

Levels & Trends in
**Child
Mortality**

Report 2018

Estimates developed by the
UN Inter-agency Group for
Child Mortality Estimation



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CHILD SURVIVAL: KEY FACTS AND FIGURES



- Over the last two decades, the world made substantial progress in reducing mortality among children and young adolescents (including children under age 5, children aged 5–9 and young adolescents aged 10–14). Still, in 2017 alone, an estimated 6.3 million children and young adolescents died, mostly from preventable causes. Children under age 5 accounted for 5.4 million of these deaths, with 2.5 million deaths occurring in the first month of life, 1.6 million at age 1–11 months, and 1.3 million at age 1–4 years. An additional 0.9 million deaths occurred among children aged 5–14.
- Globally, the majority of child and young adolescent deaths occurred during the earliest ages with 85 per cent of the 6.3 million deaths in 2017 occurring in the first five years of life. Across all regions and income groups, more than 80 per cent of the deaths of children under age 15 happened in the first five years of life regardless of the mortality level.
- Among children and young adolescents, the risk of dying was highest in the first month of life at an average rate of 18 deaths per 1,000 live births globally in 2017. In comparison, the probability of dying after the first month and before reaching age 1 was 12 per 1,000, the probability of dying after age 1 and before age 5 was 10 per 1,000, and the probability of dying after age 5 and before age 15 was 7 per 1,000.
- While the chances of survival have increased for all age groups since 2000, progress was uneven. The largest improvements in survival for children under 5 years of age occurred among children aged 1–4 years. Mortality in this age group declined by 60 per cent from 2000 to 2017. Neonatal mortality declined by 41 per cent over this same period, while mortality among children aged 1–11 months, the post-neonatal period, declined by 51 per cent. From 2000 to 2017, mortality among children aged 5–14 declined by 37 per cent.

- Children continue to face widespread regional and income disparities in their chances of survival. Sub-Saharan Africa remains the region with the highest under-five mortality rate in the world. In 2017, the region had an average under-five mortality rate of 76 deaths per 1,000 live births. This translates to 1 in 13 children dying before his or her fifth birthday – 14 times higher than the average ratio of 1 in 185 in high-income countries and 20 times higher than the ratio of 1 in 263 in the region of Australia and New Zealand, which has the lowest regional under-five mortality rate.
- In 2017 alone, some 4.4 million lives would have been saved had under-five mortality in each country been as low as in the lowest mortality country in the region. The total number of under-five deaths would have been reduced to 1 million.
- On current trends, 56 million children under 5 years of age are projected to die between 2018 and 2030, half of them newborns.
- In 2017, 118 countries already had an under-five mortality rate below the SDG target of a mortality rate at least as low as 25 deaths per 1,000 live births. Among the remaining countries, progress will need to be accelerated in about 50 countries to achieve the SDG target by 2030.
- If the 50 some countries falling behind would achieve the SDG target on child survival by 2030, 10 million lives of children under age 5 could be saved.

Global mortality rates and deaths by age



Introduction

Despite progress over the past quarter-century, millions of newborns, children and young adolescents die every year, mostly of preventable or treatable causes such as infectious diseases and injuries. These deaths reflect the limited access of children and communities to basic health interventions such as vaccination, medical treatment of infectious diseases, adequate nutrition and clean water and sanitation. Therefore, mortality rates among children and young adolescents are not only key indicators for child and young adolescent well-being, but, more broadly, for sustainable social and economic development.

While concerted efforts aimed at improving child survival have driven large reductions in mortality levels among children under 5 years of age as well as for children and young adolescents aged 5–14 in recent decades, persistent and intolerably high numbers of child and young adolescent deaths mean more work remains to be done to address the specific survival needs of children and young adolescents. The global community recognizes the crucial need to end preventable child deaths, making it an essential part of the Global Strategy for Women's, Children's, and Adolescent's Health (2016–2030)¹ and the third Sustainable Development Goal (SDG)² to ensure healthy lives and promote wellbeing for all people at all ages.

SDG goal 3 calls for an end to preventable deaths of newborns and children under 5 years of age and specifies that all countries should aim to reduce neonatal mortality to at least as low as 12 deaths per 1,000 live births and under-five mortality to at least as low as 25 deaths per 1,000 live births by 2030. Given the current burden of deaths, child survival remains an urgent concern. In 2017 alone, 5.4 million children died before reaching their fifth birthday – 2.5 million of those children died in the first month of life.

At a time when the knowledge and technology for life-saving interventions are available, it is unacceptable that 15,000 children died every day in 2017 mostly from preventable causes and treatable diseases.

While the mortality risk in the age group 5–14 is the lowest among all ages and represents about a fifth of the risk of children under age 5, almost one million children aged 5–14 died in 2017 alone. Moreover, although the risk of death for children aged 5–14 may be lower than for younger children, children aged 5–14 also die predominantly of avoidable causes such as infectious diseases, drowning and road injuries.³ Given the crucial early stages of education that take place at these ages, as well as the onset of adolescence and the broader social implications that accompany that stage of life, the survival and well-being of children during this crucial period should not be ignored. Greater efforts are needed to save the lives of children aged 5–14; with public health interventions covering this age group significant progress could be made.

Achieving the ambitious child survival goals requires ensuring universal access to safe, effective, high-quality and affordable care for women, children and adolescents. It also requires an understanding of the levels and trends in child mortality as well as the underlying causes of child and young adolescent deaths. The monitoring of child and young adolescent survival requires continual improvement in the measurement of mortality, particularly in countries that lack timely and accurate mortality data. Reliable estimates of child and young adolescent mortality at the national, regional and global level are necessary for evidence-based policymaking to improve the survival chances of the world's children.

In the absence of reliable vital registration data in many countries, modelling and monitoring of child and young adolescent mortality rates remains a necessary resource for policymaking and priority setting. The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) produces estimates of child and young adolescent mortality annually, reconciling the differences across data sources and taking into account the systematic biases associated with

the various types of data on child and adolescent mortality. This report presents the UN IGME's latest estimates – up to the year 2017 – of under-five, infant, and neonatal mortality as well as mortality among children aged 5–14. It assesses progress in the reduction of child and young adolescent mortality at the country, regional and global levels, and provides an overview of the methods used to estimate the child mortality indicators mentioned above.



Levels and Trends in Child Mortality

Despite progress over the past two decades, in 2017 alone, an estimated 6.3 million children and young adolescents died, mostly from preventable causes. Newborns account for 2.5 million of these deaths, children aged 1–11 months for 1.6 million, children aged 1–4 years for 1.3 million, children aged 5–9 years for 0.6 million and young adolescents aged 10–14 years for 0.4 million (Figure 1).

Globally, the majority of child and young adolescent deaths occur at the youngest ages. Eighty-five per cent (5.4 million) of the 6.3 million deaths in 2017 occurred in the first five years of life and about half (47 per cent) of the under-five deaths in 2017 occurred in the first month of life. Across all regions and income groups, more than 80 per cent of the deaths under age 15 happened in the first five years of life regardless of the mortality level.

The risk of dying is highest in the first month of life. In 2017, neonatal mortality – the probability of dying in the first 28 days of life – was estimated at 18 deaths per 1,000 live births globally. The probability of dying after the first month and before reaching age 1 was 12 per 1,000, and the probability of dying after age 1 and before age 5 was 10 per 1,000. The under-five mortality rate, encompassing the three age groups above, was

cent, neonatal mortality declined by 41 per cent and mortality among children aged 5–14 declined by 37 percent over the same period. The largest gains in the survival chances for children aged 1–4 have occurred primarily since 2000. The annual rate of reduction in mortality among children aged 1–4 more than doubled from 2.0 per cent for the period 1990 to 2000 to 5.4 per cent for 2000 to 2017. Conversely, survival for children aged 5–14 improved with an overall decline of 52 per cent in the mortality rate from 1990 to 2017, but no significant acceleration occurred after 2000 in this age group. Likewise, high-income countries are the only income group to have experienced slower decline in mortality for all age groups in the 2000 to 2017 period than 1990 to 2000, as mortality had already reached very low levels in these countries and acceleration in decline is less likely to occur at that stage (Figure 3).

Child mortality under age 5

Under-five mortality

Around the world remarkable progress in child survival has been made and millions of children have better survival chances than in 1990. The under-five mortality rate fell to 39 (37, 42)⁴ deaths per 1,000 live births in 2017 from 92 (89, 95)

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