

# Best-case scenario suggests that just one in five countdown countries can meet targets for cutting child mortality

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A comprehensive new analysis of interventions to reduce maternal and child deaths in developing countries, published in *The Lancet*, reveals that if current trends continue, just nine Countdown countries will meet internationally agreed targets to reduce the number of deaths of children under 5 to less than 20 deaths per 1000 births by 2035.

Even in the best case scenario, where all [countries](#) match the improvements made by the best performing countries in recent years, just fifteen countries are projected to meet targets to reduce [child deaths](#) by 2035. The targets have been set by international health agencies in light of the Millennium Development Goals expiration in 2015.

Although rates of child and [maternal deaths](#) have fallen consistently in most countries since 2000, when MDG targets were agreed, the results show that efforts to improve the health of mothers and their children worldwide will need to intensify if further substantial reductions in the number of child deaths in low- and middle-income countries are to be achieved.

According to Dr Neff Walker, of Johns Hopkins Bloomberg School of Public Health, in Baltimore, USA, lead author of the study, "While falling rates of maternal and child deaths are to be welcomed, our analysis shows that if historical trends continue, there will still be 5.4 million deaths in children under five in 2035. This number could be

more than halved if all countries were able to match the performance of countries which have made the best improvements in recent years. Governments—both of the countries most affected by maternal and child deaths, and of nations providing development assistance—must redouble their efforts to deliver known and proven interventions at high and sustained levels, and search for new interventions that will save the lives of more children."

Dr Walker and colleagues analysed data from 69 low- and middle-income countries, describing the coverage of 29 key interventions proven to reduce maternal and child mortality. 58 of the countries included were from the 75 Countdown countries, which together account for more than 95% of all maternal and child deaths worldwide. They used the results to project deaths to 2035 for all Countdown countries except South Sudan, for which too few data were available to support the analysis.

Using statistical models that examine trends over time, the researchers were able to estimate how much the odds of an individual in a low- or middle-income country being covered by any one of the interventions studied had changed annually since 1990. For most interventions, the odds of being covered slowly increased, although the odds of having access to antimalarial treatment, having a skilled attendant at [birth](#), and having use of improved sanitation facilities all decreased yearly, by an average of 6%. Coverage of some interventions—notably those related to malaria prevention—increased much more rapidly.

By analysing how the projected changes in intervention coverage would be likely to affect the number of mothers' and children's lives saved, the researchers were able to estimate how many child and maternal deaths could be avoided by increasing coverage. The estimates show that if current trends continue, the number of countries with an under-5 mortality rate of less than 20 deaths per 1000 births would increase from

four (5%) of the 74 Countdown countries in 2010, to nine (12%) in 2035. However, if all countries were able to increase coverage to the same level achieved by the best performing countries, the researchers estimate that 15 (20%) of the 74 countdown countries would be able to achieve child mortality rates of less than 20 deaths per 1000 births.

In absolute terms, the number of under-5 deaths in the 74 Countdown countries would decrease from 7.6 million in 2010 to 5.4 million in 2035 if current trends continue, falling to 2.3 million deaths if all countries could match the improvements in coverage of the best performing countries. In both cases, the drop in the absolute number of child deaths is driven not only by increased coverage of key interventions, but also by projected drops in fertility.

"Both malaria and HIV interventions were introduced in the late 1990s, and benefited from high financial investment and political commitment. They are examples of what is possible, and of what needs to be done for other highly effective maternal and child health interventions," says Dr Walker. "The challenge to the global public health community is clear: ways to reach more women and children with the full range of effective interventions need to be identified. There will not be one overall formula for success, but we know what the necessary actions are. Our results suggest that further dramatic gains in reducing [child mortality](#) are achievable within this generation—but only with sustained political will and financial support."

**More information:** [\(13\)61748-1/abstract](http://www.thelancet.com/journals/lan...)

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