



## FACT SHEET

### GOAL 4: Reduce child mortality

#### QUICK FACTS

- » Worldwide, deaths of children under five years of age declined from 93 to 72 deaths per 1,000 live births between 1990 and 2006.
- » A child born in a developing country is over 13 times more likely to die within the first five years of life than a child born in an industrialized country. Sub-Saharan Africa accounts for about half the deaths of children under five in the developing world.
- » Between 1990 and 2006, about 27 countries – the large majority in sub-Saharan Africa – made no progress in reducing childhood deaths.

Malnutrition is estimated to be an underlying cause in more than one third of all deaths in children under five. The decrease in child malnutrition has been slow; the proportion of children under five who are undernourished declined from 33 per cent in 1990 to 26 per cent in 2006. However, by 2006, the number of children in developing countries who were underweight still exceeded 140 million.

Thirty-seven per cent of under-five deaths occur in the first month of life. Improved neonatal and maternal care could save countless newborns.

Official development assistance for maternal, newborn and child health increased from \$2.1 billion in 2003 to \$3.5 billion in 2006, but this is not sufficient to meet the relevant MDG targets.

#### WHERE DO WE STAND?

In 2006, for the first time since mortality data have been gathered, annual deaths among children under five dipped below 10 million, to 9.7 million. This represents a 60 per cent drop in the rate of child mortality since 1960.

Nevertheless, millions of children continue to die each year from preventable causes such as pneumonia, diarrhoea, malaria and measles.

Despite progress, in 62 countries, under-five mortality is not declining fast enough to meet the Goal 4 target of reducing by two thirds the mortality rate for children under five years of age by 2015. In 27 countries, the rate is stagnant or getting worse. In many countries, malnutrition and lack of access to quality primary health care and basic infrastructure, including water and sanitation, continue to cause ill health and death among children and mothers.

The pace of progress has been uneven across regions and countries. Sub-Saharan Africa has one fifth of the world's children under five, but accounts for one half of all child deaths in the developing world. In Eastern Asia and Latin America and the Caribbean, child mortality rates are approximately four times higher than in developed regions. Disparities persist in all regions: mortality rates are higher for children from rural and poor families and whose mothers lack basic education.

#### WHAT HAS WORKED

1. Through the “Nothing but Nets” campaign, initiated by a variety of foundations and corporate, sports-related and religious partners, approximately \$18 million was raised to purchase and distribute 730,000 insecticide-treated anti-malaria nets in Africa since the campaign's inception in May 2006. In 2007, “Nothing but Nets” funds were used to procure and distribute long-lasting insecticide-treated bed nets during nationwide measles campaigns in **Republic of the Congo, Democratic Republic of the Congo, Gabon, Mali, Nigeria and Zimbabwe**. The project aimed to achieve at least 80 per cent coverage for children under five years old in these areas. The effectiveness of such nets had previously been demonstrated in **Kenya**, where a near ten-fold increase from 2004 to 2006 in the number of young children sleeping under insecticide-treated mosquito nets resulted in 44 per cent fewer deaths from malaria than among children not protected by nets.

2. The Measles Initiative – led by the American Red Cross, the UN Foundation, WHO, UNICEF, and the United States Centers for Disease Control and Prevention – has become one of the most successful global health initiatives in the world. Since 2001, the Initiative has helped to reduce global measles mortality by 68 per cent, surpassing the United Nations goal of 50 per cent, by vaccinating over 500 million children. The number of global measles deaths, from 2000 to 2006,

dropped by 68 per cent, from 757,000 to 242,000 deaths. In **Africa**, measles deaths plunged by 91 per cent from 396,000 to 36,000 deaths. It is estimated that immunization helped avert almost 7.5 million deaths from the disease. **Bangladesh** in 2006 conducted the world's largest ever measles eradication campaign, vaccinating 33.5 million children between the ages of nine months and 10 years, over a 20-day period.

**3. Maternal and neonatal tetanus** is a disease that kills tens of thousands of newborns each year, most of them in developing countries. The disease is often called the "silent killer" because many newborns affected by it die at home in very remote and poor communities where both the births and the deaths go unreported. **Viet Nam's** Ministry of Health has eliminated maternal and neonatal tetanus, with support from WHO and UNICEF. A survey conducted by UNICEF, WHO and the Government of Viet Nam in three of Viet Nam's disadvantaged districts showed less than one neonatal tetanus death per 1000 live births in 2005. In the 1980s, some 20,000 Vietnamese babies died annually of tetanus before the age of one month. Since 1991, pregnant women have been vaccinated throughout Viet Nam through its Expanded Programme on Immunization, resulting in a high vaccination coverage rate. Viet Nam is the ninth country in the world, and the first East Asian country, within a priority group of 58 countries that has eliminated these diseases.

## WHAT NEEDS TO BE DONE?

Measures to achieve the necessary reductions in child mortality should include:

- » Ensure full coverage of immunization programmes.
- » Scale up vitamin A supplementation.
- » Pursue exclusive breastfeeding for children under 6 months of age and breastfeeding plus appropriate complementary feeding for children aged 6 months to two years.

- » Provide adequate nourishment for children of poor families, despite food price rises.
- » Promote hand-washing and treatment of home drinking water.
- » Target the underlying socioeconomic causes of child mortality such as mothers' access to reproductive health, education and employment.
- » Prevent and provide effective treatment of pneumonia, diarrhoea, malaria and other infectious diseases.
- » Promote comprehensive and universal coverage of primary health-care systems — with the engagement of community health workers — accompanied by sustained delivery of health services and women's education programmes.
- » Inject additional aid flows, on the order of \$10.2 billion per year, to ensure sufficient financing for the strengthening of health systems to meet the demand for maternal and childcare and other reproductive health services.

Sources: *Committing to action: Achieving the MDGs*, Background note by the Secretary-General for the High-level Event on the Millennium Development Goals, United Nations, New York, 25 September 2008; *The Millennium Development Goals Report 2008*, United Nations; *The State of World's Children 2008*, UNICEF; MDG Monitor Website <http://www.mdgmonitor.org/>, UNDP; *WHO releases new guidance on insecticide-treated mosquito nets*, WHO press release, on <http://www.who.int/mediacentre/news/releases/2007/pr43/en/index.html>

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