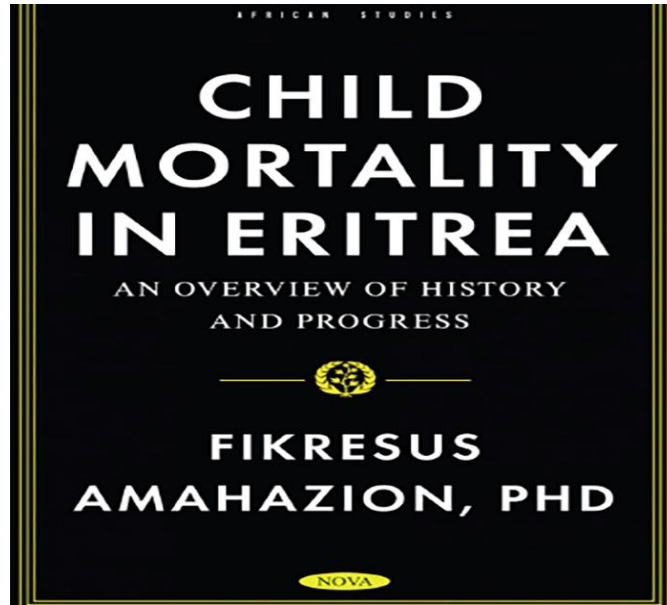


**New Book Explores Child Mortality
History and Progress in Eritrea**



Note: The following article presents a brief overview of the new book, “Child Mortality in Eritrea: An Overview of History and Progress”,

There is no tragedy in life like the death of a child. Across the world, as a result of a variety of different factors and various developments, today that profound tragedy is far less common than it once was.

Throughout the long expanse of human history, the risk of death for children has been invariably extremely high. In the main, while many researchers have examined children’s deaths in the past, exploring a broad array of settings and going back many centuries, the average across a large number of historical studies suggests that in the past around one-quarter of infants died in their first year of life and around half of all children died before they reached the end of puberty.

However, during the last two centuries – and over the last several decades in particular – there have been tremendous strides made in reducing child deaths worldwide. Simply, today more children than ever before at any point in global history are surviving. According to the United Nations Inter-agency Group for Child Mortality Estimation, a leading global authority that produces annual

estimates of child and young adolescent mortality, the total number of deaths worldwide of children aged five and under in 2020 was slightly over five million. This represents a dramatic decline from previous decades. Moreover, the global under-five mortality rate, which is defined as the probability of a child born in a specified year dying before reaching the age of five (expressed as a rate per 1,000 live births), has fallen greatly, dropping from an estimated 180 deaths per 1,000 live births in the 1950s to approximately 37 deaths per 1,000 live births in 2020.

This global progress is, by any objective measure or standard, truly remarkable. It has been described as, “one of the most significant achievements in human history”, as well as among, “the most extraordinary victories that humanity has known”.

Yet, huge disparities remain, and improving child survival is still a matter of urgent global concern, especially in wide swathes of the Global South, particularly Sub-Saharan Africa (SSA) and Central and Southern Asia. Sadly, children in these regions continue to face the highest risk of death and bear the brunt of the global child mortality burden.

However, an emerging success story from the Global South is that of Eritrea. Despite limited resources, an extremely difficult regional geopolitical context, and an array of daunting challenges, the young, developing African country has achieved remarkable progress in reducing child deaths. In fact, over a relatively short period of time, it has transitioned from having one of the highest under-five mortality rates anywhere in the world to now boasting one of the lowest under-five mortality rates on the continent. What exactly have been the child mortality levels and trends in the country? Furthermore, what accounts for the country’s impressive success over the years?

Unfortunately, despite Eritrea’s progress, and even though child mortality has generally been an extremely popular topic of empirical study worldwide, relatively little is known about the country’s child mortality story. To date, only a limited number of studies have touched upon this topic, even tangentially or in passing, with few conducted in recent years. Likewise, there has been a dearth of

coverage devoted to the country's success and progress in reducing child mortality within mainstream media or by global and regional organizations.

Accordingly, the new book, "Child Mortality in Eritrea: An Overview of History and Progress", authored by Dr. Fikresus Amahazion, helps to fill the gap. Guided by high-quality research, a wide range of historical and current materials, and an array of the latest, up-to-date data, it traces the history of child mortality in the country and unpacks the multifaceted factors that have helped to drive its success. In brief, rather than being attributable to a single isolated cause, the country's substantial progress in reducing child mortality has been driven by a mix of factors that cut across several sectors. These include, among others, high-level political will and commitment, steady advancements in women's education and empowerment, expanded health and general infrastructure, improved access and service delivery, and an array of high-impact, cost-effective lifesaving interventions.



As the first empirical work to focus exclusively on the issue of child mortality in Eritrea, the book adds to the large body of work on child mortality from around the world and contributes to deepening a general understanding of this topic. Notably, the country's tremendous progress illustrates that improvements and general success are possible – even within low-income, poorly resourced countries and amidst highly challenging circumstances.

What is more, the present book helps to expand the discussion and diversify the canon of referenced literature on Eritrea. There is a longstanding tendency in Western academic contexts, borne of Western hegemony and the legacy of colonialism, to assume that what is said in Euro-American universities is only what has been said or only what matters (Davies 1994). As is all too common in many developing countries, particularly those located in SSA, knowledge, empirical research, and scholarship generated on Eritrea have been limited in scope, restricted to only a small number of topic areas, and largely been dominated and driven by non-Eritreans. Unfortunately, Eritrean writers and researchers generally tend to be underrepresented and marginalized in scholarship and broader conversations about the country, with work conducted by Eritreans given relatively scant attention.

Importantly, this book also identifies some of the central factors driving the country's progress, providing key insights, facilitating and enriching cross-country learning and the sharing of best practices, and contributing to the cumulative understanding of salient factors in successful child mortality reduction. Of course, while individual countries and their specific contexts or realities are different, greater awareness and deeper understanding of how Eritrea has been able to make substantial headway in reducing child deaths can potentially inform intervention strategies or guide approaches in other countries or contexts and support positive outcomes. Last, as it presents the first study dealing with the topic in Eritrea, this book may serve as a useful foundation for future research, as well as represent an accessible resource for students, scholars, and others who may be interested in learning about child mortality or Eritrea more broadly.

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