

A CHANGE TO GROW UP



REDUCE CHILD MORTALITY

Cut the number of children dying before their fifth birthday by two-thirds by 2015.

In 2008, 72 children out of every 1000 died before celebrating their fifth birthday. This was down from 100 children in 1990, but it still means 8.8 million under-fives died in 2008 – one in every 10 children in developing countries.

Four diseases pneumonia, diarrhoea, malaria and AIDS accounted for 43 percent of all deaths of under fives in 2008. Low-cost prevention and treatment could have saved many lives.

There has been almost no progress in Africa and South Asia, where 1 in 7 and 1 in 14 children do not reach the age of five. But against steep odds, some of the world's poorest countries have made striking progress. Bangladesh, Bolivia, Eritrea, Malawi, Mongolia and Nepal have all reduced their under-five mortality rates by 4.5 percent annually or more.

While more children do have HIV/AIDS and tuberculosis, there has been progress on other preventable diseases like malaria. The immunisation campaign against measles hit 81 percent coverage in the developing world in 2008 and produced a 78 percent global drop in deaths from 733,000 in 2000 to 164,000 in 2008.



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1 in 7 children do not reach the age of five in Africa

Caritas in action: Child friendly medicines in South

Joyce looks like she is 11 weeks, not 11 months old. She has HIV, is undernourished and underdeveloped. She has very bad oral thrush, which has taken hold because her immune system is weakened.

Joyce is among the more fortunate children in her rural community in South Africa's Free State, though. She was diagnosed early with a rapid oral test and is starting on anti-retroviral drugs (ARVs). Only 15 percent of children in Africa receive the HIV medications they need, and government clinics in Joyce's area aren't taking any new patients. The Catholic Church provides as much as a quarter of AIDS care on the continent, through agencies like Caritas.

The skilled pediatrician looking after her is aware of the challenges in adapting the drug to children of Joyce's size. The pediatrician, Dr Almud Pollmeier, runs the Thabang Society clinic in the small town of Parys which is supported by Caritas and the Southern African Bishops Conference.

Dr Pollmeier also understands the difficulties facing parents trying to care for their HIV-positive children. "Joyce is on liquid ARVs, which need to be refrigerated. Her family lives in a shack without one. She needs highly nutritious food and they are poor. She needs clean water to take her medications, but they don't have it. If her mother needs to talk

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to us here at the clinic, she can't just pick up the phone, she will have to walk here, carrying Joyce on her back."

Caritas supports or sponsors HIV/AIDS programmes in 107 countries.

What can we do?

Strengthen our efforts against HIV/AIDS – especially in Africa and South Asia, with more education on the mother-to-child transmission of the virus.

Join the Caritas 'HAART for Children' campaign to urge drug companies and governments to develop specific medicines for children – Highly Active Anti-Retroviral Therapy – at lower prices. The medicines most suitable for children are three times more expensive than for adults. Without them, most HIV-positive children die before they turn two.

Ensure more children are tested for HIV as soon as possible so as to raise their chances of treatment and of survival.

Campaign for the delivery of other cost effective health interventions, like deworming Vitamin A supplementation and improved nutrition.

Keep up the big increase in funding of the last two decades on child health and expand it further.

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Photos:

(Page 1) Boys in Tanzania. Stefania Di Maria/Caritas,
(Page 2) Joyce and her mother. Michelle Hough/Caritas.