



ACTION FOR GLOBAL HEALTH

FULL FUNDING
STRONG SYSTEMS
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#04

Every year almost 9 million children – 25,000 a day – die before they are five years old. The majority of these deaths could easily be prevented if developing countries had well-functioning health systems.

	Indicator 13		Indicator 14		Indicator 15	
	<i>Under five mortality per 1,000 live births</i>		<i>Infant (0-1) mortality per 1,000 live births</i>		<i>Percentage of children who have received a dose of vaccine</i>	
	1990	2007	1990	2007	1990	2007
<i>World</i>	95	67	65	47	73	82
<i>Developed regions</i>	12	6	10	5	84	93
<i>Developing regions</i>	106	74	72	51	71	80
<i>Northern Africa</i>	88	35	66	30	85	96
<i>Sub-Saharan Africa</i>	185	145	111	88	56	73
<i>Latin America & Caribbean</i>	54	24	43	21	76	93
<i>Eastern Asia</i>	48	22	37	19	98	94
<i>Southern Asia</i>	126	77	87	58	58	72
<i>Western Asia</i>	69	34	54	28	80	87
<i>Oceania</i>	87	59	64	46	70	62

UN Millennium Development Goals Report Statistical Annex 2009

Millennium Development Goal 4

In 2000 the Millennium Summit committed to reduce by two-thirds the under-five mortality rate from 95 to 31 per 1,000 live births by 2015. Overall this MDG is lagging behind all others, despite the availability of simple, low-cost, effective interventions (World Bank, 2007).

Statistics for child mortality

In 2007, 9 million children under the age of five were reported to be dying each year (UN, 2009). In 2004 this number was reported to be 10.5 million (UN, 2006). Some countries can present positive trends. For example, in Malawi, under-five mortality has fallen steadily since the 1960s, and Eritrea halved its child mortality between 1990 and 2005 (World Bank, 2007). In Latin America and the Caribbean, South-Eastern and Eastern Asia, and Northern Africa, child mortality rates are declining by 3% per year. However, these positive trends are not sufficient to meet the MDG, are not uniform across countries and are not being seen in sub-Saharan Africa.

Progress on the MDGs

No country in sub-Saharan Africa is on track to meet this target. Although only 20% of the world's children live in sub-Saharan Africa, this region accounts for half of total under-

five deaths. In 2007 close to one in seven children died before his or her fifth birthday in sub-Saharan Africa (UN, 2009). Experience in fragile states is particularly poor. Only 2 of 35 fragile states are on track to meet this MDG (World Bank, 2007). Some progress has been made on increasing levels of measles immunisation. Between 1990 and 2007, immunisation levels rose from 56 to 73% in sub-Saharan Africa and from 58 to 72% in Southern Asia. However, in 2007, 197,000 children died of measles. Six countries account for two-thirds of the world's unprotected children: China, Democratic Republic of Congo, India, Indonesia, Nigeria and Pakistan (UN, 2009).

There have been some successes: the under-five mortality rate fell worldwide from 95 per 1,000 live births in 1990 to 67 in 2007. However, according to WHO's 2005 *Health and the Millennium Development Goals* report, none of the poorest countries in the world are on track to reach the Millennium Development Goals by 2015. With the current state of affairs, the child mortality rate can only be reduced by a quarter instead of the planned two-thirds unless substantial progress towards meeting the Health Millennium Development Goals by 2015 is made.

What needs to be done

There is general agreement that the child mortality rate can only be reduced by ensuring that health systems are strong and well functioning. Many of the causes of under-five mortality in developing countries are preventable and could be eliminated by simple interventions. Some are directly caused by illness: pneumonia, diarrhoea, measles, and HIV and AIDS. Malnutrition, lack of safe water and inadequate sanitation are contributing factors to more than half of under-five deaths. Basic, cost-effective measures such as vaccines, antibiotics, micronutrient supplements, insecticide-treated bed nets and improved breastfeeding practices would prevent these deaths, but millions still die because they lack access to basic services.

The *Tracking progress in child survival* report 2005 documented "an inverse relationship between health professional density and mortality among infants, children under the age of five and mothers, even after taking into account socio-economic and potential confounders". Action for Global Health calls for strengthened human resources, as well as increased financial resources for scaling up effective child survival interventions. Monitoring progress in reducing child mortality is important, but to do so, thematic breakdowns of donors' contributions to recipient countries is needed.