is 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 4.6

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, when evidence, sound strategies, sufficient resources, political will and an orientation towards results are consciously harnessed to improve children’s lives.

Furthermore, dramatic improvements in child mortality and health can be rapidly attained. Since 1990, more than 60 countries have managed to reduce their under-five mortality rate by 50 per cent.

Figure 1.9

Health and the Millennium Development Goals

Goal                  Health Targets                  Health Indicators
GOAL 1  Eradicate extreme poverty and hunger                  Target 2  Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Prevalence of underweight children under five
Proportion of population below minimum level of dietary energy consumption
GOAL 4  Reduce child mortality                  Target 5  Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
Under-five mortality rate
Infant mortality rate
Proportion of one-year-olds immunized against measles
GOAL 5  Improve maternal health                  Target 6  Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
Maternal mortality ratio
Proportion of births attended by skilled health personnel
GOAL 6  Combat HIV and AIDS, malaria and other diseases                  Target 7  Halve and begin to reverse, by 2015, the spread of HIV and AIDS
HIV prevalence among pregnant women aged 15–24
Condom use rate of the contraceptive prevalence rate
Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14
GOAL 7  Ensure environmental sustainability                  Target 8  Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
Prevalence and death rates associated with malaria
Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
Prevalence and death rates associated with tuberculosis
Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short-Course (DOTS)
GOAL 8  Develop a global partnership for development                  Target 17  In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
Proportion of population with access to affordable essential drugs on a sustainable basis

The main proximate causes of child deaths

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 also treated with antibiotics). Around 2 million children under five die from pneumonia each year – around 1 in 5 deaths globally. In addition, up to 1 million more infants die from severe infections including pneumonia, during the neonatal period. Despite progress since the 1980s, diarrhoeal diseases account for 17 per cent of under-five deaths. Malaria, measles and AIDS, taken together, are responsible for 15 per cent of child deaths.

Many conditions and diseases interact to increase child mortality beyond their individual impacts, with undernutrition contributing to up to 50 per cent of child deaths. Unsafe water, poor hygiene practices and inadequate sanitation are not

Figure 1.7

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


Figure 1.8

Global distribution of cause-specific mortality among children under five

Undernutrition is implicated in up to 50 per cent of all deaths under five.

Source: World Health Organization and UNICEF.

only the causes of the continued high incidence of diarrhoeal diseases, they are a significant contributing factor in under-five mortality caused by pneumonia, neonatal disorders and undernutrition. See References, page 104.

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