

The challenge – accelerating child survival

Compared to 1990, approximately 10,000 fewer children under the age of five are dying every day.¹ The data shows a decline in the under-five mortality rate, from 90 deaths per 1000 live births in 1990, to 65 deaths per 1000 live births in 2008. According to these estimates, the absolute number of child deaths in 2008 declined to an estimated 8.8 million from 12.5 million deaths in 1990. While progress has been made in many countries, the global rate of improvement is still insufficient to reach MDG4, and Africa and Asia combined still account for 93% of all under-five deaths. It remains unacceptable that children continue to die in some countries from preventable causes, for which there are known and cost-effective interventions.

Areas of progress

The continuing decline in child mortality is attributed to promoting healthy practices and behaviors and increased use of key health interventions, such as immunizations (including measles vaccinations), the use of insecticide-treated mosquito bednets to prevent malaria and Vitamin A supplementation. Where these interventions have increased, positive results have followed. Exclusive breastfeeding has also risen notably in many sub-Saharan African countries over the past 10 years. In addition, there have been noteworthy advances in efforts to prevent mother-to-child transmission of HIV; provide pediatric treatment of AIDS; treat malaria through adoption of artemisin-based combination therapy; and increased household consumption of iodized salt. Such measures are proven, effective and affordable.

Downward trends but still insufficient progress

Despite progress, Africa remains the continent with the highest rate of child mortality. Sub-Saharan Africa accounts for almost half of all global deaths of children under-five, while the same region accounts for only 22% of all births. The gap in child mortality versus the industrialized countries has increased.

More than one billion children are severely deprived of at least one of the essential goods and services they require to survive, grow and develop – these include nutrition, water, sanitation facilities, access to basic health-care services, adequate shelter, education and information. As a result 8.8 million children under-five die every year. A further 3 million babies are stillborn.

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 under-five child deaths.

Countries with weak and fragile health systems have not been able to provide effective child survival strategies that are crucial to reduce under-five child deaths, and, in particular, neonatal deaths. Countries with large population bear a disproportionate burden of under-five deaths, with 40% of the world's child deaths occurring in just three countries: India, Nigeria, and the Democratic Republic of Congo.²

1 UNICEF press release, *Global child mortality continues to drop*, 10 September 2009
http://www.unicef.org/media/media_51087.html

2 UNICEF press release *Global child mortality continues to drop*, 10 September 2009

Progress has been slow in increasing coverage rates for effective treatments addressing the major causes of child death – pneumonia, diarrhea, newborn disorders, malaria, HIV and under-nutrition, which account for between 70% to over 90%. Pneumonia accounts for almost 20% of all child deaths. Only half of the children who suffer from suspected pneumonia are taken to appropriate health-care providers, and only 1 in every 4 of these caregivers knows the key symptoms of pneumonia in children. Diarrhoeal diseases account for almost 2 million deaths. Though coverage of the recommended treatment –oral rehydration therapy or increased fluids with continued feeding - increased significantly between 1995 and 2005, only around one third of children in the developing world with this condition receive the appropriate treatment. Tackling under-nutrition remains a key concern, as it is associated with up to 50% of child deaths.

Another challenge is to scale up the provision of essential services to mother and children during pregnancy and birth, in the postnatal period and into early childhood. Across developing countries, 1 in every 4 pregnant women receives no antenatal care, and more than 40% give birth without the assistance of a professional health care worker. Almost 40% of all under-five deaths occur during the neonatal period, the first 28 days of life, from a variety of complications, including HIV/AIDS.

Using insecticide-treated bednets could prevent almost half a million malaria-related deaths annually amongst children under-five in sub-Saharan Africa: bednets have been shown to reduce under-five mortality rates by up to 20% in endemic areas.

What can be done?

Achieving MDG 4 is still possible, but not without a considerable effort. The challenge is to scale up packages of essential services, especially in those countries experiencing the majority of child deaths – notably in sub-Saharan Africa and in South Asia. Focusing investment on the 49 aid-dependent countries³ for the 2009-2015 will save the lives of 6.5 million children under-five and prevent 1.5 million stillbirths. Progress can be accelerated even in the poorest environments, through integrated, evidence-driven, community-based health programs that focus on addressing the major causes of deaths. Essential preventive care includes; continuous breastfeeding, vaccination, adequate nutrition and - in Africa the use of insecticide treated bed-nets. Effective treatment includes providing rapidly e.g. salt solutions for diarrhoea, or simple antibiotics for pneumonia and other infections. New tools, such as vaccines against pneumococcal pneumonia and rotaviral diarrhea, are also expected to provide additional momentum.

To secure the above requires political will and community engagement and mobilization. Resources and sound strategies need to be accelerated on an unprecedented scale. Removing barriers to access, with services for children being free at the point of use is also recognized as a key strategy, as well as ensuring skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations. Better information will also help leaders to decide on the best course of action, as will accountability at all levels for credible results.

Main sources for this fact-sheet: UNICEF press release *Global child mortality continues to drop*, 10 September 2009, http://www.unicef.org/media/media_51087.html, *The State of the World's Children 2008: Child Survival, Countdown 2015 mnch*, 2005 World Health Report: Make Every Mother and Child Count and The Lancet's Child Survival Series (2003).

³ Figures are totals for 49 aid-dependent countries for the 2009-2015 period, based on calculations done for the High Level Task Force on Innovative International Financing for Health Systems (HLTF), June 2009, summarized in: http://www.internationalhealthpartnership.net/CMS_files/documents/working_group_1_report_EN.pdf