



*State of the* **WORLD'S MOTHERS** 2008

Closing the Survival Gap  
for Children Under 5

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**Front cover:**

In Bangladesh, Meena and her 7-day-old baby girl Barsha are both healthy after a safe delivery in their home. They were assisted by a traditional birth attendant trained by Save the Children to give essential care to mothers and newborns. Meena and Barsha also benefited from prenatal care and postnatal counseling provided by Save the Children.

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## Closing the Survival Gap for Children Under 5

IN COMMEMORATION OF MOTHER'S DAY, SAVE THE CHILDREN is publishing its ninth annual *State of the World's Mothers report*. The focus is on the 200 million children under age 5 who do not get basic health care, with poorest children most frequently left out and most at risk of dying.

This report shows which countries are doing the best – and which are doing the worst – at reaching children with basic health measures. It also looks at the survival gaps between the poorest and best-off children in developing countries, and shows how millions of lives can be saved if children, especially the poorest, receive essential, low-cost health care.



# Foreword



BANGLADESH

If flowers and a sentimental card are all that interest you on Mother's Day, stop reading now. The presents that would bring tears of joy to most of the world's mothers are not chocolates or flowers. Instead those mothers want health care that could save their children's lives – remarkably simple, inexpensive tools such as vaccines, vitamin A, antibiotics and a trained community health worker.

Last summer I helped deliver this care to babies in Bangladesh. During my work, I encountered a young mother named Tahmina, who had received prenatal counseling and infant care education from Save the Children. As a result of that assistance, her son was thriving, and easy access to a health worker in the village greatly improves the chances he'll become a healthy, productive adult.

Tahmina's child is fortunate. He escaped the unthinkable fate of the 2 million children who die the day they are born – or the 2 million more who die during their first month of life. In total, nearly 10 million children under age 5 die each year – more than 26,000 every day.

To put those statistics in perspective, global child mortality equates to the 2004 Asian tsunami striking every 40 days and killing only children – nearly all of them among the poorest of our world's 6.5 billion people.

Generous hearts opened throughout the world in the aftermath of the tsunami, and millions of dollars in aid flowed to the victims and their families. But in the ongoing disaster that strikes thousands of the world's mothers every day – the deaths of their children – available resources do not equal the need.

Most of these children die from birth complications, diarrhea, pneumonia, measles and malnutrition – afflictions

that are rarely fatal in developed countries. We know how to prevent most of these deaths, and the tools necessary to save these children are simple, inexpensive and readily available. So why aren't we doing it?

Much of the reason lies in common misperceptions. According to recent polls, most Americans believe the leading cause of child deaths worldwide is AIDS. In truth, the disease accounts only for 3 percent. We must better educate ourselves about the underlying causes of these senseless deaths – and the key to that process lies within this report.

Save the Children's 2008 *State of the World's Mothers* report ranks 55 developing countries on their effectiveness in reaching the poorest children with lifesaving measures that are often taken for granted in the developed world: antibiotics, vaccines, oral rehydration therapy, prenatal care and trained assistance during childbirth. We can save more than 6 million children each year by responsibly increasing funding to improve community-level health services in the developing world, where 99 percent of child deaths occur.

One in every six children in sub-Saharan Africa still dies before age 5. In some countries, parents don't name a child during the first six weeks of life because they fear the baby will not survive even its earliest days. We have the power to help calm those mothers' fears and provide hope for their children's future.

I believe medicine can serve as a currency for peace. I've seen those who once took up arms against one another unify and lay down their weapons to build health clinics. I've seen medicine inject hope where once there was only despair. Harnessing that power is true to the moral principles that have guided our nation since its founding and allows America to forge new alliances across the globe.

A U.S. Coalition for Child Survival survey conducted last fall shows 93 percent of all Americans believe saving these children should be a national priority. We cannot afford to let this opportunity to save millions of young lives pass, and I can think of no better time than Mother's Day to raise our voices to address this challenge.

William H. Frist, MD  
Former U.S. Senate Majority Leader  
Chairman, Save the Children's *Survive to 5* campaign

# Introduction



ETHIOPIA

Every year, our *State of the World's Mothers* report reminds us of the inextricable link between the well-being of mothers and their children. More than 75 years of experience on the ground have shown us that when mothers have health care, education and economic opportunity, both they and their children have the best chance to survive and thrive.

But many are not so fortunate. Every year, more than 500,000 women die during pregnancy or childbirth, and nearly 10 million children die before reaching their fifth birthday. Almost all these deaths occur in developing countries where mothers, children and newborns lack access to basic health care services. It is especially tragic since most of these deaths could be prevented at a modest cost.

While child mortality rates in the developing world have declined in recent decades, it is of no solace to the 26,000 mothers who must mourn the loss of a child each and every day. To address the global challenge of saving mothers' and children's lives, Save the Children is working on four fronts:

**First**, Save the Children is increasing awareness of the challenges and solutions to maternal, newborn and child survival. As part of our *Survive to 5* campaign, this report calls attention to areas where greater investments are needed and

shows that effective strategies are working, even in some of the poorest places on Earth.

**Second**, Save the Children is encouraging action by mobilizing citizens in the United States and around the world to support programs to reduce maternal, newborn and child mortality, and to advocate for increased leadership, commitment and funding for programs we know work.

**Third**, we are making a major difference on the ground. Save the Children works in partnership with national health ministries and local organizations to deliver high-quality health services throughout the developing world. Working together to improve pregnancy and delivery care, vaccinate children, treat diarrhea, pneumonia and malaria, as well as to improve children's nutrition, we have saved millions of children's lives. The tragedy is that so many more could be saved, if only more resources were available to ensure that these lifesaving programs reach all those who need them.

**Fourth**, within our programs that deliver services, we are leading the way in research about what works best to save the lives of babies in the first month of life, who account for close to 40 percent of deaths among children under age 5. Our groundbreaking *Saving Newborn Lives* program, launched in 2000 with a grant from the Bill & Melinda Gates Foundation, has identified better care practices and improved interventions to save newborn lives. The benefits of these efforts have reached over 20 million women and babies in a dozen countries and now are being extended to new mothers in additional countries, ensuring that even more babies receive needed care, especially during the critical first week of life.

We count on the world's leaders to take stock of how mothers and children are faring in every country. Investing in this most basic partnership of all – between a mother and her child – is the first and best step in ensuring healthy children, prosperous families and strong communities.

Every one of us has a role to play. Please read the *Take Action* section of this report, and visit [www.savethechildren.org](http://www.savethechildren.org) on a regular basis to find out what you can do to make a difference.

Charles F. MacCormack  
President and CEO  
Save the Children



# Executive Summary

Worldwide, more than 200 million children under age 5 do not get the basic health care they need. This contributes to nearly 10 million children dying needlessly every year from highly preventable or treatable ailments such as diarrhea and pneumonia.

A disproportionate number of the children without health care come from the poorest and most marginalized families in developing countries. While there has been significant progress in reducing the overall death toll among children under 5 in recent decades, death rates among the poorest of the poor have not improved nearly so well, and in some countries they have gotten worse. These widening health care inequities unfairly condemn millions of the world's poorest children to early death or a lifetime of ill health.

This year's *State of the World's Mothers* report shows which countries are succeeding – and which are failing – to deliver basic health care to the mothers and children who need it most. It examines where the health care gaps between the poorest and best-off children are widest, and where they are smallest. It also looks at the survival gaps between the rich and poor children in developing countries, and shows how millions of children's lives could be saved by ensuring all children get essential, low-cost health care.

## KEY FINDINGS

**1) An alarming number of countries are failing to provide the most basic health care that would save children's lives.** In each of 55 developing countries – which together account for 83 percent of child deaths – more than 30 percent of children do not get basic health care when they need it. Our *Basic Health Care Report Card* shows that nearly 200 million children under 5 in these countries are missing out on lifesaving interventions such as prenatal care, skilled assistance during birth, immunizations, and treatment for diarrhea and pneumonia. In 30 of the 55 countries, more than half the children do not get basic health care. And in Ethiopia and Somalia – the two lowest ranked countries on the *Report Card* – more than 80 percent of children do not receive basic lifesaving health care. (To read more, turn to pages 15-21)

**2) The poorest children are least likely to get lifesaving health care.** The *Report Card* shows large inequities in health care provided to the poorest children compared to the best-off children in almost every country. This is true for highest ranked countries, as well as for the lowest ranked countries on the *Report Card*. In the Philippines

and Peru, for example, the poorest children are 3.2 times more likely to go without essential health care. In the Philippines, 46 percent of the poorest children lack health care, and in Peru that number is 48 percent. In Mali and Nigeria, the poorest children are 2.5 times more likely to go without health care. In Mali, 67 percent of the poorest children do not get health care and in Nigeria, 83 percent do not. (To read more, turn to page 21)

**3) Child death rates are highest in the poorest, most disadvantaged places.** Nearly all under-5 deaths (99 percent) occur in the developing world. Within countries, death rates among the poorest children are higher. On average, a child in the poorest fifth of a population faces a risk of dying that is more than twice that of a child from the richest fifth. In many countries, the under-5 mortality rate among the poorest children is 3 times higher or more. Latin American countries such as Brazil, Bolivia and Peru have some of the world's widest survival gaps. Of all the countries on the *Report Card*, Peru has the largest child survival gap – the poorest Peruvian children are 7.4 times more likely to die than the richest Peruvian children. In Asia, large disparities are seen in Indonesia, the Philippines and India. In the Middle East, Egypt and Morocco have large inequities. And in Africa, Nigeria and South Africa have the greatest survival gaps between rich and poor children. (To read more, turn to pages 9-21)

**4) The funding for child survival does not match the need.** Worldwide spending on health care disproportionately benefits people living in high-income countries with expensive problems to treat, while most of the disease and almost all of the preventable child deaths occur in developing countries. The overall shortfall between the funds needed and funds committed to save children's lives is very large. Also, the causes that kill the most children do not receive a corresponding share of the funding that does exist. (To read more, turn to pages 12-13)

**5) Closing health care coverage gaps could save more than 6 million children each year.** It is estimated that 3.9 million more children would survive to age 5 every year if the world were to close existing child survival equity gaps. And if all children – rich and poor alike – were to receive a full package of essential health care, 6.1 million children's lives would be saved each year. Closing the survival gaps in India and Nigeria alone would prevent nearly 20 percent of global child deaths – this would mean 1.1 million Indian children and 660,000 Nigerian children would be saved each year. (To read more, turn to page 13)

## A SNAPSHOT: SAVING THE LIVES OF MOTHERS AND CHILDREN

Worldwide, more than 200 million children under age 5 do not get basic health care when they need it.<sup>1</sup>

Each year, 9.7 million children die worldwide before reaching their fifth birthday. That's more than 26,000 children every day.<sup>2</sup>

More than 1 death in every 6 in the world is the death of a child under the age of 5.<sup>3</sup>

Every minute, a woman meets her death during pregnancy or childbirth.<sup>4</sup>

Every year, 2 million newborn babies die on the day they are born.<sup>5</sup>

The biggest killers of children worldwide are newborn complications, pneumonia, diarrhea and malaria.<sup>6</sup>

Using existing, low-cost tools and knowledge, we could save more than 6 million of the 9.7 million children who die every year from easily preventable or treatable causes.<sup>7</sup>

### RECOMMENDATIONS

**1) Design health care programs to better target the poorest and most marginalized mothers and children.** If we are to solve the child survival problem once and for all, we need to close the coverage gap for all children, but especially the gap between rich and poor. Health outreach strategies and funding allocations must target the hardest-to-reach mothers and children who are most in need. (To read more, turn to pages 23-29)

**2) Strengthen basic health systems.** Thousands of children die every day in developing countries because health systems are grossly under-funded and cannot meet the needs of the people. More funding is needed for staffing, transport, equipment, medicine, health worker training, and the day-to-day costs of operating these systems.

**3) Deliver a basic package of maternal, newborn and child health care that takes into account the realities for poor people in developing countries.** The tools to save mothers' and children's lives work best when they are delivered together as a package and along a "continuum of care" that links communities, local health facilities and hospitals. This means starting with good care for



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children in the home to prevent and treat the simplest ailments, then providing services in local clinics for more serious problems, and finally providing hospital care for the most severe conditions. Most health systems invest in the opposite order, devoting significant resources to hospital-based care. The reality is that most sick children in the developing world never make it to a hospital.

**4) Invest in community health care workers to reach the poorest of the poor with essential lifesaving care.** Millions of poor and marginalized families do not get basic health care because it is simply unavailable, too far away or too expensive. Many children die from causes that do not require doctors or hospitals, and could be saved by training, equipping and deploying more community health care workers who can deliver this basic health care. These health workers – who would live in or near the communities that need help most – could serve as a powerful first line of defense against the most common killers of children. (To read more, turn to pages 23-29)

**5) Increase government support for proven solutions that save children's lives.** In order to meet internationally agreed-upon development goals to reduce child deaths and improve mothers' health, lifesaving services must be increased for the children and newborns who need help most. The United States should demonstrate leadership toward these goals by passing the *U.S. Commitment to Global Child Survival Act* (HR 2266 and S1418) and fully fund programs to save children's lives. This bill renews U.S. leadership for child and newborn health programs in developing countries while ensuring greater coordination and accountability in the delivery of these services. (To read more, turn to page 35)

## Executive Summary

### THE 2008 MOTHERS' INDEX: SWEDEN TOPS LIST, NIGER RANKS LAST, UNITED STATES RANKS 27<sup>TH</sup>

Save the Children's ninth annual Mothers' Index compares the well-being of mothers and children in 146 countries – more than in any previous year. The Mothers' Index also provides information on an additional 27 countries, 22 of which report sufficient data to present findings on children's indicators. When these are included, the total comes to 173 countries.

Sweden, Norway and Iceland top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health, educational and economic status. Niger ranks last among the 146 countries surveyed. The 10 bottom-ranked countries – eight from sub-Saharan Africa – are a reverse image of the top 10, performing poorly on all indicators. The United States places 27<sup>th</sup> this year. Last year it was 26<sup>th</sup>.

Conditions for mothers and their children in the bottom countries are grim. On average, 1 in 21 mothers will die from pregnancy-related causes. More than 1 child in 6 dies before his or her fifth birthday, and roughly 1 child in 3 suffers from malnutrition. About 50 percent of the population lack access to safe water and only 3 girls for every 4 boys are enrolled in primary school.

The gap in availability of maternal and child health services is especially dramatic when comparing Sweden and Niger. Skilled health personnel are present at virtually every birth in Sweden, while only 33 percent of births are attended in Niger. A typical Swedish woman has nearly 17 years of formal education and will

live to be 83 years old, 72 percent are using some modern method of contraception, and only 1 in 185 will lose a child before his or her fifth birthday. At the opposite end of the spectrum, in Niger, a typical woman has less than 3 years of education and will live to be 45. Only 4 percent of women are using modern contraception, and 1 child in 4 dies before his or her fifth birthday. At this rate, every mother in Niger is likely to suffer the loss of a child and 9 out of 10 mothers are likely to lose two children in their lifetime.

Zeroing in on the children's well-being portion of the Mothers' Index, Italy finishes first and Niger is last out of 168 countries. While nearly every Italian child – girl and boy alike – enjoys good health and education, children in Niger face a 1 in 4 risk of dying before age 5. Forty-four percent of Niger's children are malnourished and 54 percent lack access to safe water. Only 47 percent of children in Niger are enrolled in primary school, and within that meager enrollment, boys outnumber girls 4 to 3.

These statistics go far beyond mere numbers. The human despair and lost opportunities represented in these numbers demand mothers everywhere be given the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

See the Appendix for the Complete Mothers' Index and Country Rankings.

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## BASIC HEALTH CARE REPORT CARD

Priority country	Population under age 5 (thousands) (2006*)	Children under age 5 without basic health care (2006*)		Rank	Coverage Gap		Survival Gap		
		percent (%)	absolute no. (thousands)		Children under age 5 without basic health care*		Under-5 mortality rate* (per 1,000 live births)		
					poorest (%)	best-off (%)	poorest	best-off	poorest children's higher risk of death
Philippines	11,027	31	3,391	1	46	14	66	21	3.2
Peru	2,815	32	912	2	48	15	59	8	7.4
South Africa	5,254	34	1,807	3	44	40	87	22	4.0
Indonesia	21,720	35	7,599	4	48	23	77	22	3.5
Turkmenistan	491	35	173	4	32	32	106	70	1.5
Azerbaijan	547	39	215	6	51	55	133	41	3.2
Gabon	158	39	61	6	51	34	93	55	1.7
Bolivia	1,243	40	493	8	58	24	119	37	3.2
Lesotho	272	41	112	9	51	31	114	82	1.4
Congo	587	42	245	10	52	32	135	85	1.6
Benin	1,488	44	647	11	56	32	151	83	1.8
Brazil	18,092	44	7,929	11	56	38	99	33	3.0
Gambia	261	44	116	11	54	38	158	72	2.2
Zambia	2,012	45	904	14	55	27	192	92	2.1
Cambodia	1,690	46	772	15	55	36	127	43	3.0
Tanzania, United Republic of	6,953	46	3,167	15	51	26	137	93	1.5
Morocco	2,978	47	1,406	17	66	31	78	26	3.0
Mozambique	3,670	47	1,733	17	61	27	196	108	1.8
Tajikistan**	858	47	401	17	50	39	98	57	1.7
Egypt	8,634	48	4,117	20	54	39	75	25	3.0
Madagascar	3,142	48	1,521	20	61	25	142	49	2.9
Côte d'Ivoire	2,849	49	1,395	22	62	23	150	100	1.5
Senegal	1,913	49	931	22	63	36	183	64	2.9
Swaziland	147	49	71	22	57	41	-	-	-
Burkina Faso	2,605	50	1,300	25	65	29	206	144	1.4
Central African Republic	668	52	347	26	66	34	223	112	2.0
Eritrea	808	53	428	27	80	41	100	65	1.5
Ghana	3,195	53	1,686	27	65	44	118	100	1.2
India	126,843	53	67,127	27	66	31	101	34	3.0
Malawi	2,425	54	1,311	30	60	43	183	111	1.6
Uganda	5,840	54	3,133	30	56	40	172	108	1.6
Pakistan	19,012	55	10,478	32	81	45	125	74	1.7
Angola	3,082	56	1,738	33	68	43	288	205	1.4
Guinea	1,544	56	872	33	71	37	217	113	1.9
Kenya	6,161	56	3,423	33	66	40	149	91	1.6
Mali	2,247	56	1,247	33	67	27	248	148	1.7
Cameroon	2,851	57	1,632	37	76	33	189	88	2.1
Sierra Leone	999	57	572	37	62	45	268	179	1.5
Guatemala	2,066	58	1,202	39	79	45	78	39	2.0
Togo	1,045	59	619	40	73	45	150	62	2.4
Guinea-Bissau**	322	60	192	41	70	39	253	166	1.5
Haiti	1,244	60	744	41	77	46	125	55	2.3
Congo, Democratic Republic of the	11,843	61	7,229	43	69	50	248	119	2.1
Bangladesh	18,951	62	11,656	44	76	39	121	71	1.7
Nepal	3,626	62	2,265	44	75	38	98	47	2.1
Niger	2,713	62	1,688	44	71	41	206	157	1.3
Rwanda	1,617	63	1,017	47	69	50	211	122	1.7
Burundi	1,461	64	933	48	77	60	-	-	-
Mauritania	456	65	298	49	84	48	98	79	1.2
Nigeria	24,503	66	16,090	50	83	33	257	79	3.2
Lao People's Democratic Republic	715	69	491	51	76	67	-	-	-
Yemen	3,639	71	2,573	52	87	61	163	73	2.2
Chad	1,943	78	1,521	53	93	58	176	187	0.9
Somalia**	1,507	82	1,236	54	93	63	140	128	1.1
Ethiopia	13,439	84	11,317	55	90	68	130	92	1.4
<b>TOTAL:</b>	<b>368,171</b>		<b>196,485</b>		<b>Over half the children in these countries go without basic health care</b>				

**Methodology:** The percent of children under age 5 without basic health care is calculated as a weighted average of seven key lifesaving interventions in three coverage areas: maternal and newborn care, immunization and treatment of sick children. For complete methodology see Methodology and Research Notes.

**Note:** Coverage and survival data are from the most recently available DHS and MICS reports. In some cases, figures do not reflect more recent gains in child survival and may differ considerably from national-level estimates as reported by UNICEF.

**Sources:** 2006 national-level coverage estimates: UNICEF. *State of the World's Children 2008*; Coverage gap data: *Demographic and Health Surveys (DHS)* and *Multiple Indicator Cluster Surveys (MICS)* from 1991-2006, compiled by the Countdown 2008 Equity Analysis Group; Survival gap data: D.R. Gwatkin, et al. *Socio-Economic Differences in Health, Nutrition, and Population*, supplemented with data from recent DHS and MICS reports.

### Evaluating the Survival Gap:

small gap = low inequity in child survival  
 moderate gap = moderate inequity in child survival  
 large gap = high inequity in child survival  
 - No data

\* Data are for 2006 or the most recent year available. "Poorest" and "best-off" refer to the bottom 20% and top 20% of households respectively.

\*\* Under-5 mortality rates refer to the poorest 60% and best-off 40% of households respectively.