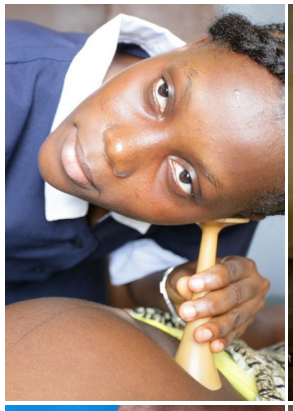
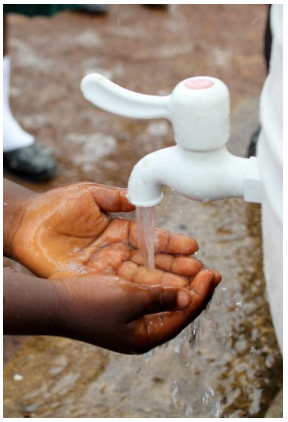
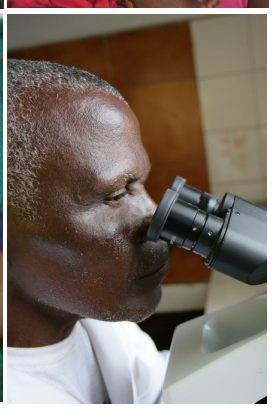
COMMITTING TO CHILD SURVIVAL

A PROMISE RENEWED





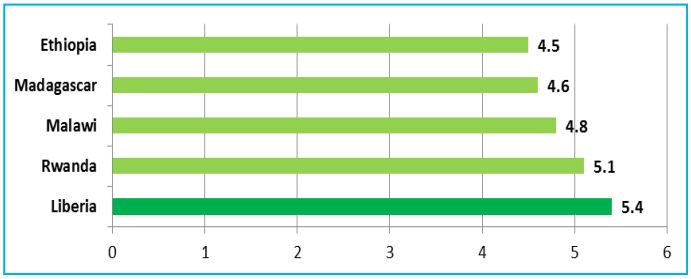


Committing to Child Survival in Liberia

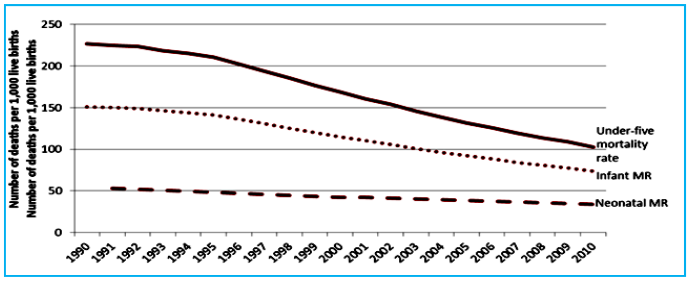
A Promise Renewed

A Promise Renewed is a global effort to end preventable child deaths. By pledging to support the goals of Committing to Child Survival: A Promise Renewed, the Government of Liberia vows to redouble efforts to achieve Millennium Development Goals 4 and 5 by 2015, to reduce under-five mortality in all countries to 20 or fewer under-five deaths per 1,000 live births by 2035, and to focus greater effort on reaching the most disadvantaged and hardest-to-reach children in the country.

BACKGROUND



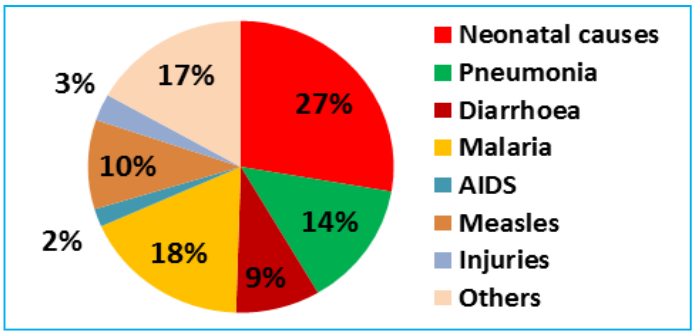
African Countries with highest average annual rate of reduction in under-5 mortality. 1990 - 2011 (WHO, 2012 data)



Liberia—Trends in Child Mortality (1990-2010)

Liberia has made remarkable progress during the first decade of peace since the end of the 14-year civil war. According to the 2012 progress report of *A Promise Renewed*, the infant and under-five mortality rates were 58 and 78 per 1,000 live births respectively in 2010 in Liberia, a decline of over 68% from the 1990 levels of 241/1,000 (U-5MR), representing a remarkable annual reduction of about 5.4%, the highest in Africa.

In spite of the progress made in Liberia, neonatal mortality, which is currently estimated at 27/1,000 live births, has only seen an annual average rate of reduction of 2.2%, thus significantly slowing Liberia's progress towards achieving the Millennium Development Goal 4 by 2015. The maternal mortality rate is also still very high at 770/100,000 (WHO, 2012 report) while stunting prevalence in children <5years of age is 36% (*FSNS, 2012*). The leading causes of childhood mortality and morbidity are malaria, acute respiratory infections (including pneumonia), diarrheal diseases and neonatal causes (*APR Progress Report, 2012*). The common neonatal causes in order of importance are preterm(34%), intrapartum related (28%), severe infection (27%), congenital (5%), diarrhoea (2%) and others (4%).



Liberia—Leading causes of child mortality and morbidity (APR Progress Report 2012)

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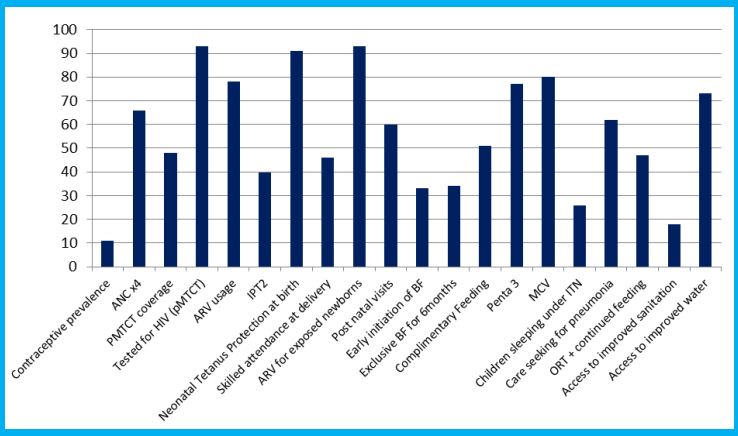
Liberia's achievements in reducing child mortality thus far has been as a result of the country's partnerships and efforts in scaling up an integrated package of health services targeting particularly the rural and under-served populations.

CHILD SURVIVAL CALL TO ACTION: IMPLEMENTATION STATUS OF LOW-COST PROVEN INTERVENTIONS IN LIBERIA

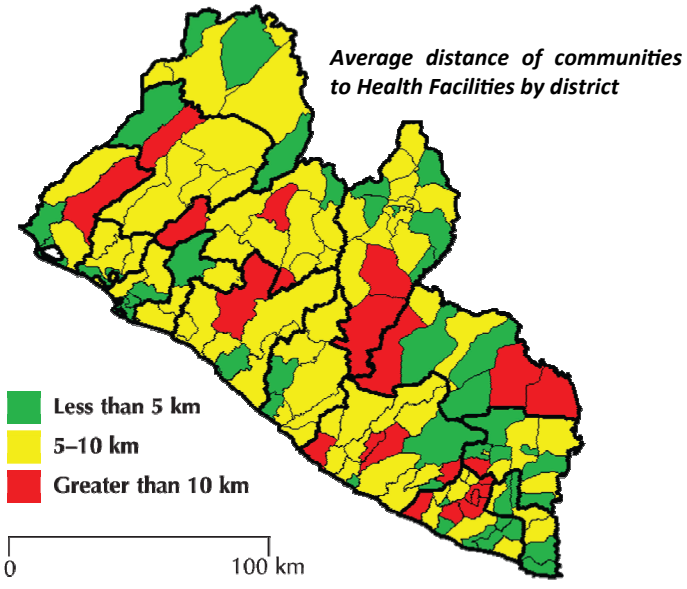
- Improving immunization coverage through the Reaching Every District (RED) approach. Extending immunization to hard-to-reach, disadvantaged and marginalized populations
- Increasing access to basic quality health and nutrition service through upgrading facilities, construction of new clinics and equipping them with essential supplies
- Strengthening partnership with communities leaders and CBOs for increased public awareness on common childhood illnesses and utilization of services and
- Addressing underlying causes of malnutrition through a multi-sectoral approach.
- Supporting communities with provision of safe water sources and better waste disposal and hygiene practices
- Building capacity of health workers to better manage common childhood illnesses.
- Increasing skilled attendant at delivery and management of common neonatal complications



Liberia Health Situation: Coverage along Continuum of Care for Essential Interventions from Pre-pregnancy to Childhood (Various sources from 2007 – 2012 – Building a future for women and children, 2012 report)

NEW KEY INTERVENTIONS

- Expansion of maternal and child health programs through the REP (Reaching Every Pregnant Woman) approach
- Development of policy on newborn cord care using chlorhexidine
- Post-natal Care home visits by Community Health Volunteers (CHVs)
- Development of national implementation guidelines on Kangaroo Mother Care (KMC)



GLOBAL INITIATIVES AND TARGETS RELATED TO CHILD SURVIVAL

1990 2010 2035

By 2035: Reduce child mortality to 20 child deaths or less per 1000 live births	A Promise Renewed
By 2025: ❑ Reduce mortality from pneumonia and from diarrhoea in children < 5 to fewer than 3 per 1000 live births ❑ Reduce the incidence of severe pneumonia and severe diarrhea by 75% in children < 5 compared to 2010 levels ❑ Reduce by 40% the global number of children < 5 who are stunted compared to 2010 levels **By the end of 2025:** ❑ 90% full-dose coverage of each relevant vaccine (with 80% coverage in every district) ❑ 90% access to appropriate pneumonia and diarrhoea case management (with 80% coverage in every district) ❑ at least 50% coverage of exclusive breastfeeding during the first 6 months of life ❑ virtual elimination of paediatric HIV **By the end of 2030:** ❑ universal access to basic drinking water in health care facilities and homes ❑ universal access to adequate sanitation in health care facilities (2030) and homes (2040) ❑ universal access to hand washing facilities in health care facilities and homes	Ending preventable child deaths due to pneumonia and diarrhoea: the global action plan for pneumonia and diarrhoea (GAPPD)
By 2035: Reduce newborn mortality to (between 5 and 10) deaths per 1000 live births	

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Renewed Commitment for Child Survival in Liberia

Scaling up iCCM: The Integrated Community Case Management (iCCM) initiative, targeting the major killers of children in Liberia – malaria, ARI (including pneumonia) and diarrhoea is being rolled out in several counties in the county.

Essential Neonatal care: Home Based Maternal and Newborn Care Training for community health workers; Policy document on the use of chlorhexidine for cord care; National implementation guidelines on Kangaroo Mother Care (KMC); Five hospitals scheduled to be designated as centres of excellence in KMC.

WASH: Community Led Total Sanitation (CLTS); School water and sanitation.; Community hygiene; Increase access to safe drinking water.

PMTCT and paediatric AIDS treatment: Sustain services to maintain access to quality services. About 98% (33,417/34,177) of pregnant women have had access to HIV testing and counselling services.

Nutrition: National roll out of Essential Nutrition Actions throughout the country; Biannual supplementation of Vitamin A integrated with polio NIDs; Continued increased access to therapeutic care for children with Severe Acute Malnutrition.

Maternal Care: Scaling up Maternal survival with renewed focus on SBA, FP, EmONC, essential supplies and equipment and functional referral along the continuum of care.

Evidence-based country plan: Sharpen national health policy plan by setting and monitoring five-year milestones for maternal, newborn and child survival.

Transparency and mutual accountability: Governments and partners will work together to report progress and to promote accountability for the global commitments made on behalf of children.

Communication, social mobilization and community partnerships: Governments and partners will strengthen partnerships with local community laders, actors and community based and mobilize social and political support for the goal of ending preventable child deaths.