Committing to Child Survival: A Promise Renewed

Key Findings
Despite progress, disparities in child survival remain high

Children from the poorest households are:
- 1.9x as likely to die before the age of five
- 2.8x as likely to die before the age of five
- 1.7x as likely to die before the age of five

Children of uneducated mothers are:
- 1.9x as likely to die before the age of five
- 2.8x as likely to die before the age of five
- 1.7x as likely to die before the age of five

Children from rural areas are:
- 1.9x as likely to die before the age of five
- 2.8x as likely to die before the age of five
- 1.7x as likely to die before the age of five

Nearly 9 out of 10 under-five child deaths still occur in low- and lower-middle-income countries, yet just 6 out of 10 births occur in these countries.

In sub-Saharan Africa, 1 out of 12 children dies before his or her fifth birthday.

In South Asia, 1 out of 19 dies.

In high-income countries, 1 out of 147 dies.

Source: UNICEF analysis based on the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2015
The global under-five mortality rate has fallen by more than half (53 per cent), from 91 deaths per 1,000 live births in 1990 to an estimated 43 in 2015; neonatal mortality has fallen by 47 per cent.

Over the same period, the number of under-five deaths per year has declined from 12.7 million to 5.9 million: 16,000 deaths every day in 2015 compared to 35,000 in 1990.

Promisingly, 24 low- and lower-middle-income countries achieved the Millennium Development Goal (MDG) 4 target, reducing the under-five mortality rate by at least two thirds between 1990 and 2015.

The global annual rate of reduction in under-five mortality more than doubled, from 1.8 per cent in 1990-2000 to 3.9 per cent in 2000-2015.

Progress in reducing under-five mortality in sub-Saharan Africa has been faster than for the world as a whole – the annual rate of reduction in that region increased from just 1.6 per cent in 1990-2000 to 4.1 per cent in 2000-2015.

Reductions in under-five mortality have accelerated in recent years – especially in some of the most challenging contexts

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Note: The shaded bands in Figure 1A are the 90 per cent uncertainty intervals around the estimates of under-five mortality rates.

Source: UN IGME 2015
Declining under-five mortality since 2000 has saved the lives of millions of children under age 5

• The substantial decline in under-five mortality rates since 2000 has saved the lives of 48 million children under age 5. These children would not have survived to see their fifth birthday if the under-five mortality rate from 2000 to 2015 had remained at the 2000 rate.

• Among these 48 million, 18 million lives were saved because of accelerated progress since 2000 – gains that went above and beyond those that would have occurred if the rates of decline from the 1990s had continued from 2000 to 2015.

... but globally, progress has not been enough to achieve the MDG 4 target of reducing under-five mortality by two thirds

• Only 62 countries have reached the MDG 4 target of a two thirds reduction in under-five mortality since 1990.

• If all countries had met the MDG target, 14 million more lives could have been saved since 2000.

Sixty-two countries met the MDG 4 target of reducing under-five mortality rates by two thirds from 1990 levels

Percentage decline in under-five mortality rate, 1990-2015 and gross domestic product (GDP) per capita, by country, 2014

How to read the graph: Each bubble represents a country. The size of each bubble represents the number of estimated under-five deaths in the country in 2015. Countries above the blue horizontal line achieved a two thirds reduction.


Source: UNICEF analysis based on UN IGME 2015
Despite the gains achieved during the MDG era, 16,000 children under age 5 still die every day – 11 every minute. Between 1990 and the end of 2015, a total of 236 million children will have died before reaching their fifth birthday.

While the highest-burden regions have accelerated progress in reducing under-five mortality, the burdens that remain are still unevenly distributed.

- Sub-Saharan Africa remains the region with the highest under-five mortality rate in the world. There, 1 child in 12 dies before his or her fifth birthday; in high-income countries, the ratio is 1 in 147.
- Sub-Saharan Africa and South Asia account for more than 80 per cent of global under-five deaths.

The highest national under-five mortality rates are found in sub-Saharan Africa

Under-five mortality rate and under-five deaths by country, 2015

The work that remains

Higher rates of under-five mortality reflect longstanding sources of disadvantage and persistent inequities.

- Children of mothers who lack education are 2.8 times as likely to die before the age of 5 as children whose mothers have a secondary or higher education.
- Children from the poorest households are, on average, 1.9 times as likely to die before the age of 5 as children from the richest households.
- Children from rural areas are 1.7 times as likely to die before the age of 5 as children from urban areas.

Children from poor, rural or low-maternal-education households are much more likely die before their fifth birthday

Under-five mortality rate by mother’s education, wealth and residence, 2005-2010

This figure reflects the disadvantages faced by children from poor families, rural households or mothers without education. The line through the centre of each figure shows what an equal distribution of under-five deaths between the two groups would look like. The further a point departs from the line, the more unequal the distribution of risk between the two categories. The heavy grouping of nearly all the points below the diagonal line makes clear what the data above describe: Children from wealthier families, urban households or mothers with at least secondary education stand a far better chance of surviving their early years than children from poorer families, rural households or mothers without education.

Note: Each dot represents one country. Data from surveys with the most recent reference year since 2005 are shown for 46 countries for education, 50 for wealth and 68 countries for place of residence.

Source: UNICEF analysis based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative sources.
What is working

THE FIRST 28 DAYS: A majority of newborn deaths could be prevented with key interventions around the time of birth and improved care for small and sick newborns

Key life-saving interventions in the first weeks of life include:

- Improved care around the time of birth could avert 40 per cent of neonatal deaths. Key interventions include skilled birth attendance, emergency obstetric care, immediate care for every newborn and newborn resuscitation.
- Care for small and sick newborns could avert 30 per cent of neonatal deaths. Key interventions include kangaroo mother care, prevention or management of neonatal sepsis, addressing neonatal jaundice and preventing brain damage after birth-related oxygen deprivation.
- Antenatal visits and skilled attendance: In 2014, 71 per cent of births were accompanied by a skilled attendant, yet about 36 million births in low- and middle-income countries occurred without a skilled attendant present.

Higher coverage of antenatal care visits and skilled attendance at birth are associated with lower neonatal mortality, although the association is weaker in high-mortality countries

Association between antenatal care (four or more visits), skilled attendance at birth and neonatal mortality rate

Note: Estimates are rounded and therefore may not sum up to 100%.
Source: WHO and Maternal and Child Epidemiology Estimation Group (MCEE) provisional estimates 2015

Source: UNICEF analysis based on UN Integrated Multi-Child and Maternal Health Estimates (IMME) 2015 estimates and UNICEF Global databases 2015 based on DHS, MICS and other national surveys
What works to reduce under-five mortality

**The first 28 Days**
Proven cost-effective interventions can prevent most neonatal deaths, but too few mothers and newborns are benefiting from them

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of Births</th>
<th>Skilled Attendant</th>
<th>Tetanus Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>71%</td>
<td></td>
<td>73% to 83%</td>
</tr>
</tbody>
</table>

Globally, just 60% between 2000 and 2014

In least developed countries, less than 40% of women and 1 in 4 newborns receive a health check within two days of delivery.

**Months 1 to 59**
Increased coverage of high impact interventions and strengthened health systems are key factors in the decline in under-five mortality

**Coverage of key pneumonia-related vaccines is increasing — and progress in sub-Saharan Africa is faster than the global average**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2000 Coverage</th>
<th>2014 Coverage</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>14%</td>
<td>56%</td>
<td>42%</td>
</tr>
<tr>
<td>PCV</td>
<td>11%</td>
<td>31%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Globally, 3 in 5 children with symptoms of ARI are taken to health providers for appropriate care.

In 1990, 59% of births had a skilled attendant. In 2014, 71% of births did. Coverage of tetanus protection increased from 73% to 83% between 2000 and 2014.

**Early initiation of ARVs for the prevention of mother-to-child transmission of HIV reduced new HIV infections among children by nearly 60% between 2000 and 2014.**

**In 2015, >2/3 of children in sub-Saharan Africa slept under an insecticide treated bednet.**

**Today, >90% of the world’s population uses improved drinking water sources and 2/3 use improved sanitation facilities.**

**Progress has been slow in treating sick children with diarrhoea.**

**Immunisation:** Reducing vaccine-preventable illnesses and deaths relies on routine immunisation programmes that reach every mother and baby. Globally, 9 in 10 newborns now receive BCG, a vaccine that partially protects against tuberculosis, up from 8 in 10 in 2000. Coverage of tetanus protection increased from 73 to 83 per cent and that of hepatitis B vaccine at birth from 7 to 38 per cent.

**Early and exclusive breastfeeding:** Infants who are exclusively breastfed and those who begin breastfeeding soon after delivery have a substantially better health outcomes. Globally, only two out of five newborns are put to the breast within an hour of birth and two and two out of five infants worldwide are exclusively breastfed for six months, as recommended, with large disparities among countries.

**Postnatal check-ups for mothers and babies:** A majority of newborn deaths occur in the first few days after birth. Post-natal check-ups are essential to identify potentially dangerous postnatal complications and to provide nutrition counselling. Yet less than 40 per cent of women and a quarter of newborns in least developed countries receive a health check within two days of delivery.

**Early initiation of antiretroviral treatment** for pregnant women living with HIV has helped to reduce maternal-to-child transmission of HIV by more than half between 2000 and 2014; further efforts are needed to ensure that mothers continue to receive antiretroviral treatment during the breastfeeding period, where transmission is now more highly concentrated.
MONTHS 1 TO 59: Scaling up high-impact preventive and curative interventions has made substantial contributions to falling under-five mortality

Progress in reducing under-five deaths has benefitted from the scaling up of key interventions, but too many children are still dying from preventable diseases after the newborn period.

- **Pneumonia**: Substantial progress has been made in introducing and increasing coverage of two key pneumonia-related vaccines. By 2015, 192 and 124 countries have introduced the Haemophilus influenzae type B (Hib) vaccine and the pneumococcal conjugate vaccine (PCV), respectively, reaching global coverage of 56 per cent and 31 per cent. Still, however, just three in five children with symptoms of acute respiratory infection are taken to health providers for appropriate care; children in rural areas tend to be left behind.

- **Diarrhoea**: Improvements in drinking water, sanitation and hygiene are reducing diarrhoeal infections. Today, more than 90 per cent of the world’s population use improved drinking water sources and two thirds use improved sanitation facilities. When children do fall ill with diarrhoea, however, only two in five children receive appropriate treatment, including oral rehydration salts (ORS).

### Three in five children with symptoms of acute respiratory infection are taken for care, but progress has been slow

Percentage of children under five with symptoms of acute respiratory infection (ARI) taken for care to an appropriate provider, around 2000 and around 2014, by region and for urban and rural areas

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### Too few children receive appropriate diarrhoea treatment and poorer children are least likely to receive treatment

Percentage of deaths among children aged 1-59 months attributable to diarrhoea in 2015 and percentage of children under 5 with diarrhoea given ORS, 2010-2014, by region and household wealth quintiles

*Excludes China.

Note: Estimates are based on a subset of 58 countries with available data by residence for the periods 1999-2007 and 2010-2015 covering over 50 per cent of the global population under age 5.

Source: UNICEF global databases 2015 based on MICS, DHS and other nationally representative sources

* Excludes China.
** Excludes India.

Note: Estimates of ORS coverage are based on a subset of 64 countries with available data by household wealth quintiles for the period 2010-2015 covering over 50 per cent of the global population under 5.

Source: UNICEF analysis based on cause of deaths WHO-MCEE (provisional estimates) and UNICEF global databases 2015 based on MICS, DHS and other nationally representative sources
• **Malaria:** Since 2001, prevention, treatment and elimination efforts have averted an estimated 5.9 million deaths from malaria in children under 5. Insecticide-treated bednets (ITNs) are a simple, inexpensive method for preventing malaria transmission. It is projected that in 2015, just over two-thirds of children (68 per cent) slept under an ITN in sub-Saharan Africa.

• **Undernutrition:** Nutrition interventions that can help prevent stunting and/or reduce child mortality include the management of acute malnutrition; protection, promotion and support of optimal breastfeeding and complementary feeding practices; and provision of appropriate micronutrient interventions for mothers and children. Undernutrition remains a factor in nearly half of all under-five deaths, and declines in undernutrition (as measured through rates of stunting) have occurred more slowly than declines in overall child mortality.

The future we want

Greater attention to equity can help accelerate a reduction in the deaths of children under 5 that remain

In a key group of high-mortality countries (which accounted for almost 90 per cent of global under-five deaths), a quarter of all such deaths could be averted if those countries scaled up coverage of key interventions to the levels enjoyed by the wealthiest households.

In all countries – including low-mortality countries – high-quality disaggregated data are key to identifying and eliminating disparities in child survival.

The differences between slowing, maintaining or accelerating momentum on under-five mortality are stark

**Losing momentum scenario:** If levels of under-five mortality for each country remain at today’s levels, 94 million children under the age of 5 will die between 2016 and 2030.

**Maintaining current trend scenario:** If countries’ 2000-2015 rates of decline in under-five mortality are sustained, the lives of almost 26 million of these 94 million children will be saved between 2016 and 2030.

**Meeting the Sustainable Development Goal (SDG) target scenario:** If progress is accelerated sufficiently to meet the SDG target on child survival,* the lives of 38 million of these 94 million children will be saved.

*By 2030, preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.
Reaching the SDG target for under-five mortality will require faster progress, particularly in high-mortality countries.

- In 79 countries, under-five mortality rates are currently higher than 25 deaths per 1,000 live births – the SDG target rate. At current rates of progress, only 32 of these 79 countries are set to achieve the SDG target by 2030.
- If current trends continue, 21 countries would achieve the SDG target for under-five mortality between 2031 and 2050 and another 26 would achieve the target sometime after mid-century.
- Even greater acceleration will be required to achieve the SDG target for neonatal mortality.

![Graph showing projected global under-five mortality rates and the number of under-five deaths under various scenarios, 2015–2030.](image-url)

Note: Calculations are based on unrounded numbers and displayed rounded numbers therefore may not sum up. The rising rate and increasing number of under-five deaths is the result of the growing size of the under-five population and the shift of the population share towards high-mortality regions over the next 15 years.

Source: UNICEF analysis based on UN IGME 2015
Ending Preventable Child and Maternal Deaths:
A Promise Renewed

In June 2012, the Governments of Ethiopia, India and the United States of America convened the Child Survival Call to Action in Washington, D.C. This high-level forum brought together over 700 representatives from government, civil society and the private sector to rejuvenate the global child survival movement.

The Call to Action rejuvenated determination to scale-up progress by building on the success of the many partnerships, structures and interventions that already existed within and beyond the field of health. Following the Child Survival Call to Action, 178 governments – as well as hundreds of civil society, private sector, and faith-based organizations – signed a pledge vowing to do everything possible to stop women and children from dying of causes that are easily avoidable. We now call this commitment A Promise Renewed. Since 2012, over 30 countries have deepened their commitments under the banner of A Promise Renewed, launching sharpened country strategies for child survival, further accelerating global progress for children.

Since its initiation, A Promise Renewed has focused on promoting two goals: first, keeping the promise of Millennium Development Goal (MDG) 4 — to reduce the under-five mortality rate by two thirds, between 1990 and 2015 and second, continuing the fight beyond 2015, until no child or mother dies from preventable causes. A Promise Renewed has promoted political commitment, strengthened accountability, and broad social mobilization as core approaches that can support and enhance the impact of efforts to achieve these goals.

Under the banner of A Promise Renewed, countries are already achieving tremendous progress, successfully bending the curve on child mortality and driving progress towards a world where no mother or child dies from a preventable cause. As we move into the era of the Sustainable Development Goals, maintaining this momentum must be our top priority.