



## 4. Reduce child mortality

Despite progress in some regions, child mortality rates remain intolerably high in poor countries and among the poorest families. **Most of these deaths can be prevented.** Improving child protection and the status of women is key to achieving MDG 4. The ILO supports efforts to reach Goal 4 with a focus on working mothers, health care workers, combating child labour and extending social protection.

### Decent work and child health

Through its Decent Work Agenda (jobs, rights, social protection and dialogue), the ILO contributes to the achievement of MDG 4 by promoting –

- access to health care family benefits and other social security measures for all families;
- investment in human resources and infrastructure in the health field;
- maternity protection for all women workers during pregnancy, childbirth and breastfeeding;
- good working conditions and safety and health standards;
- work-family policies enabling parents to care better for their children;
- the elimination of the worst forms of child labour.

### Access to health services and social security

Half of all under-5 deaths are due to preventable diseases. Better essential primary health services for maternal and child health must be accessible to all segments of the population. The need is especially great in rural and isolated areas.

Too often, health workers work under difficult conditions and earn little. This results in a lack of skilled health workers. Having more skilled birth attendants, for instance, would reduce early neonatal deaths, which represented 20 per cent of under-5 deaths in 2000.

Low levels of maternal schooling, especially among young mothers, also result in higher rates of malnutrition and mortality among children. When child mortality rates are high, households tend to have more children and invest less in each child.

The ILO contributes to MDG 4 by promoting –

- universal access to health care and the extension of social security to non-covered groups, through its Global Campaign on Social Security and Coverage for All [26];
- universal access to primary health services for women, including pre- and post-natal services, safe childbirth and reproductive health services, such as information on mother-to-child transmission of HIV/AIDS [29];
- resource mobilization to finance social protection benefits in poor countries through the ILO Global Social Trust [27], with a focus on basic primary health services;
- health workers' training, improved salaries and working conditions, freedom of association and collective bargaining [28];
- strengthening of educational and training opportunities and income-earning activities for women;
- improving the status of women and girls in society.

### Maternity protection and work-family policies

Maternity protection, including breastfeeding, is critical for the health of working women's babies. The ILO helps to reduce under-5 child mortality rates through the extension of maternity protection to women workers [62].

Increased household incomes, especially for women, tend to lower child mortality. But social norms and the lack of child care facilities often hamper combining work and childcare. Many poor women are forced to bring their children to work, where the environment may present dangers to health.

### Target 5

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

#### Indicators

- 13. Under-five mortality
- 14. Infant mortality rate
- 15. Proportion of 1 year-old children immunized against measles

The ILO supports the "Health For All" strategy of the World Health Organization [61]

Half of under-5 deaths are due to five diseases: pneumonia, diarrhoea, measles, malaria and AIDS-related infection.

Progress in the reduction of child mortality has slowed in some regions because of the spread of AIDS and the resurgence of malaria and tuberculosis. Unsafe water, malnutrition, inadequate immunization, lack of education and lack of access to basic health and social services are other major contributing factors.

Low levels of income and of education for women translate into malnutrition and poor quality of care for children. A study of 25 developing countries showed that a few years of maternal schooling would reduce child mortality by about 15 per cent.



## Decent Work and the Millennium Development Goals – MDG 4

Sometimes very young siblings accompany brothers and sisters to work. More than 100 million children below 15 work in hazardous occupations – mostly in agriculture – and are exposed to serious health risks. Some 22,000 children are estimated to be killed at work every year. At the same time, serious injuries and deaths of small children left alone during working hours are also regularly reported. Thus ILO thus -

- helps governments, workers' organizations and employers develop policies for improved work-family balance [62];
- works for the progressive elimination of the worst and most hazardous forms of child labour [31].

### Safety at work and hazardous child labour

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Physical, chemical and biological risks at work that affect reproductive health must also be reduced through the provision of safe working conditions. The ILO thus promotes a global strategy for occupational safety and health aimed at reducing work-related accidents and diseases [37]. The involvement of employers' and workers' organizations is a key part of this strategy.

#### Relevant international labour standards [8]

- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Medical Care and Sickness Benefits Convention, 1969 (No. 130)
- Minimum Age Convention, 1973 (No. 138)
- Nursing Personnel Convention (No. 149) and Recommendation (No. 157), 1977.
- Occupational Safety and Health Convention (No. 155) and Recommendation (No. 164), 1981
- Workers with Family Responsibilities Convention (No. 156) and Recommendation (No. 165), 1981
- Worst Forms of Child Labour Convention, 1999 (No. 182)
- Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000

### ILO publications relevant to MDG 4

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- *Reconciling work and family responsibilities: Practical ideas from global experience.* ILO, 2005.
- *Social dialogue in the health services: A tool for practical guidance.* ILO, 2004
- *Healthy beginnings: Guidance on safe maternity at work.* ILO, 2004.
- *Social dialogue in health services: Institutions, capacity and effectiveness.* ILO, 2002.
- *Public service reforms and their impact on health sector personnel; Critical questions: a tool for action.* ILO, 2000.
- ILO *Work and Family Information Sheet* series.

Blue text and numbers in brackets [..] are linked to websites. See attached list of reference materials.

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