

# Key Findings

## Committing to Child Survival: A Promise Renewed

Progress Report 2014



COMMITTING TO CHILD SURVIVAL

A PROMISE RENEWED

unicef 

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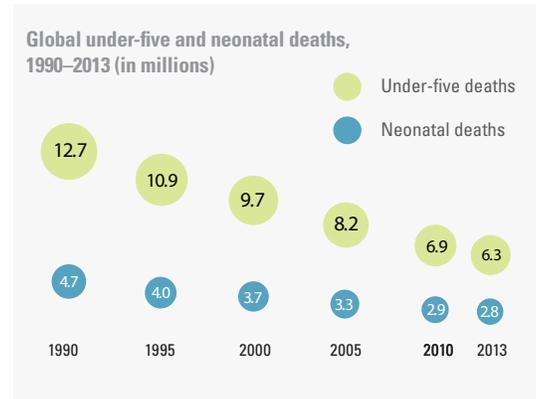
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# UNDER-FIVE MORTALITY: LEVELS AND TRENDS

## Globally, significant progress has been made in improving child survival

- The total number of under-five deaths in the world has declined from 12.7 million in 1990 to 6.3 million in 2013 – a reduction of about 50%.
- The under-five mortality rate has declined by 49%, dropping from 90 to 46 deaths per 1,000 live births between 1990 and 2013. All regions have reduced the under-five mortality rate by more than half since 1990 except sub-Saharan Africa.
- Thanks to accelerated progress in reducing child mortality, the world saved almost 100 million children – among them, 24 million newborns – who would have died had mortality remained at 1990 rates.

## The number of under-five deaths is falling steadily



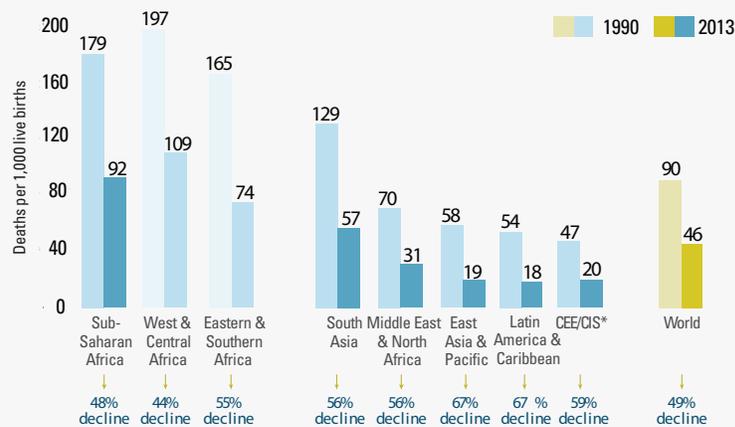
Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2014.

## Despite this great progress, 6.3 million children died in 2013 – or 17,000 per day

- Sub-Saharan Africa and South Asia together account for 4 out of 5 under-five deaths globally. Sub-Saharan Africa also continues to shoulder the world's highest under-five mortality rates: 1 in 11 children born in this region still dies before age five, nearly 15 times the average in high-income countries, which is 1 in 159.

## Under-five mortality is declining in all regions

Under-five mortality rate by region, 1990 and 2013



\*Central and Eastern Europe and the Commonwealth of Independent States

Source: UN IGME 2014.

## The highest rates of under-five mortality are concentrated in sub-Saharan Africa and South Asia

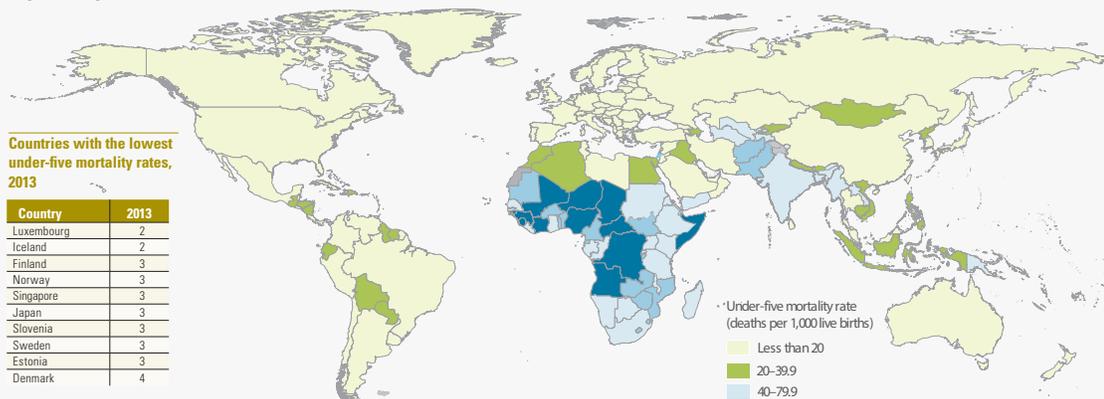
### Under-five mortality rate, by country, 2013

Countries with an under-five mortality rate of at least 100 deaths per 1,000 live births, 2013

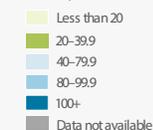
Country	2013
Angola	167
Sierra Leone	161
Chad	148
Somalia	146
Central African Republic	139
Guinea-Bissau	124
Mali	123
Democratic Republic of the Congo	119
Nigeria	117
Niger	104
Guinea	101
Côte d'Ivoire	100

Countries with the lowest under-five mortality rates, 2013

Country	2013
Luxembourg	2
Iceland	2
Finland	3
Norway	3
Singapore	3
Japan	3
Slovenia	3
Sweden	3
Estonia	3
Denmark	4



\*Under-five mortality rate (deaths per 1,000 live births)



Note: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Note: Classifications in this map are based on unrounded numbers. Tables exclude countries with fewer than 1,000 live births in 2013.

Source: UN IGME 2014.

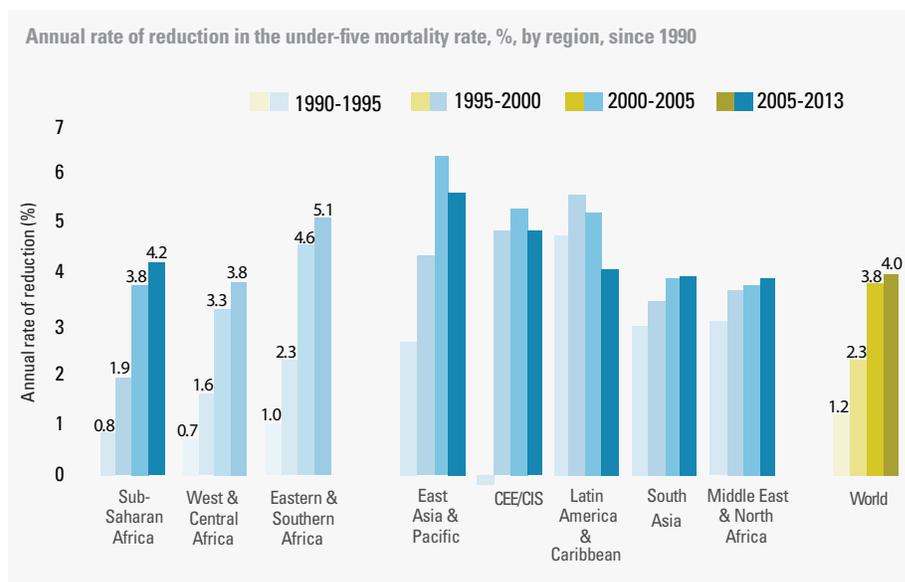
## Under-five mortality is declining faster than at any time in the past two decades

- The world is currently reducing under-five mortality faster than at any other time during the past two decades. Globally, the annual rate of reduction has more than tripled since the early 1990s.
- Eastern and Southern Africa currently has the second highest annual rate of reduction in the world, behind East Asia and the Pacific.
- However, global progress is insufficient to reach MDG 4. If current trends in all countries continue, the world as a whole will only reach the target by 2026, 11 years behind schedule.

## Inequities between rich and poor – narrowing the gaps

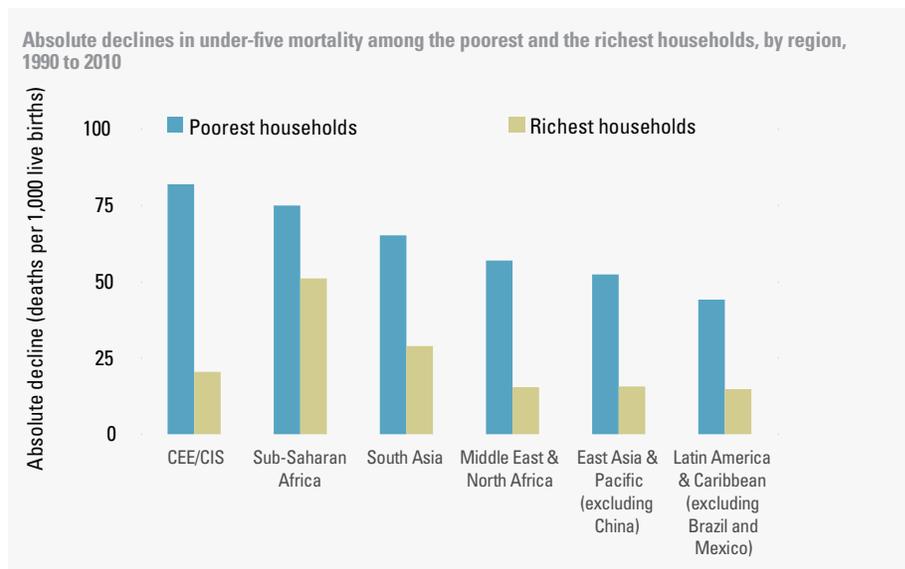
- Across all regions there has been a greater absolute decline in under-five mortality rates in the poorest households than in the richest.
- Significant disparities between the rich and poor remain. However, there has been a reduction in the gap between the rich and the poor with respect to child mortality, except in sub-Saharan Africa.

## Sub-Saharan Africa continues to accelerate declines in under-five mortality



Source: UNICEF analysis based on UN IGME 2014.

## Larger absolute gains in under-five mortality rates were achieved among the poorest households in all regions



Source: UNICEF analysis based on J. Pedersen, L. Alkema and J. Liu. 'Levels and trends in inequity and child mortality: Evidence from DHS and MICS surveys.' Working paper, forthcoming 2014.

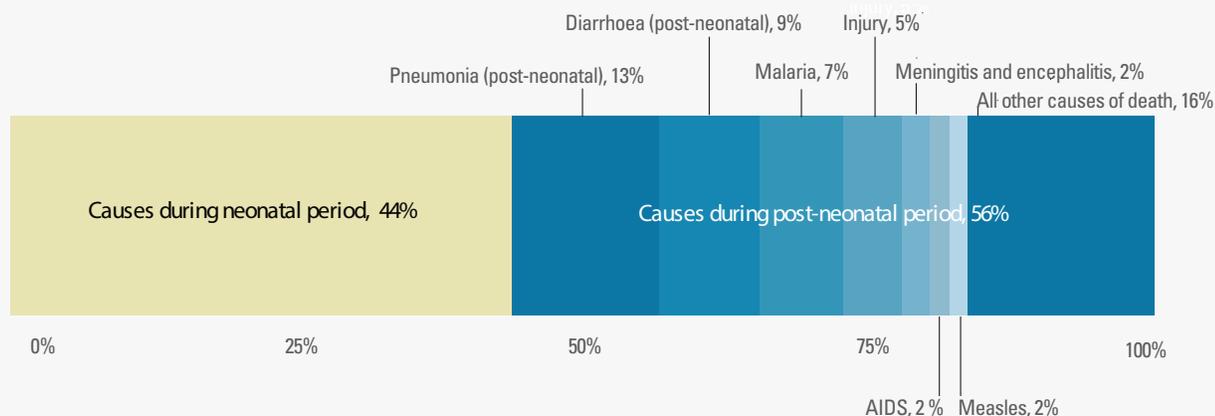
## CAUSES OF UNDER-FIVE AND NEONATAL DEATHS

Although child deaths from leading infectious diseases have declined significantly, pneumonia, diarrhoea and malaria are still main killers of children

- Pneumonia, diarrhoea and malaria claim the lives of 3 out of every 10 children who die before the age of 5. Pneumonia alone accounts for 15% of all under-five deaths.
- Many of these deaths occur in children whose immune systems are already weakened by undernutrition – globally, nearly half of all deaths among children under 5 are attributable to undernutrition.
- 44% of deaths occur in first month of life (neonatal period).

Pneumonia, diarrhoea and malaria are the main killers of children under age 5, and 44 per cent of under-five deaths occur in the neonatal period

Global distribution of deaths among children under 5 by cause, 2013



Globally, nearly half of all deaths among children under 5 are attributable to undernutrition

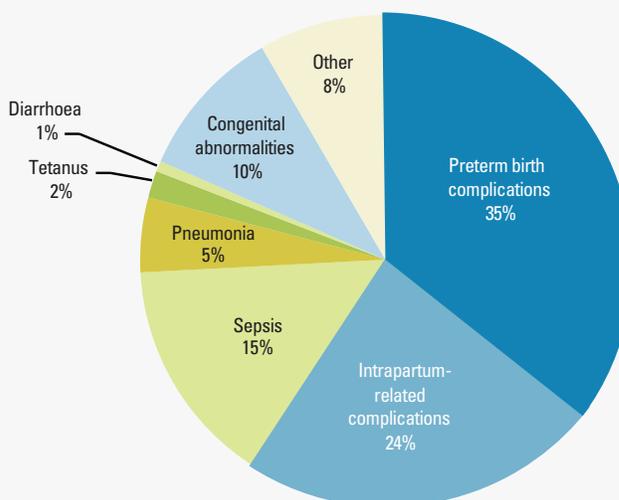
Source: WHO-CHERG provisional estimates 2014 ([http://www.who.int/healthinfo/statistics/ChildCOD\\_method.pdf](http://www.who.int/healthinfo/statistics/ChildCOD_method.pdf)).

Many deaths in the first month of life result from diseases and conditions that are readily preventable or treatable with proven, cost-effective interventions

- Globally, preterm birth complications cause more than a third of neonatal deaths while complications related to labour and delivery (intrapartum) contribute to around one quarter. Combined these account for about 60% of neonatal deaths.
- Infections (such as sepsis, pneumonia and tetanus) are responsible for more than 20% of newborn deaths.

More than a third of neonatal deaths are caused by preterm birth complications and a quarter by intrapartum-related (labour and delivery) complications

Global distribution of neonatal deaths, by cause, 2013



Note: Estimates are rounded, and therefore may not sum to 100%.

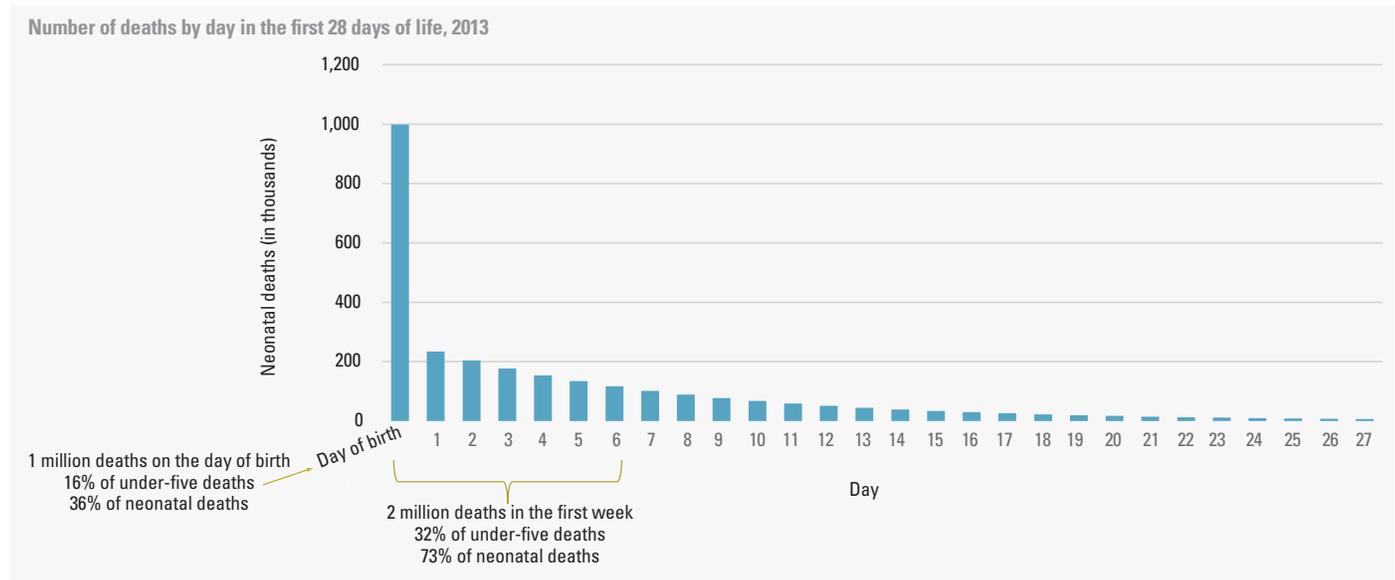
Source: WHO-CHERG provisional estimates 2014 ([http://www.who.int/healthinfo/statistics/ChildCOD\\_method.pdf](http://www.who.int/healthinfo/statistics/ChildCOD_method.pdf)).

# NEONATAL MORTALITY: LEVELS AND TRENDS

**The first 28 days of life – the neonatal period – represent the most vulnerable time for a child’s survival**

- Globally, about 44% of deaths in children under age five occurred during the neonatal period in 2013. In order to continue to accelerate progress in under-five mortality, focusing on newborns is critical.
- For too many babies, their day of birth is also their day of death: 1 million neonatal deaths (or more than a third) occur on the day of birth and close to 2 million occur in the first week of life. Some newborns are particularly vulnerable - those born to the youngest and oldest mothers, as well as mothers with no education or living in rural areas.

## More than a third of all neonatal deaths occur on the day of birth

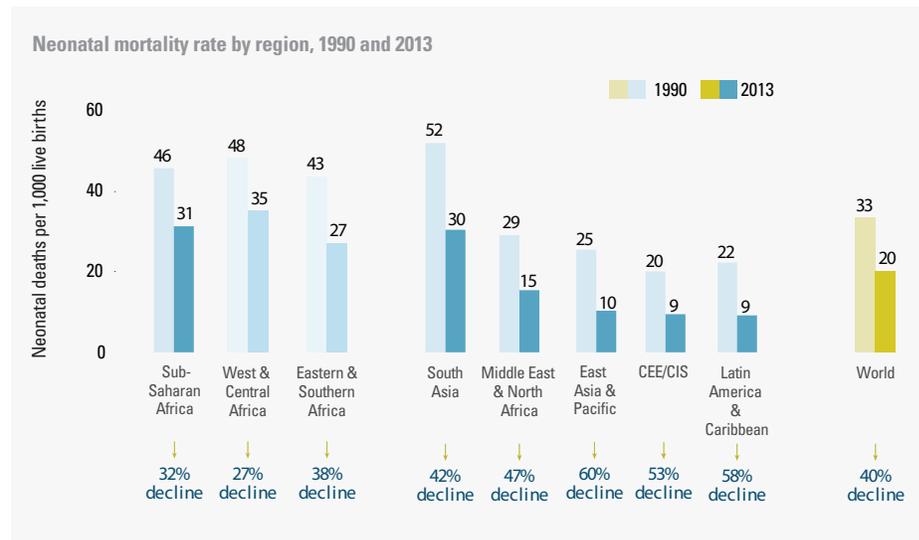


Source: UNICEF analysis based on UN IGME 2014 and Lawn, Joy, et al., "Progress, priorities, and potential beyond survival", The Lancet, Vol. 384, no. 9938, pp.189–205, 12 July 2014, doi:10.1016/S0140-6736(14)60496-7

**The good news is that neonatal mortality is declining globally**

- The global neonatal mortality rate fell by 40% from 33 to 20 deaths per 1,000 live births between 1990 and 2013.
- The number of neonatal deaths has declined from 4.7 to 2.8 million over the same period.

## Neonatal mortality rates are declining in all regions



Source: UN IGME 2014.

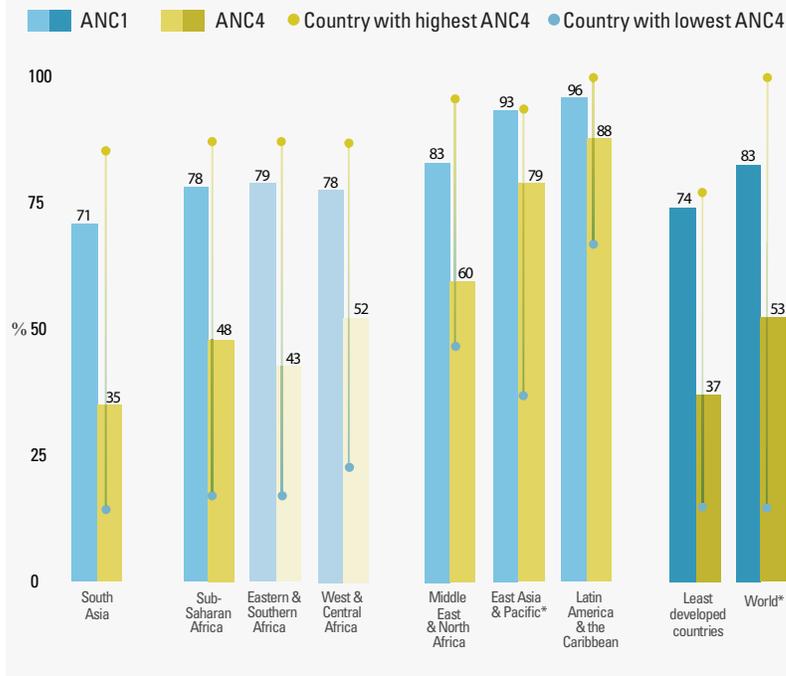
# CARE FOR NEWBORNS AND MOTHERS

## Care for both the mother and the baby around the time of birth and during the postnatal period is critical but coverage is grossly inadequate

- Complications during labour and delivery contribute to around 25% of all neonatal deaths. Many of these deaths are easily prevented with simple, cost-effective interventions administered before, during and immediately after birth. However, this year's progress report also reveals a remarkably high degree of variability in the utilization and quality of services provided to pregnant women and their babies.
- Only around half of all women receive the recommended minimum of four antenatal care visits during their pregnancy.
- One in three babies (approximately 44 million) entered the world in 2012 without adequate medical support. The presence of a doctor, nurse or midwife is almost three times as likely for those from the richest households as the poorest.
- Coverage of postnatal care for the newborn is less than 50% in many countries with the highest neonatal mortality levels.

Most pregnant women access skilled antenatal care at least once, but only about half receive the recommended minimum of four antenatal care visits

Per cent of women aged 15–49 attended at least once during pregnancy by skilled health personnel (ANC1) and per cent attended by any provider at least four times (ANC4), by region, least developed countries and world, 2008–2012



\*Data for China were available for the estimates of ANC1 but not for the estimates of ANC4.

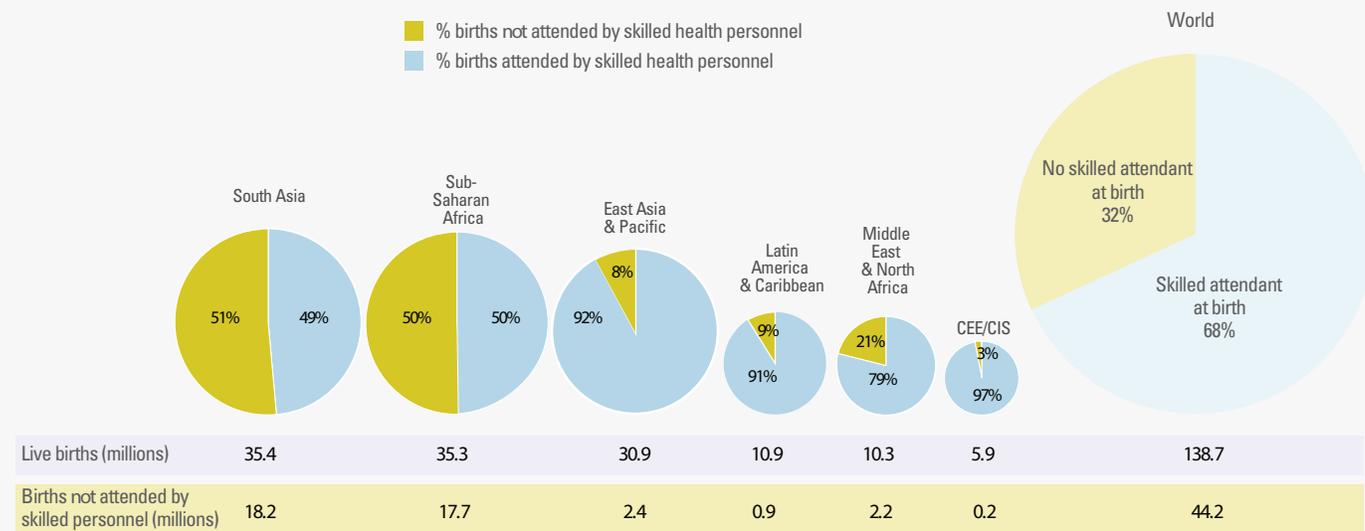
Note: Estimates are based on a subset of countries with available data for the period 2008–2012. The ANC1 analysis includes 107 countries covering 80% of births worldwide, and the ANC4 analysis includes 81 countries covering 62% of births worldwide.

Estimates represent data from countries covering at least 50% of regional births. Data coverage was insufficient to calculate the regional average for CEE/CIS.

Source: UNICEF global databases 2014, based on MICS, DHS and other national sources.

## South Asia and sub-Saharan Africa, which have the largest number of births, are also the regions where fewer women receive skilled attendance at birth

Live births (millions) and percentage and number of births attended and not attended by skilled health personnel, by region and world, 2008–2012



Note: The size of each pie chart represents the number of births in each region in 2013. Estimates are based on a subset of 125 countries with available data for the period 2008–2012 covering 86% of births worldwide. Regional estimates represent data from countries covering at least 50% of each region.

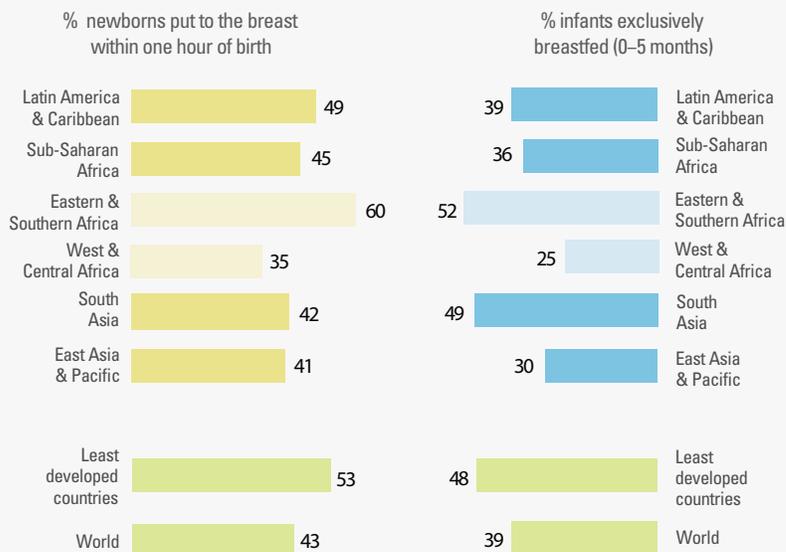
Source: UNICEF global databases 2014 based on MICS, DHS, other national sources and UN Population Division.

## Newborns are most vulnerable during the first hours and days of life, yet this critical window of opportunity is being missed

- While evidence shows that initiating breastfeeding within one hour of birth reduces the baby's risk of death by 44%, recent data show that less than half of newborn babies (43%) worldwide receive the benefits of immediate breastfeeding.
- Global evidence shows that fewer than 40% of babies breastfed exclusively for the first six months of life.

## Globally, fewer than half of newborns are put to the breast immediately after birth, and even lower proportions are exclusively breastfed during their first six months of life

Percentage of newborns put to the breast within one hour and percentage exclusively breastfed for 6 months, by region, for least developed countries and world, 2008–2012



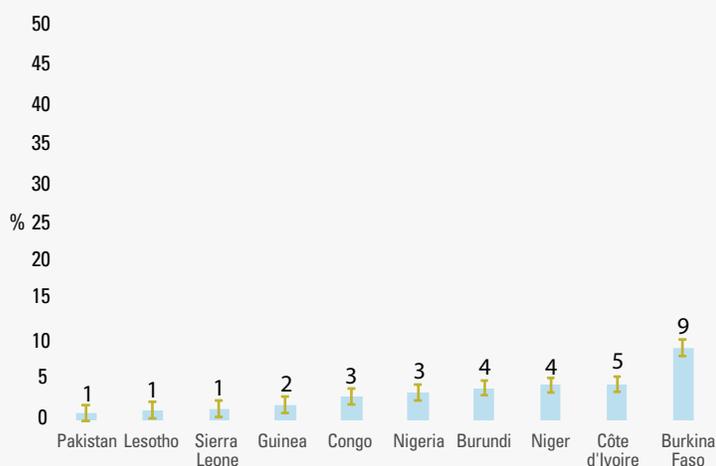
Note: Estimates are based on a subset of 67 countries (early initiation of breastfeeding) and 79 countries (exclusive breastfeeding) with available data for 2008–2012, covering 70% and 75% of the births worldwide respectively. Data for India refer to earlier years. Regional estimates represent data from countries covering at least 50 per cent of regional births. Data coverage was insufficient to calculate the regional average for CEE/CIS and Middle East and Northern Africa. Source: UNICEF global databases 2014, based on MICS, DHS and other national sources.

## Quality care is grossly lacking even for babies and mothers who have contact with the health system

- A 10 country analysis suggests that less than 10% of mothers who saw a skilled provider during pregnancy received a set of eight key interventions.
- Similarly, less than 10% of babies who were delivered by a skilled health professional went on to receive seven needed interventions, including early initiation of breastfeeding and postnatal care.

## Despite contact with a skilled health professional during delivery, newborns and mothers are not receiving needed quality care

Percentage of women delivering with a skilled health professional whose newborns received seven selected postnatal interventions, 2008–2013



Note: All calculations based on women whose last birth was within the two years preceding the survey; selected countries with high neonatal mortality. The vertical lines represent 95% confidence intervals. Analysis based on the following seven selected interventions: newborn weighed at birth, early initiation of breastfeeding, no prelacteal feed, BCG vaccination, first polio vaccination, postnatal health check for the newborn within two days, postnatal health check for the mother within two days.

Source: UNICEF analysis based on DHS data.

# DELIVERING ON THE PROMISE OF CHILD SURVIVAL

## Global commitment and priorities for action

- Since the global launch of A Promise Renewed in June 2012, nearly 180 governments have pledged to scale up efforts to accelerate declines in preventable maternal, newborn and child deaths.
- Under the banner of A Promise Renewed, nearly 20 of these are turning their pledges into practical action by sharpening national strategies for reproductive, maternal, newborn and child health, setting costed targets and monitoring progress. More countries need to do the same. By scaling up progress for women and children, governments are positioning countries to close the gap on MDG 4 and sustain the progress well after 2015.
- With millions of women and children still at risk of dying of preventable causes, maternal, newborn and child survival must remain at the heart of the post-2015 global development agenda. The world cannot abandon its promise to women and children.
- Now is the time to scale-up progress. The Every Newborn Action Plan represents a global consensus on the actions that need to be taken to scale up progress on newborn survival.
- The world has the knowledge and solutions to save ever more women, newborns and children from dying of causes that are easily avoidable.

## SCALING UP HIGH-IMPACT SOLUTIONS FOR ETHIOPIA'S NEWBORNS

After convening the 2013 *African Leadership for Child Survival — A Promise Renewed*, a regional forum that called for greater accountability for Africa's mothers and children, the Government of Ethiopia is leading by example. With support from UNICEF and other partners, the government is implementing a bold strategy that targets the country's hardest-to-reach mothers and newborns. The three-pronged strategy

is scaling up the coverage of community-based new-born care, which includes sepsis treatment; immediate essential newborn care in health centres and district hospitals; and neonatal intensive care units in hospitals.

The combination of innovative, evidence-based strategies and the government's long legacy of leadership on maternal, newborn and child survival is yielding impressive results.

Ethiopia achieved MDG 4 three years ahead of schedule by cutting under-five mortality from 205 per 1,000 live births in 1990 to 68 per 1,000 in 2012. Ethiopia's progress illustrates that countries can achieve dramatic declines in child mortality, despite constrained resources. It puts Ethiopia on a trajectory to bend the curve and achieve a major goal of *A Promise Renewed* — 20 under-five deaths per 1,000 live births by 2035.

## ACTING ON INDIA'S CALL TO ACTION

In February 2013, policymakers joined leaders from the private sector and civil society in Mahabalipuram, Tamil Nadu for India's Call to Action — 'Child Survival and Development for Every Child in India.' Convened under the banner of *A Promise Renewed*, the high-level forum launched the 'Strategic Approach to Reproductive Maternal Newborn Child and Adolescent Health,' an ambitious roadmap for accelerating child survival and development. The government is making steady progress implementing this bold strategy, which identifies 184 high-priority districts across some of the country's poorest states.

With the support of partners, including UNICEF, USAID, the Bill & Melinda Gates Foundation, UNFPA, the Norway India Partnership Initiative and the Government of the United Kingdom, the

Government of India is developing strategies for bridging and financing health care gaps in the priority districts, and implementing a system for monitoring and reviewing local-level health care services.

The results are beginning to show. In Maharashtra alone, the health care budgets for high-priority districts increased by 100 to 300 per cent. As in other states with high-priority districts, Maharashtra faces a limitation in trained health care providers. The government is tackling the problem through innovative partnerships that harness the comparative advantages of the private sector and civil society. For instance, in Aurangabad, teams from private medical colleges are deployed to service primary health care facilities in urban and peri-urban areas.

Another priority is to strengthen the monitoring of Special Newborn Care Units and to develop systems for tracking the babies' development once they are home. Piloted in 2012, a new digital monitoring system developed in Madhya Pradesh is now used across six states to monitor 245 newborn care units. The real-time information helps policymakers monitor outcomes and prioritize resources.

The strategy is off to an impressive start, thanks to committed government leadership and robust coordination among partners. These partnerships with civil society, the private sector and international agencies demonstrate the country's strong potential to give every Indian child the best possible start in life.