750,000 to 197,000 (74 per cent) from 2000 to 2007. The number of deaths from measles in sub-Saharan Africa also declined dramatically, from an estimated 395,000 in 2000 to 45,000 in 2007. Maternal and neonatal tetanus were eliminated in Bangladesh and in two additional states in India in 2008. As a core partner of the Polio Eradication Initiative, UNICEF provided leadership in vaccine procurement in all polio-affected countries. In 2008, more than 2 billion doses of oral polio vaccines were delivered through UNICEF. Wild polio virus transmission continued in the four endemic countries: Afghanistan, India, Nigeria and Pakistan. UNICEF support to polio eradication also included intensified communication designed to increase community demand for vaccination.

Full coverage (two doses) of vitamin A supplementation in the least developed countries had increased to an average of over 80 per cent. That progress was largely due to integrated delivery strategies and improved coverage in hard-to-reach areas. Thirty-two countries, almost half of them in sub-Saharan Africa, had reached the goal of at least 80 per cent coverage. In 2008, UNICEF supplied over 800 million capsules, representing an increase of nearly 31 per cent over 2007.

In its efforts to combat malaria, UNICEF procured about 4 million diagnostic test kits and over 19 million insecticide-treated mosquito nets for 48 countries in 2008. All sub-Saharan African countries with available data had shown good progress in increasing the use of those nets among children under five. With regard to malaria case management, 45 countries in sub-Saharan Africa had changed their treatment policies, with 38 of them implementing the more effective artemisinin-based combination therapies. UNICEF procured 31 million combination therapy treatments; globally, procurement of such treatments increased to around 130 million.

Although progress had been made in preventing mother-to-child transmission of HIV and in paediatric treatment for HIV and AIDS, only 4 per cent of HIV-exposed children began cotrimoxazole prophylaxis within two months of birth. Child Health Days had emerged as the common platform to deliver those interventions and services.

With regard to child survival and development, UNICEF supported targeted complementary feeding programmes for young children, either in selected communities or through integrated campaigns, which resulted in significant increases in local practice of appropriate complementary feeding. It also supported the scaling-up of community-based child nutrition initiatives in several countries. Multiple indicator cluster survey data were used to advocate for increased resources and heightened priority for young child feeding initiatives, including through new national nutrition policies and protocols. Significant progress was achieved in increasing the rate of exclusive breastfeeding. Thirteen countries, including several in sub-Saharan Africa, achieved gains of more than 20 percentage points between 1996 and 2007, using a comprehensive approach to improving infant feeding practices. Worldwide, 71 countries had national legislation or regulatory provisions in force to protect breastfeeding based on the International Code of Marketing of Breastmilk Substitutes. Increased use was being made, with UNICEF support, of evidence-based communication campaigns that featured exclusive breastfeeding along with other key messages. Those were being integrated with programmes addressing HIV in high-prevalence settings.

The number of countries with national programmes that promoted good parenting rose slightly in 2008. The health extension programme of Ethiopia, rolled out with UNICEF support in 2008, included community-based therapeutic feeding centres in over 100 districts. Similar centres and referral systems were established or strengthened in other parts of Africa and Asia.

UNICEF supported WASH activities in 101 countries, including 57 of the 60 countries with both low water and sanitation coverage and high under-five mortality rates. Its cooperation increasingly focused on policies and community efforts for expanding high-impact, cost-effective interventions: hand-washing with soap, sanitation promotion and home drinking-water treatment. Those areas—an essential part of child survival and development strategies—were increasingly integrated with health, nutrition and early childhood interventions. The percentage of programme countries that incorporated into their national development plans measures for achieving the MDGs target on sustainable access to safe drinking water and basic sanitation increased from 58 per cent in 2005 to 73 per cent in 2008.

Under the Core Commitments for Children in Emergencies, revised in 2003 [YUN 2003, p. 1205], UNICEF was a strong contributor to humanitarian reforms, serving as the global cluster lead in nutrition and in water, sanitation and hygiene. Emergencies in Ethiopia and Zimbabwe and large-scale natural disasters, such as the China earthquake and the Myanmar cyclone, received significant funding.

Basic education and gender equality

Progress continued in many countries towards achieving the education- and gender-related MDGs. The progress made in increasing primary school enrolment rates in Africa and Asia was undermined by low retention and completion rates. Too many chil-