

Goal 4

Reduce child mortality

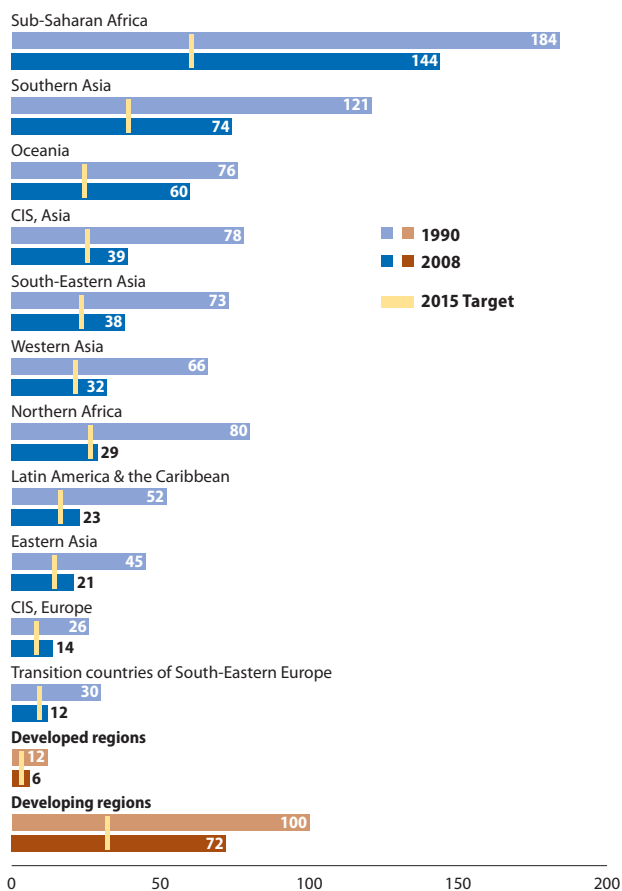


TARGET

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Child deaths are falling, but not quickly enough to reach the target

Under-five mortality rate per 1,000 live births, 1990 and 2008



Substantial progress has been made in reducing child deaths. Since 1990, the mortality rate for children under age five in developing countries dropped by 28 per cent—from 100 deaths per 1,000 live births to 72 in 2008. Globally, the total number of under-five deaths declined from 12.5 million in 1990 to 8.8 million in 2008. This means that, in 2008, 10,000 fewer children died each day than in 1990. An encouraging sign is the acceleration of progress after the year 2000: the average annual rate of decline increased to 2.3 per cent for the period 2000 to 2008, compared to 1.4 per cent in the 1990s.

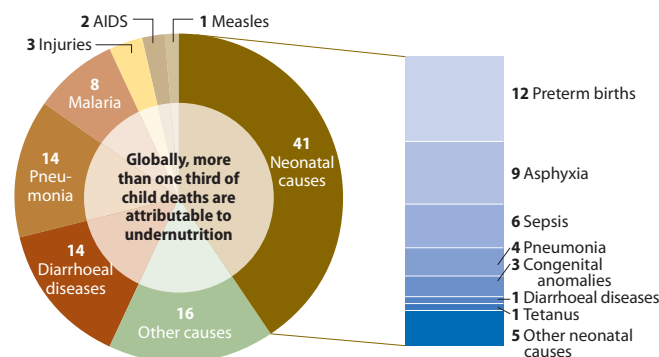
The greatest advances were made in Northern Africa, Eastern Asia, Western Asia, Latin America and the Caribbean, and the countries of the CIS. But most striking is the progress that has been made in some of the world's poorest countries. Against steep odds, Bangladesh, Bolivia, Eritrea, Lao People's Democratic Republic, Malawi, Mongolia and Nepal have all reduced their under-five mortality rates by 4.5 per cent annually or more. Ethiopia, Malawi, Mozambique and Niger have seen absolute reductions of more than 100 per 1,000 live births since 1990.

Despite these achievements, and the fact that most child deaths are preventable or treatable, many countries still have unacceptably high levels of child mortality and have made little or no progress in recent years. What's more, among the 67 countries with high child mortality rates (defined as 40 or more deaths per 1,000 live births), only 10 are on track to meet the MDG target on child survival. The highest rates of child mortality continue to be found in sub-Saharan Africa. In 2008, one in seven children there died before their fifth birthday; the highest levels were in Western and Central Africa, where one in six children died before age five (169 deaths per 1,000 live births). All 34 countries with under-five mortality rates exceeding 100 per 1,000 live births in 2008 are in sub-Saharan Africa, except Afghanistan. Although under-five mortality in sub-Saharan Africa has declined by 22 per cent since 1990, the rate of improvement is insufficient to meet the target. Furthermore, high levels of fertility, combined with a still large percentage of under-five deaths, have resulted in an increase in the absolute number of children who have died—from 4.0 million in 1990 to 4.4 million in 2008. Sub-Saharan Africa accounted for half of the 8.8 million deaths in children under five worldwide in 2008.

Under-five mortality also remains very high in Southern Asia, where about one in 14 children died before age five in 2008 and where progress is too slow to meet the 2015 target.

Revitalizing efforts against pneumonia and diarrhoea, while bolstering nutrition, could save millions of children

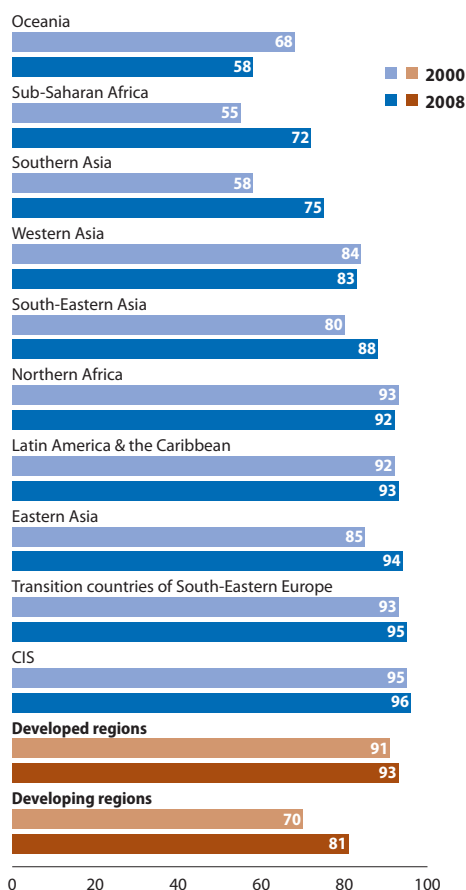
Causes of deaths among children under age five, 2008
(Percentage)



Four diseases—pneumonia, diarrhoea, malaria and AIDS—accounted for 43 per cent of all deaths in children under five worldwide in 2008. Most of these lives could have been saved through low-cost prevention and treatment measures, including antibiotics for acute respiratory infections, oral rehydration for diarrhoea, immunization, and the use of insecticide-treated mosquito nets and appropriate drugs for malaria. The need to refocus attention on pneumonia and diarrhoea—two of the three leading killers of children—is urgent. The use of new tools, such as vaccines against pneumococcal pneumonia and rotaviral diarrhoea, could add momentum to the fight against these common diseases and provide an entry point for the revitalization of comprehensive programming. Ensuring proper nutrition is a critical aspect of prevention, since malnutrition increases the risk of death.

Recent success in controlling measles may be short-lived if funding gaps are not bridged

Proportion of children 12-23 months old who received at least one dose of measles vaccine, 2000 and 2008 (Percentage)



Globally, routine immunization against measles has continued to rise and protect millions of children against this often fatal disease. In 2008, coverage reached 81 per cent in the developing regions as a whole, up from 70 per cent in 2000. Such averages, however, mask significant inequalities in access to the vaccine. Data from 178 Demographic and Health Surveys suggest that access to measles vaccinations varies across different social and economic groups, with lower coverage for children in households that are poor or located in rural areas, or whose parents have lower levels of education. Higher birth order (that is, having many older siblings) is also associated with lower measles vaccine coverage. Disparities between girls and boys in immunization coverage are not significant, except in some South Asian countries.

A single-dose vaccine strategy is not sufficient to prevent measles outbreaks. As of 2008, a total of 132 countries used a two-dose schedule routinely. In countries with weak health systems, the second dose is offered during campaigns to ensure high coverage. Between 2000 and 2008, the combination of improved routine immunization coverage and the provision of a second-dose opportunity led to a 78 per cent reduction in measles deaths globally—from an estimated 733,000 deaths in 2000 to 164,000 in 2008.

But recent successes may be short-lived. Funding for measles-control activities has recently declined, and many priority countries are confronting funding gaps for immunization campaigns. Projections show that without supplementary immunization activities in these countries, mortality will quickly rebound, resulting in approximately 1.7 million measles-related deaths between 2010 and 2013. However, with sufficient funding, political commitment and high-quality implementation of the second-dose measles strategy in priority countries, the exceptional gains made so far can be maintained.

