Fewer children aged under five are dying from preventable causes than ever before. Between 1990 and 2015 the global under-five mortality rate declined from 12.7 million to 6 million deaths a year.\(^1\) Increased coverage of routine immunization, early and accurate diagnosis of childhood illnesses, along with simplified and community-based treatment of pneumonia, diarrhoea and malaria, has significantly reduced the numbers of deaths of young children, while preventative measures, such as provision of safe drinking water, improvements in sanitation, distribution of insecticide-treated nets, vaccination against rotavirus and pneumococcal infection, Vitamin A supplementation, community-based management of acute malnutrition, and improvements in feeding of infants and young children have contributed to their survival and healthy growth.

Ghana’s indicators on child survival are impressive in comparison to other West African countries:

**Under-five mortality rate:** Ghana has excelled in taking action to bring down the under-five mortality rate, and as a result has seen a progressive reduction in deaths from 155 to 60 per 1,000 live births between 1990 and 2014. Though this did not quite reach the MDG 4 target of 40 deaths per 1,000 live births between 1990 and 2014. However, the neonatal mortality rate stagnated over the period, and this has been one of the main reasons for Ghana’s inability to achieve the MDG 4 target on under-five mortality. At a current rate of 29 per 1,000 live births, neonatal mortality makes up 71% of infant mortality and 48% of under-five mortality.

**Infant mortality rate:** The first 28 days, or neonatal period, represent the most vulnerable time for a child’s survival. The risk of a child dying before completing the first year of age, the infant period, was highest in the African region, but has overall decreased in Ghana, where the infant mortality rate dropped from 66 to 41 per 1,000 live births between 1990 and 2014. However, the neonatal mortality rate stagnated over the period, and this has been one of the main reasons for Ghana’s inability to achieve the MDG 4 target on under-five mortality. At a current rate of 29 per 1,000 live births, neonatal mortality makes up 71% of infant mortality and 48% of under-five mortality.

**Proportion of children immunized against measles:** Immunization of children against major childhood killer diseases is a key factor in the decline of infant and child mortality in Ghana. The proportion of infants under one year old vaccinated against measles increased from 50% in 1990 to 89% in 2014.\(^1\)

A number of other interventions and practices have also contributed towards the improvements achieved in Ghana between 2009 and 2014:

- 74% of babies were delivered at health facilities;
- 77% of children aged between 12 and 23 months had been given full basic immunization by 12 months of age;
- 47% of children slept under insecticide-treated nets to prevent mosquito bites and thereby malaria;
- 41% of children received treatment with antibiotics for management of pneumonia and 49% of children received oral rehydration salts for acute watery diarrhoea;
- 65% of children aged between 6 and 59 months benefited from a Vitamin A supplementation programme.\(^3\)

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1. The Millennium Development Goals (MDGs) aimed to improve the lives of the world’s poorest people by 2015. Leaders of 189 countries signed the historic millennium declaration at the United Nations Millennium Summit in 2000. This Brief takes stock of progress made towards achieving MDG 4 in Ghana, and reflects on what needs to be done as we transition to the post-2015 Sustainable Development Goals (SDGs).

2. Infant mortality rate: The first 28 days, or neonatal period, represent the most vulnerable time for a child’s survival. The risk of a child dying before completing the first year of age, the infant period, was highest in the African region, but has overall decreased in Ghana, where the infant mortality rate dropped from 66 to 41 per 1,000 live births between 1990 and 2014. However, the neonatal mortality rate stagnated over the period, and this has been one of the main reasons for Ghana’s inability to achieve the MDG 4 target on under-five mortality. At a current rate of 29 per 1,000 live births, neonatal mortality makes up 71% of infant mortality and 48% of under-five mortality.

3. Proportion of children immunized against measles: Immunization of children against major childhood killer diseases is a key factor in the decline of infant and child mortality in Ghana. The proportion of infants under one year old vaccinated against measles increased from 50% in 1990 to 89% in 2014.

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[Graph showing under-five mortality rates by region]
Political stability, a transparent governance system and universal coverage of primary health care have all contributed to a striking overall reduction in under-five mortality in Ghana. This positive outcome has been achieved through the collective efforts of the Government of Ghana and development partners, the later providing both technical and financial support. The UN system in Ghana has contributed technical assistance in developing policies, strategies and guidelines, and has collaborated with the Government, donors and development partners in implementing them.

As a result of the priority given to child health through these partnerships, as well as through the implementation of the National Child Health Policy, Ghana has been able to:

- scale up the coverage of vaccines, and introduce new ones, to immunize children;
- treat childhood diseases such as malaria, pneumonia and diarrhoea more effectively by applying integrated management within health facilities and communities;
- control deaths from malaria by distributing insecticide-treated nets and effectively treating malaria cases;
- provide Vitamin A supplements for children aged 6–59 months through biannual campaigns;
- protect and promote breastfeeding and quality infant feeding;
- establish community-based management of acute malnutrition;
- increase provision of safe drinking water and environmental sanitation;
- provide free health care to pregnant women and children through the national health insurance services.

While Ghana has made substantial progress in reducing child mortality, more remains to be done to end preventable newborn deaths as part of the efforts under SDG 3 to “ensure healthy lives and promote well-being for all at all ages”.

To improve child survival further, it will be essential to reduce neonatal mortality. In 2014, with support from the UN system and other development partners, Ghana launched its National Newborn Strategy and Action Plan (2014–18). This sets the goal and expectation of reducing newborn deaths from 32 to 21 per 1,000 live births over the period of the plan. If this is to be achieved, implementation of the strategy must be accelerated. Investment in perinatal care during childbirth and the early postnatal period can yield a triple dividend, with reductions in maternal deaths and stillbirths, as well as in newborn deaths.

Sustained improvements will also require reinvigorated implementation of all interventions to promote the life and health of young children, and urgent action to address the economic and socio-cultural factors that damage their chances of survival.

2 UN Inter-agency Group for Child Mortality, 2015, Estimation.