



### GOAL 4: Reduce the under-five child mortality rate

#### Objective 4

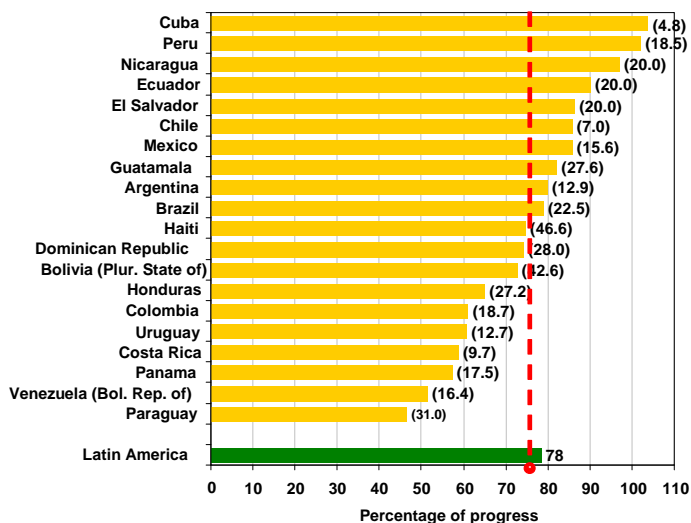
Reduce the under-five child mortality rate.

#### Target 4 A

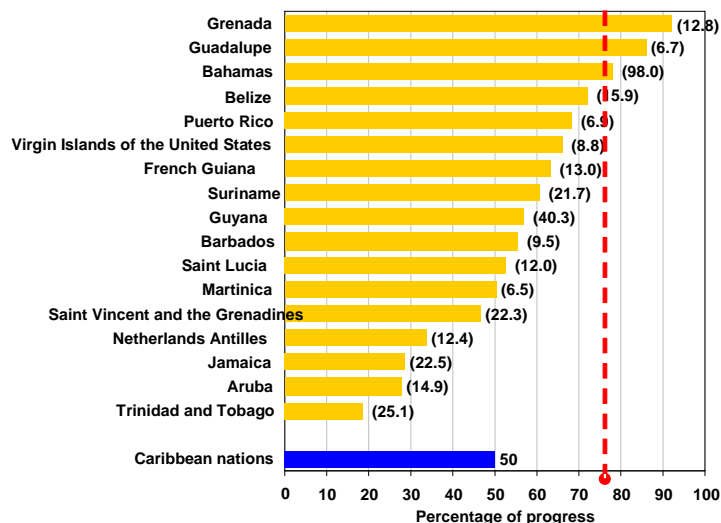
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

#### LATIN AMERICA (20 COUNTRIES) AND THE CARIBBEAN (17 COUNTRIES AND TERRITORIES): PROGRESS IN REDUCING CHILD MORTALITY RATES AS A PERCENTAGE OF PROGRESS TOWARDS THE 2015 TARGET (a)

Latin America



Caribbean



**Source:** Economic Commission for Latin America and the Caribbean (ECLAC), based on estimations of child mortality of the Latin American and Caribbean Demographic Centre (CELADE) and data of the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2008 Revision (online)

(a) The values in parenthesis in the graph refer to estimated child mortality rates for 2009.

Child mortality reflects the degree to which society exercises the most fundamental human right: the right to life and health.

It is an important indicator of the availability, use and access of health systems by the population and especially of children, as well as a reference to their nutritional conditions.

Of the almost 11 million children born every year in the region, some 237,000 die by the first year and another 304,000 die before age five.

The region as a whole has shown notable progress in children's health, having significantly reduced infant mortality. In 2009

the child mortality rate was the lowest one in the developing world and its reduction faster than in other regions.

The trend of child mortality rates in Latin America suggest that it is dropping at a rate that is compatible with the fulfillment of the target of reducing it by two-thirds by 2015.

The region has progressed 78% in attaining this target, having passed 76% of the time.

This achievement is a result of the combination of multiple factors:

#### EVOLUTION OF THE CHILD MORTALITY RATE PER 1,000 LIVE BIRTHS, WORLD AND CONTINENTAL, 1990-2009 <sup>a/</sup>

| Geographic region               | 1990        | 2009        | Evolution between 1990 and 2009 (percentage) |
|---------------------------------|-------------|-------------|--|
| World                           | 63.2        | 46.0        | -27.2  |
| Africa                          | 103.9       | 80.8        | -22.2  |
| Asia                            | 61.4        | 39.9        | -35.1  |
| Europe                          | 14.2        | 6.8         | -52.1  |
| Latin America and the Caribbean | <b>42.7</b> | <b>20.6</b> | <b>-51.7</b>                                 |
| North America                   | 8.2         | 5.7         | -31.1  |
| Oceania                         | 31.1        | 21.9        | -29.5  |

**Source:** Economic Commission for Latin America and the Caribbean (ECLAC), based on tabulations of the United Nations, *World Population Prospects. The 2008 Revision* [online database] <http://esa.un.org/unpp/>

<sup>a</sup> Refers to a lineal interpolation made by the source of the estimates of probability of death before age one, for the five-year periods 1985-1990 and 1990-1995 (1990 data) and 2000-2005 and 2005-2010 (2009 data).

- The advance of maternal-infant health care programmes based mainly on primary health care
- Massive vaccination and oral rehydration therapy programmes
- Check-ups for healthy children
- Greater coverage of basic services, especially potable water and sanitation

Higher education levels of the population and lower fertility rates have also contributed to this achievement.

Some countries with very high child mortality rates in the early nineties were able to reduce them significantly, while others with similar mortality rates progressed much less.

In order to continue advancing in those countries that are lagging behind, governments must implement policies to revert inequalities between social groups, which are reflected in the differences in access to prenatal care and health services in general, including primary health care.

These inequalities are particularly acute among indigenous peoples.

Several of the risk factors involved in child mortality, especially during the perinatal and neonatal period, are directly related to the sexual and reproductive health of the mother.

Children whose mothers are adolescents – particularly mothers under 18 or over 40 years of age, or whose birth follows shortly the previous one - have greater probabilities of dying.

These risk factors are more frequent when fertility is high or access to family planning is scarce.

Due to this, it is important to expand coverage of sexual and reproductive health care, including contraception. The relationship between infant health and the mother's reproductive health is one of the reasons that led to the inclusion of an explicit target (5B) on universal access to reproductive health.