

Child Health in the Majority World

A Billion Reasons to Hope

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Child Health in the Majority World

Scope of the Problem

Biblical basis

Evidenced-based interventions

Lessons and Best Practices

Next steps

Scope of the Problem: Overview

25 years of Child Health in the Majority World

Morbidity and Mortality in under-5's

Mortality: counted per 1000 who don't reach age 5

→ rate of 100/1000 (10%) = catastrophe

→ in sub-Saharan Africa rates can be even higher

Cost Effectiveness

Investing in newborn interventions results in more years of life saved than treating adults (e.g., saving the life of a newborn results in 70-80 years of "life saved"...cost effective!)

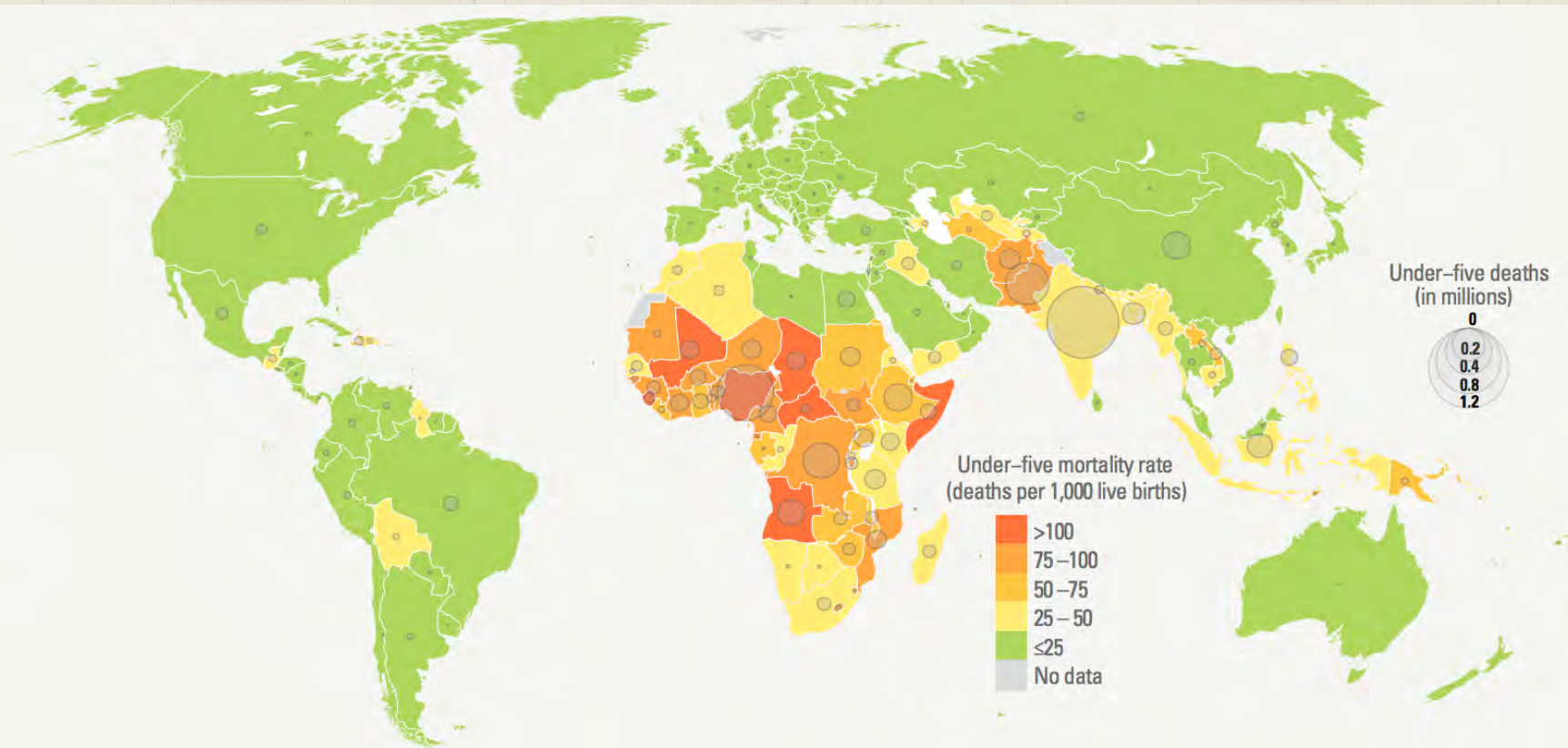
Scope of the Problem

Morbidity and Mortality in under-5s

5.9 million

under-five deaths in 2015





Ten countries with the highest under-five mortality rate in 2015

Country	Under-five mortality rate (deaths per 1,000 live births)
Angola	157
Chad	139
Somalia	137
Central African Republic	130
Sierra Leone	120
Mali	115
Nigeria	109
Benin	100
Democratic Republic of the Congo	98
Niger	96

Ten countries with the highest number of under-five deaths in 2015

Country	Under-five deaths (in thousands)	Share of global under-five deaths
India	1201	20%
Nigeria	750	13%
Pakistan	432	7%
Democratic Republic of the Congo	305	5%
Ethiopia	184	3%
China	182	3%
Angola	169	3%
Indonesia	147	2%
Bangladesh	119	2%
United Republic of Tanzania	98	2%

Scope of the Problem

Morbidity and Mortality in under-5s

FIG.1 Both the under-five mortality rate and the number of under-five deaths have fallen by more than half since 1990

Global under-five, infant and neonatal mortality rates and number of deaths, 1990–2015

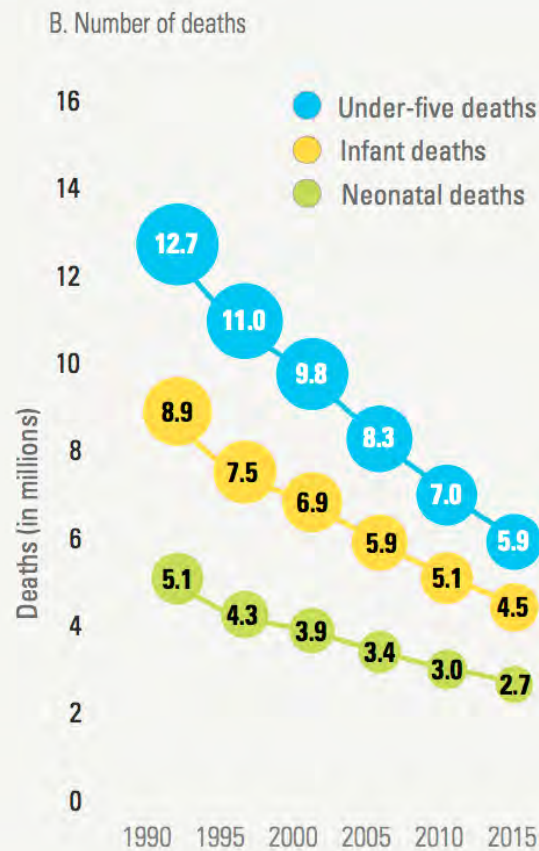
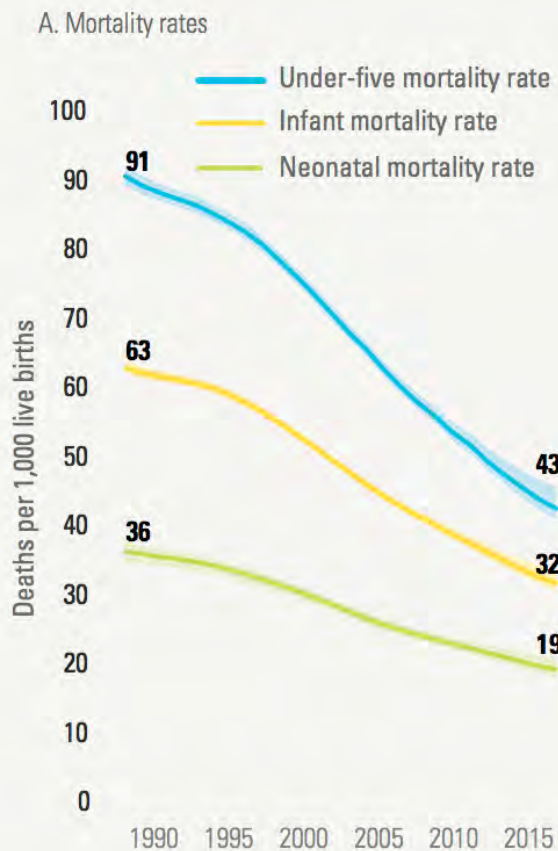


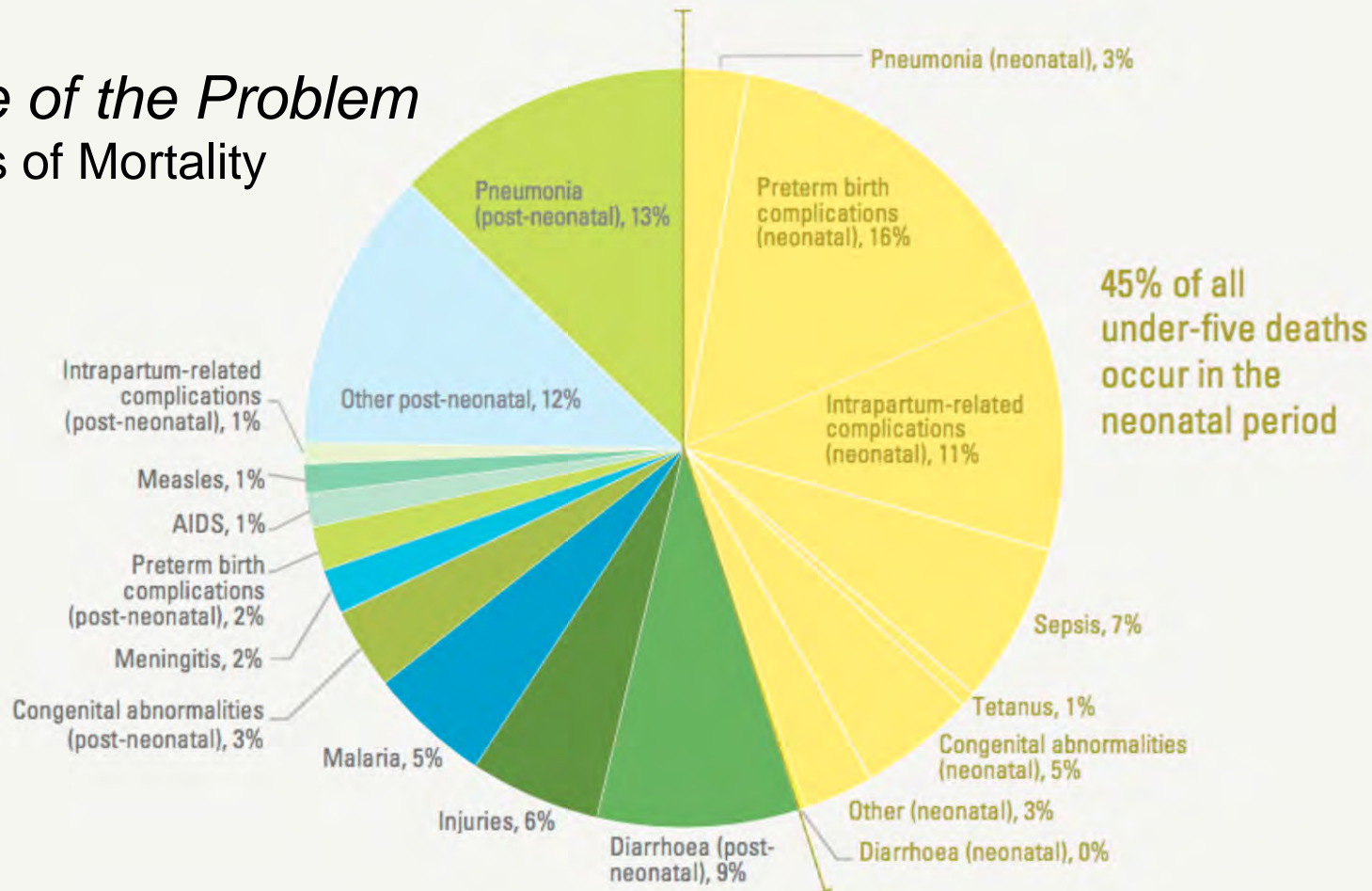
FIG. 16 Despite progress, key infectious diseases remain the main killers of children under age 5; preterm birth and intrapartum-related complications are responsible for the majority of neonatal deaths

Global distribution of deaths among children under age 5 and among newborns, by cause, 2015

A. Deaths among children under age 5

Scope of the Problem

Causes of Mortality



Nearly half of all deaths in children under age 5 are attributable to undernutrition

Scope of the Problem

Root Causes

FIG. 14 Children from poor, rural or low-maternal-education households are much more likely die before their fifth birthday

Under-five mortality rate by mother's education, wealth and residence, 2005-2010

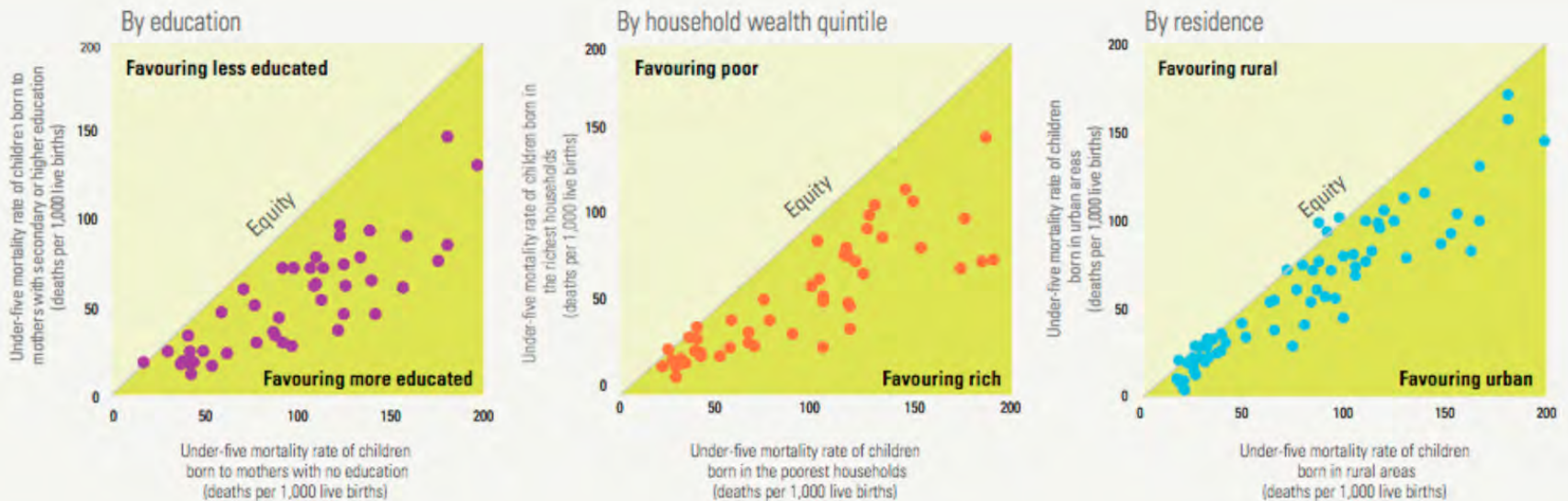


Figure 14 reflects the disadvantages faced by children from poor families, rural households or mothers without education. The line through the centre of each figure shows what an equal distribution of under-five deaths between the two groups would look like. The further a point departs from the line, the more unequal the distribution of risk between the two categories. The heavy grouping of nearly all the points below the diagonal line makes clear what the data above describe: Children from wealthier families, urban households or mothers with at least secondary education stand a far better chance of surviving their early years than children from poorer families, rural households or mothers without education.

Note: Each dot represents one country. Data from surveys with the most recent reference year since 2005 are shown for 46 countries for education, 50 for wealth and 68 countries for place of residence.

Source: UNICEF analysis based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative sources



State of the World's Children through the lens of Justice and Mercy

God's Passion is for Justice

Isaiah 1:17, 61:8

God's Passion is for the Weak

Psalms 140:12, 36:7, 72:4

Matthew 19:14

God's Passion is for Mercy

Micah 6:8

Zechariah 7:9

Evidence-based Interventions

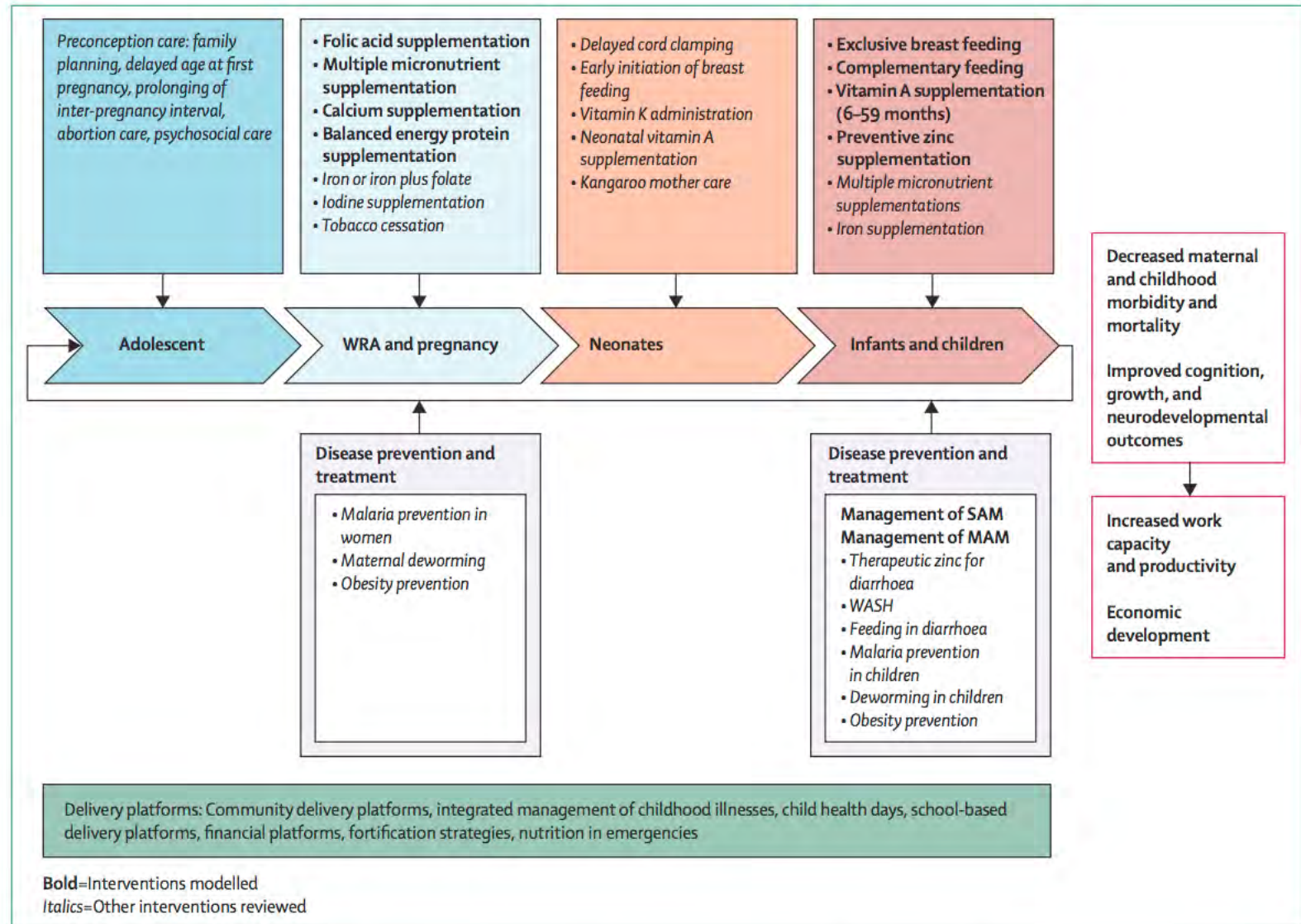


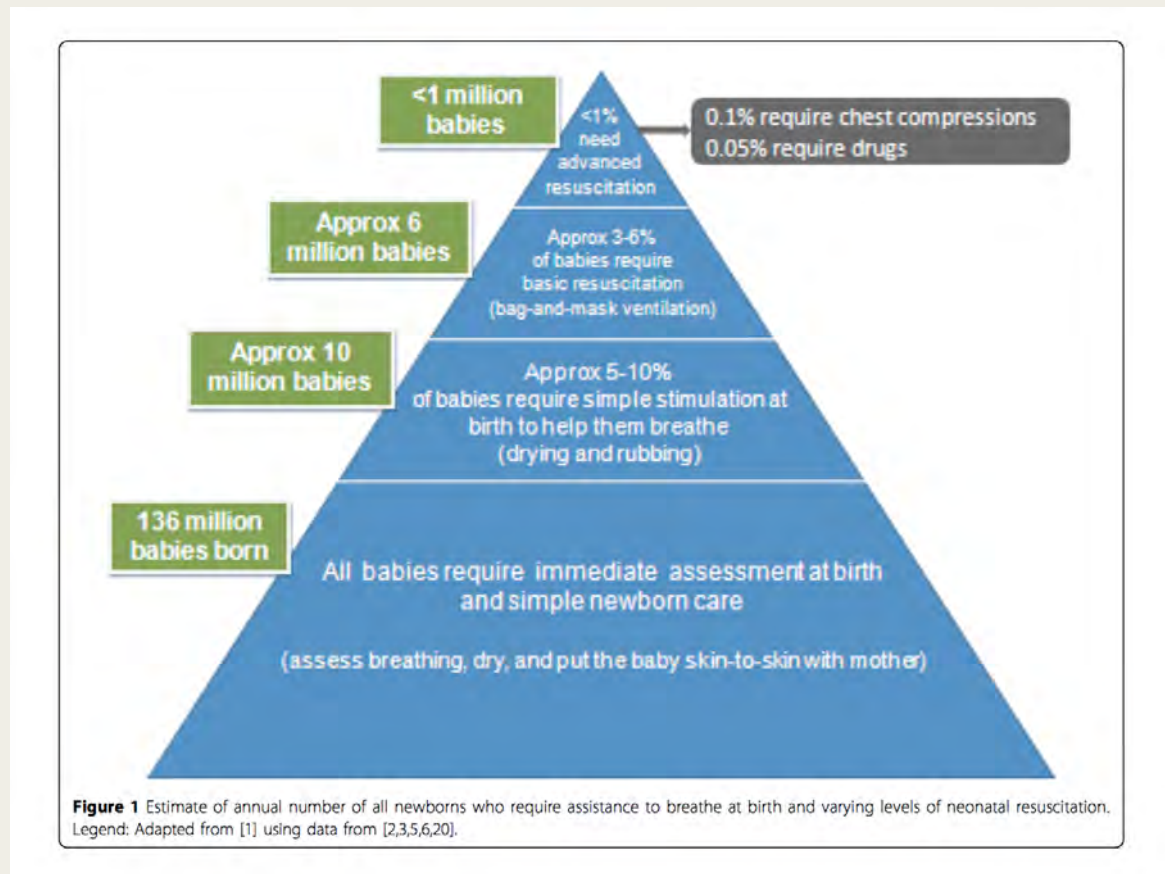
Figure 1: Conceptual framework

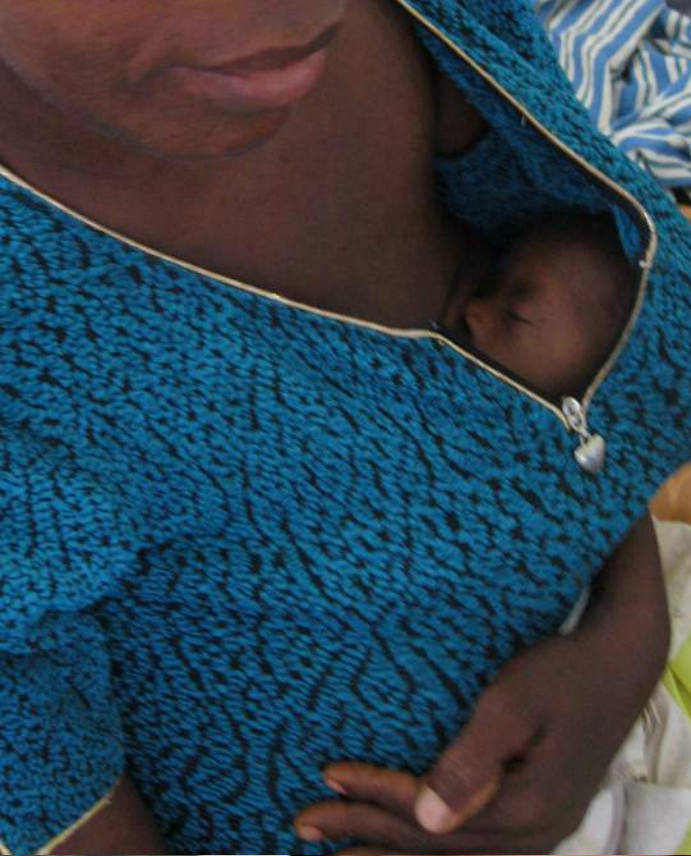
WRA=women of reproductive age. WASH=water, sanitation, and hygiene. SAM=severe acute malnutrition. MAM=moderate AM.

Evidenced-based Interventions

Safe Delivery, newborn resuscitation and care

→ 30% reduction in risk of death (*BMC Public Health* 2011, 11(Suppl 3):S12)





More Evidence-based Interventions

Breast-feeding

Exclusive breast-feeding within 24 hours of birth

→ 44% reduction in risk of death (Z.S. Lassi et al. / EBioMedicine 2 (2015) 985–1000)



Immunizations, Vitamin A, malaria prophylaxis

Vitamin A supplementation

→ leads to 25% reduction in all-cause childhood mortality

(Imdad A, Herzer K, Mayo-Wilson E, Yakoob MY, Bhutta ZA. Vitamin A supplementation for preventing morbidity and mortality in children from 6 months to 5 years of age. Cochrane Database of Systematic Reviews 2010, Issue 12.)

Evidence-based Interventions

45% of deaths under-5 are attributable to malnutrition

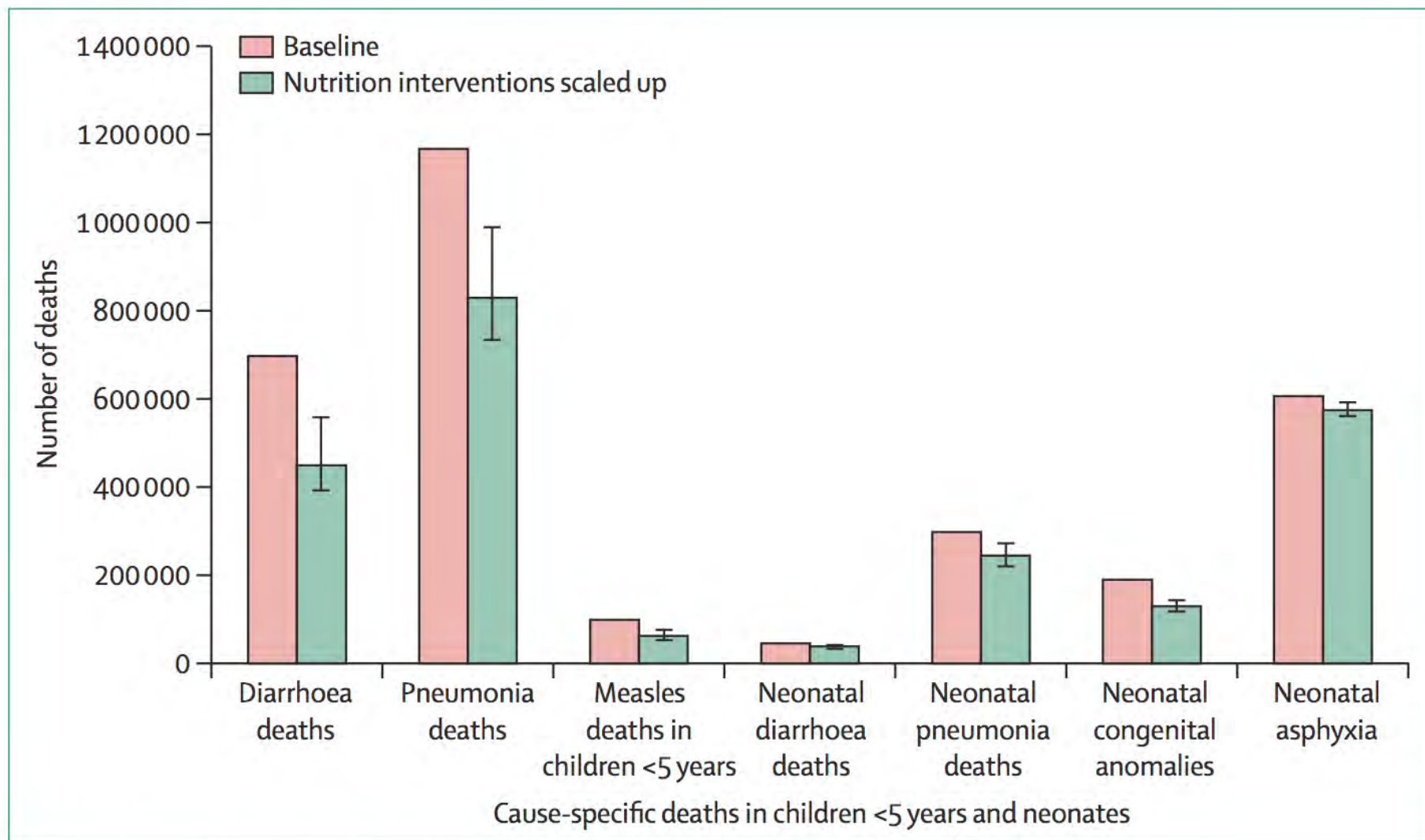
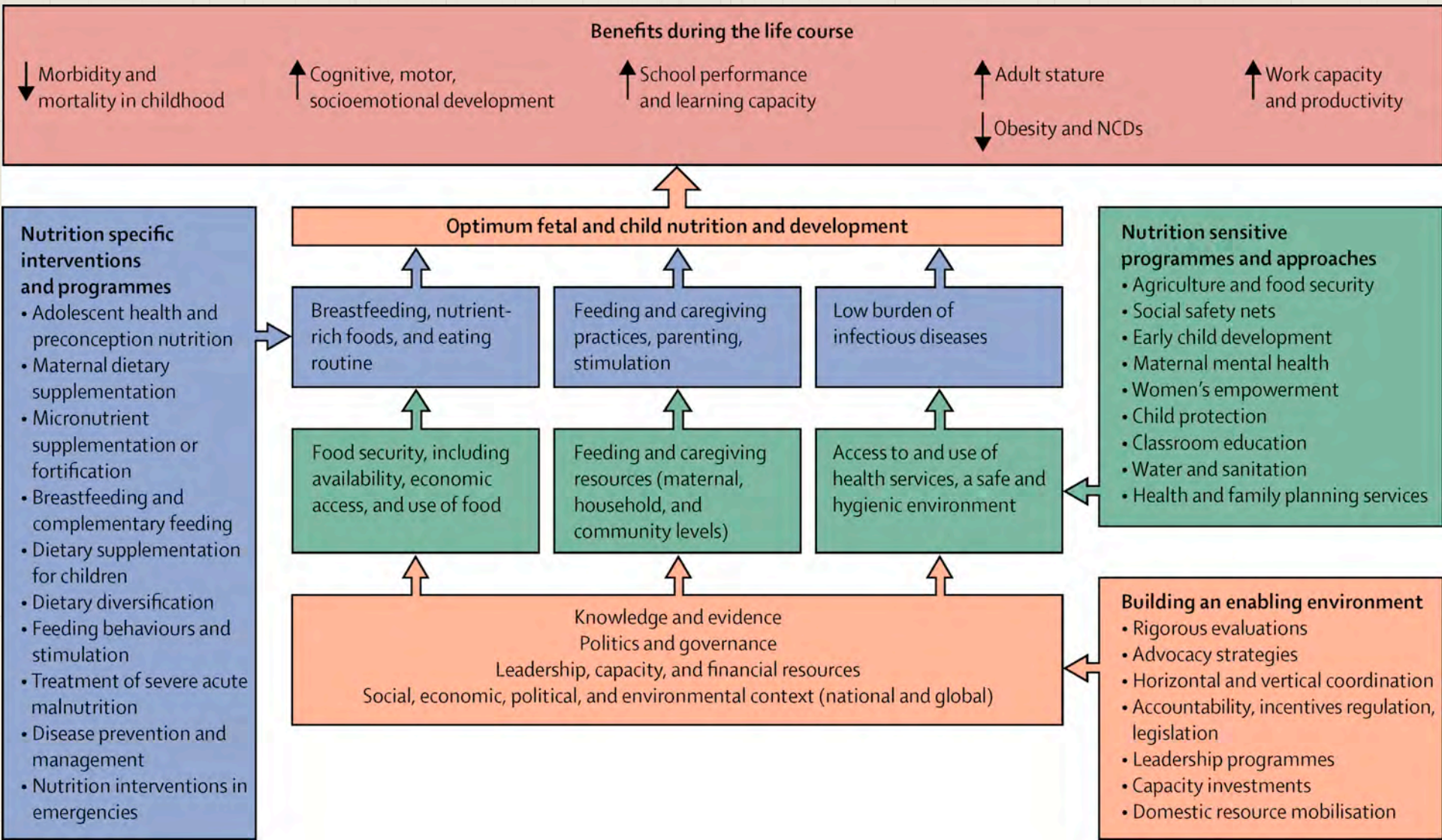


Figure 4: Effect of scale up of interventions on cause-specific deaths

Evidence-based Interventions: Malnutrition Prevention and Treatment

45% of under-5 mortality attributable to malnutrition



Evidence-based Interventions

	Estimated deaths (2011)	Deaths averted (2025 vs 2011)	
		Historical trends (2025)	Ambitious scale-up (2025)
All deaths			
Children aged <5 years	7 038 418	1 821 329 (26%)	2 378 492 (34%)
Neonatal deaths	2 918 004	787 783 (11%)	874 217 (12%)
Infants aged 1–59 months	4 120 414	1 033 546 (15%)	1 504 275 (21%)
Diarrhoea deaths			
Children aged <5 years	711 569	382 415 (54%)	673 743 (95%)
Neonatal deaths	49 902	16 016 (2%)	35 174 (5%)
Infants aged 1–59 months	661 667	366 399 (51%)	638 569 (90%)
Pneumonia deaths			
Children aged <5 years	988 578	499 859 (51%)	662 495 (67%)
Neonatal deaths	326 308	150 143 (15%)	224 501 (23%)
Infants aged 1–59 months	662 270	349 716 (35%)	437 994 (44%)

Results are based on implementation of 15 interventions: improved water source, hand washing with soap, improved sanitation, hygienic disposal of children's stools, breastfeeding promotion, *Haemophilus influenzae* type b vaccine, pneumococcal vaccine, rotavirus vaccine, vitamin A supplementation, zinc supplementation, oral rehydration solution, zinc for diarrhoea treatment, antibiotics for dysentery, oral antibiotics for pneumonia, and case management.

Table 4: Diarrhoea and pneumonia deaths averted in the 75 high-burden Countdown countries between 2011 and 2025 with the historical trends and ambitious scale-up approaches

Lessons and Best Practices

Partnership and Relocation

Prevention and Cure (both-and)

Training Others as You Go

Gathering Data

Be Part of a Team

Advocacy: Be the Voice of the Vulnerable

Partnership and Relocation

No substitute for living among the people you want to help





Prevention and Cure

Important to care for the sick
AND
to address root causes of sickness





Training Others as You Go

Important to equip others to multiply your effect



Gathering Data

Important to measure your impact

Count something!

Monitor your progress. Evaluate your impact.



Being Part of a Team

Community is a critical ingredient for impact and longevity



Advocacy

Be the Voice of the Vulnerable

Children often don't have anyone advocating for their needs



Next Steps..

Pray

For specific missionaries

For justice for children

For God's leading in your life (the intersection between the needs of the world and the desires of your heart)

Study/Train

Develop skills to benefit children

Medicine (MD, RN, PT/OT, Child Life)

Teaching (Education, Youth Ministry, Arts/Music)

Sports (Coaching, Discipleship)

Support

Seek out organizations which protect and benefit children

Seek out organizations which promote family resilience

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