

KEY POINTS ON SOCIAL MONITOR 2003 EMBARGO: 10:00 GMT, 22 JULY 2003

LEAD STORY: Infant Mortality

- High infant mortality rates in Caucasus/Central Asia by global standards, 12 times higher than in western industrialized nations, and higher than shown in official data. This is a child survival crisis.
- Elsewhere in the region, average infant mortality rates are about twice as high as in western industrialized countries.
- Survey data show that infant mortality rates in the countries of the Caucasus and Central Asia ranged from 36 per 1,000 live births in Armenia to 89 per 1,000 in Tajikistan in the 1990s. In other parts of Central and Eastern Europe and the Commonwealth of Independent States, infant mortality rates averaged 12 per 1,000 live births in 2000. In western industrialized countries, the average infant mortality rate in 2000 was 5 per 1,000 live births.

Gaps in the figures

- The report compares official data with survey data from 10 countries. In nine of the 10, estimated infant mortality rates from surveys are higher than official infant mortality rates (e.g. four times higher in Azerbaijan)
- The differences between official and survey based estimates of infant mortality raise doubts about apparent progress in reducing infant mortality in several Caucasus and Central Asian countries over the 1990s.

Why the gaps?

- *Failure to use the WHO definition of 'live birth'*: a baby's death may go unrecorded because the baby was never officially alive. The WHO definition says an infant is alive if there are any signs of life. The Soviet era definition – still dominant in several CIS countries – uses breathing as the sole indicator. Under the Soviet definition, moreover, infants who are born before 28 weeks of gestation, weigh less than 1000 gms or are less than 35 cm long are not considered live births unless they survive seven days.
- *Mis-reporting of infant deaths*: a legacy of the communist era, when hospitals and medical staff could be penalised for failures to reach infant mortality reduction targets.
- *Barriers to birth registration*: A recent UNICEF study estimated that the births of around 10% of babies born in this region each year are unregistered – most of them in the Caucasus and Central Asia. Likely causes: difficulty of travel to registration centres, bureaucratic red tape, lack of incentive. If an infant's birth is not registered, it is unlikely that their death will be either.

Why such high infant mortality rates?

- Most infant deaths are caused by poverty, malnutrition and sub-standard medical care, often working in combination, leading to poor maternal health, high risk pregnancies and sick newborn infants.

- Parents may be unable to pay for the medical care their children need.
- Poor medical care includes a lack of emphasis on preventive health care or health education and the failure to carry out basic tests at birth, such as weighing babies.

The report calls for:

- Acknowledgement that infant mortality rates in several countries in the CEE/CIS region are high, and that action is needed to reduce them – this is a challenge that must be addressed
- Adoption and implementation of the WHO definition of live birth in every country
- Improved training of medical staff and better management of health care
- Incentives for parents to promptly register the births of their children

OTHER FINDINGS FROM *SOCIAL MONITOR 2003*:

Economic growth, poverty and long-term disadvantage: The report finds economic growth in almost every country and declining poverty in some countries. But millions are still living in poverty, including 11 million children in Russia. Public expenditure on basic services remains low in some countries. In the Caucasus and Central Asia, 2002 public spending stood at around half of 1991 levels in real terms. In Georgia, the 2001 public spending figure was less than one third of its 1991 level.

The report calls for:

- Harnessing of economic growth for poverty reduction
- Greater investment in high-quality public services, especially education and health care

Debt: In Georgia, Kyrgyzstan, Moldova and Tajikistan, at least one third of government expenditure is needed to service debt (2001-2005). The World Bank classifies Kyrgyzstan and Tajikistan as severely indebted countries. Much of the public debt accumulated in the early 1990s, when loans were given to bolster government spending and public enterprises/services at a critical time; however, the expected economic growth did not materialise in time, leaving the countries with growing debt burdens.

The report calls for:

- More international help to manage the debt burden and national action to ensure the burden does not lead to cuts in already low levels of public expenditure on health and education

Refugees and displaced people: There were three million refugees, asylum seekers, and displaced people in the region at the end of 2001. Numbers fell in the countries of the former Yugoslavia between 1998 and 2001, but rose in Russia and Uzbekistan. Displacement can become permanent: armed conflict between Armenia and Azerbaijan ended in 1994, but there were still 1 million refugees and displaced people in these countries in 2001. Children share their parents' hardships, and their schooling is often at risk because of insufficient resources.

The report calls for:

- More action from the international community and from countries to ensure the smooth integration of refugees and displaced people into communities, while encouraging political initiatives to provide permanent solutions

Intercountry Adoption: There have been at least 100,000 adoptions since 1989 from the region, which now accounts for one-third of the world total and for most of the increase in inter-country adoption to industrialized countries in recent years. The number of intercountry adoptions rose from a few hundred in 1989 to over 12,000 in 2001. This rise has provoked concerns that the practice is becoming integral to national child welfare systems, rather than a last resort. Although individual children benefit, a country's reliance on intercountry adoption can undermine its child protection system and encourage the neglect of domestic alternatives.

The report calls for national action to:

- Ensure that child protection systems make strenuous efforts to keep, or reintegrate, children with their families
- End the reliance on institutionalisation as a response to children in difficulties
- Ensure that child protection systems promote foster care and national adoptions for children who cannot remain with their families, with intercountry adoption as a last resort

HIV/AIDS: An estimated 1.2 million people were living with HIV/AIDS in the region at the end of 2002. Injecting drug use accounts for most new infections, but sexual transmission is increasing. UNAIDS estimates that there were 140,000 women of child-bearing age in the region with HIV at the end of 2001. Only 1 in every 25 people registered with HIV receive antiretroviral therapy.

The report calls for:

- Inclusion of HIV/AIDS within PRSPs
- Encouragement and funding from international organisations for HIV/AIDS-related activities, and decisive action from governments to reduce the threat of HIV.
- Concerted action to provide treatment and care for people with HIV/AIDS, and to eliminate intolerance and discrimination against them.

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