Key Points

• When comparing the medians of the Average Annual Rates of Reduction (AARRs) in different periods of time (1990-2000; 2000-2004; 2004-2008), the first decade had the worst performance in all regions, except in South-East Asia. The greatest reductions were seen during the 2000-2004 period in five of the six WHO regions, especially in Europe. The exception was seen in the Western Pacific where the greatest median rate of reduction was achieved in 2004-2008 (Figure 2).

• During the most recent five year period (2004-2008), the median AARR for the 13 African "countries for intensified support" was 1.5, followed by the Eastern Mediterranean (2.7), the Western Pacific (3.6), Europe (3.7), South-East Asia (4.3) and the Americas (4.5) (Figure 2).

• Only one third (11) of the 33 "countries for intensified support" had reductions greater than 4% per year during the 2004-2008 period (Table on Health Status Indicators).

• The most recent results achieved in Malawi (AARR = 4.5), Ethiopia (AARR = 3.6), Mozambique (AARR = 3.6) and Niger (AARR = 3.3) show that major reductions in child mortality are achievable in African countries.

• Of the 33 countries, Malawi, Bolivia, Brazil, Egypt, Turkey, Bangladesh, Indonesia, Nepal, China and Lao People's Democratic Republic have already achieved their MDG4 target and a few other countries such as Haiti (before the earthquake this year) the Philippines and Uzbekistan are very likely to achieve the goal. Ethiopia, Mozambique and Niger also show impressive progress.

• Annual rates of change in coverage of some key child survival interventions (early initiation of breastfeeding, exclusive breastfeeding at six months of age, children <12 months vaccinated against measles, care-seeking for children with symptoms of acute respiratory infections (ARI), and use of Oral Rehydration Thearpy (ORT) for children with diarrhoea) show that the biggest improvement was achieved in the immunization of children less than 12 months against measles, for which 91% of the 23 countries with available data showed at least some annual increase in coverage (range 0.2% to 6.0%). The next best result was achieved in care-seeking for ARI, with increased coverage in 76% of the 21 countries with available data (range 0.4% to 10%). Less progress has been achieved in the use of ORT, with 64% of the 22 countries analysed showing some increase in coverage (range 0.3% to 3.0%).

• Mali, Cambodia and Bangladesh were the three countries to show an increase equal to or greater than 2% per year in four of the five interventions examined, and respective AARR of 1.5%, 3.3% and 6.2% between the two most recent surveys.
Figure 1: Annual change in coverage of key newborn and child survival interventions in CAH "countries for intensified support" between the two most recent available DHS or MICS (2 and 3)

Preventive child health interventions
Curative child health interventions
ORT use for children with diarrhoea

Figure 2: Median Average Annual Rate of Reduction in under-five mortality in CAH's 33 "countries for intensified support" by time period and WHO region

Figure 3: Rates of progress towards MDG4 in CAH "countries for intensified support" by region, 1980 - 2008

Notes:
1) The U5MRs for 2015 have been projected using the following formula:
\[(\exp(\text{AARR between 1990 and 2008} \times -25) \times \text{U5MR in 1990}); 25 \text{ being the total number of years between 1990 and 2015.}\]
2) In 2008, there was a cyclone leading to unusually high values in Myanmar; therefore the trend does not take into account the 2008 value.

Figure 3.1: Rate of progress towards MDG4 in CAH "countries for intensified support" in the African region, 1980 - 2008
Figure 3.2: Rate of progress towards MDG4 in CAH "countries for intensified support" in the Region of the Americas, 1980 - 2008
Figure 3.3: Rate of progress towards MDG4 in CAH countries for intensified support in the Eastern Mediterranean region, 1980 - 2008
Figure 3.4: Rate of progress towards MDG4 in CAH countries for intensified support in the European region, 1980 - 2008

- **Uzbekistan**
  - 1980: 108
  - 1990: 74
  - 2000: 62
  - 2010: 46
  - Target for MDG4 → 29

- **Turkey**
  - 1980: 137
  - 1990: 105
  - 2000: 84
  - 2010: 52
  - Target for MDG4 → 28

- **Tajikistan**
  - 1980: 51
  - 1990: 94
  - 2000: 117
  - 2010: 127
  - Target for MDG4 → 39

The graphs illustrate the mortality rates per 1,000 live births for under-5 mortality rate (U5MR) and infant mortality rate (IMR) from 1980 to 2015. The targets for MDG4 are indicated for each country.
Figure 3.5: Rate of progress towards MDG4 in CAH countries for intensified support in the South-East Asian region, 1980 - 2008

Figure 3.6: Rate of progress towards MDG4 in CAH countries for intensified support in the Western Pacific region, 1980 - 2008