

Infectious diseases caused two-thirds of the nearly 9 million child deaths globally in 2008

May 12 2010

Preventable infectious diseases cause two-thirds of child deaths, according to a new study published today by *The Lancet*. Experts from the World Health Organization (WHO) and UNICEF's Child Health Epidemiology Reference Group (CHERG) assessed data from 193 countries to produce estimates by country, region and the world. While the number of deaths has declined globally over the last decade, the analysis reveals how millions of children under five die every year from preventable causes.

"With less than five years to reach the United Nations Millennium Development Goal 4—to reduce child deaths by two-thirds from 1990 levels—it is vital for governments, public health organizations, and donors to have accurate country-level estimates so they can target their efforts effectively," said lead author Dr. Robert Black, chair of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health.

"These findings have important implications for national programs," said UNICEF Chief of Health, Dr. Mickey Chopra. "The persistence of diarrhea, pneumonia and malaria, all of which are easily preventable and curable but which nonetheless remain the leading single causes of death worldwide, should spur us to do more to control these diseases."

The study's country and regional estimates, however, underscore how global efforts must be targeted to have maximum impact. Malaria, for instance, is responsible for approximately 16 percent of deaths in Africa,

but is a comparatively minor disease in the rest of the world. The study did reveal successes in fighting some [infectious diseases](#), such as measles and tetanus—each now only accounts for 1 percent of child deaths worldwide.

Newborn deaths—those within the first month of life—increased as a proportion of all child deaths globally from 37 percent in 2000 to 41 percent in 2008. The two greatest single causes of death among neonates are pre-term birth complications and birth-related asphyxia. "These new data make the compelling case that for countries to get on track for Millennium Development Goal 4, they need to scale up low-cost, effective newborn health interventions," said co-author Dr. Joy Lawn, director of Global Policy and Evidence for Save the Children's Saving Newborn Lives program.

The quantity and quality of child survival data have steadily improved over the last decade. For the first time, national data from China and India were used instead of modeled estimates. Furthermore, CHERG researchers have continued to refine their analytical methodology. Researchers, for instance, were able to use multi-cause modeling for the age group 1-59 months, which was previously possible only for the neonatal age group. The increasing reliability of data should further motivate the global child survival community to incorporate evidence-based findings into the design and implementation of programming to reach 2015 U.N. Millennium Development Goals.

Provided by Johns Hopkins University Bloomberg School of Public Health

Citation: Infectious diseases caused two-thirds of the nearly 9 million child deaths globally in 2008 (2010, May 12) retrieved 5 May 2024 from <https://medicalxpress.com/news/2010-05-infectious-diseases-two-thirds-million-child.html>

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