

We strive towards the day when nations will be judged not by their military or economic strength, nor by the splendour of their capital cities and public buildings, but by the well-being of their children.

Progress For Children is a contribution towards that day.

PROGRESS FOR CHILDREN

A Child Survival Report Card VOL 1 2004

- | | | |
|--|---|--|
| 1 Foreword
CAROL BELLAMY | 10 Middle East and North Africa
A MIXED PICTURE | 16 Latin America and the Caribbean
ALMOST |
| 2 Child survival
GLOBAL TRENDS | 12 East Asia and Pacific
WORRYING SLOWDOWN | 18 Industrialized countries
ROOM FOR IMPROVEMENT |
| 6 Sub-Saharan Africa
EFFORTS MUST REDOUBLE | 14 CEE/CIS and Baltic States
DROPPING BACK | 20 Statistical Tables |
| 8 South Asia
FALLING BEHIND | | |

CHILD SURVIVAL L
OF EVERYTHING U

The commitment to child survival is as old as UNICEF. In the 1940s and 1950s, UNICEF provided food and basic health interventions to children in war-torn countries. In the 1960s and 1970s, UNICEF expanded its work into every developing nation where children's lives were at risk. In the 1980s, UNICEF helped inspire a global child survival 'revolution'. And in the 1990s, UNICEF led efforts to help the world achieve the first set of goals focused on children's health and well-being.

Today UNICEF continues its focus on saving children's lives and improving their chances of becoming productive citizens. Underpinning the Millennium Development Goals, UNICEF's priorities are central to the programme of action adopted by the nations of the world at the UN Special Session on Children in 2002.

This report addresses the fourth Millennium Development Goal which aims for a two-thirds reduction of under-five mortality rates between 1990 and 2015. It reveals global gains in child survival since 1990, but also significant discrepancies within and across countries and regions.

The 50 per cent reduction in under-five mortality between 1960 and 2000 represents great progress, but much more needs to be done. A number of factors contribute to persistent child mortality – the estimated 11 million totally preventable child deaths that still occur every year. Some are the direct results of illness – acute respiratory infections, diarrhoea, malaria, measles – and others are due to indirect causes such as conflict, marginalization and HIV/AIDS. Malnutrition and the lack of safe water and sanitation contribute to more than half of these deaths.


IES AT THE HEART NICEF DOES

The world knows what it takes to improve child health and survival, and that millions of young children can be saved by basic, cost-effective measures such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated mosquito nets and improved breastfeeding practices. Yet millions of the world's young citizens still die because they lack access to basic services.

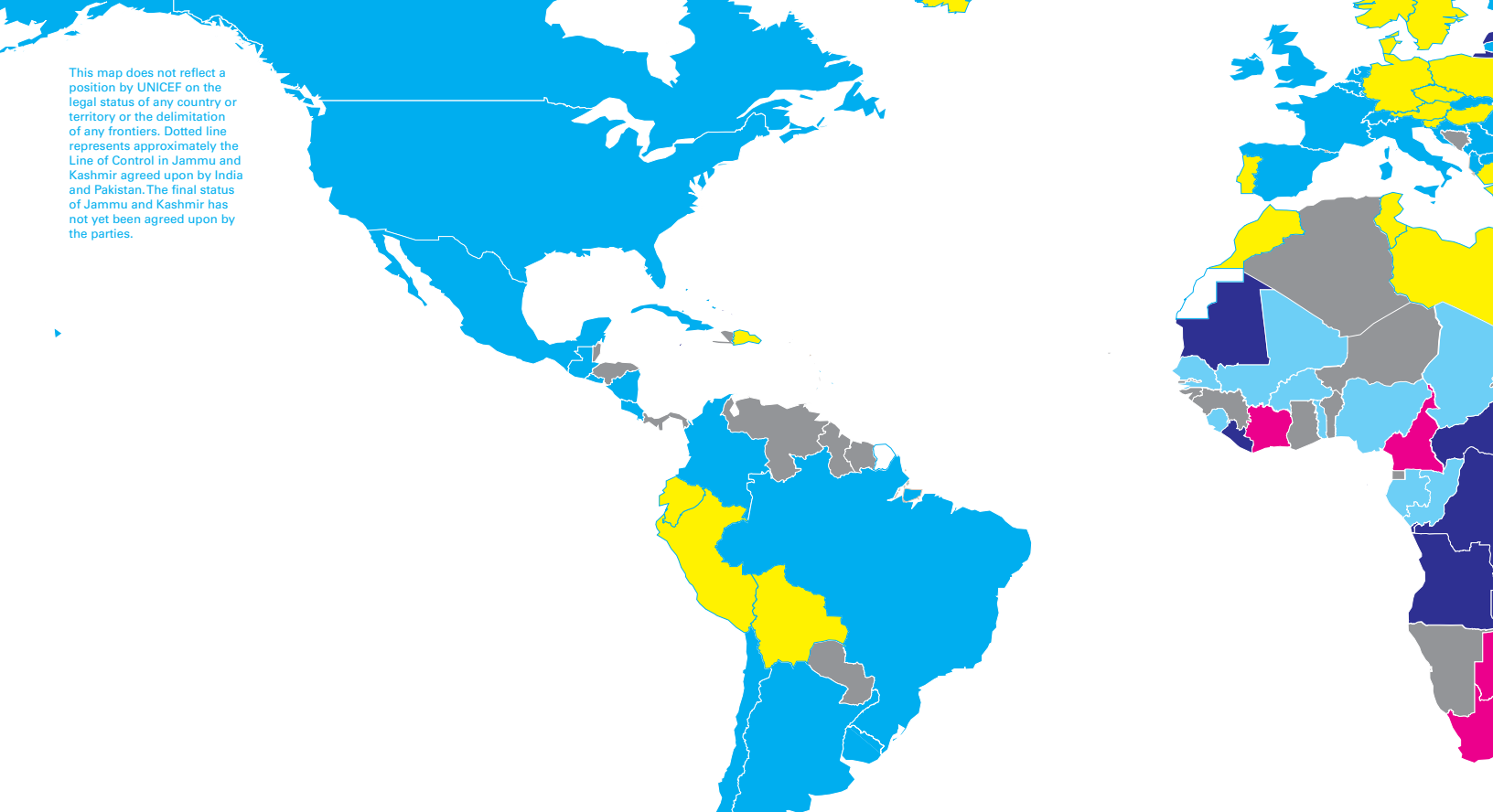
UNICEF's 60 years of experience tell us that we can turn back child mortality and meet the Millennium Development Goals by 2015. Already, we've seen that vitamin A supplementation can save over a quarter of a million lives a year; oral rehydration therapy can prevent 1 million deaths; and immunization programmes can protect the lives of nearly 4 million children.

Over the last 20 years, UNICEF has made tremendous progress in addressing child mortality by fighting its underlying causes and working to change the world for children by mobilizing every stratum of society – from local community groups to Heads of State.

Progress For Children will be a critical tool – a report card to measure progress in the lead up to 2015 – in the fight to save millions of children's lives and ensure their healthy future. UNICEF will release these studies periodically to ensure that children are at the centre of the global development agenda.



Carol Bellamy
Executive Director, UNICEF



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

CHILD SURVIVAL:

According to UNICEF projections, 53 developing countries will meet Millennium Development Goal No. 4, which aims by 2015 to have reduced the under-five mortality rate of 1990 by two thirds.

Children are half as likely to die before age five today as 40 years ago

At the start of the 1960s, nearly one in five children died before they were five years old. In 2002, the global under-five mortality rate had dropped to less than 1 in 12 – a rate still unacceptably high as it represents an estimated 11 million preventable deaths each year.

But progress is uneven

A child's chance of survival differs sharply depending on where they are born. In 2002, 7 of every 1,000 children in industrialized countries died before they were five. At the other extreme, in sub-Saharan

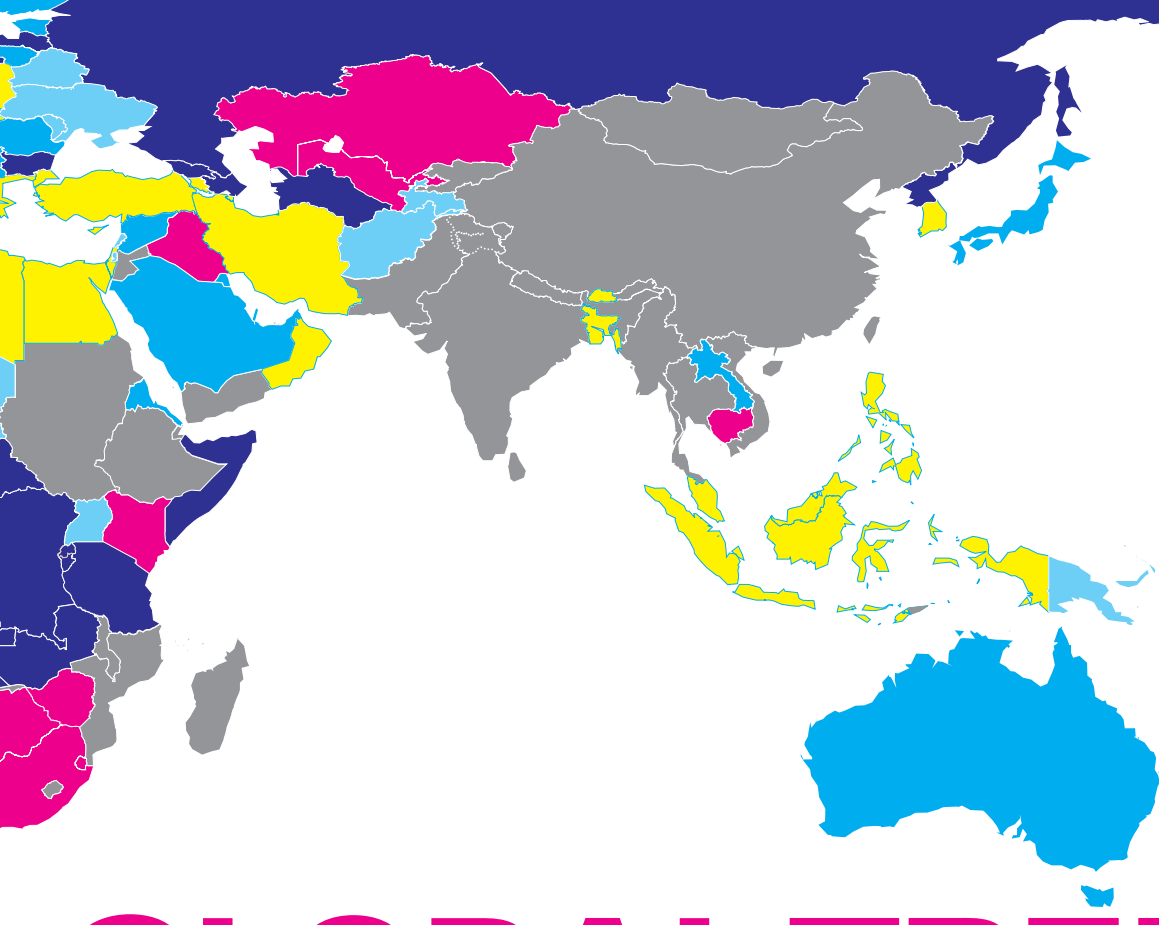
Africa, 174 of every 1,000 children died before celebrating their fifth birthday. In South Asia, 97 of 1,000 children died before they were five.

And a promise will be broken

In 2000, as part of the Millennium Development Goals, world governments pledged that by 2015 they will have reduced the 1990 under-five mortality rate by two thirds – from 93 children of every 1,000 in 1990 dying before they were five to 31 of every 1,000 in 2015.

As the rate of progress lags

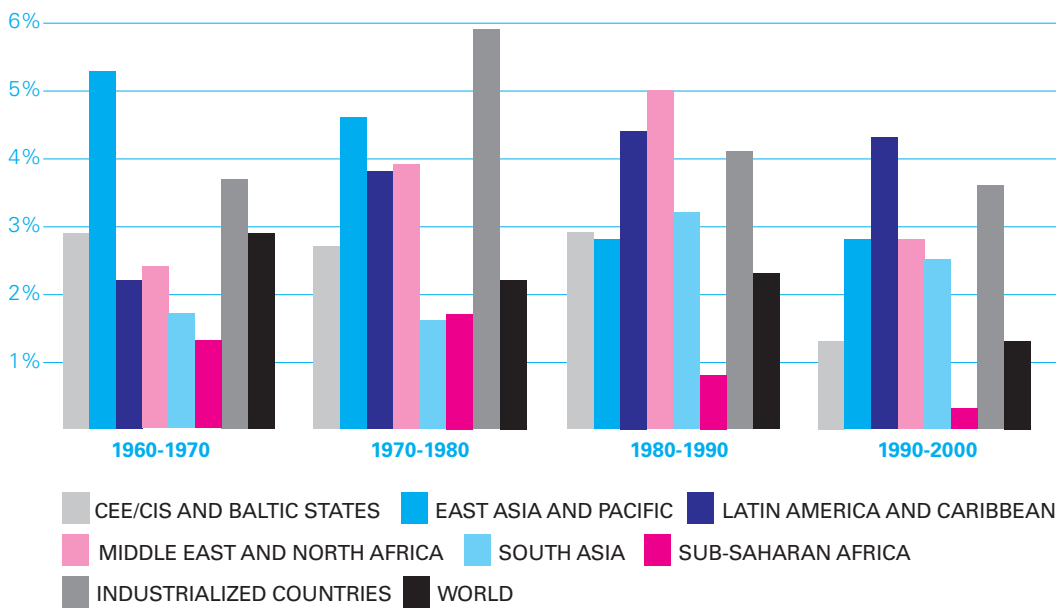
Setting MDG 4 assumed an average annual reduction rate (AARR) of 4.4 per cent in the under-five mortality rate each year between 1990 and 2015. Each year a country fell below the 4.4 rate called for greater reduction in the remaining years. When the target was set late in 2000, it was already evident that countries that had faltered in the 1990s would need to intensify their efforts at reducing child deaths between 2000 and 2015 – in some cases doubling the AARR if they were to have a chance of meeting the goal.



- **Going backwards:** Under-5 mortality rate rose and the AARR was less than -0.5% ; and the required AARR until 2015 is greater than 9% .
- **Stagnating:** Under-5 mortality is unchanged or has increased slightly and the AARR was between -0.5% and 0.0% ; and the required AARR until 2015 is between 8.5% and 9.0% .
- **Falling short:** Under-5 mortality has decreased and the AARR was between 0.1% and 1.2% ; but the required AARR until 2015 is between 7.3% and 8.4% .
- **Advancing towards:** The AARR was between 1.3% and 4.3% , the required AARR until 2015 is between 4.5% and 7.2% , and the country is more than 5 points off target.
- **On target:** The AARR was between 1.3% and 4.3% , the required AARR until 2015 is between 4.5% and 7.2% and the country is within 5 points of target.
- **Forging ahead:** The AARR was greater than 4.4% , the required AARR until 2015 is less than 4.4% , and the country will meet or surpass the target.

GLOBAL TRENDS

Average annual reduction rate of child mortality in the past 40 years



Few developing countries will meet MDG 4

The latest year for which firm estimates of under-five mortality are widely available is 2002. This is also the year that roughly marks the midpoint of the MDG target period, 1990-2015, so it is well suited to serve as a reference point for assessing progress.

It now seems likely that 90 countries, 53 of them developing nations, could reduce child mortality by two thirds by 2015 – if they maintain their current annual reduction rate. But 98 developing countries lag behind. (See map, pages 2-3.)

Wide variations in progress

Reduction in under-five mortality varies between regions. While the rate of children dying before five fell by over a third in Latin America and the Caribbean between 1990 and 2002, in sub-Saharan Africa, where almost half of under-five deaths occurred, there has been only slight progress in reducing the rate.

The disturbing truth is that 1 out of every 6 children born in sub-Saharan Africa dies before the age of five, compared to 1 out of every 29 children in Latin America and the Caribbean and 1 out of every 143 children in industrialized countries.

Although steady progress has been made in CEE/CIS, South Asia and East Asia and the Pacific since the early 1990s, it has been at an average annual reduction rate that would fall short of ensuring MDG 4 is met. UNICEF estimates that, at present rates, under-five mortality will be reduced by approximately 23 per cent globally over the 1990-2015 period – well below the goal of a two-thirds reduction.

With developed countries accounting for 37 of the 90 countries that are on target, efforts to reduce under-five mortality in developing countries will need to intensify if the 2015 global target is to be achieved. The global AARR will have to reach 7.5 per cent (up from the original AARR of 4.4 per cent implied by the 25-year target), and stay at that pace in the 2002-2015 period.

Where U5MR rose

A large number of countries have seen mortality rates increase since 1990. While most of these countries are located in sub-Saharan Africa, also featured are Iraq and former members of the Soviet Union.

Where U5MR stagnated

Only slightly less disturbing is the group of countries that have failed to register any improvement in under-five mortality in the first half of the MDG period. These countries almost all come from the same regions: sub-Saharan Africa and CEE/CIS and the Baltic States. The exception is Jamaica.

Where efforts must double

In those countries where the under-five mortality rate either rose or stagnated, efforts will have to be doubled, particularly those countries that have experienced a rise in child mortality rates since 1990. In some extreme cases, Botswana, Iraq and Zimbabwe, for example, efforts will need to almost triple.

Causes of young deaths

Knowing why so many children die before they are five is important for targeting interventions that will save their lives and also for monitoring progress towards MDG 4.

Poor neonatal conditions are, according to WHO, the single most prominent cause of young deaths, followed by infectious and parasitic diseases, particularly in developing countries. Acute respiratory infections and diarrhoea together are at the root of approximately one third of child deaths.

Significant progress has been made in reducing measles deaths and the goal of decreasing them by half by 2005 is likely to be met. However, measles still accounts for around 5 per cent of child deaths.

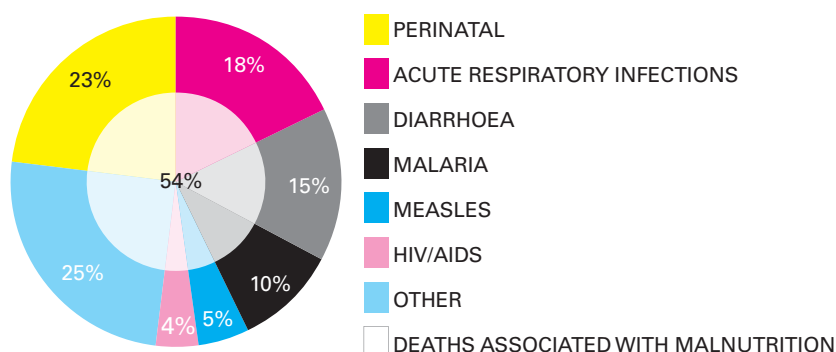
Going backwards

Countries where the under-five mortality rate has increased since 1990

Botswana
Cambodia
Cameroon
Côte d'Ivoire
Iraq
Kazakhstan
Kenya
South Africa
Swaziland
Uzbekistan
Zimbabwe

Source: UNICEF

Under-five deaths in developing countries by cause, 2002



Source: World Health Organization.

With HIV/AIDS on the rise, as evidenced by the increasing numbers of children orphaned by the epidemic – most visibly in sub-Saharan Africa – and only modest inroads achieved in countering malaria, which accounts for more child deaths than HIV/AIDS, the threats facing young children’s chances of survival are as grave as ever.

Malnutrition is a major issue affecting many children; it contributes to more than half of all child deaths worldwide.

Stagnating

Countries where the under-five mortality rate has remained static since 1990

- Angola
- Azerbaijan
- Bulgaria
- Burundi
- Central African Republic
- Democratic People’s Republic of Korea
- Democratic Republic of the Congo
- Georgia
- Jamaica
- Latvia
- Liberia
- Mauritania
- Rwanda
- Russian Federation
- Sao Tome and Principe
- Somalia
- Turkmenistan
- United Republic of Tanzania
- Zambia

Source: UNICEF.

Forging ahead

Countries currently on schedule to reduce under-five mortality by two thirds between 1990 and 2015*

- | | |
|--------------------------|------------------------|
| Armenia | Israel |
| Austria | Libyan Arab Jamahiriya |
| Bahamas | Luxembourg |
| Bangladesh | Malaysia |
| Bhutan | Malta |
| Bolivia | Morocco |
| Brunei | New Zealand |
| Darussalam | Norway |
| Cyprus | Oman |
| Czech Republic | Peru |
| Denmark | Philippines |
| Dominican Republic | Poland |
| Ecuador | Portugal |
| Egypt | Republic of Korea |
| Germany | Singapore |
| Greece | Slovenia |
| Hungary | Sweden |
| Indonesia | Tunisia |
| Islamic Republic of Iran | Turkey |

*Countries whose average annual reduction rate of under-five deaths for 1990-2002 reached, or exceeded, 4.4 per cent, the implied annual rate required to meet MDG 4 by 2015.

Source: UNICEF.

Forty-two per cent of the children who die before they are five are in sub-Saharan Africa.

Here, the AARR has slowed sharply, falling from 1.3 per cent in 1960-1990 to just 0.3 per cent in the 1990-2002 period.

In 18 countries in the region, the under-five mortality rate has either stayed the same or worsened since 1990.

The causes

Although poor perinatal conditions are still the main cause of infants' dying in the region, infections and diseases are the main killers of children under five.

the population are 1.7 times more likely to die before the age of five than the wealthiest 20 per cent, with an excess under-five mortality rate of 80 deaths per thousand live births (181 vs. 100 respectively).

The greatest challenge

Sub-Saharan Africa faces the greatest challenge of any region in meeting MDG 4. The region will need to raise its AARR to 8.2 per cent, almost double the rate originally required, if it is to make the 2015 target.

33% South Asia

SUB-SAHARAN AF EFFORTS MUST RE

HIV/AIDS is responsible for 8 per cent of all under-five deaths in the region, more than double the global average.

The under-five mortality rates in most of the sub-Saharan countries appear

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/云报告?reportId=5_6297



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