

EDITORIAL

WHAT CONTRIBUTED FOR THE SHARP DECLINE OF CHILD MORTALITY?

Recent reports from the United Nations and other organizations working on mothers and child health showed dramatic declines in child mortality in almost all countries of the world, regardless of initial levels and socioeconomic circumstances. In the high income economies, such decline has happened already at the end of the 19th century. However, in low and middle income countries, noticeable declines are being observed since the 1970s (1). In Ethiopia, in the last twenty years, the under-five mortality has declined from more than 200 per 1000 live births in the 1980s to the current 77 per 1000 live births.

The majority of child deaths in low income countries can be prevented by low-tech, evidence-based, cost-effective family care practices and preventative measures complemented with curative measures such as prompt community based treatment of common conditions. Strengthening the health system and integrating the interventions into packages of care that can be delivered at all levels during childbirth, neonatal period, and childhood are key to increasing the coverage of health interventions and saving the lives of under-five children.

Several initiatives and strategies were in place targeting the common killers of children which have contributed for the global substantial reduction of child mortality. Disease or problem based programs were order of the day in the 1970s and 1980s when child mortality started to decline in most low income countries. However, it was after the introduction and implementation of Integrated Management of Newborn and Childhood Illness (IMNCI) strategy; and community based interventions, dramatic reduction of child mortality in most low and middle income countries witnessed. Ethiopia started implementing IMNCI in late 1990s when the estimated under-five mortality was over 160 per 1000 live births. This was supplemented by the nationwide introduction of Health Extension Program (HEP) in the last five years. The implementation of preventive, promotive and curative approach through IMNCI and HEP played the major role for the sharp decline of under-five mortality from 123 per 1000 live births in 2005 to the current 77 per 1000 live births in Ethiopia.

Accruing available evidences and generating further evidences for contextualizing approaches and strategies should be the way forward to narrow the gap in under-five mortality between the high and low income countries.

The current issue of EJHS contains seven diverse (origin and topic) original articles, four of them dealing on mother and child health, while the other three dealing on other common health problems and systems. Additionally, it contains a review on standard operating procedures, a brief communication and two case reports.

I invite readers to go through them as they contain new evidence to our day to day practice.

Abraham Haileamlak (MD)

Editor-in-Chief