



## GOAL 4 Reduce Child Mortality

FACT SHEET

### TARGET

1. Reduce by two thirds, between 1990 and 2015, the mortality rate of children under five

### Quick Facts

- \* The number of children in developing countries who died before they reached the age of five dropped from 100 to 72 deaths per 1,000 live births between 1990 and 2008.
- \* Almost nine million children still die each year before they reach their fifth birthday.
- \* The highest rates of child mortality continue to be found in sub-Saharan Africa, where, in 2008, one in seven children died before their fifth birthday.
- \* Of the 67 countries defined as having high child mortality rates, only 10 are currently on track to meet the MDG target.

### WHERE DO WE STAND?

**Child deaths are falling, but not quickly enough.** Between 1990 and 2008, the death rate for children under five has decreased by 28 per cent, from 100 to 72 deaths per 1,000 live births. That means that, worldwide, 10,000 fewer under-fives die each day.

Many countries have shown considerable progress in tackling child mortality. Almost one third of the 49 least developed countries have managed to reduce their under-five mortality rates by 40 per cent or more over the past twenty years. However, the current rate of progress is well short of the MDG target of a two-thirds reduction by 2015.

Since 1990, child mortality rates have been more than halved in Northern Africa, Eastern Asia, Western Asia, Latin America and the Caribbean. By contrast, many countries with unacceptably high rates of child mortality, most notably in sub-Saharan Africa, have made little or no progress in recent years.

While under-five mortality rates have declined by 22 per cent since 1990 in sub-Saharan Africa, high fertility rates and the slow pace of reducing deaths mean that the absolute

number of children who have died has actually increased, from four million in 1990 to 4.4 million in 2008. Sub-Saharan Africa has one fifth of the world's children under the age of five, and it accounted for half of their 8.8 million deaths in 2008. In Southern Asia too, child mortality rates remain high, with progress insufficient to meet the 2015 target.

The causes of child deaths are related to malnutrition and lack of access to adequate primary health care and infrastructure, such as water and sanitation, in many developing countries. Pneumonia, diarrhea, malaria and AIDS accounted for 43 per cent of all deaths in under-fives worldwide in 2008, and more than a third of all child deaths were attributable to undernutrition.

Considerable progress was made in routine immunization against measles worldwide, particularly in Africa, protecting millions of children against this often fatal disease. In 2008, coverage reached 81 per cent in the developing regions, up from 70 per cent in 2000. However, projections show that without sustained funding for immunization activities in priority countries, mortality from measles could rebound quickly, resulting in approximately 1.7 million measles-related deaths between 2010 and 2013.

## WHAT HAS WORKED?

- **Expanding immunization programmes in Egypt, Viet Nam and Bangladesh:** Egypt has already surpassed the MDG target for reducing child mortality in children under five. This achievement has been aided by a significant expansion in measles vaccination coverage, which stood at 92 per cent in 2008. Viet Nam's Expanded Programme of Immunization has benefited more than 90 per cent of children and pregnant women. The mortality rate of under-fives in the country was more than halved, from 56 per 1,000 live births in 1990 to 14 per 1,000 live births in 2008. And in 2006, Bangladesh conducted the world's largest-ever measles campaign, vaccinating 33.5 million children between the ages of nine months and 10 years, over a 20-day period.
- **Promoting breastfeeding in Cambodia:** The Cambodian Ministry of Health's Baby-Friendly Community Initiative, a network of community support groups that promote exclusive breastfeeding in rural areas, increased the rate of breastfed babies from 13 to 60 per cent between 2000 and 2005. Originally launched in 50 villages, the initiative has since expanded to 2,675 – or 20 per cent of all villages in the country. Breastfeeding strengthens children and reduces their vulnerability to disease.
- **Providing mosquito nets in the Republic of Congo, Democratic Republic of Congo, Gabon, Mali, Nigeria and Zimbabwe:** Through the "Nothing But Nets" campaign, initiated by a number of foundations and corporate, sports-related and religious partners, more than three million insecticide-treated anti-malaria nets have been distributed to children, pregnant women and refugees in Africa since the campaign's inception in 2006. The effectiveness of such mosquito nets has been shown by a previous distribution programme in Kenya, where a ten-fold increase in the number of young children sleeping under nets between 2004 and 2006 resulted in 44 per cent fewer deaths from malaria than among children not protected by them.

## WHAT IS THE UN DOING?

- UN Secretary-General Ban Ki-moon, together with leaders from governments, foundations, NGOs and business, launched in 2010 a **Global Strategy for Women's and Children's Health**, setting out key actions to improve the health of women and children worldwide, with the potential of saving 16 million lives by 2015. The Global Strategy spells out steps to enhance financing, strengthen policy and improve service delivery, and sets in motion international institutional arrangements for global reporting, oversight and accountability on women's and children's health.
- In partnership with governments, the World Health Organization (WHO) and others, the UN Children's Fund (UNICEF) provides high-impact, cost-effective health and nutrition interventions to reduce the number of neonatal and young child deaths from preventable and easily treatable causes. UNICEF purchases **vaccines**, negotiates favourable prices and forecasts vaccine requirements to ensure sustainable supplies. When delivering vaccines, UNICEF adds micronutrient supplements to offset malnutrition, another critical factor in child survival.
- Working with governments, health providers and communities in the field, UNICEF helps families learn essential skills and **basic health knowledge**, particularly in the care of newborns. This includes best practices in breastfeeding and complementary feeding, hygiene and safe faeces disposal.

**Sources:** *The Millennium Development Goals Report 2010*, United Nations; UN MDG Database ([mdgs.un.org](http://mdgs.un.org)); MDG Monitor Website ([www.mdgmonitor.org](http://www.mdgmonitor.org)), UN Development Programme (UNDP); *What Will It Take to Achieve the Millennium Development Goals? – An International Assessment 2010*, UNDP; UN Children's Fund (UNICEF) website ([www.unicef.org](http://www.unicef.org)).

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