Africa Key Facts and Figures for Child Mortality

Newborn and Child Mortality Estimates

- Sub-Saharan Africa has the highest risk of death in the first month of life and is among the regions showing the least progress. However, Sub-Saharan Africa has seen a faster decline in its under-five mortality rate, with the annual rate of reduction doubling between 1990–2000 and 2000–2011.
- Sub-Saharan Africa, which accounts for 38 percent of global neonatal deaths, has the highest newborn death rate (34 deaths per 1,000 live births in 2011). Neonatal deaths there account for about a third of under-five deaths globally (1.1 million newborns die in the first month of life). Sub-Saharan Africa has reduced under-five mortality by 39% between 1990 and 2011.
- If current trends persist, 1 in 3 children in the world will be born in sub-Saharan Africa, and its under-five population will grow rapidly.
- The highest rates of child mortality are still in Sub-Saharan Africa—where 1 in 9 children dies before age five, more than 16 times the average for developed regions (1 in 152).
- Under-five mortality rate in Africa (per 1,000 live births) declined from 163 in 1990 to 100 in 2011. These rates are still insufficient to achieve Millennium Development Goal 4 by 2015.
  - In Eastern and Southern Africa the decline was from 162 in 1990 to 84 in 2011.
  - In West and Central Africa the decline was from 197 in 1990 to 132 in 2011.
  - Eastern and Southern Africa have reduced under-five deaths by 48% from 1990 to 2011.
  - Western and Central Africa have reduced under-five deaths by 33% from 1990 to 2011.
- Liberia, Rwanda, Malawi, and Madagascar are among the top ten countries with the greatest percentage decline in their under-five mortality rates from 1990-2011. The under-five mortality rates decreased in these countries by 67.5%, 65.4%, 63.6%, and 61.8% respectively.

Causes of Death

- One of the major causes of under-five mortality is neonatal sepsis. In 2010, 15% of newborn deaths in Africa can be attributed to infections related to the delivery process.
- In sub-Saharan Africa, care-seeking for pneumonia has improved from 36% in 2000 to 46% in 2010 for rural areas, and from 49% to 52% in urban areas.
- Diarrhoea causes about 11% of under-five deaths worldwide with nine-tenths of these deaths occurring in Sub-Saharan Africa.
- Use of Oral Rehydration Salts (ORS), one of the three key interventions for diarrhoea, has increased from 24% of children in sub-Saharan Africa receiving ORS in 2000 to 30% in 2011.
- In 2011, Malaria accounted for a loss of nearly 500,000 lives of children under-five in the world with almost all of the deaths occurring in sub-Saharan Africa.
- In 2000, only 2% of children under-five in Africa slept under Insecticide Treated Nets (ITNs), this number increased dramatically to 38% in 2010. Tanzania, Niger, and Mali have increased ITN use to over 60%.
- 165 million children under 5 are stunted (low height for age) in their growth due to poor nutrition during the first 1,000 days of life. Stunting rates in sub-Saharan Africa have decreased from 47% in 1990 to 40% in 2011, yet the prevalence is still high.
- Exclusive breastfeeding is a critical part of improving child survival and development. Sub-Saharan Africa has seen increases from 21% in 1995 to 33% in 2010 of infants under six months who are exclusively breastfed.
• The largest threat of maternal mortality occurs during labor, birth, and the 24 hours following birth. Many of the interventions known to save the lives of women and their newborns depend upon the presence of a Skilled Birth Attendant (SBA). In Africa, 48.4% of births in 2011 were attended by skilled health personnel.

• Millions of children die from diseases that can be prevented through vaccines. In 2011, African immunization coverage was estimated at 77%. The World Health Organization (WHO) estimates that 20% of under-five deaths—approximately two million deaths annually—could be prevented with existing vaccines.

• In 2010, 6% of under-five deaths in sub-Saharan Africa were associated with HIV. In some countries the rate is much higher, 28% in South Africa and 23% in Swaziland.

• In 2011, Swaziland, Botswana, and South Africa all achieved over 90% coverage of the most effective medicines for Preventing Mother-to-Child Transmission (PMTCT).

RESOURCES: