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Target 4.A

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

Indicators

4.1 Under-five mortality rate

4.2 Infant mortality rate

4.3 Proportion of one year-old children immunized against measles

Up to 55 per cent of infant deaths from diarrhoeal disease and acute respiratory infections may result from inappropriate feeding practices.

1.5 million infant lives could be saved each year by extending the duration and exclusivity of breastfeeding

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 International Labour Organization supports efforts to reach Goal 4 with a focus on working mothers, health care workers, combating child labour and extending social protection.

Throughout the world, returning to work is a major factor in women's decisions to stop or to reduce breastfeeding, lessening the nutritional, developmental and health benefits for the child and the physical and mental benefits for the mother.

The health and development of children can also be at risk when their mothers face hazards, long working hours or physically demanding tasks at work. Policies and practices in the world of work that address these issues and that increase household incomes and social health protection are an important part of the package of measures required to improve newborn and child health.

Decent work and child health

Through the Decent Work Agenda the ILO contributes to the achievement of MDG 4 by promoting:

- workplace education, good working conditions and safety and health standards
- work-family policies enabling parents to care better for their children
- investment in human resources and infrastructure in the health field
- access to health care, family benefits and other forms of social protection for all families
- maternity protection for all women workers during pregnancy, childbirth and breastfeeding
- the elimination of child labour (see MDG 2).

Progress towards MDG 4

At the current rate of progress the MDG 4 target is not expected to be met by 2015. Global partnerships need to be strengthened and pledges on financing for development upheld. Gender attitudes need to be addressed. In certain regions girl children suffer neglect, poor nutrition and lack health care.

In 2007 an estimated 9.2 million children worldwide under the age of five died from largely preventable causes such as pneumonia, diarrhoea, malaria, malnutrition, lack of access to safe water, and HIV/AIDS. Two-thirds of both neonatal and young child deaths – over six million deaths every year – can be prevented. When mothers die, their children are ten times more likely to die within two years.

Poverty, work and gender inequality are deeply intertwined with poor newborn and child health. Mainstreaming the Decent Work Agenda into efforts to reduce child mortality by drawing on the ILO's unique ability to reach people in the workplace will accelerate progress towards MDG 4, enabling working parents to balance their working life with the care needs of their children.

Hazardous working conditions, physically demanding work and irregular or long working hours are linked to miscarriages and stillbirths, premature births, foetal growth retardation and low birth weight.

The ability to breastfeed a child after returning to work has major benefits for the health of the mother and her child.

Achieving MDG 4 requires measures that improve care for newborns and their mothers, enhance family care and infant and child feeding, increase vaccinations, prevent and control diarrhoea, pneumonia, sepsis, malaria and HIV/AIDS.

What the ILO does

The International Labour Organization is the United Nations agency devoted to promoting opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. In relation to child health, the ILO's life cycle approach to gender equality recognizes that from their early years through to old age, men and women face sex discrimination in various forms. If no remedial action is taken, disadvantages tend to accumulate and intensify over time and through generations, with negative repercussions for women, families and societies.

■ Research and technical cooperation

The ILO conducts research on trends impacting on the reconciliation of work and family life, occupational safety and health, gender equality and child labour. Part of this work includes establishing a database on maternity protection legislation in countries worldwide.

Research findings are used to develop practical tools and provide technical assistance to governments and social partners on how workers with family responsibilities can be supported.

■ International labour standards

The ILO has developed a range of international labour Conventions concerning maternity protection, social security, safety and health at work, and terms and conditions of work in the health sector.

The Maternity Protection Convention, 2000 (No. 183) promotes the sound development of children by securing safe and healthy working conditions for pregnant workers, enabling adequate pre- and post-natal care, supporting breastfeeding, and providing time and facilities for mothers to recover and care for their children and infants after birth. Similarly, other types of leave (paternity, parental, and family), included in the Workers with Family Responsibilities Convention, 1981 (No. 156), enable working parents to have time to care for their children without risking their job or economic loss.

The ILO also works to extend social health protection, promote decent work for health workers, extend workplace information and services on safety and health, and to address social and developmental aspects of maternity. (Nursing Personnel Convention, 1977 (No. 149) and Social Security (Minimum Standards) Convention, 1952 (No. 102)).

■ Dialogue and partnerships

The ILO's greatest strength lies in its tripartite constituency – governments, workers' and employers' organizations – who bring their commitment, their networks and their ingenuity to generate the momentum and capacity to organize and negotiate at all levels of society.

Health centres can provide information about child health, yet many people do not have access to such centres. The workplace, however, is an important point of entry to provide information and education on child health and health services. Through the workplace the ILO reaches people in a unique way.

■ Campaigns

The ILO participates in the Countdown to 2015 monitoring effort. The ratification of the Maternity Protection Convention, 2000 (No. 183) is among the Countdown indicators for the health systems and policies required to improve maternal, newborn and child health.

Maternity leave, as foreseen in the Maternity Protection Convention, 2000 (No. 183) is also included in country profiles of child health and education-related policy, systems and practice covered by UNICEF's *State of the World's Children* and UNESCO's *Education For All* (See MDG 2).

The ILO also actively participates in the Partnership for Maternal, Newborn and Child Health (PMNCH), and the Global Health Workforce Alliance.

Highlights

■ International labour standards

- Sixty-nine countries have ratified at least one of the three international maternity protection Conventions (Nos. 3, 103 and 183).
- Forty countries have ratified the Workers with Family Responsibilities Convention, 1981 (No. 156).
- Forty countries have ratified the Nursing Personnel Convention, 1977 (No. 149), which is intended to strengthen the rights of nursing personnel and to guide policy makers and workers' and employers' representatives in planning and implementing nursing policies within the framework of a given country's overall health policy.
- The ILO is developing policy options to help constituents upgrade social security systems so that they are inclusive and take into account the needs of workers with family responsibilities.
- Governments and workers' and employers' organizations in a number of countries have introduced workplace programmes on breastfeeding and hygienic feeding practices, on HIV/AIDS education and services, including preventing mother-to-child transmission of HIV (PMTCT), and on measures that increase working parents' opportunities to provide family care.

■ Decent work for health workers

- In 2001 the ILO launched a Global Campaign on Social Security and Coverage for All.
- ILO constituents participated in the first Global Forum on Human Resources for Health in Kampala, Uganda in March 2008, and endorsed the Kampala Declaration and the Agenda for Global Action as guiding documents for initial steps in a coordinated global, regional and national response to the worldwide shortage and misdistribution of health workers.

■ Contributions of the social partners

- The International Trade Union Confederation launched a global campaign on maternity protection in 2007, and trade unions have worked at global, national and local levels to make maternity protection a reality, promoting the ratification and application of Convention 183 in collective agreements and labour legislation.
- Employers and their organizations have recognized that the major obstacles faced by women in achieving equality derive from their reproductive roles and family responsibilities. Many corporate social responsibility initiatives and workplace education and services address such barriers.

■ Protecting children of all ages

Health is central to the definition of child labour. ILO Conventions 138 and 182 explicitly protect children from tasks and conditions that may harm their physical well-being or intellectual development.

Even very young children benefit from the vigorous awareness-raising campaigns that the ILO's child labour programmes conduct with communities and policy-makers. These sensitize them to the importance of children's rights and of their support to families, which helps ensure adequate food on the table and funds for schooling. ILO helps Member States establish a unique policy framework for the protection of children, including the list of work hazardous to youth developed through tripartite consultation, and the national plan of action which forges an alliance between the social partners, civil society and ministries of labour, education and welfare, with the aim of raising the protection of children as a central and urgent issue for action.



REDUCE CHILD MORTALITY

Workplaces offer a key entry point for information, education and services about measures that will reduce child mortality, including information on maternal protection, safe and healthy working conditions, the importance of breastfeeding and hygienic feeding practices, HIV/AIDS prevention, treatment and support, PMTCT, and other information on child health care.

The workplace is an important entry point for enhancing access to information, education and health services to improve child health and reduce child mortality. Policies and measures that support parents in caring for their children without economic risk, and that improve their access to health care can be incorporated into broader efforts to address maternal, and child health.

Priorities

■ Maternity protection and breastfeeding support

- Implement principles of maternity protection and take steps to ratify Convention 183
- Undertake education campaigns on the importance of maternity leave, safe and healthy working conditions and workplace breastfeeding support
- Train health workers on safe working conditions to protect pregnant workers
- Introduce measures to enable women to breastfeed at work
- Take steps to ensure that women's jobs and livelihoods are secure throughout maternity.

■ Social health protection: providing effective access to health care and financial protection

- Implement, extend and improve social health protection
- Promote effective access to affordable quality health care and provide financial protection against health-related costs
- Ensure adequate cash and medical benefits to promote maternal and child health
- Special attention to young workers of reproductive age.

■ Work-family policies

- Implement principles of Convention No. 156 and take steps toward ratification
- Establish policies and measures to enable parents to provide care for their children without economic risk, e.g. parental, paternity, family, annual and sick leave with pay
- Introduce policies and measures to reduce long and overtime working hours and allow flexibility for all workers
- Put national and local policies and measures in place to make childcare available, affordable and of high quality to meet the needs of children and working parents.

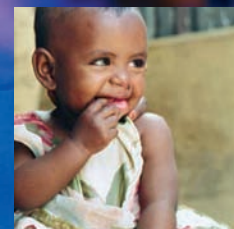
■ Workplace education and services

Provide access to information, education and services at workplaces about:

- Pre- and post-natal health and care for sick children
- Safe and healthy working conditions
- The importance of breastfeeding and hygienic feeding practices
- HIV/AIDS prevention, treatment, and support
- Prevention of mother to child transmission of HIV/AIDS (PMTCT)
- Training health workers and other health and safety personnel at the workplace.

■ Decent work for health workers

- Implement the principles of and ratify the Nursing Personnel Convention, 1977 (No. 149)
- Create decent terms and conditions of employment for health workers in public and private health sectors, including attention to wage levels and their timely payment, benefits, working hours, violence at work, hazardous working conditions, maternity protection, and HIV/AIDS prevention, treatment, and support
- Involve health workers in health service planning and reform
- Develop and implement policies to support and motivate health workers through better working conditions and incentives to succeed that will attract and retain workers in the health sector.



MDG 4

REDUCE CHILD MORTALITY



Published by the International Labour Office (ILO) with financial assistance from the European Union under the ILO/EC project "Implementing the UN CEB Toolkit within the Decent Work campaign".