POLICY BRIEF

ON

CHILD DEATH SURVEILLANCE AND RESPONSE (CDSR)

WHAT IS CDSR?

- All countries aspire to ***reduce the number of child*** deaths to an "acceptable" level. To do this it is necessary for a country to know the number of such deaths, as accurately as possible, and the number that it aims to reduce it to by a specified target date. This was the basis for the Millennium Development Goals (MDG) from 1990 to 2015, and now for the Sustainable Development Goal (SDG) from 2016 to 2030.

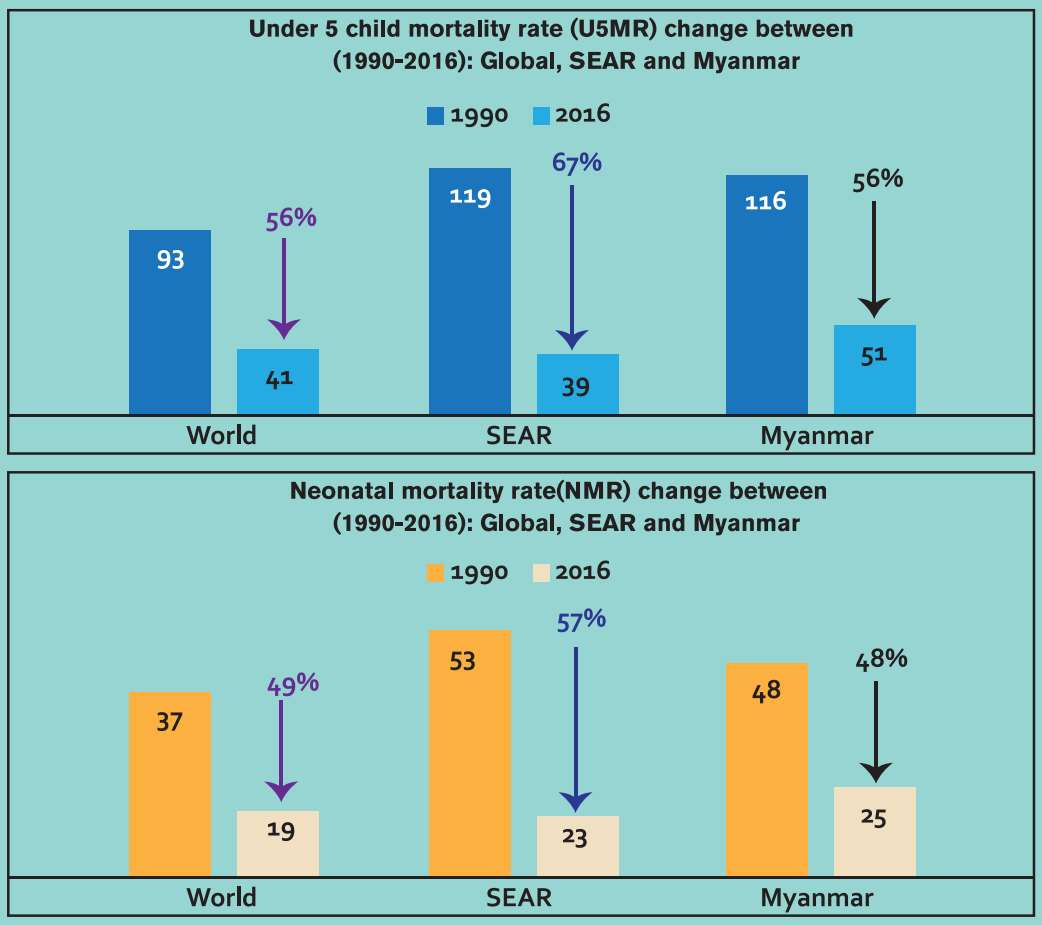
- Knowing this numerical burden of mortality is only one aspect; it is equally important to know the ***circumstances that lead to the death***, such as the cause of death, the delay in seeking care, and other relevant information; that provides understanding for identifying actions or responses that can be taken to ***prevent*** deaths under similar circumstances in future.

- To do this, there has to be a system for the investigation of all (or a sample of) child deaths. This is done through a ***Child Death Surveillance and Response (CDSR)*** system, which was introduced in Myanmar in early 2017, and which had undergone a first assessment of its implementation in early 2018.

- CDSR has ***three components***
  - ***Review*** or ***audit*** of every (or a sample of) child, by a team of experts to elicit the cause of the death and circumstances that surround the death
  - Taking ***action*** or ***responding*** to the findings of the review/audit
  - Conducting ***surveillance*** on child deaths

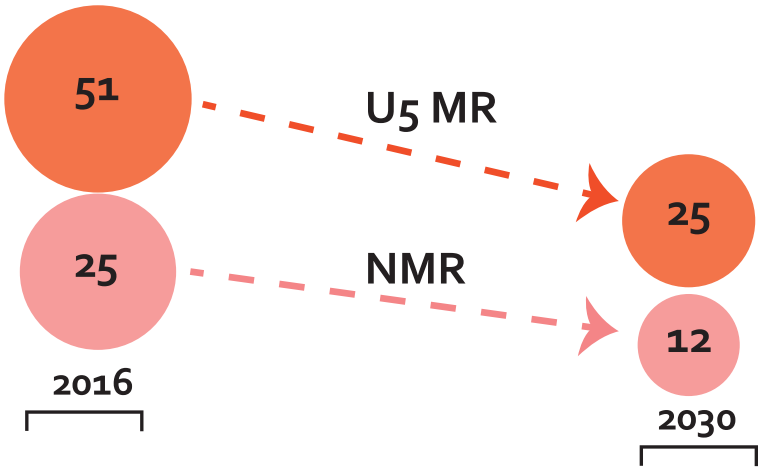
WHY CDSR?

The fourth ***Millennium Development Goal (MDG4)*** in the year 2000 called for countries to reduce under-5 mortality by two thirds from 1990 to 2015; Myanmar did not achieve this goal. Hence reduction of child mortality remains as "unfinished agenda", and efforts need to be accelerated to meet the ***Sustainable Development Goal (SDG)***, which aims, by 2030, to end preventable deaths of newborns and children under 5 years of age. Hence ***preventability*** is a central theme, and no child should die due to a preventable cause.



Many child deaths are due to causes that can be prevented by interventions that are effective and affordable. There are evidence-based essential interventions (that include health and non-health sector interventions) for child survival that are well-known but yet not reaching all children who need them.

But not all under-5 deaths are preventable, and the SDG aims to reduce under-5 mortality to at least as low as 25/1,000 livebirths, and neonatal mortality to at least as low as 12/1,000 livebirths. The situation in Myanmar requires for acceleration of efforts to meet these targets



HOW IS CDSR PROGRESSING IN MYANMAR? WHAT ARE THE PROBLEMS?

An assessment after 12 months of implementation revealed that;

- Overall CDSR implementation is ***satisfactory***, staff at all levels of the health system are ***competent*** and ***committed***. Staff demonstrated a high level of motivation, but this can be threatened if resources for CDSR cannot be sustained

- Several ***benefits*** of CDSR have been observed – the community is more aware of the need to notify a child death, there is better understanding on the causes of death and the reasons why care was not sought for a sick child that led to the death, there is better collaboration between the clinical services and the public health programs.

- Some ***problems/weaknesses*** were detected;
  - gaps in understanding of staff in some concepts, including assessing preventability of a child death
  - weak structure for public health at district level, shortage of manpower to carry out some tasks such as data management and analysis, which are crucial for surveillance of child deaths
  - lack of funding for training and attending review meetings

- The ***low number of child deaths notified***, which is only one-third (15,000) of the estimated number of child deaths (45,000) found in than the DHS and Population Census in 2104.

- There is a need to ***reduce delay in seeking and receiving appropriate care*** of sick children; many deaths can be averted if the child is given the right intervention on time. These three delays are;
  - Unaware of caretaker of need to seek care ***(first delay)***
  - Barriers in seeking care, which may be difficulties in physical/ geographical, financial and socio-cultural access ***(second delay)***
  - Poor response at point of care, such as inadequate number of competent health care providers, unavailability of life-saving medicines and equipment ***(third delay)***

- The ***contribution of partners*** including international development and donor agencies, both in technical and financial support has played an important role in the implementation and progress of CDSR.

- The assessment of CDSR provides evidence for taking several actions including
  - Garnering ***political commitment*** and support from policy makers
  - Ensuring adequate ***investments*** for CDSR, for its sustainability

- There is enough evidence that countries that have succeeded in reducing child mortality, have done so with strong ***political commitment*** that is translated into enabling policies, programmes and initiatives for which ***adequate resources*** are made available. In addition, there is evidence that ***investments*** in these policies, programmes and initiatives in child health have not only improved child health and survival, but also have brought socio-economic benefits.

- A report published in 2014, of a five-country study (Bolivia, China, Egypt, Malawi and Nepal) states clearly that these countries had made progress in reducing maternal and child mortality and making progress in MDG4 and MDG5 "....to do this, ***strong political commitment*** through ***policies backed by financial and programmatic support***, was critical..." source : Health, Nutrition and Population Discussion Papers- *https://openknowledge.worldbank.org/handle/10986/12995*

- The relationship between child survival and development and ***socio-economic development*** is bi-directional – one lead to the other. It is well-known that poor socio-economic status is a major determinant for high child mortality, and poor countries have higher child mortality rates than richer countries. It is also true that investing in child health and survival brings about economic benefits.

- UNICEF in its report ***"Investing in Children: A brief review of the social and economic returns to investing in children"*** in June 2012, there are many additional benefits to investing in children.... these include better social outcomes, such as reduced poverty, inequality and mortality. They also include higher levels of productivity which have implications for the economy and development.

- The Bulletin of the World Health Organization (Oct 2005, Vol. 83 Issue 10), stated in an article ***"Investing in Children Health: What Are The Economic Benefits?"*** that children's health is a potentially valuable economic investment, and that making greater investments in children's health results in better educated and more productive adults.