

# U.S. GLOBAL HEALTH Initiative



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## Child Health

*Reduce under-5 child mortality  
across assisted countries by 35 percent.*

According to the United Nations Inter-Agency Group for child mortality estimation (IGME), since 1990, the global under-5 mortality rate (U5MR) has dropped 35 percent – from 88 deaths per 1,000 live births in 1990 to 57 in 2010. Yet in 2010, there were still 7.6 million deaths among children under 5. The Global Health Initiative (GHI) aims to reduce under-5 child mortality in the U.S. Government-assisted countries by 35 percent over the 6-year initiative.

### How is the target measured?

- **Under-5 mortality rate.** A key measure for child health is U5MR. The U5MR measures the probability of a child dying before their 5th birthday and is expressed per 1,000 live births. Measurement challenges still exist for under-5 mortality, but the research establishing key interventions is fairly robust. Working with IGME, the Child Health Epidemiologic Reference Group produces reliable estimates on a regular basis of the causes of under-5 mortality.
- **Neonatal mortality rate.** Neonatal mortality rate (NMR) measures the probability of dying during the first 28 days of life. This is a sub-set of under-5 mortality and is also expressed deaths per 1,000 live births. IGME produces reliable estimates on a regular basis and provides a method for aggregating data to a global estimate.
- **Coverage of diphtheria, pertussis, and tetanus (DPT3) vaccines.** Immunization against vaccine-preventable diseases is a proven and cost-effective intervention that improves child health. DPT3 coverage is often used to demonstrate trends in overall vaccination rates. Coverage of DPT3 measures the percentage of children between 12–23 months who have received three doses of diphtheria, pertussis, and tetanus containing vaccines relative to the total population of children 12–23 months.
- **Number of countries introducing pneumococcal vaccine.** The World Health Organization (WHO) estimates that more than 500,000 young children die each year from pneumococcal infection. Therefore, rollout of the newly developed vaccine for resource poor settings is critical. This indicator is a simple measure of the number of countries that have introduced this vaccine into the national immunization program. More complex indicators will be introduced over time.
- **Number of countries introducing rotavirus vaccine.** Rotavirus is the leading cause of severe childhood diarrhea in both developed and developing countries and results in more than 450,000 deaths. The WHO's Strategic Advisory Group of Experts recommends that rotavirus vaccine be included in all national immunization programs. This indicator is a simple measure of the number of countries who have done so. More complex indicators will be introduced over time.

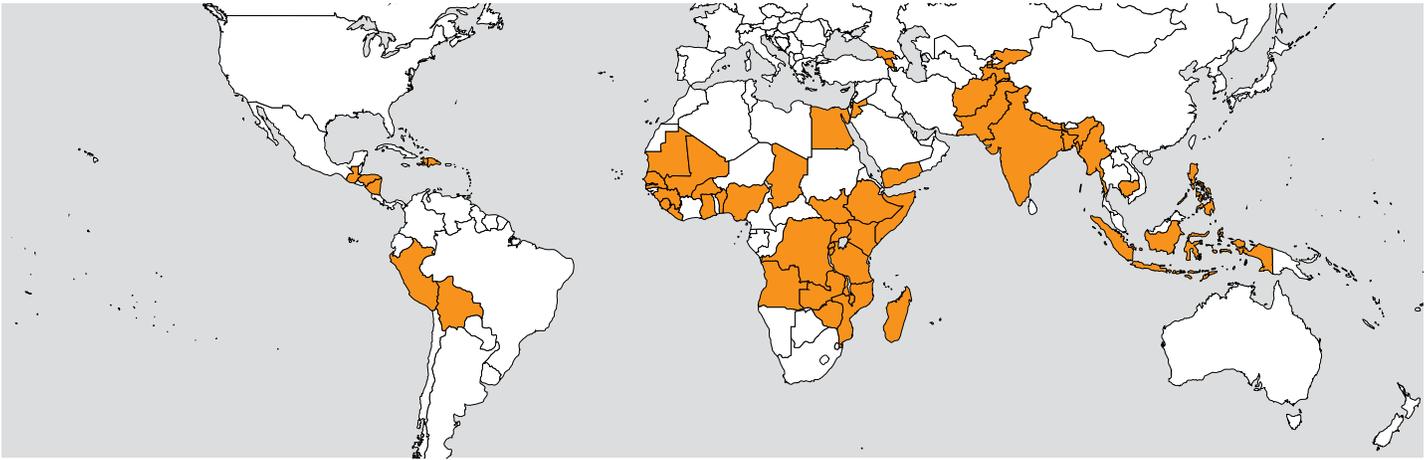
### What are the U.S. Government-supported countries?

Countries receive funding based, in part, on an analysis of need (both the severity of the health problem and the number of people affected by the health problem) and the U.S. Government's ability to affect health program.

### What are the results?

Based on the rate of change in under-5 mortality between 2009 and 2010 in the countries receiving U.S. Government funding for maternal and child health (MCH), it is projected that the under-5 mortality rate declined from 85 in 2009 to 82 in 2011 and will further decline to 78 in 2013. The countries funded by the President's Malaria Initiative (PMI) have a more rapid rate of decline, due to the role of malaria in child mortality. The aggregate rate for the 19 PMI countries began at 114 in 2009 and is expected to decrease to 98 by 2013, which is an annual rate of reduction of 3.9 percent. The aggregate total masks the significant declines in some individual countries. Rwanda had an annual rate of reduction of 7 percent between 2009 and 2010, based on the IGME report. Liberia and Malawi both had a 6 percent reduction, and Mozambique and Zambia, a 5 percent reduction.

## GHI COUNTRY PROGRAMS BY ELEMENT – CHILD HEALTH



**Africa:** Angola, Benin, Burkina Faso\*, Burundi, Chad\*, Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania\*, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone\*, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe **East Asia & Pacific:** Burma, Cambodia, Indonesia, Philippines, Timor-Leste **Near East:** Egypt, Jordan, West Bank & Gaza, Yemen **South & Central Asia:** Afghanistan, Bangladesh, India, Kyrgyz Republic, Nepal, Pakistan, Tajikistan **Europe & Eurasia:** Armenia, Georgia **Western Hemisphere:** Haiti, Bolivia, Dominican Republic, Guatemala, Honduras, Nicaragua, Peru

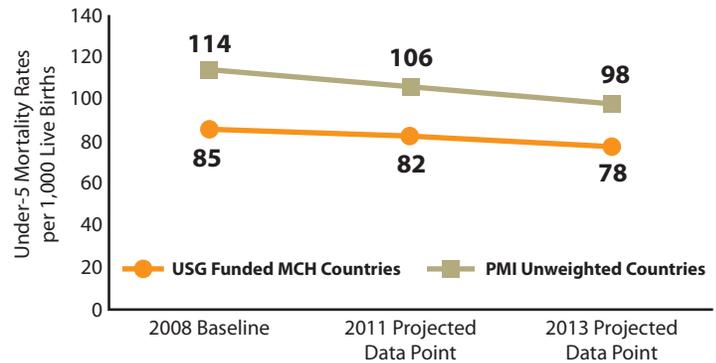
\*Countries funded through a regional USAID Program

Immunizations against vaccine-preventable diseases are proven and cost-effective interventions that contribute to declines in under-5 mortality. As such, vaccination coverage rates also continue to increase, in part due to the U.S. Government partnership with the GAVI Alliance. Between 2008 and 2011, there was a 3 percent increase among countries receiving funding for MCH in the percent of children ages 12–23 months that received the required DPT3 vaccine doses.

In addition, two newly developed vaccines, pneumococcal and rotavirus, are being rolled out to a targeted set of countries. These new vaccines fight two diseases that kill an estimated 1.5 million children every year. In 2008, only one country receiving maternal and child health funding had incorporated rotavirus vaccine into the national immunization program, and none had incorporated the pneumococcal vaccine. By 2013, it is projected that 22 will have added the rotavirus vaccine and 40 will have added the pneumococcal vaccine.

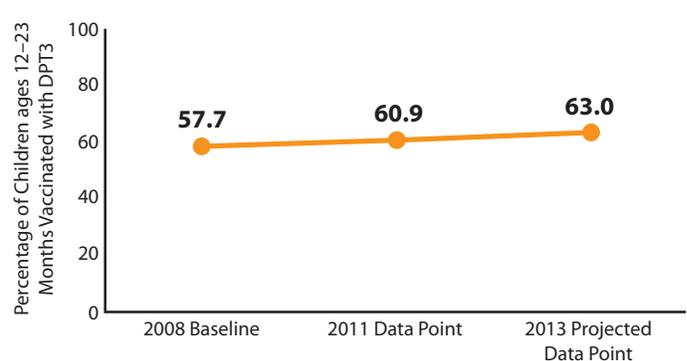
Indicator	2008 Baseline	2011 Data Point	2013 Projected Data Point
<b>Child Health</b>			
Under-5 mortality rate	85 (2009)	82	78
Neonatal mortality rate	38	37.1	36.6
DPT3 coverage	57.7%	60.9%	63.0%
Number of countries introducing pneumococcal vaccine	0	12.2 <sup>1</sup>	40
Number of countries introducing rotavirus vaccine	1	5	22

### Trends in Under-5 Mortality Rates among U.S. Government MCH & PMI Countries



Source: USMR: Levels and Trends in Child Mortality 1990–2010, IGMe. The two most recent data points were used to calculate the rate of change and then used to project a 2011 and 2013 estimate. Weighted by Live Births: 2011 U.S.

### Trends in DPT3 Coverage among U.S. Government-funded MCH Countries



Source: DPT3 – DHS, RHS, MICS surveys. Live Births – U.S. Census Bureau International Database.