Close to 11 million children under the age of five die each year, 4 million in their first month of life. In poorer countries, one out of 10 children dies before the age of five; in wealthier countries only one out of 143 dies, according to the British medical journal *The Lancet*.

Malnutrition contributes to more than half of all child mortality, and maternal malnutrition contributes to neonatal mortality. Conflicts also disproportionately affect a child’s survival. Since 1940, more than 80% of those killed by armed conflict have been women and children. Given these rates, 8.7 million children under five will still die in 2015, UNICEF predicts in its “State of the World’s Children” report.

Many childhood deaths can be prevented through basic public health interventions: immunizations, hand washing, clean water and sanitation and improved nutrition. While immunization coverage rates in South Asia and sub-Saharan Africa have improved to 60%, these regions, still lag behind other regions which average above 80%. These two regions are torn by many entrenched conflicts, which disrupt services and retard infrastructure improvements.

Reducing child mortality requires more than health interventions and is linked to progress made on all of the MDGs. A child’s survival depends on a healthy birth, a healthy mother, clean water, a family with some economic security to provide nutritious daily meals and pay for school fees, a community free from violence, and sustained opportunities for community members to participate in governance at the local or district level.

Around the world, Episcopal Relief and Development (ERD), which has always addressed the challenges laid out in the Millennium Development Goals, works with its partners in the Anglican Communion to safeguard and protect the lives of children. ERD worked in 30 countries in 2006.
For example, church hospitals were first responders and continue to support mobile health units after the Pakistan earthquake. Community mobilization efforts constructed water and sanitation systems in Honduras. A well and clinic in Afghanistan serve a community of 20,000. Insecticide-treated bed nets provided to children and their families, along with treatment and vector control, are reducing malaria in 16 countries in Africa. Children are being protected from forced recruitment as child soldiers, in efforts which put church leaders at personal risk. Trees are planted to protect watersheds and reverse erosion on hillside farms in the Philippines.

And our churches continue to ensure that the voices of the marginalized are heard. As important to the services that we provide is the witness we make to the rights of all children to live in freedom and dignity.

Each of us can contribute by being conscious of the resources we each use on a daily basis, sharing with others what we have so freely been given, and seeking the accountability of our nation’s leadership to work for peace and security and end conflict. No child can live securely in a world of war. Helping a child is not a matter of charity, but the foundation stone of a peaceful and secure world.

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