

XXIII. ICPD RELEVANCE OF THE MDGS: TARGETS AND MECHANISMS FOR THE REDUCITON OF CHILD MORTALITY

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A. ICPD GOALS AND THE MILLENNIUM DEVELOPMENT GOALS

Goal 4 of the Millennium Development Goals is the improvement of child health. The target linked to this goal is to reduce the under-five mortality rate (U5MR), that is, the period probability of dying by exact age 5, by two-thirds between 1990 and 2015. Achievement of this goal would require an average annual decline in U5MR over that period of 4.4 per cent.

The Programme of Action adopted by the 1994 International Conference on Population and Development (United Nations, 1994a) devoted chapter 8 to health, morbidity and mortality. Part B of the chapter focuses on child survival and

A useful framework for exploring child survival interventions is that proposed by Mosley and Chen (1984). Background social, economic, cultural and public policy factors operate through a set of proximate determinants, which and only which influence child survival. The proximate determinants proposed by Mosley and Chen are divided into five categories: maternal factors, environmental contamination, nutrition, injuries, and personal health practices (both preventive and curative). However, in order to correspond to specific elements of the ICPD Programme of Action and the ICPD+5 key actions, the proximate determinants are divided into three groups: (1) indicators of change in fertility

about 20 per cent in Asia and Sub-Saharan Africa. Estimates from some country studies are smaller: a

Every one of the 16 countries considered showed a decrease between the late 1980s and late 1990s in the proportion of births during the five years preceding the survey and occurring after an interval of less than 18 months. In some countries the decrease was pronounced: 17.9 per cent to 7.3 per cent in Peru, for example. In others it was small: 6.1 per cent to 6.0 per cent in Senegal, for instance. The median proportion dropped from 10.8 per cent to 8.3 per cent. The largest declines in absolute and percentage terms were in countries with high proportions of short intervals, notably those from Latin America (except Bolivia and Guatemala) and North Africa. Proportions of births occurring after intervals shorter than 24 months fell in all but two countries (Guatemala and Uganda), sometimes by wide margins (34.9 per cent to 20.3 per cent in Peru, for example). Th

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perhaps because of small samples. The indicator used here is the median duration of full breastfeeding (current status) among children born during the three years preceding the survey. Even the medians show instability, but increases and declines are equally balanced, so that the median across the 15 countries considered declines from 5.5 to 4.1 months. The medians for Latin American countries mostly increase, those for sub-Saharan Africa show a mix of trends, and the data for Egypt and Indonesia are not credible indicators of trends.

3. Child survival programmes

Jones and others (2003) identify 11 interventions, relevant primarily after the immediate postpartum period, whose efficacy to reduce infant and child mortality is supported by “sufficient” evidence. These interventions are: exclusive breastfeeding in the first 6 months of life and continued breastfeeding from 6 to 11 months to prevent diarr

TABLE XXIII.3. CHANGES IN CHILD SURVIVAL INTERVENTIONS FOR CHILD MORTALITY,
LATE 1980S TO LATE 1990S

<i>Region or country</i>	<i>Year of the survey</i>		<i>Percentage of children aged 12 to 23 months who received a measles immunization</i>		<i>Percentage of births in the three years preceding the survey who received oral rehydration therapy for a diarrhoea episode during the previous two weeks</i>	
	<i>Early</i>	<i>Late</i>	<i>Early</i>	<i>Late</i>	<i>Early</i>	<i>Late</i>
Sub-Saharan Africa						
Ghana.....	1988	1998	..	72.6	36.6	32.5
Kenya.....	1989	1998	..	79.2	62.2	68.7
Mali.....	1987	2001	..	48.7	0.6	30.2
Senegal.....	1986	1997	..	N/A	4.6	32.7
Togo.....	1988	1998	..	42.6	22.4	22.8
Uganda.....	1988	2000/01	..	56.8	15.6	43.4
Zambia.....	1992	2001/02	77	84.4	65	54.6
Zimbabwe.....	1988	1999	..	79.1	..	67.9
Northern Africa						
Egypt.....	1988	2000	..	96.9	..	37.6
South-eastern Asia						
Indonesia.....	1987	1997	..	70.9	..	45.4
Latin America						
Bolivia.....	1989	1998	..	50.8	35.4	47.6
Brazil.....	1986	1996	..	87.2	11.9	54.3
Colombia.....	1986	2000	..	70.8	49.7	32.3
Dominican Republic.....	1986	1999	..	82.6	41.7	44.3
Guatemala.....	1987	1998/99	..	80.6	18.8	35.3
Peru.....	1986	2000	..	71.9	49.2	35.5

Source: Estimates obtained from the Demographic and Health Surveys STATcompiler, available at www.measuredhs.com.

C. DISCUSSION

Jones and others (2003) conclude

particularly in the worst-served countries. However, much remains to be done to improve intervention coverage in Africa and elsewhere.

Paragraph 8.17 of the ICPD Programme of Action enjoins Governments to extend services to their entire populations, specifying that such services should include: “prenatal care and counseling, with special emphasis on high-risk pregnancies,; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, ..., the provision of micronutrient supplementation and tetanus toxoid ... [and the] promotion of longer intervals between births.”

Although medical research since 1994 has produced new technologies and proven the effectiveness of others, the full implementation of

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