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.


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 is also treated with antibiotics). Around 2 million children under five die from pneumonia each year – around 17% of neonatal deaths of children under five.

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 survival 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.

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.

GOAL 4 Reduce child mortality

Target 5 Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Infant mortality rate

Proportion of one-year-olds immunized against measles

Maternal mortality ratio

Proportion of births attended by skilled health personnel

HIV prevalence among pregnant women aged 15–24

Condom use rate of the contra-cceptive prevalence rate

Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14

Proportion of population 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)

Proportion of population using an improved water source

Proportion of population using an improved sanitation facility

Proportion of population using an improved water source, urban and rural

Proportion of population using a composting toilet, rural

Proportion of population using an improved sanitation facility, urban and rural

Proportion of population using an improved water source and sanitation facility

Only a fraction of children and women have access to affordable essential drugs.

GOAL 8 Combat HIV and AIDS, malaria and other diseases

Target 7 Halt 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 contra-cceptive prevalence rate

Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14

Proportion of population 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)

Proportion of population using an improved water source

Proportion of population using an improved sanitation facility

Proportion of population using an improved water source, urban and rural

Proportion of population using a composting toilet, rural

Proportion of population using an improved sanitation facility, urban and rural

Proportion of population using an improved water source and sanitation facility

Only a fraction of children and women have access to affordable essential drugs.

GOAL 9 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

HIV prevalence among pregnant women aged 15–24

Condom use rate of the contra-cpective prevalence rate

Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14

Proportion of population 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)

Proportion of population using an improved water source

Proportion of population using an improved sanitation facility

Proportion of population using an improved water source, urban and rural

Proportion of population using a composting toilet, rural

Proportion of population using an improved sanitation facility, urban and rural

Proportion of population using an improved water source and sanitation facility

Only a fraction of children and women have access to affordable essential drugs.