

One of the most distressing things in life must be the death of a child. I cannot imagine what parents, caregivers and families go through when a young child dies. Around the world each year millions of children under the age of five years die due to preventable and treatable causes, including birth complications, pneumonia, diarrhoea and malaria. A recent report by UNICEF, the World Health Organisation, the UN Population Division and the World Bank Group should alarm everyone, yet world leaders seem unaware of this tragedy or if they are aware, do very little to combat it.

The report tells us that some 6.3 million children under age 15, died in 2017, mostly of preventable causes and the overwhelming majority of these deaths, some 5.4 million deaths occurred in the first five years of life. (To provide perspective, this is equivalent to 57 large aircrafts crashing every day of the year and in which all passengers are killed). Extrapolate this over a number of years and it becomes unimaginable. But who cares? World leaders certainly do not.

Whilst there has been a steady decline in the number of child deaths over the decades, millions of children still die today and do not need to. Simple solutions such as availability of medicines, clean water, sanitation and vaccines, can save young children's lives in the millions. The world certainly does have the resources. This is not a resource problem but a political problem. It is a human rights issue. We need to spend less on arms and war and more on health care, especially on the African continent and in the poorer parts of the world.



Coming to our own country, South Africa has made good progress in lowering our under-five mortality rate. This rate has reduced from 43 per 1 000 live births in 2016, to 37 per 1 000 live births in 2017. This measure may not have immediate meaning until we look at the absolute numbers. In 2016 approximately 43,000 children under age five died.

As a global community we have to reduce the inequalities in the world. We have to focus on the most vulnerable children, those who are at risk of being a mere statistic in the future. A good way to start is a political commitment to meeting the needs of young children, all over the world, wherever they are.

Again, to provide perspective, in the time that it has taken you to read this page some 36 children have died around the world.

ERIC ATMORE
Director

TWO WAYS TO CUT CHILD DEATHS

~ Melvin Sanicas

One of the more ambitious targets of the United Nations' sustainable development goals is the commitment to end preventable deaths of newborns and children over the next decade.

If this target is met, by 2030 no country will have a neonatal mortality rate above 12 deaths per 100 births — a quarter of the current rate in parts of sub-Saharan Africa. Given the magnitude of the problem, huge investments will be needed in healthcare infrastructure and planning.

Perhaps the most effective way to reduce infant mortality would be to encourage uptake of two readily available resources: maternal vaccinations and breast milk.



Protecting children from early deaths begins before they are born. When a woman is vaccinated against common illnesses such as influenza, her body creates antibodies that recognise viruses and boost natural defences against pathogens.

When she becomes pregnant, these protective proteins are transferred to her baby across the placenta.

Remarkably, the benefits continue after birth. For example, although the flu shot is not approved for infants younger than six months, clinical trials have shown that children born to mothers who were vaccinated are better protected against the illness.

In one study of mothers and their babies in Bangladesh, researchers recorded a staggering 63% reduction in influenza cases among infants born to vaccinated mothers, a 36% reduction in the number of serious respiratory illnesses for mothers and a 29% reduction in such illnesses among infants.

Maternal immunisation against the flu also helps to protect infants from pneumonia, a common cause of childhood mortality. A 2018 analysis of flu-vaccine trials conducted in Nepal, Mali and South Africa found that infants were 20% less likely to develop pneumonia if their mothers had been inoculated. Children too young to be completely vaccinated against *Streptococcus pneumoniae* and influenza were the biggest beneficiaries.

Armed with data from these and other studies, governments in low-income countries should be able to plan smarter immunisation campaigns and substantially lower rates of infant morbidity and mortality.

The second way to reduce childhood mortality —breast-feeding—arguably has an even greater effect. Breast milk is the perfect nutrition for a baby, providing all the proteins, fats, vitamins, minerals and enzymes that a young body needs to stay healthy. Best of all, mothers create new antibodies in real time, which strengthens young immune systems.

Unfortunately, rates of breast-feeding and breast-milk consumption are well below desired levels. Only 40% of infants worldwide are breast-fed exclusively until they are at least six months old, as the World Health Organisation (WHO) recommends. The reasons are complex but in many countries poor knowledge together with aggressive marketing by makers of baby formula have contributed to a decline in breast-feeding. The United States was recently accused of siding with the formula industry by opposing a WHO resolution in support of breast-feeding.

Convincing mothers to breast-feed should be easier. For starters, breast-fed babies are less likely to contract ear infections and meningitis, or to suffer gastrointestinal illnesses and diarrhoea. These advantages continue for as long as a baby is breast-fed.

Mothers also benefit from breast-feeding. Research shows that women who have breast-fed during their lives are less likely to develop noncommunicable diseases such as cardiovascular illness, breast cancer and type 2 diabetes. Many of these gains derive from the fact that breast-feeding helps to break down the extra fat that accumulates in a woman's body during pregnancy. In fact, producing milk for a single infant burns as many as 500 calories a day.

Even though the majority of new mothers are able to breast-feed, not all women can produce enough milk, because of exhaustion, depression or physical weakness following postpartum surgery.

Some mothers are simply unable to meet their child's needs, and others don't have the medical or social support to navigate the logistics of breast-feeding. Nonetheless, for those who can

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supply their babies with at least six months of breast milk, the benefits are significant.

If the international community is serious about meeting the health targets set by the UN's sustainable development goals, it must redouble its efforts to encourage more mothers to be vaccinated against preventable illnesses and to feed their newborns breast milk. These two practices alone could do more to reduce infant mortality than just about any other global health initiative.

Article available at

<https://mg.co.za/article/2018-08-31-00-two-ways-to-cut-child-deaths>

WARS KILLED FIVE MILLION AFRICAN CHILDREN OVER TWENTY YEARS, SAYS STUDY

Children were deprived of clean water and basic healthcare in armed conflicts, leading to preventable deaths, a study showed. Conflicts accounted for seven percent of all child deaths in Africa.



A new study published on Friday found that as many as five million children in Africa under the age of five died as a result of armed conflict between 1995 and 2015. Approximately three million of them were infants aged 12 months or younger.

The research was carried out by scientists and published in The Lancet medical journal. The analysis showed that children died from preventable diseases, as armed conflict deprived them of access to clean water and basic healthcare.

"The impact of war generates a series of lethal but indirect impacts on communities caused by potentially preventable

infectious diseases, malnutrition, and disruption of basic services such as water, sanitation, and maternal healthcare," lead researcher Eran Bendavid from Stanford University said in a statement.

The study looked at nearly 15,500 conflicts in 34 of Africa's 54 nations over two decades and examined data on conflict-related deaths, live births and child mortality rates.

Conflicts were found to have a substantial impact on child mortality, accounting for around seven percent of all child deaths. Infants born within 50 km (30 miles) of conflict had a greater risk of dying in their first year compared to those born in conflict-free years within the same region.

When conflict-related violence increased in intensity, the researchers found that the risk of infant death increased to around 30 percent. Infant mortality rates were four times higher in conflicts lasting five years or more, the study found.

This higher risk of child death was still prevalent even at a distance of 100 km from a conflict, and children born up to eight years after conflicts had subsided still faced the risk of death.

"Conflict appears to substantially increase the risk of death and stunting for young children over vast areas and for many years after conflicts have ended," Bendavid explained.

The researchers hoped that the findings would stress the toll that conflict takes on children, and the importance of "developing interventions to address child health in areas of conflict."

Article available at

<https://www.dw.com/en/wars-killed-5-million-african-children-over-20-years-says-study/a-45299472>

NURTURE OUR CHILDREN FOR SA'S FUTURE

~ Sumaya Hendricks

Over a rickety ramp and past prefabricated walls, we are greeted by eager eyes. Two small makeshift structures house the 45 children who attend this early childhood development (ECD) centre in Duncan Village in the Eastern Cape.

This is one of several unregistered centres the Nelson Mandela Foundation recently visited in East London.

Seeing children squeezed like sardines into a tiny structure was not a unique experience; it mirrored other centres in other townships and informal settlements. These centres are a far cry from those found in more affluent neighbourhoods.



“Intergenerational poverty” and the “cycle of poverty” are common phrases in poverty and inequality discourse, but they come to life when one sees these centres. One cannot help but think: What chance of a prosperous life do these children have when the odds are stacked against them like this?

The foundation has been visiting early childhood development centres and meeting organisations since it adopted ECD as a focus area earlier this year. This arose from the foundation’s involvement in a think-tank initiative on poverty and in equality called the Mandela Initiative. The Mandela Initiative report highlighted the need to focus on the development of young children to break the cycle of intergenerational poverty.

Early childhood development is much more than the early childhood development centres, commonly called preschools. It encompasses the full process of the development of a child from birth to school-going age with respect to their emotional, cognitive, sensory, spiritual, moral, physical, social and communicative development. Some even define early childhood development to include the period during which the child is in the mother’s womb because the mother’s health has a direct bearing on the child’s development.

The provision of early childhood development helps to create the conditions in which the future life prospects of a child are not hindered by the income poverty of their parents. Investing in young children this way helps to redress the inequality imbalance for children born into poor families.

This is critical because about 1.8-million children under the age of six live in households with adults who are not employed.

Research corroborates this assertion: the Effective Provision of Pre-School Education (EPPE) project — a European longitudinal study that collected information about 3 000 children — found that preschool was particularly beneficial to children who are disadvantaged. Although it cannot eliminate disadvantage, it can help to reduce social disadvantage and provide a better start at school.

Investing in early childhood development is also cost-effective. According to the Nurturing Care ECD framework — developed by Unicef, the World Bank Group and the World Health Organisation, among others — every \$1 spent on early childhood development interventions translates into a return on investment as high as \$13.

In South Africa, children from poor families are less likely than children of wealthier families to participate in early learning programmes. This means that, when they enter grade one, they are already disadvantaged. According to the South African Early Childhood Review (2017), more than a million children aged three to five years still do not have access to group learning programmes, and these children are primarily from the poorest quintiles.

Although the importance of early childhood development is recognised, many see it as a “soft” issue and do not recognise the urgency of prioritising this area as a way to achieve a more just and equitable society.

Although policy change is needed in the early childhood development sector in South Africa, the first step is a change in mind-set. When one sees the conditions in which the children of poor families learn, it is clear that we do not value poor black children. Their lives and their future prospects are not valued in the way they should be. Additionally, we also need to recognise the importance of the first few years of a child’s life. This is a period of rapid brain development, which is greater than at any other time of a person’s life. Moreover, not only do the early experiences of a child shape their lifelong learning, it also affects their physical and mental health.

Mandela said that a way in which society can measure its compassion is the extent to which it works for a better life and to secure a future for its children. By this standard, we are a society that lacks compassion if a child with a hungry mind and stomach does not move us to action.

Young children are a silent constituency, unable to protest and mobilise to achieve their rights. It is our responsibility to act in their best interests. Failure to do this means we are poisoning the prospects for our future.

Article available at

<https://mg.co.za/article/2018-09-28-00-nurture-our-children-for-sas-future>

