

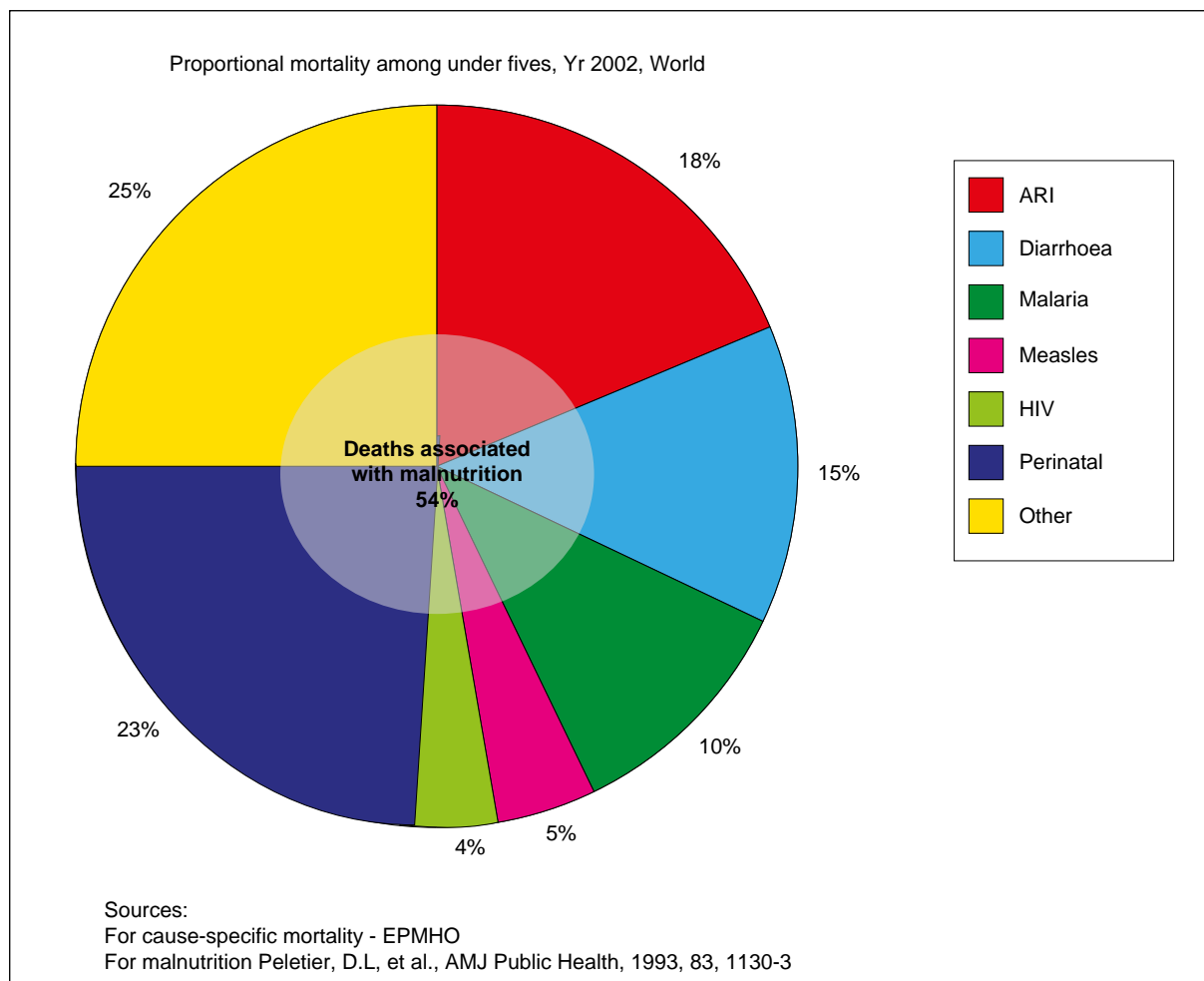


## Introduction

At the Millennium Development Goals, the United Nations have agreed the target of eradicating extreme poverty and hunger by the year 2015. The magnitude of this challenge is illustrated in Figure 1 below. The graph also highlights the enormous disparity between child mortality rates in 'developing' and 'developed' countries (as defined by UNICEF and WHO).



Figure 2 below shows child mortality figures by country for 2002. The figure will be a familiar one to many, with almost half of child mortality being caused by preventable infectious diseases. A substantial proportion of the cases of 'O' are 'i' made of 'n' in 'n' in 'j'.



**Figure 2.** Malnutrition among children under five, World wide, 2001

Source: Adapted from Cause-specific mortality rates from EIP/WHO

What may be the familiar in the environmental health had in maintaining his life, and hence the general environmental health in the environment. It has been estimated that environmental health had accounted for 25% of the total burden of disease worldwide (Smith et al, 1999), the majority of which being borne by developing countries. Diarrhoeal disease and ARI been them accounted for half of the global burden of environmentally related disease, with children accounting for more than half of the cases. Unintentional injuries make up the 14% of the global environmental related disease burden, and the leading cause of child mortality.

The section below provides in more detail the environmental health in developing child mortality from the environmental causes: ARI, diarrhoea and unintentional injuries.

### Acute diarrhoea

Diarrhoea is the leading cause of death in children under five in developing countries. The evidence for a link between intestinal infection (IAP) and ARI in children has grown in the past few years (Bice et al, 2000; Smith et al, 2000) and according to WHO, nearly half of ARI mortality among under-five can be attributed to IAP (WHO 2004).

Global, hemispheric, and regional findings indicate that the burden of ARI, especially in the developing world, is high and increasing. The majority of children have experienced IAP at least once in their lifetime, and the incidence of ARI is high (Bhutta et al 2000). The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world, and the incidence of ARI is high in the developing world.

All of these findings are important for the development of effective interventions. In the developing world, the burden of ARI is high, and the incidence of ARI is high. The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world. The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world.

**Reduction of ARI.** Possible interventions and behavioral changes include: improved water and sanitation, improved food and nutrition, improved housing, improved hygiene, improved health care, and improved education.

All of these findings are important for the development of effective interventions. In the developing world, the burden of ARI is high, and the incidence of ARI is high. The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world. The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world.

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One of the most important findings is that the burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world. The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world.

**Handwashing with soap and water (HWB).** Widespread adoption of HWB is a key intervention to reduce the burden of ARI. Evidence is growing that HWB can reduce the burden of ARI in the developing world. The burden of ARI is high in the developing world, and the incidence of ARI is high in the developing world.

## Diagnosis

Diagnosis of depression is 15% of all child deaths worldwide. The diagnosis of depression in children is often difficult and has a low acceptance rate and feasibility. The most common among the causes of depression is the lack of a clear diagnosis.

heir historical characteristics, such as the head-to-body ratio, hindlimb and middle limb, increase the likelihood of falls. The incidence of childhood injury is a public health issue in developing countries. This is a reflection of the declining incidence of infectious diseases, but also a reflection of increasing urbanization and motor vehicle use, and the additional risk of the change in behavior (Deen et al, 1999). Low and middle income countries have a higher child death burden than high income countries and account for 98% of all child injuries (Bartley, 2002).

Fall, drowning, drowning and burn are the most common accidental mortality for the under-five (Zia et al, 2001). However, the most frequent cause of death is specific. For example, the most common injury to the head is the skull fracture and drowning is the most common cause of death. This means that the child is often in an accident injury that is not specific.

The literature also indicates a lack of data on the incidence of the child and the general need for improved monitoring and surveillance of injury in developing countries. The health information system needed to facilitate the development of evidence-based interventions to address the main causes of childhood accidents and injuries. Sehi and Zia (1999) estimated that the incidence of falls is 4.2 (1)-7.4 (1)-13.8; incidence of falls is

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## References

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In Kenya, the major cause of death among children under five years of age is diarrhoeal disease. Malaria, diarrhoea, pneumonia and TB infections are all leading causes of child mortality and morbidity in Kenya. In Tanzania, nearly one million children die needlessly each year from malaria before they reach five years of age (World Vision 2004).

The incidence of Fecal-Oral Transmission in Kenya and Uganda has declined significantly due to the historical infrastructure including latrine facilities in schools. In Uganda in 1999, only 2% of the schools had adequate latrines, only 37% of the schools had latrine training and only 25% of the schools had hygiene infrastructure. The incidence of diarrhoeal disease nationally declined significantly in Northern Uganda, (Waeber, Ennen and Saniain, WES Uganda). The incidence of diarrhoeal disease has declined by 3.5 million people a year for cholera, malaria infections and 67% of the children living along the Nile and around Lake Victoria are infected with the disease, (Naci B. Ke et al. 2004).



The family practice among them,

Disease environment and control through in all and the effective practice and  
sanitation facilities,

Behavior change through hygiene education,

Sanitation promotion,

Food hygiene, and

Improved housing and environmental sanitation

In East Africa, the environmental health intervention added to environmental health  
issues affecting children. Christian Children's Fund, which operates in Kenya, Uganda and Tanzania,  
focuses on child clinical health community-based approaches to help families and caregivers

improve child health (Hodges et al., 2014).

5. Environmental health and climate change (5.2-5.5(e)-1). Tenhunen et al., 2014 (3-1.1 (1.9-58.5 (7.1(i)-E-1

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