QUICK FACTS
Worldwide, deaths of children < 5 yr declined from 100 to 72 death per 1,000 live births between 1990 and 2008.
Almost 9 million children still die each year before they reach their fifth birthday.
Of the 67 countries defined as having high child mortality, only 10 are on track to meet the MDG target.

WHAT HAS WORKED?
• “Nothing but Nets” campaign initiated in Republic of the Congo, Democratic Republic of the Congo, Gabon, Mali, Nigeria, and Zimbabwe after insecticide treated bed nets were shown to be effective in Kenya.
• “Measles Initiative” helped reduce global measles mortality by 68% (surpassing the goal). In Africa, measles deaths plunged by 91%. Bangladesh carried out the largest vaccination in 2006 (33.5 mill children).
• Expanded Program on Immunization in Vietnam has allowed tetanus shots available to more pregnant women, drastically reducing child/mother mortality.

WHERE DO WE STAND
The death rate of children under five has decreased by 28% between 1990 and 2008. This means that, worldwide, there are 10,000 fewer under-five deaths per day.

Of the 49 least developed countries, almost one third have managed to reduce their under-five mortality rates by 40% or greater over the past 20 years. This progress will still not meet the MDG target by 2015.

Since 1990, child mortality rates have been more than halved in North Africa, Eastern Asia, Western Asia, Latin America and the Caribbean.

Progress has been uneven. Sub-Saharan Africa has 1/5 of the world’s children <5 yr, but accounts for 1/2 of all child deaths in the developing nations. In Eastern Asia and Latin America and the Caribbean, child mortality rates are ~4x higher than in developed regions. Disparities persist in all regions. Mortality rates are higher for children from rural and poor families, and whose mothers lack basic education.

Pneumonia, diarrhea, malaria and AIDS accounted for 43% of all deaths in under-fives worldwide in 2008.

WHAT NEEDS TO BE DONE?
• Ensure full coverage of immunization programs.
• Scale up vitamin A supplementation.
• Pursue exclusive breast-feeding for children <6 mo. and breast-feeding with complementary feeding for children 6-24 mo.
• Provide adequate nourishment for poor children.
• Target the underlying socioeconomic causes of child mortality (ex: mothers’ access to employment.
• Prevent and provide effective treatment of pneumonia, diarrhea, malaria and other infectious diseases.
• Promote comprehensive and universal coverage of primary health-care systems (with the engagement of community health workers) accompanied by sustained delivery of health services and women’s education programs.
• Inject additional aid flows, on the order of $10.2 bill per year, to ensure sufficient financing for the strengthening of health systems.