

## The big picture: The Health of the World's Children

The world reached an important milestone in child survival in 2007 with new estimates showing a 27 per cent decline in the under-five mortality rate, from 93 deaths per 1,000 live births in 1990, to 68 deaths per 1,000 live births in 2007. However, the loss of 9.2 million young lives each year is unacceptable, especially when many of these deaths are preventable. And the world is not yet on track to achieve the Millennium Development Goal target of a two-thirds reduction in the rate of child mortality by 2015.

In some developing countries, the toll is so harsh that more than one in five children die before they reach their fifth birthday. Many of those who do survive are unable to grow and develop to their full potential. Most deaths result from five causes, or a combination of them: acute respiratory infections (ARI), diarrhoea, measles, malaria and malnutrition. Poverty and the failure to ensure universal access to basic social services are to blame.

Complications related to pregnancy and childbirth kill more than half a million women each year - more than one every minute -and injure and disable many more. Together with governments, humanitarian agencies, civil and community leaders, families and children themselves, UNICEF is addressing these threats.

Impressive progress has been made in improving the survival rates and health of children, even in some of the poorest countries. The global child mortality rate declined by almost one quarter between 1990 and 2006.

- In 2006, the global child mortality rate was estimated at 72 deaths per 1,000 live births, 23% lower than the 1990 level.
- Global vaccination coverage trends continue to be positive with global coverage of the third dose of combined diphtheria/pertussis/tetanus (DPT3) vaccine around 79%.
- The combination of improved routine measles coverage and follow up campaigns has steeply reduced the number of measles deaths: by 60% worldwide and by 75% in sub-Saharan Africa between 1999 and 2005.
- Progress on vitamin A supplementation has been outstanding. In 2006, 74 countries reported on two-dose coverage and of these, 35 countries attained at least 70% coverage.
- The number of countries supporting Child Health Days that integrate the delivery of immunizations with other health and nutrition interventions such as vitamin A, deworming and insecticide treated bed nets, nearly doubled from 25 in 2005 to 44 in 2007.
- Increased global awareness of malaria contributed to a significant increase in resources, allowing a rapid scaling-up of malaria interventions. As a result, the use of insecticide-treated bed nets in sub-Saharan Africa significantly increased: 16 countries reported at least a three-fold increase in coverage since 2000.
- The proportion of children under five with diarrhoea receiving Oral Rehydration Therapy increased significantly in developing countries, from 24% in 1995 to 43% in 2005.

Despite this encouraging progress, immense obstacles continue to stand in the way of ensuring that every child gets the best start in life. The HIV/AIDS pandemic has reached catastrophic proportions in several parts of the world, unraveling decades of hard-won gains in child survival and development, especially in sub-Saharan Africa.

Armed conflicts that kill and injure children are proliferating and chronic poverty remains the greatest obstacle to fulfilling the rights of children. Infant and child mortality rates are also the highest in countries ravaged by civil strife, weak governance and chronic underinvestment in public health systems and physical infrastructure. Similarly, fragile states, characterized by weak institutions with high levels of corruption, political instability and a shaky rule of law, are often incapable of providing basic services to their citizens.

Gender inequity and discrimination persist. Millions of women and children have been excluded from progress in recent decades because they are poor. The inequalities in child survival between poor and better-off children are stark, not only between countries but within them. For countries with available data, children in the poorest 20% of households are far more likely to die before their fifth birthday than children living in the richest quintile.