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NEWS RELEASE

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Bush Cuts Programs Supporting Child Survival and Ignores the 30,000 Children Who Die Each Day

ARLINGTON, VA - In the new FY 08 budget submitted to the U.S. Congress by President Bush yesterday, key programs in child survival and health saw significant reductions in funding as compared with 2007. This year the President requested \$345 million for bilateral child and maternal health programs as compared with \$356 million last year.¹ This reflects a nearly 10 percent decline (if adjusted for inflation) in funding for global child health and survival. These programs are critical for saving the nearly 11 million children under-five who continue to die each year (about 30,000 each day) – about three-quarters from preventable causes.

While diseases such as AIDS and malaria have received welcome Presidential attention and Congressional funding, the major killers of young children have not. Pneumonia, which is treatable with a course of inexpensive antibiotics, kills over 2 million children each year – more than the number of childhood deaths from AIDS, malaria and measles combined. Diarrhea claims another 2 million children who might have been saved with a simple oral rehydration solution. Inexpensive supplements of Vitamin A and zinc can reduce micronutrient deficiency, an important underlying cause of child mortality.

Research shows that mothers are key to ensuring child health and survival, yet programs for them are also in jeopardy. Many women and children do not survive beyond the initial hours and days after childbirth. Four million newborns die within their first 28 days from preventable or manageable causes like tetanus, birth asphyxia, infections, and low birthweight. Simple, low-cost interventions, such as immunizations, breastfeeding, treatment of infections, and warming and drying the newborn can save most of these lives. In addition to the 530,000 women who die in childbirth, millions more suffer complications in pregnancy or delivery that lead to debilitating injuries, including obstetric fistula. Prenatal care, skilled midwifery care during and after delivery, and access to quality emergency obstetrical care can save these lives and prevent many injuries that would otherwise occur.

The U.S. has been a leader in developing preventive and curative child health interventions, and Americans usually rate addressing child survival as one of their top reasons for giving foreign aid. The cost of investing in child survival and maternal health should not be an issue. According to Dr. Henry Perry, a physician and member of the USCCS Steering Committee, “currently, less than \$3 per U.S. taxpayer is spent on assistance for programs supporting child and maternal health every year. Continuing to invest in child survival and maternal health in poor countries is one of the wisest spending choices our country can make. It’s cost effective, it supports our humanitarian values, and it pays the United States back with great returns for public diplomacy.”

Ray Martin, Executive Director of Christian Connections for International Health, contends that addressing “child survival has become a moral issue as well as a global health failure. By redoubling

our commitment, we not only listen to the voice of conscience but we also prevent the deaths of millions of babies and young children every year and contribute to the well-being of families around the world.”

¹ Global Health Council, for further information, please visit:
<http://ent.groundspring.org/EmailNow/pub.php?module=URLTracker&cmd=track&j=120956469&u=1164421>.

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The US Coalition for Child Survival is a broad collaboration of organizations and individuals united to strengthen United States and global commitment to improve the health and survival of children in developing countries. The Coalition represents corporations, universities, private voluntary organizations, non-governmental organizations (NGOs), faith-based organizations, and foundations. For more information, see www.child-survival.org.

Dr. Henry Perry is a physician and Carl Taylor Professor for Equity and Empowerment at Future Generations, a nongovernmental organization working on grassroots community change and conservation in poor communities around the world, with field projects in Afghanistan, China (Tibet), India and Peru. Dr. Perry is a member of the Steering Committee of the USCCS and Co-chair of the Working Group on Community-based Primary Health Care of the International Health Section of the American Public Health Association. He is also an Associate of the Department of International Health at the Bloomberg School of Public Health at Johns Hopkins University and Adjunct Professor at the Rollins School of Public Health at Emory University. To learn more about Future Generations, click on www.future.org.

Christian Connections for International Health (CCIH) is a large membership organization that promotes international health and wholeness from a Christian perspective. It provides field-oriented information resources and a forum for discussion, networking, and fellowship to the spectrum of Christian organizations and individuals working in international health. Find out more at www.ccih.org.

