

Millennium Development Goal 4

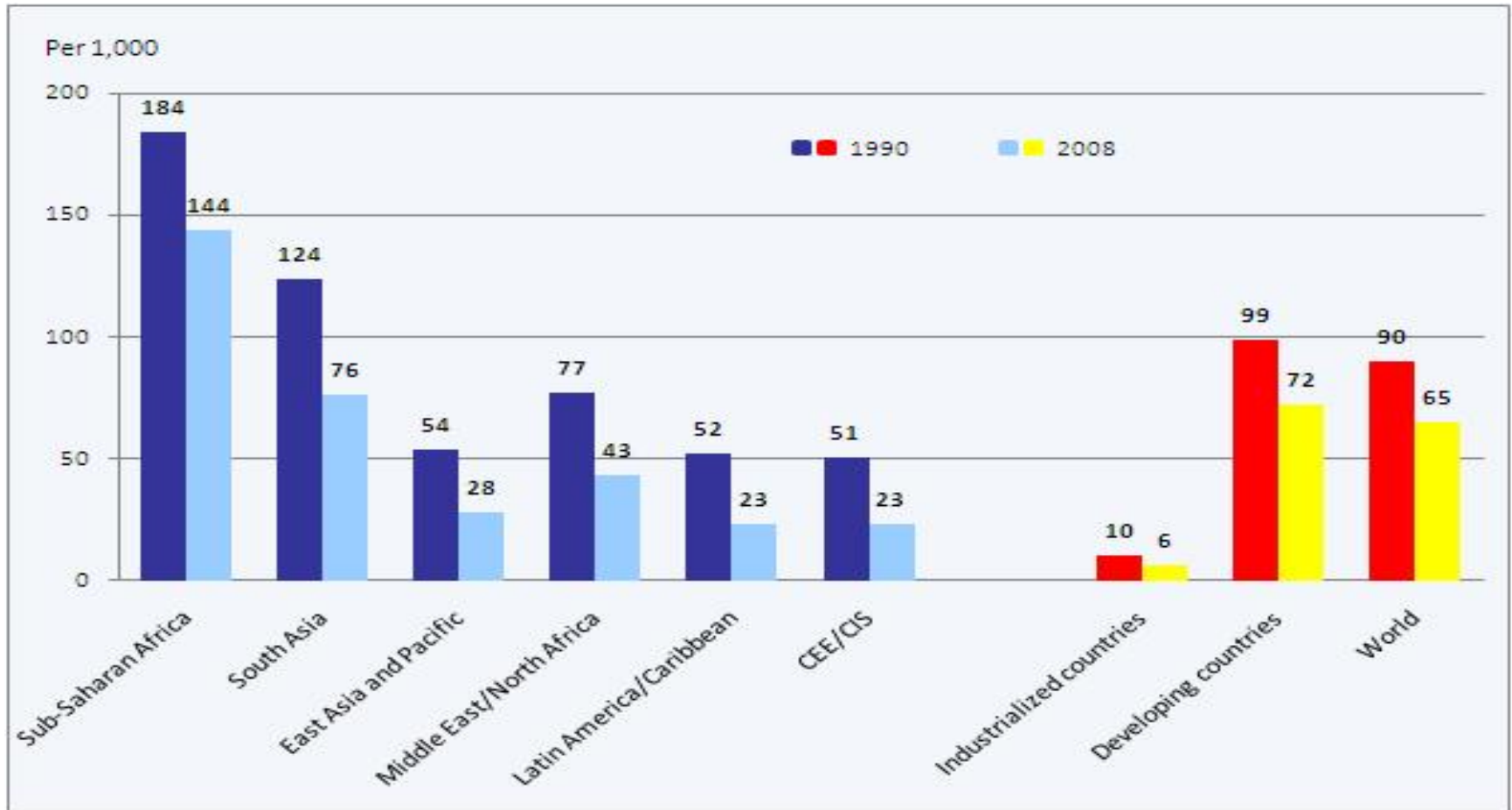
Reduce the Under 5 Mortality Rate by 2/3
between 1990 and 2015

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Regional Consultation on MDGs
17 March 2010, Palais des Nations, Geneva



CEE/CIS Overall on Track in Achieving MDG 4: Reduction of U5MR - 1990-2008 (per 1,000)



Source: State of the World Children 2010, UNICEF

Progress in all countries, but more efforts required

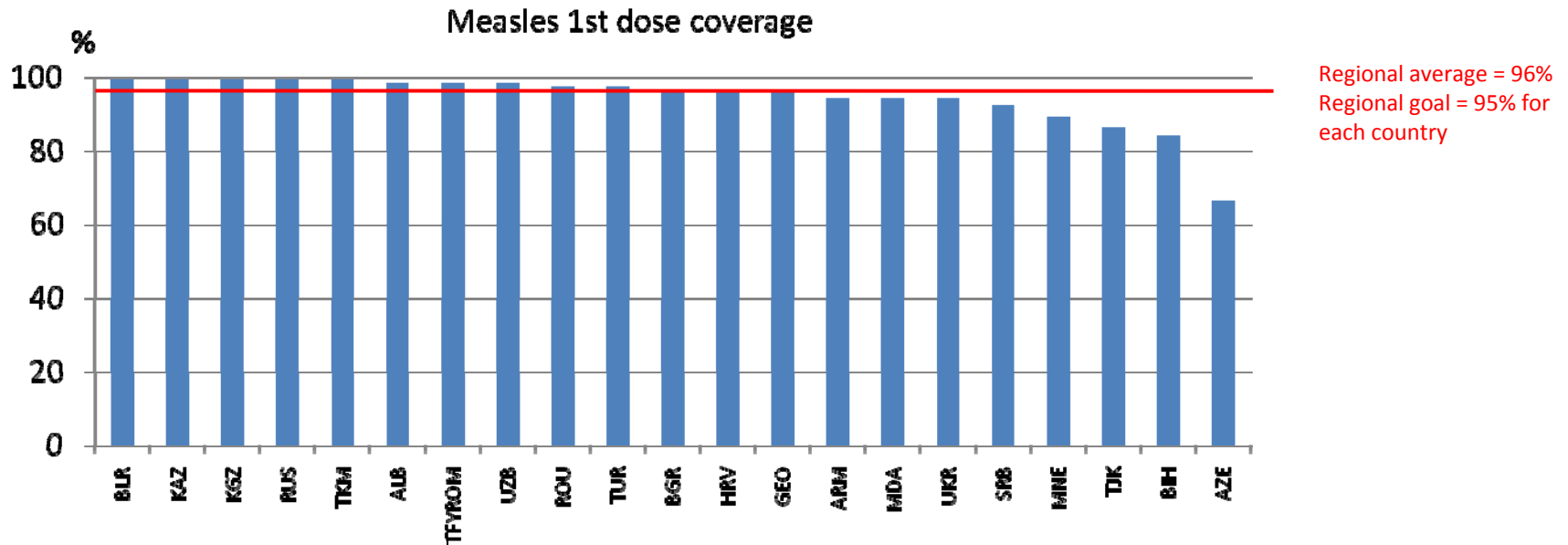
	U5MR per 1,000 (2008)	MDG target 2015	Annual rate of reduction (% 1990-2008)
Serbia	7	9	7.9
Turkey	22	27	7.4
Albania	14	15	6.6
The former Yugoslav Republic of Macedonia	11	13	6.6
Azerbaijan	36	33	5.6
Armenia	23	19	4.9
Romania	14	11	4.6
Moldova	17	12	4.3
Croatia	6	4	4.3
Russian Federation	13	9	4.1
Turkmenistan	48	33	4
Kazakhstan	30	20	3.9
Kyrgyzstan	38	25	3.8
Uzbekistan	33	25	3.7
Montenegro	8	5	3.5
Tajikistan	64	39	3.4
Belarus	13	8	3.4
Bulgaria	11	6	2.7
Georgia	30	16	2.5
Bosnia & Herzegovina	15	7	2.4
Ukraine	16	8	1.5
CEE/CIS	23	18	4.4
Industrialized countries	6	3	2.8
Developing countries	72	34	1.8
Least developed countries	129	60	1.8
World	65	31	1.8

Source: SOWC 2010

Major Causes and Underlying Factors of Child Mortality

- Neonatal Mortality accounts for about 44% of U5MR in CEE/CIS.
- While, overall about 89% of deliveries in CEE/CIS take place in maternity hospitals and 95% are attended by skilled attendant, quality of care remains a concern.
- Poor nutrition is an important determinant of mortality:
 - Stunting remains high, affecting about 20-30% of children in some countries.
 - CEE/CIS has one of the lowest exclusive breastfeeding rate in the world (20% exclusive breastfeeding rate up to 6 months compared to the world's average rate of 38%)
- Poverty is another major contributor to mortality. DHS and MICS studies show child mortality in poorest quintiles being two times higher than in the richest ones.
- Out-of-pocket expenditures are significant in many countries, being particularly high in Central Asia and Caucasus (50-70% of Total Health Expenditures).

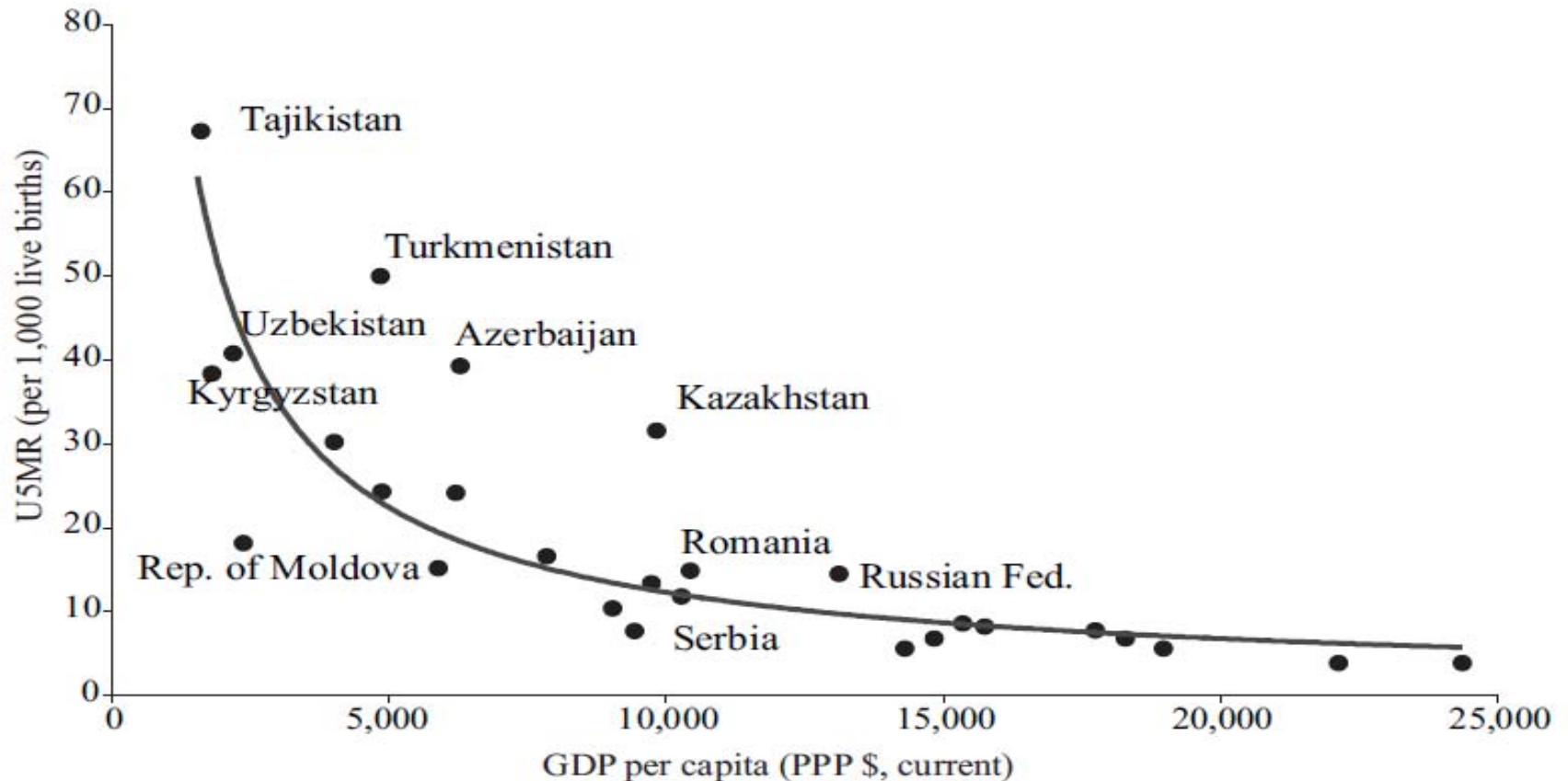
Immunization



Data source: WHO/UNICEF Joint Reporting Form on Immunization, 2009.

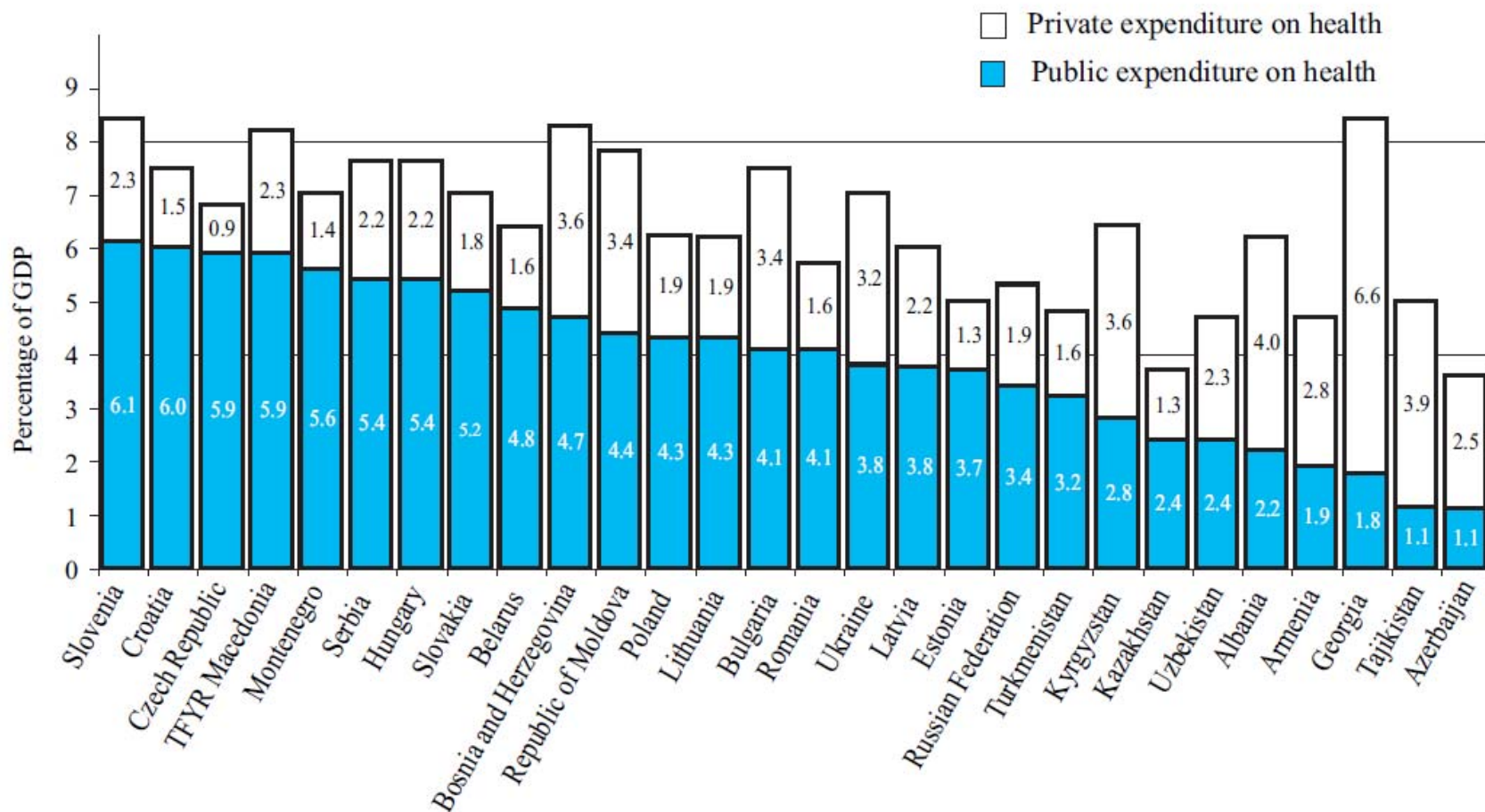
- Reported coverage may not indicate timely immunization
- High national immunization coverages mask in-country disparities, as reflected by occasional outbreaks
 - Marginalized populations
 - IDPs
 - Rural remote areas
 - Urban poor
 - Urban educated
- Public trust issues among general public and medical professionals
 - Weak communication
 - Increased importance of AEFIs vs. declining VPDs
- New vaccines require additional resources

U5MR by levels of GDP per capita, 2006-2007



Source: Data from <www.childinfo.org> and World Development Indicators 2008 (accessed in December 2008).

Public and Private Expenditures on Health as Percentage of GDP



Source: Innocenti Social Monitor 2009, Child Wellbeing at Cross-roads: Evolving Challenges in Central and Eastern Europe and Commonwealth of Independent States, UNICEF

Challenges and Priorities for Accelerated Progress

- Ensure access to a basic package of services, including essential drugs and commodities, particularly in the context of financial crisis
- Scaling-up high impact MCH interventions and provision of a continuum of care for women and children through strengthening national health systems.
- Ensure quality of care, particularly maternal and newborn care to translate high coverage of institutional deliveries into improved health outcomes.
- Prioritize and secure budgets for effective public health interventions: vaccination, water and sanitation, and health education and promotion; and social protection.