

**Saving Children's Lives**  
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By Bill Frist

The United States is engaged in a historic debate over government's role in reforming health care. But on the continent of Africa, there is little debate that U.S. investment has reaped major rewards. Yet there, too, reforms are necessary.

By fighting measles, then AIDS and, more recently, malaria, the United States has partnered with African nations to help save millions of lives since the turn of this century. It's a remarkable achievement, and the American people have led; the American taxpayer should be proud.

However, during this same period, with little public notice or attention, more than 40 million newborn African babies and young children have died, mostly from causes such as pneumonia and diarrhea that are easy and relatively inexpensive to treat and prevent - causes that kill few children in the United States.

Child survival is improving - albeit way too slowly - in most regions of the world. However, despite promising developments in some countries, sub-Saharan Africa overall continues to have the world's highest child-mortality rates.

If 12,500 children were to die each day of preventable and readily treatable causes here at home, we would treat it as a national emergency. African children - who perish at that distressing pace - deserve a similarly determined and urgent response from their governments and the international community. Simply put, it is the right thing to do. We cannot continue to allow one of every seven African children to die when it is so readily within our reach to prevent those deaths.

Tuesday, Save the Children joins national leaders across Africa, UNICEF and many other humanitarian groups in marking the Day of the African Child with a new commitment to boost child survival. On Capitol Hill Tuesday afternoon, representatives from the African Union, Mali and Malawi will discuss steps they are taking - and international support they need - to help children survive and thrive.

In recent years, African leaders have formally recognized that pursuing the greatest gains for children - and thus for the continent's future - must go hand in hand with strengthening health systems that can deliver lifesaving interventions. African countries have a long way to go, but some already are demonstrating the huge difference this strategy can make.

Ethiopia has slashed child mortality rates by 40 percent since 1990 by increasing access to low-cost, effective interventions such as immunization, malaria prevention and treatment, and improved newborn care. Mali is making emergency obstetric care more accessible, and that's beginning to lower both maternal and infant mortality rates.

Malawi has markedly reduced child mortality through community-level interventions as simple as promoting breast-feeding and skin-to-skin contact between mother and baby that keeps vulnerable newborns warm. Malawi also is exploring community-based treatment of pneumonia, which kills nearly a million African children a year but is easily treatable for as little as \$1 worth of antibiotics delivered in a child's home.

Now African governments and the international community must unite to develop and support systems to deliver these proven interventions efficiently and widely. For just \$44, a package of these interventions can include immunizations; counseling on breast-feeding and newborn care; and treatment for childhood killers such as pneumonia, diarrhea and malaria. A community health worker can be trained to deliver these interventions for as little as \$100. They are literally lifesaving.

I was pleased to hear last month that President Obama plans to maintain the President's Emergency Plan for AIDS Relief (PEPFAR) programs to fight HIV/AIDS while also initiating a broader global health strategy that will increase efforts to promote maternal and child health. Now the United States must clearly articulate the strategy's details and commit to supplying the funding to meet its goals.

Current U.S. spending on maternal and newborn health is just \$495 million a year. The United States should at least double that investment, encourage other industrialized nations to do the same at next month's summit in Italy of the Group of Eight leading industrial nations, and reinforce a desperately needed and African-driven organizing principle to bring health care to all children and communities in Africa. G-8 leaders should declare that no country with a credible and accountable plan for newborn, child and maternal health should be thwarted for lack of donor resources.

African leaders must step up as well. Their governments must demonstrate responsibility and a commitment to sustainability by strengthening their own health budgets and preparing clear national plans to reduce child mortality. They cannot do it alone, however. Sub-Saharan Africa is home to 10 percent of the world's population but accounts for more than 50 percent of all child deaths. Yet it has just 3 percent of global health workers and 1 percent of the world's financial resources - including foreign aid.

That can change. The health care solutions for maternal and child health are well-known, proven and cost-effective. They work, and they are cheap. Making them accessible across African communities would save millions of children's lives and transform their nations' potential for future development. What health care reformer - or taxpayer - would debate the merits of that investment?

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