

Fact sheet – child mortality

Encouraging trends but still insufficient progress

From 1990 to 2008, over 200 million children under five (including almost 80 million newborns) died needlessly from preventable causes.¹ Another four billion children survived but were unable to reach their full potential.² Despite these sobering statistics, there are reasons for optimism. The number of deaths among the under-fives has fallen from 12.4 million in 1990 to 8.1 million in 2009.³ Despite this downward trend, the mortality rate has only fallen by a third – from 89 deaths per 1000 live births in 1990 to 60 in 2009. This decline remains insufficient to reach Millennium Development Goal 4 (MDG 4), particularly in sub-Saharan Africa, Southern Asia and Oceania. About half of all child deaths in 2009 occurred in just five countries: India (21%), Nigeria (10%), Democratic Republic of the Congo, Pakistan and China. The two biggest killers of children under-five are pneumonia (18% of deaths) and diarrheal diseases (15%). Most of these deaths could be prevented with simple and cost-effective interventions. Additional efforts are urgently needed to help prevent an *additional* 4 million child deaths per year and achieve a two-thirds reduction by 2015 (MDG 4).

Areas of progress

Progress is being made. The lives of an estimated 2.5 million children under-five are saved each year by immunization for vaccine-preventable diseases.⁴ Measles deaths have been reduced from an estimated 733 000 in 2000 to 164 000 in 2008. Coverage of children aged 6-59 months with at least one dose of vitamin A supplementation per year has risen by 50% since 1999.⁵ Early initiation of breastfeeding is approaching 50% in many high-burden countries. Additionally, there have been noteworthy advances in efforts to: prevent mother-to-child transmission of HIV; provide pediatric treatment of AIDS; prevent and treat malaria through expanded coverage of insecticide-treated mosquito nets and adoption of artemisinin-based combination therapy; and increase household consumption of iodized salt. All of these measures are proven, effective and affordable.

Why are death tolls still high?

- Poor families are often unable to obtain even the most basic health care for their children. Poor or delayed care-seeking contributes to up to 70% of all deaths among the under-fives.
- Countries with weak and fragile health systems have not been able to provide effective child-survival strategies, which are crucial to reducing under-fives mortality, and particularly neonatal deaths.
- Half of pregnant women receive no antenatal care and give birth without the assistance of a professional health-care worker.
- Strategies to tackle aggressive but treatable diseases are often limited. For example, just 48% of children with suspected pneumonia in the 64 highest-burden countries are taken to appropriate health-care providers.⁶ Diarrheal

¹ WHO. World Health Statistics, 2010. "WHO Mortality Database." (online database). Geneva, WHO, (<http://www.who.int/whosis/mort/download/en/index.html>).

UNICEF, 2009. "State of the world's children 2010." New York.

Black, et al (for the Child Health Epidemiology Reference Group). "Global, regional, and national causes of child mortality in 2008: a systematic analysis." *Lancet*, vol 375, issue 9730, pp 1969-1987, 5 June 2010.

² Grantham-McGregor S, et al. "Developmental potential in the first 5 years for children in developing countries." pp 60-70 at: <http://www.thelancet.com/journals/lancet/article/PIIS0140673607600324/fulltext>. *Lancet*, vol 369, issue 9555, 2007.

³ UNICEF / WHO / the World Bank / UN DESA Population Division, 2010. "Levels & Trends in Child Mortality – Report 2010. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation." New York.

⁴ UNICEF, 2010. "Progress for Children – Achieving the MDGs with Equity." New York, September 2010.

⁵ UNICEF, 2007. "Progress for Children 2007 – Vitamin A supplementation .A World Fit for Children. Statistical Review." New York, 2007.

⁶ Countdown to 2015. "Taking stock of maternal, newborn and child survival. Decade report (2000-2010)." 2010.

diseases account for 1.2 million deaths each year among the under-fives, and just 40% of children with this condition receive the appropriate treatment. Malnutrition is associated with more than one-third of all child deaths.

- Malaria is still a major problem in Africa. About 90% of all malaria deaths occur in Africa, mostly among children under-five.⁷ The use of insecticide-treated bednets (ITNs) could prevent almost half a million malaria-related deaths annually among these children.

In future, essential preventive care must include continuous breastfeeding, vaccination, adequate nutrition and the use of ITNs. Strategies to reach the poorest, most marginalized communities must be re-examined and adjusted as needed. A thorough investment in children's health that adequately addresses these issues could save the lives of 15 million under-fives (2009-2015) and reduce child deaths by 60%.

The Global Strategy for Women's and Children's Health – making it happen

It will only be possible to achieve MDG 4 if we dramatically scale up our efforts in the next five years. As outlined in the Global Strategy, launched by UN Secretary-General Ban Ki-moon in September 2010, partners need to unite and take real action – through enhanced financing, strengthened policy and improved service delivery. The agreed action points include:

- Ensuring political commitment and adequate priority are given to women's and children's health in national health plans. This includes a focus on poor women and children and those who are especially disadvantaged and marginalized.
- Scaling up packages of essential services in countries experiencing the majority of under-fives mortality – notably in sub-Saharan Africa and South Asia. Focusing investment on the 49 aid-dependent countries will help prevent the deaths of more than 15 million children, including 3 million newborns, between 2011 and 2015.⁸ In addition, 88 million under-fives will be protected from stunting and 120 million children from pneumonia.
- Strengthening health systems to deliver: 1) Quality skilled care during and after pregnancy and childbirth; 2) Comprehensive family planning; 3) Safe abortion services (where not prohibited by law); 4) Improved child nutrition, and prevention and treatment of major childhood diseases, including diarrhea and pneumonia; 5) Integrated care for HIV/AIDs (i.e. PMTCT), malaria and other services.
- Developing and scaling up innovative approaches to financing, to product development and to delivering quality services more efficiently. Removing financial, social and cultural barriers to access, including providing free essential services for women and children.
- Ensuring skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations.
- Ensuring better information, which will help leaders to decide on the best course of action – as will accountability at all levels for credible results.

⁷ UNICEF, 2010. "Progress for Children – Achieving the MDGs with Equity." New York, September 2010.

⁸ United Nations Secretary-General Ban Ki-moon, 2010. "Global Strategy for Women's and Children's Health." September 2010