Almost one third of the 50 least developed countries have managed to reduce their under-five mortality rates by 40 per cent or more since 1990.

Individual countries face different challenges in child survival, without doubt some greater than others. But the notable achievements suggest that geography is no barrier to saving children’s lives. Perhaps most important, these gains are evident in some of the world’s poorest countries and across the developing regions, as illustrated in Figure 1.7. These gains suggest that remarkable progress is possible, despite such obstacles as geographic location or socio-economic disadvantage. Some countries have managed to reduce child mortality at an average annual rate of 1 per cent from 1990–2006, and double-digit reductions will be needed during each of the remaining years if it is to meet MDG 4.

The countries and regions in which children under five are dying in large numbers are well known, and the main proximate causes of premature deaths and ill health are also well established.

Almost 40 per cent of all under-five deaths occur during the neonatal period, the first month of life, from a variety of complications (see Panel, page 4). Of these neonatal deaths, around 26 per cent – accounting for 10 per cent of all under-five deaths – are caused by severe infections. A significant proportion of these infections is caused by pneumonia and sepsis (a serious blood-borne bacterial infection that is also treated with antibiotics). Around 2 million children die from pneumonia/sepsis (mainly pneumonia/epilepsy) annually. Of these neonatal deaths, 10 per cent are associated with tuberculosis.

Many conditions and diseases interact to increase child mortality beyond their individual impacts, with undernutrition contributing up to 50 per cent of under-five deaths. Unsafe water, poor hygiene practices and inadequate sanitation are not insufficient to meet MDG 4 in full and on time.

Of most concern are the 27 countries that have registered scant progress since 1990 or have an under-five mortality rate that is stagnant or higher than it was in 1990. Of the 46 countries in sub-Saharan Africa, only Cape Verde, Eritrea and Seychelles are on track to meet MDG 4, and nearly half the countries have registered either no change or an increase in child mortality rates since 1990. The region as a whole only managed to reduce child mortality at an average annual rate of 1 per cent from 1990–2006, and double-digit reductions will be needed during each of the remaining years if it is to meet MDG 4.

The main proximate causes of child deaths

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