

## **XVII. ACHIEVING THE MILLENNIUM DEVELOPMENT GOAL TO REDUCE UNDER-FIVE CHILD MORTALITY: A UNICEF PERSPECTIVE**

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### **A. EXECUTIVE SUMMARY**

“A child's right to survive is the first measure of equality, possibility, and freedom,” UNICEF Executive Director Carol Bellamy said, in launching the 2004 *Progress for Children* report “It is incredible that in an age of technological and medical marvels, child survival is so tenuous in so many places, especially for the poor and marginalized. We can do better than this” (UNICEF, 2004c).

An estimated 11 million children die every year, the majority from preventable causes such as pneumonia, diarrhoea, malnutrition, malaria, measles, HIV/AIDS and neonatal causes. New country-by-country data in the 2004 UNICEF *Progress for Children* report (UNICEF, 2004a) reveals alarmingly slow progress in reducing child deaths despite the availability of proven, low-cost interventions. While 90 countries are on track to meet the target of reducing child deaths by two-thirds by 2015, 98 countries are considerably off track, and globally the pace of progress is far too slow. At the current rate of progress, the average global under-five death rate will have dropped only by one-quarter by 2015, far below the goal of a two-thirds reduction agreed to by world leaders in 2002.

This paper focuses mainly on Millennium Development Goal (MDG) number 4, which calls for the reduction of child mortality by two thirds, between 1990 and 2015. The goal implies an average annual rate of progress of roughly 4.4 per cent between 1990 and 2015. The UNICEF *Progress for Children* report reveals that no region has met that standard, though nearly 50 individual countries have. Some 78 countries have failed to average even two per cent progress per year in reducing child mortality. Those countries that have fallen short on progress since 1990 now have a much more daunting task. At least 39 countries must now reduce mortality by more than 8 per cent per year, on average, during the remaining years to 2015 in order to reach the MDG goal on reducing child mortality.

Child mortality rates vary considerably among regions and countries, but the most disturbing findings are that in some countries child mortality rates are on the increase. In several countries in Africa south of the Sahara and in the Commonwealth of Independent States, children are less likely to survive to their fifth birthday than they were in 1990.

UNAIDS (2004) estimated that 630,000 children under 15 years of age were newly infected with HIV annually and 490,000 died. Other key factors behind rising child mortality rates are the effects of armed conflict, social instability and the resulting massive displacement of families and communities, and the increasing number of orphans resulting from HIV/AIDS.

Other population factors contributing to high under-five childhood mortality include: poverty; female illiteracy; violence and sexual abuse of women and girls; harmful traditional practices such as early marriages and female genital cutting; inadequate nutrition for girls; lack of access to basic maternal and child health care services, poor birth spacing, and high rates of teenage pregnancy. Families and communities need to be empowered to obtain basic health care services, to have knowledge about sound child care and nutrition practices, and to have access to knowledge and services to prevent, detect, and treat common child hood diseases, and refer severely ill children to the nearest health facility.

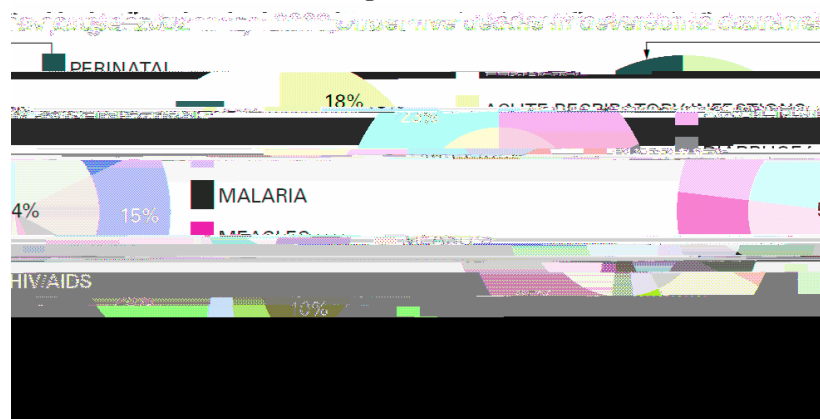
Regionally, much of the Middle East and Northern Africa, Latin America and the Caribbean, and East Asia and the Pacific are on track to reach MDG Goal 4. But Central and Eastern Europe, South Asia, and countries in Africa south of the Sahara will require dramatic measures if they are to achieve the MDG on reducing child mortality.

### B. CHILD MORTALITY: THE GLOBAL SITUATION

An estimated 11 million children die every year, largely from preventable causes such as pneumonia, diarrhoea, malnutrition, malaria, measles, HIV/AIDS and neonatal causes, especially complications of low birth weight (figure XVII.1). This astonishing fact remains one of the greatest challenges of the 21<sup>st</sup> century despite unprecedented global economic development and technological advancement. UNICEF considers the child mortality rate to be a basic measure of a country's advancement.

Child mortality refers to the number of children who die before their fifth birthday, and is measured per 1,000 live births. For example, in 2002, the most recent year for which comprehensive data are available, industrialized countries had an average child mortality rate of 7 deaths per 1,000 live births; the least developed countries had a rate of 158 deaths per 1,000 births (UNICEF, 2004a). It is notable that almost 4 million of the child deaths in 2000 occurred in the neonatal period—the first month of life (Black, Morris and Bryce, 2004).

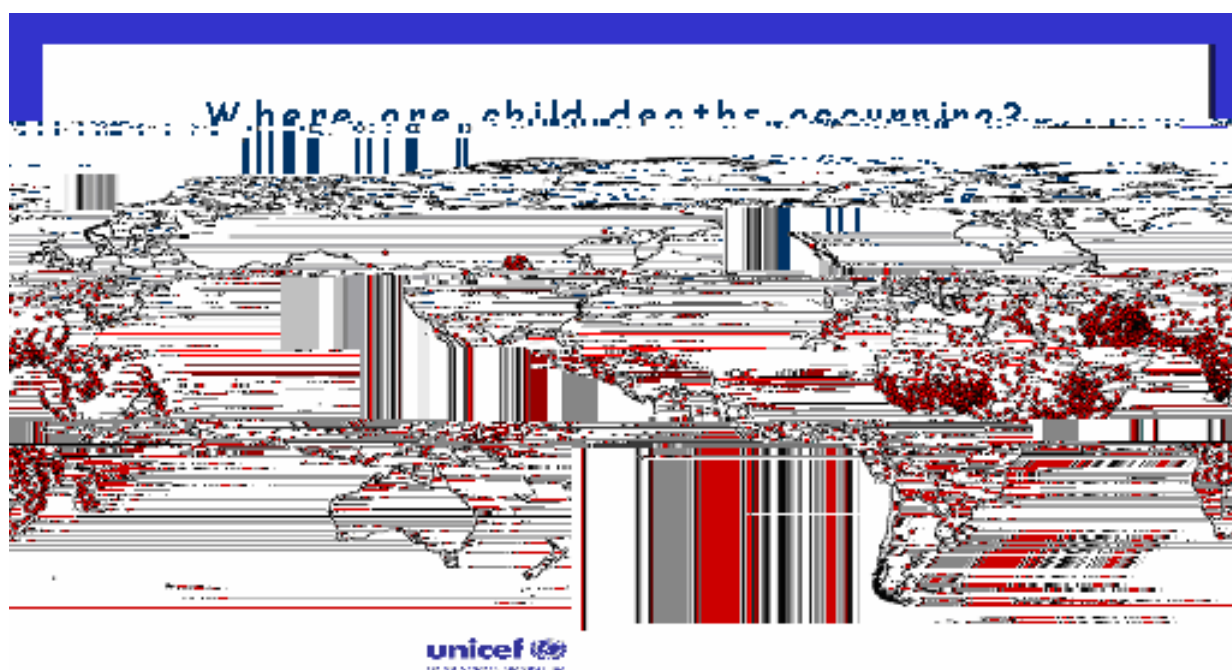
Figure XVII.1.



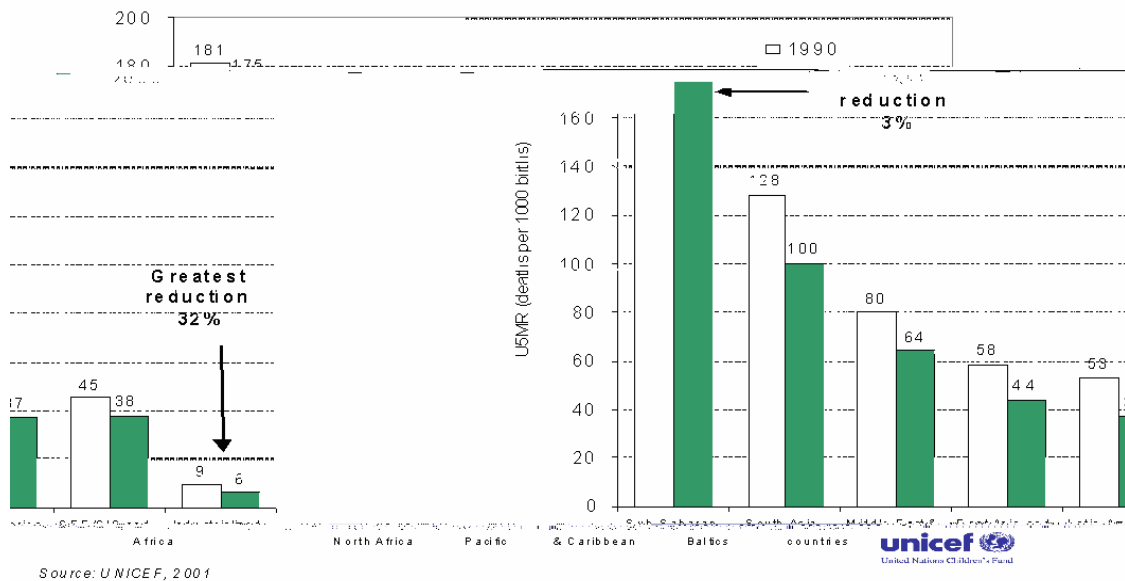
This paper focuses mainly on Millennium Development Goal 4, which calls for the reduction of child mortality by two thirds, between 1990 and 2015. Other related Millennium Development Goals contributing to child mortality are:

- MDG 1: Eradicate extreme poverty and hunger
- MDG 2: Achieve universal primary education
- MDG 3: Promote gender equality and empower women
- MDG 5: Improve maternal health
- MDG 6: Combat HIV/AIDS, malaria and other diseases
- MDG 7: Ensure Environmental sustainability
- MDG 8: Develop a global partnership for development

Figure XVII.2. Worldwide distribution of child deaths



**Figure XVII.3. Under-five mortality rate, change over period 1990-2000**



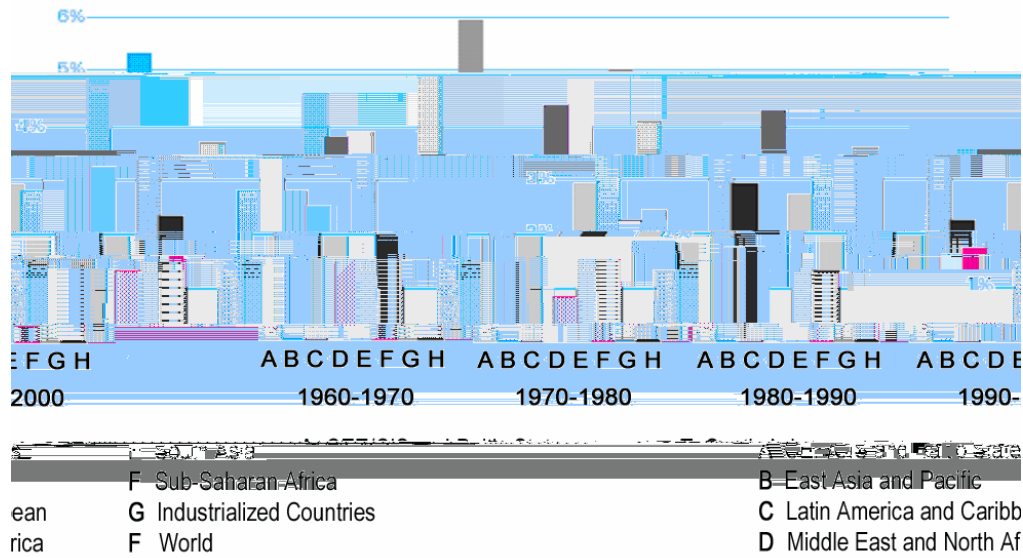
The world has the means and know-how to prevent child deaths and improve child survival, growth and development. This can be attained by scaling up the implementation of low cost but effective interventions such as immunization, use of common antibiotics to treat pneumonia, use of the new oral dehydration solution and zinc supplementation to treat diarrhoea, prevention and treatment of HIV/AIDS, early treatment and prevention of malaria using insecticide-treated nets, giving micronutrient supplementation such as Vitamin A, promotion of exclusive breastfeeding and appropriate young child feeding practices, and provision of clean water and improved sanitation.

Of the 11 million deaths occurring annually in children under five year of age, 90 per cent occur in 42 countries—mostly developing countries in Africa south of the Sahara and in South Asia (Black, Morris and Bryce, 2003). It has been estimated that malaria alone kills at least one million children annually and results in US \$10-12 billion lost in income, cost of health care and reduced productivity of workers. Malaria causes severe complications during pregnancy including severe anaemia, miscarriages and stillbirths. It is the commonest cause of preventable low birth weight in malaria-endemic countries. Low birth weight is the most important factor contributing to neonatal death.

If proven low cost interventions are scaled up to reach children and their families in poor and hard-to-reach communities, an estimated two thirds of such deaths can be prevented and the burden of illness will be reduced significantly (Jones and others, 2003). This will result in improved health for children, and will contribute significantly to poverty reduction and economic development.



**Figure XVII.4. Average annual reduction rate of child mortality, 1960-2000**



A child's chance of survival depends very much on where he/she is born and lives. In 2002, seven of every 1,000 children died before reaching their fifth birthday in the industrialized countries, while in South Asia 97 out of 1,000 children die before 5 years of age, and in Africa south of the Sahara the under-five mortality rate was 174 out of every 1,000 live births. The latter is almost 25 times greater than that in industrialized countries (UNICEF, 2003; 2004a).

In 2000, in adopting the Millennium Development Goals, world Governments committed themselves to reduce the under-five mortality rate by two thirds. This means reducing the under-five mortality rate from 93 to 31 child deaths per 1,000 live births between 1990 and 2015. To reach this ambitious target, an average annual reduction of 4.4 per cent in the under-five mortality rate will be needed between 1990 and 2015.

It is evident that many countries will not meet that goal. Of 188 countries for which UNICEF has made estimates, 90 are likely to reach the goal, and 53 of these are developing countries (UNICEF, 2004a). There are wide variations in un0.0004 Tc0.0547 T[te waritteal166p(e2ducl)-I(ain c5( ra9( 53 )







Sustained political commitment to implement enabling policies and translate knowledge into action.

Strengthening national health systems and capacity building at all levels of health care in order to improve quality of care.

Ensuring equitable provision of health services.

Support for scaling up and increasing coverage of cost effective interventions to all children.

Documenting and disseminating lessons learnt to ensure national coverage.

Regular monitoring and evaluation to assess coverage and collect data for re-planning.

## G. CONCLUSION

Eleven million children under age 5 die annually, and around two thirds of those deaths are due to conditions that are eminently preventable and treatable using cost effective interventions.

The MDG on reduction of under-five child mortality is unlikely to be reached by the majority of countries, especially countries in Africa south of the Sahara and in South Asia.

Scaling up cost-effective interventions to improve coverage and prevent child deaths is possible given strong Government commitment and leadership and with the support of the international community.

A mixture of delivery strategies, including community participatory approaches, should be used in scaling up cost-effective interventions, in order to ensure large coverage of children and families in rural and remote areas.

These efforts should take into account such factors such as: empowerment of women, improving education for girls; implementing CEDAW; tackling harmful traditional practices; improving nutrition for girls, birth spacing; reduction of teenage pregnancies, prevention of violence and sexual abuse against women, and community capacity development.

There is an ongoing need for regular monitoring and evaluation to ensure coverage of high-risk groups and hard-to-reach populations.

UNICEF is leading a coalition of partners to intensify global and country efforts to improve child survival and to meet the MDGs on child survival.

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