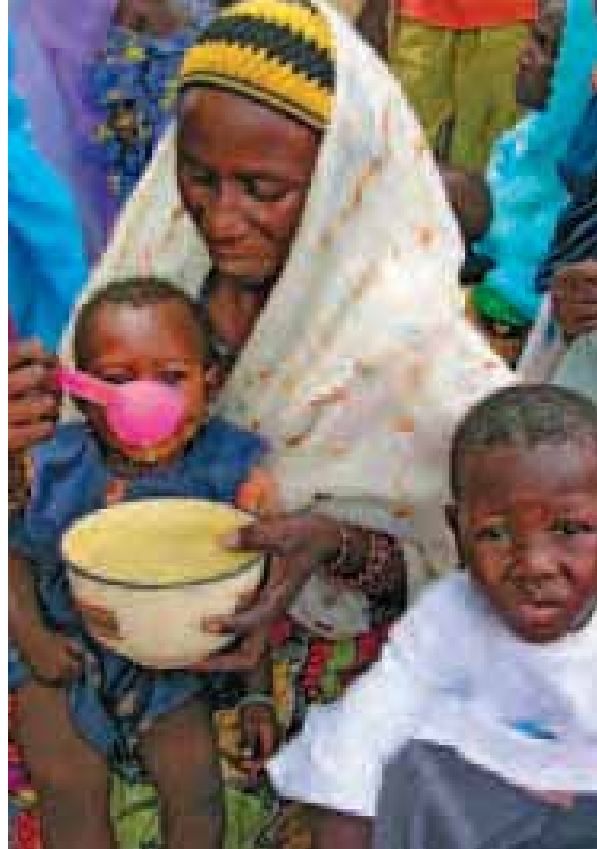


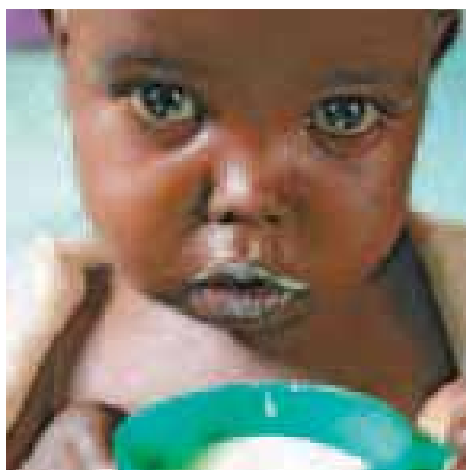
Diarrhoea: Why children are still dying and what can be done

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Foreword

The Millennium Development Goals call for a reduction of child mortality by two thirds between 1990 and 2015. As the deadline approaches, the reality is that although progress is being made, much more remains to be done.

Nearly nine million children under five years of age die each year. Diarrhoea is second only to pneumonia as the cause of these deaths. Why is diarrhoea, an easily preventable and treatable disease, one that in the developed world is considered little more than an inconvenience, causing an estimated 1.5 million under-five deaths every year?

Reducing these deaths depends largely on delivering life-saving treatment of low-osmolarity oral rehydration salts (ORS) and zinc tablets to all children in need. However, progress will also require focusing on prevention, whether through the new rotavirus vaccine or by addressing the factors that lead to children developing the disease in the first place.

Diarrhoea is more prevalent in the developing world due, in large part, to the lack of safe drinking water, sanitation and hygiene, as well as poorer overall health and nutritional status. According to the latest available figures, an estimated 2.5 billion people lack improved sanitation facilities, and nearly one billion people do not have access to safe drinking water. These unsanitary environments allow diarrhoea-causing pathogens to spread more easily.

Improving unsanitary environments alone, however, will not be enough as long as children continue to remain susceptible to the disease and are not effectively treated once it begins. Evidence has shown that children with poor health and nutritional status are more vulnerable to serious infections like acute diarrhoea and suffer multiple episodes every year. At the same time, acute and

prolonged diarrhoea seriously exacerbates poor health and malnutrition in children, creating a deadly cycle.

In the 1970s and 1980s, the international community committed itself to reducing child mortality from diarrhoea largely by scaling up the use of oral rehydration therapy – a low-cost and highly effective solution – coupled with programmes to educate caregivers on its appropriate use. The effort met with great success. Yet today only about 39 per cent of children with diarrhoea in the developing world receive oral rehydration therapy and continued feeding, a figure that has changed little since 2000.

This report sets out a 7-point strategy for comprehensive diarrhoea control that includes a treatment package to reduce child deaths, and a prevention package to reduce the number of diarrhoea cases for years to come. The report looks at treatment options such as low-osmolarity ORS and zinc tablets, as well as prevention measures such as the promotion of breastfeeding, vitamin A supplementation, immunization against rotavirus – a leading cause of diarrhoea – and proven methods of improving water, sanitation and hygiene practices.

Diarrhoea's status as the second leading killer of children under five is an alarming reminder of the exceptional vulnerability of children in developing countries. Saving the lives of millions of children at risk of death from diarrhoea is possible with a comprehensive strategy that ensures all children in need receive critical prevention and treatment measures.

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