



Combating Under-five Mortality in Africa

(based on the *African Economic Outlook 2008**)

by Audrey Verdier-Chouchane

- ◆ Reducing under-five mortality rates in Africa by two-thirds is urgent.
- ◆ HIV/AIDS, malaria, lack of basic health services and conflict are hampering progress.
- ◆ Preventable diseases take a heavy toll on the under-fives.
- ◆ Preventing the deaths of children is a matter of political will.

Where there has been progress towards the Millennium Development Goals (MDGs), including towards MDG No. 4 which aims to "Reduce by two thirds the mortality rate among children under five", it has been when strong government leadership and good policies are combined with adequate financial and technical support.

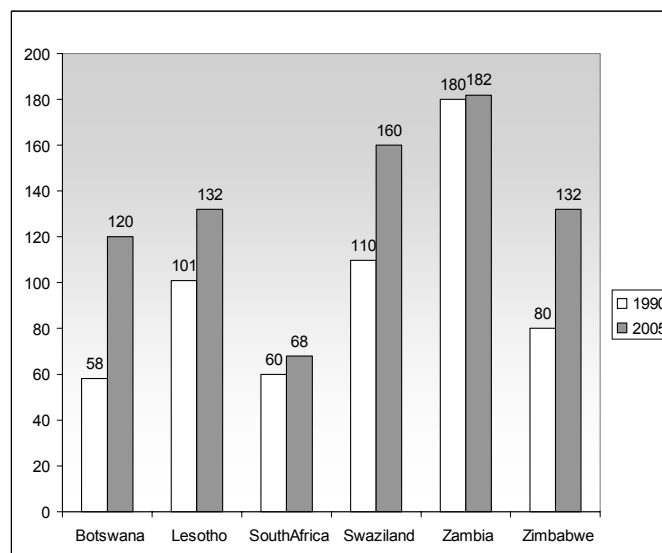
It can be done.

William Easterly's 2007¹ argument that a one-dimensional interpretation of the MDGs gives an unfairly bleak portrait of Africa is right. He says that the MDGs are poorly and arbitrarily designed and that the relative performance of African countries looks worse because of the particular way in which the targets are set. Africa already had very high child mortality levels when the goals were established, rendering a two-thirds reduction less likely. In 1990, on average, the under-five mortality rate of Africa was around 154 per 1 000. That would mean reducing it to 51 per 1 000 by 2015 in order to reach the goal. By 2005, the under-five mortality rate on the continent had reached 137 per 1 000, a decrease of only 9.3 per cent instead of the 40 per cent required to be on track.

HIV/AIDS, malaria, lack of basic health services and continuing conflict are the main reasons for the shortfall and the very slow average progress. Southern African countries where the HIV/AIDS pandemic is high, registered higher mortality rates in 2005 than in the 1990s (Figure 1).

1. Easterly, William (2007) "How the Millennium Development Goals are unfair to Africa", Global Economy and Development, Working Paper 14, November 2007.

Figure 1. **Under-five Mortality Rates in Selected Southern African countries**



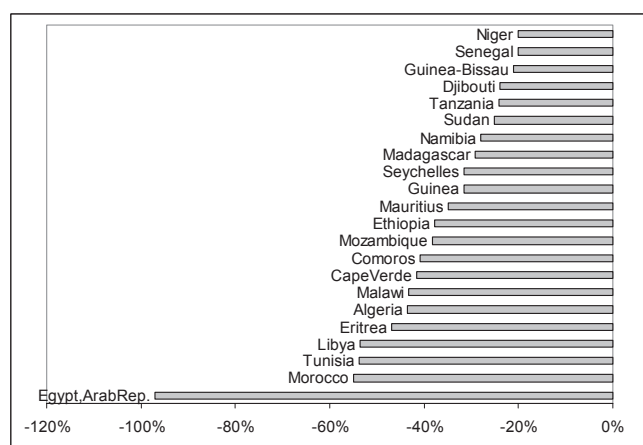
Source: Author based on data from the World Bank (on line) *World Development Indicators*, Washington, D.C.

This is a very bad performance by anyone's standards, and it calls for urgent measures. Some countries have responded and adopted appropriate policies that are beginning to work, even if not all of them are back on track. They have proved that substantial improvements are possible.

In Africa overall, only 17 per cent of the countries have achieved or are on track to achieve the goal. The figure is much lower, 7.5 per cent, when the better-performing North African countries are taken out of the calculation. Egypt has already achieved the target and Algeria, Cape Verde, Comoros, Eritrea, Libya, Malawi, Morocco and Tunisia are likely to reach it (Figure 2). As might be expected, wealthier households, urban areas and households where mothers have some education are those that are most likely to see a reduction in child mortality.

Another important factor in child mortality is vaccination against measles. In 2005, in Africa as a whole, only 64 per cent of children of 12-23 months received at least one dose of measles vaccine (95 per cent in Northern Africa). The continent can do better.

Figure 2. **Main performers in reaching MDG No. 4**
(Percentage changes of under-five mortality rates)



Source: Author based on data from the World Bank (on line) *World Development Indicators*, Washington, D.C.

So, which African countries are advancing towards MDG 4 and how have they done it?

According to Save the Children², three countries deserve praise for saving the lives of children younger than five. Despite their very low per capita GDP, Madagascar, Malawi and Tanzania registered respectively, a 32, 46, and 27 per cent decline in under-five mortality between 1990 and 2006. Governments played a major role. The reduction was achieved through health-sector reforms and community-based programmes. In Malawi and Tanzania, progress was partly the result of an increase of skilled health-care workers and better care during pregnancy. In addition, children from 5 to 59 months received at least one annual vitamin A supplement to combat malnutrition. In Madagascar, the principal strategy was to prevent malnutrition through breastfeeding.

The case of Egypt demonstrates even more forcefully that political will is the key to success. Egypt is the only African country which had already achieved MDG 4 by 2006. The government launched a major initiative in 1992 called "healthy mother, healthy child" to improve health conditions in poverty areas. The effort focused on improving care for pregnant women, and providing skilled assistance during childbirth and access to family planning information and services.

Examples such as these prove that reducing child mortality is within the reach of African countries. Five, simple measures, recommended, among others, by Save the Children can help: training doctors and nurses to provide safe childbirth; encouraging breast feeding for the first six months of a baby's life; providing measles vaccinations; promoting oral rehydration to fight diarrhoea; and training health workers to recognise pneumonia and how to treat it with antibiotics.

It can be done.

2 Save the Children (2007) *State of the World's Mothers Index: Save the Lives of Children under 5*, available at: www.savethechildren.org

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