance score of -1 for failing to address the issues of maternal health and child mortality.

\textit{Analyst: Abdi Aidid}