



Millenniumentwicklungsziele
4 und 5:
**Kinder- und Müttersterblichkeit
reduzieren**

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MDGs 4 und 5:
**Kinder- und Müttersterblichkeit
reduzieren.
Daten, Studien, Berichte.**

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Ziel 5 ► Verbesserung der Gesundheit von Müttern

Ziele und Zielvorgaben	Indikatoren für die Fortschrittsüberwachung
Zielvorgabe 6 Zwischen 1990 und 2015 die Müttersterblichkeitsrate um drei Viertel senken	■ 16. Müttersterblichkeitsrate ■ 17. Anteil der von medizinischem Fachpersonal begleiteten Geburten

BMZ 2005

Müttersterblichkeit

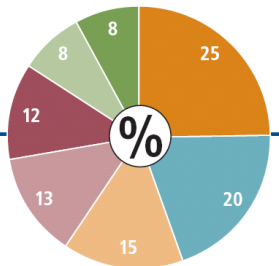
- Risiko einer Frau, in Schwangerschaft oder bei der Geburt zu sterben:
- Subsahara Afrika: 1 : 16
- Nordamerika: 1 : 3700

BMZ 2005

Direkte und indirekte Ursachen von Müttersterblichkeit

Angaben in Prozent

- Schwere Blutungen
- Indirekte Ursachen (Krankheiten wie z.B.: Anämien und Malaria)
- Infektionen
- Unsachgemäße Abtreibung
- Schwangerschaftshochdruck
- Geburtsstillstand
- Andere direkte Ursachen



Quelle: WHO: The World Health Report 2005. Make every mother and child count. Geneva, 2005

BMZ 2005

Taskforce Child & Maternal Health 2005

www.UNmillenniumproject.org:

Recommendations specifically on maternal mortality



6. Maternal mortality strategies should focus on building a functioning primary healthcare system, from first referral-level facilities to the community level.
- Emergency obstetric care must be accessible for all women who experience complications in pregnancy and childbirth.
 - Skilled birth attendants, whether based in facilities or communities, should be the backbone of the system.
 - Skilled attendants for all deliveries must be integrated with a functioning district health system that supplies, supports and supervises them adequately.

**Linking MDG 5 and 4:
Mother AND child health (MCH)
interventions** (Child Survival Series, Lancet 2005)

In 2005,

- 9.6-10.8 million children under the age of 5 years died
- 4 million of these **in the first four weeks** of life (the neonatal period).
- In this **same period after birth**,
- the majority of the world's 0.5 million maternal deaths also occur.

**MCH- Interventions:
Potential vs. Actual coverage**

Simple community-based approaches could reduce

- neonatal deaths by up to one third, and
- avert over half of child deaths.

However, coverage of such skilled care is low:

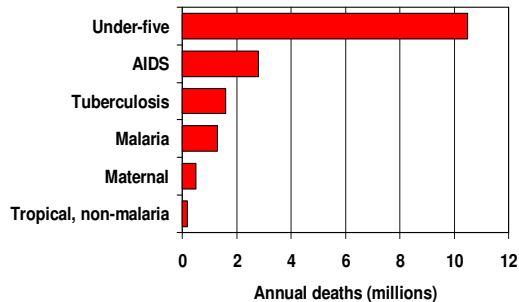
- over half of neonatal deaths occur at home with no contact with the health care system,
- and over 60 million women deliver without skilled care each year.

Ziel 4 ▶ Senkung der Kindersterblichkeit

Ziele und Zielvorgaben	Indikatoren für die Fortschrittsüberwachung
<p><u>Zielvorgabe 5</u></p> <p>Zwischen 1990 und 2015 die Sterblichkeitsrate von Kindern unter fünf Jahren um zwei Drittel senken</p>	<ul style="list-style-type: none"> ■ 13. Sterblichkeitsrate von Kindern unter fünf Jahren ■ 14. Säuglingssterblichkeitsrate ■ 15. Anteil der Einjährigen, die gegen Masern geimpft wurden

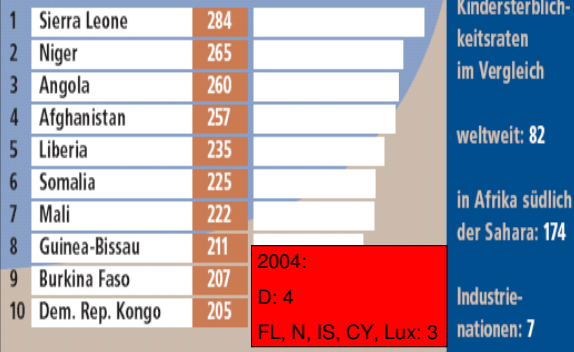
BMZ 2005

MDG 4: High risk to die for kids < 5 years.
Comparison to deaths from other causes in
all ages worldwide, 2003

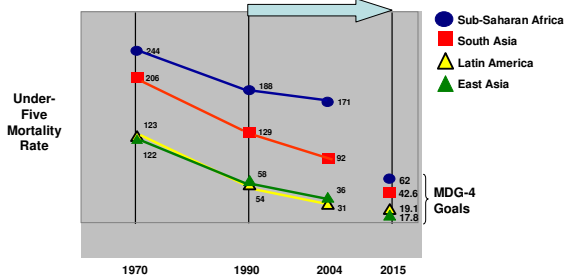


Source: WHO, 2003 cit. from Andrew Haines (12/2005)

Länder mit der höchsten Kindersterblichkeit, 2002*



MDG 4 achievements: "on track?"
Reduce < 5 y mortality by 2/3
between 1990 and 2015



Source: The State of the World's Children, 2006 cit. from Andrew Haines (12/2005)

MDG 4: Conclusion 1 (regional focus)

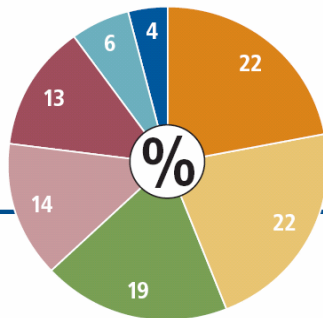
Achievement of (global) MDG-4 will depend on accelerating interventions in South Asia and sub-Saharan Africa.

cit. from Andrew Haines (12/2005)

Ursachen der Kindersterblichkeit

Oft enden Infektionen tödlich, weil die Kinder von Hunger geschwächt sind.
Angaben in Prozent

- Sonstige
- Bei der Geburt
- Lungenentzündung
- Durchfall
- Malaria
- Masern
- AIDS



Quelle: WHO, Malaria Foundation, Worldwatch Institut, 2003

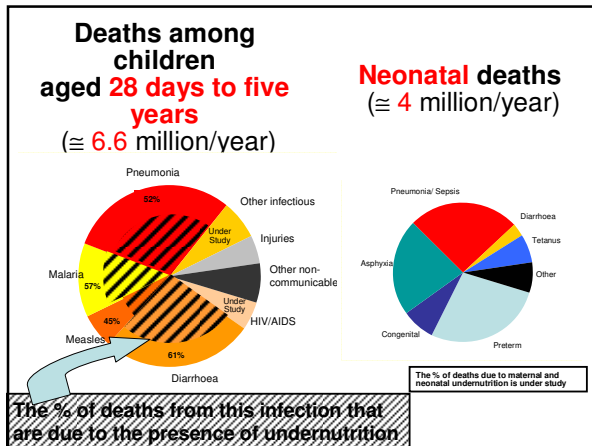
BMZ 2005

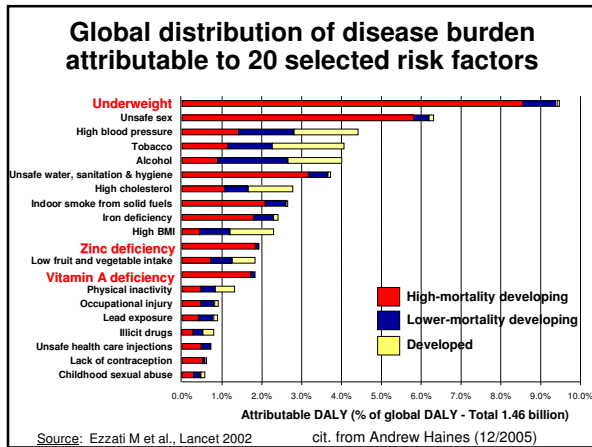
MDG 4: Conclusion 2 (disease focus)

2. Evidence on causes of child deaths must be incorporated into policies and programs:

- Five causes in particular must be addressed
 - Pneumonia/sepsis, including in neonates
 - Diarrhea
 - Malaria
 - Preterm birth
 - Birth asphyxia

cit. from Andrew Haines (12/2005)





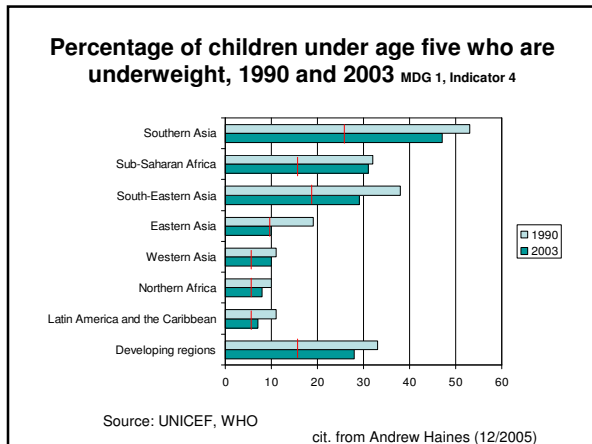
Link: MDGoal 1: Reduce extreme poverty

Target 1: Reduce by half the proportion of people who suffer from hunger between 1990 and 2015

Indicator 1.4: Percentage of children under five who are underweight (moderate and severe)

on track to meet MDG 1.4 by 2015
little progress
no progress or worse

UNICEF: Report card on child nutrition 2006

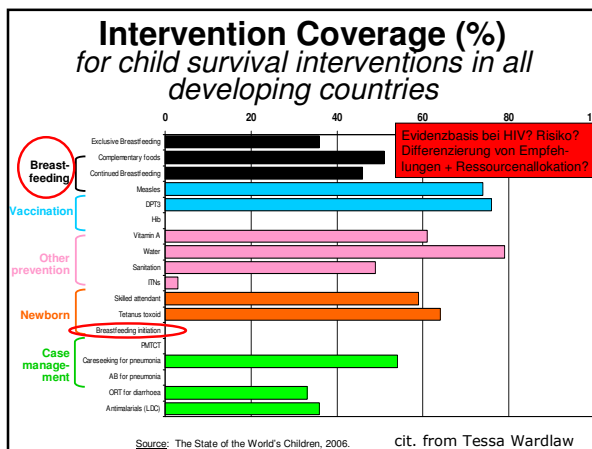


MDG 4 (and 1.4): Conclusion 3 (undernutrition focus)

3. Undernutrition is an underlying cause in **half of deaths** from diarrhea, pneumonia, malaria and measles.

- Interventions to improve nutrition can have a large effect because of reduced fatality from several major infectious causes.
- The role of undernutrition in cause-specific deaths in the neonatal period needs further study.

cit. from Andrew Haines (12/2005)



MDG 4: Conclusion 6 (cost focus)
Lancet series 2005:
Combined costing results (in 60 countries)

- US\$ 4.3 billion is already being spent
- US\$ 7 billion annually in new resources or
- US\$ 1.62 *per capita* in the 60 countries
- Sensitivity analysis (cost of drugs and community workers, coverage estimates):
- range of US\$ 4.6 to 10.7 billion

cit. from Joy Lawn 12/2005

Comparison with other relevant costings

World Health Report 2005 reaching MDGs 4 & 5

- **Inputs:**
 - 75 countries with similar interventions
- **Results:**
 - \$52 billion over 10 years
 - \$7.8 billion per year once at coverage of 95%
 - Per capita cost of \$1.50

Commission for Macroeconomics and Health

- **Inputs:**
 - Includes the cost of new infrastructure and human resources and running costs related to malaria, maternal and child health components of the total CMH costing
- **Results:**
 - \$21.8 billion (14 to 25.5) out of total of \$46 billion
 - Specific MNCH per capita costs of \$4.5

cit. from Joy Lawn 12/2005

Less than 10% of what was spent on tobacco products in the US in 2003		Less than the annual subsidisation of the Japanese cow
<p>Is US\$ 7 billion/year to save 6.6 million children and newborns “affordable”?</p> <p style="text-align: right;"><small>cit. from Joy Lawn 12/2005</small></p>		
Only a little more than the US\$ 4 billion lost to poor countries in migrating skilled professionals		
About half of the US\$ 12 to US\$ 20 billion committed annually to the fight against HIV/AIDs	Less than 10% global Overseas Development Aid estimated total of US\$ 78 billion	

Link to policy and – marginally – to MDG 8:

Further recommendations:

Taskforce Child & Maternal Health 2005

1. Health systems: Health systems, particularly at the district level, must be strengthened, with priority given to strategies for reaching the child health and maternal health Goals.
2. Financing: Strengthening health systems will require considerable additional funding.
3. Human resources: The health workforce must be developed according to the goals of the health system with the rights and livelihoods of the workers addressed.
7. Global mechanisms: Poverty-reduction strategies and funding mechanisms should support and promote actions that strengthen equitable access to quality healthcare and do not undermine it.



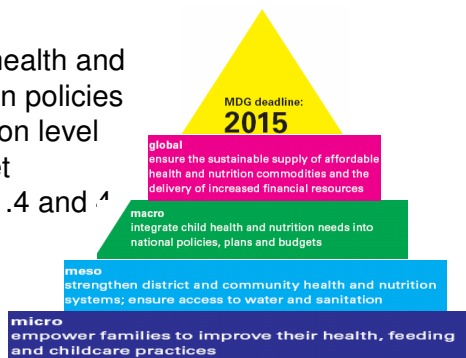
Taskforce: Recommendations specifically on child mortality

5. Child mortality:
 - Child health interventions should be scaled up to 100 percent coverage.
 - Child health interventions should be increasingly offered within the community,
 - backed up by the facility-based health system.
 - **Child nutrition should receive additional attention.**
 - Interventions to prevent neonatal deaths should receive increased investment.



UNICEF 2006:

Child health and
nutrition policies
by action level
to meet
MDG 1.4 and ⁴



UNICEF 05/2006 Progress for children. Report card on nutrition

Hintergrund zur Diskussion: Prävalenz beschnittener Frauen (BMZ 2005)

