

Reaching Millennium Development Goal 4



2015 has come to an end, and with it the opportunity for countries—and the world—to reach the Millennium Development Goals (MDGs). Here we look at how close the world has come to achieving MDG 4—ie, to reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate.

The worldwide mortality rate of children younger than 5 years has fallen by 53% between 1990 and 2015—a reduction resulting in 6·7 million fewer children dying in 2015 than in 1990, despite the overall increase in population.¹ This reduction has mostly occurred since 2000; the rate of decreasing mortality is 2–3-times greater after 2000 than in the decade before. This spectacular global improvement, which says a lot for the value of setting goals, nevertheless fails to reach the 67% reduction prescribed in MDG 4. However, of 195 countries with available data, 62 (32%) have individually achieved the two-thirds-reduction goal: 12 of these being low-income countries, ten of them in sub-Saharan Africa.

In *The Lancet Global Health*, Mercy Kanyuka and colleagues² present the example of Malawi—an African country that has succeeded in reaching MDG 4, achieving the 67% reduction ahead of time, in 2013. By that year, Malawi had achieved a 71% drop in under-5 mortality, from 247 deaths per 1000 livebirths in 1990 to 71 deaths per 1000 livebirths in 2013. The study was prompted by Countdown to 2015, a multipartner initiative formed in 2005 after *The Lancet* had published its first of many Series on the appalling statistics of global child mortality.³ The Malawi study was led within Malawi by the National Statistics Office and Ministry of Health, with both local and international collaborators. The overall result is closely corroborated by the more recent, 2015 report of the UN Inter-agency Group for Child Mortality Estimation,⁴ which estimates Malawi's under-5 mortality rate as falling from 242 to 64 deaths per 1000 livebirths between 1990 and 2015, a decrease of 73%.

Kanyuka and colleagues rightly suggest that the question of interest is not only whether, but how a country has achieved an improvement in its child mortality. Malawi was one of the first sub-Saharan African countries to adopt and roll out policies based on locally acquired evidence. The investigators obtained data from the Ministry of Health about

which interventions had been deployed and to what extent, and then used the Lives Saved Tool (LiST)⁵—also developed out of a *Lancet* Series—to estimate how many saved lives could be attributed to specific interventions that had been deployed in Malawi. Kanyuka and colleagues calculate that major national programmes—vaccinations, insecticide-treated bednets, HIV control, integrated management of childhood illnesses including diarrhoea and pneumonia, nutritional support, and obstetric care—account for around 80% of the reduction in child mortality since 2000.

Both in Malawi and worldwide, improvement in under-5 mortality rates has been faster in children older than 1 month than in neonates. Neonatal care has begun to receive due attention only within the past few years, and is still far from adequate in most low-income and middle-income countries.

The largest and most obvious inequities in the world are between rich and poor countries, but inequities abound within each country. Encouragingly, the disparities in health access between rich and poor areas, and between rural and urban areas, have diminished worldwide since 1990—including in Malawi—owing to greater relative improvements in disadvantaged people. But we remain a very long way from the more prosperous, sustainable, and equitable world called for by Ban Ki-moon.⁶

2015 marked a significant milestone on a critically important journey, but reminds us of how far there is to go. Even in low-income countries that have achieved MDG 4, one child in 12 dies before the age of 5 years, compared with one in 147 in high-income countries. MDG 5 (to reduce the maternal mortality ratio by 75%) has been generally less well achieved than MDG 4, with a global reduction in maternal deaths of 45% (46% in developing countries). In 2015 in Malawi, 634 mothers died per 100 000 deliveries, despite the MDG 5 country target being 239 maternal deaths per 100 000 deliveries.

With 2016 begins the new era of Sustainable Development Goals, including goals to reduce the under-5 mortality rate to 25 per 1000 livebirths, and neonatal mortality rate to 12 per 1000 livebirths, by 2030. Can a country like Malawi achieve this? Having achieved MDG 4 is a good start. Two principal requirements for the future are local capacity and sustained international cooperation, which are

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dependent on training, infrastructure, political will, peace, and the absence of corruption. Increased attention will be needed for reproductive, maternal, and neonatal services, and the reach of all existing programmes will need to be extended.

As Ban Ki-moon said, "There is no question that we can deliver on our shared responsibility to put an end to poverty, leave no one behind and create a world of dignity for all".⁶ It is hard to think of a more momentous objective.

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