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

New estimates\(^1\) show that substantial progress has continued to be made in reducing child deaths. Since 1990, the mortality rate for children under age five in developing countries dropped by a third—from 99 deaths per 1,000 live births to 66 in 2009. Globally, the total number of under-five deaths declined from 12.4 million in 1990 to 8.1 million in 2009. This means that, in 2009, 12,000 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 2.8 per cent for the period 2000 to 2009, compared to 1.4 per cent in the 1990s.

The greatest advances were made in Northern Africa and Eastern Asia. But most striking is the progress that has been made in some of the world’s poorest countries. Against steep odds, Bangladesh, Bolivia, Eritrea, Ethiopia, Lao People’s Democratic Republic, Liberia, Madagascar, Nepal, Timor-Leste and Turkmenistan have all reduced their under-five mortality rates by 50 per cent or more. Ethiopia, Liberia, Madagascar, Malawi, Niger and Timor-Leste, 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 64 countries with high child mortality rates (defined as 40 or more deaths per 1,000 live births), only 9 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 2009, one in eight children there died before their fifth birthday. All 31 countries with under-five mortality rates exceeding 100 per 1,000 live births in 2009 are in sub-Saharan Africa, except Afghanistan. Although under-five mortality in sub-Saharan Africa has declined by 28 per cent since 1990, the rate of improvement is insufficient to meet the target. Sub-Saharan Africa accounted for nearly half of the 8.1 million deaths in children under five worldwide in 2009.

Under-five mortality also remains very high in Southern Asia, where about one in 14 children died before age five in 2009 and where progress is too slow to meet the 2015 target. Of the developing regions, all but three – Sub-Saharan Africa, Southern Asia and Oceania – are on track to achieve the goal of MDG 4.

There is increasing evidence that MDG 4 can be achieved, but only if countries in Sub-Saharan Africa, Southern Asia and Oceania target the biggest killers of children. In sub-Saharan Africa, diarrhoea, malaria and pneumonia cause more than half of under-five deaths. A common feature of countries that have made the most substantial progress, especially in sub-Saharan Africa, has been rapid expansion of basic public health and nutrition interventions, such as immunisation, breastfeeding, vitamin A supplementation, and safe drinking water. However, on the whole, coverage of low-cost curative interventions against pneumonia, diarrhoea, and malaria, remains low. In Southern Asia, more than half of all childhood deaths occur in the 28 days after birth. To substantially reduce these deaths, innovative solutions are required, including to provide compensation for women to deliver in designated centres or to increase the use of public-private partnerships to improve provision of skilled delivery services. Undernutrition is an underlying cause of at least a third of all under-five death. Increased nutrition interventions, such as early and exclusive breastfeeding, will reduce not only undernutrition but also the prevalence of pneumonia and diarrhoea.