

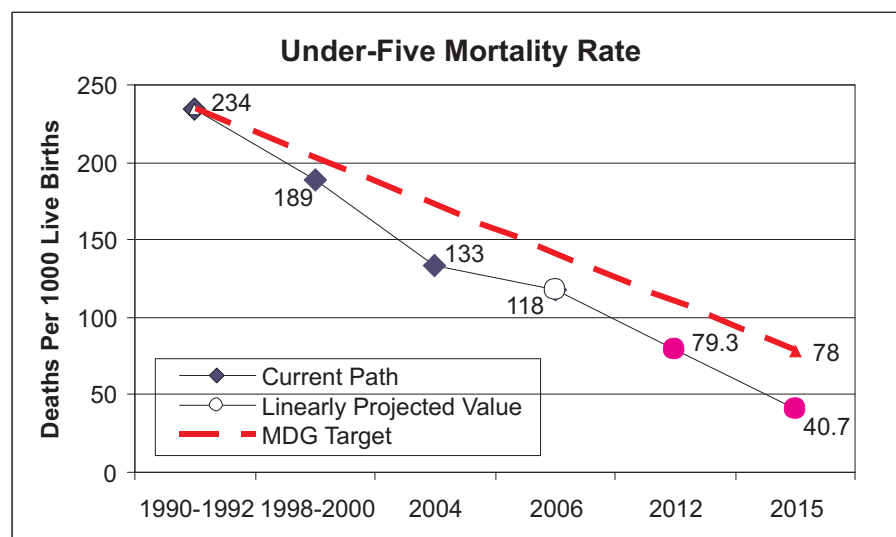
# Goal 4. Reduce Child Mortality

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Target 5: Reduce by two thirds the mortality rate among children under five.

Indicator: Under-five Mortality Rate

Chart 14: Under-five Mortality Rate

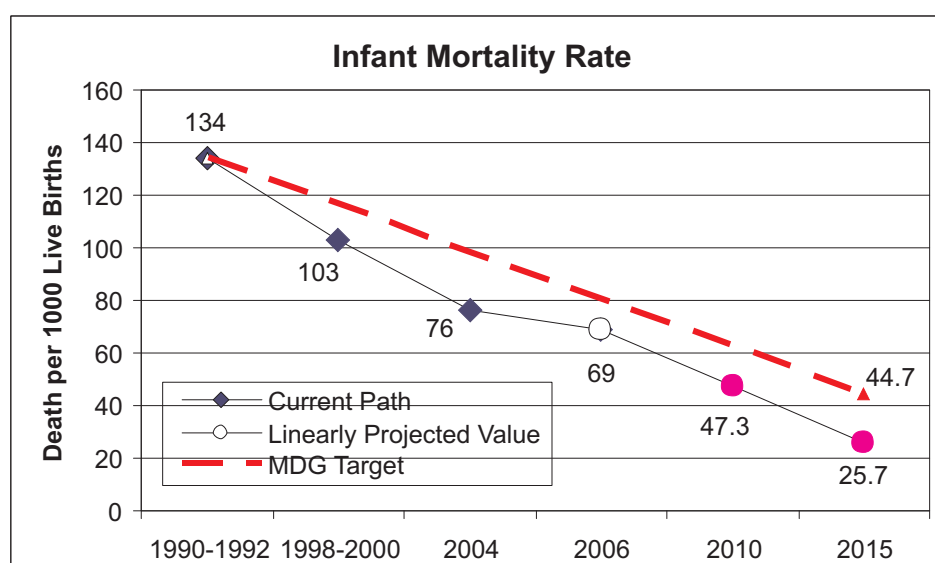


Source: 1992, 2000, 2004 MDHS and 2006 MICS

Malawi is making good progress towards reducing under-five mortality. The country recorded an under-five mortality rate of 234 deaths per 1000 live births in 1992. This rate declined to 189 in the year 2000 and has further declined to 133 in 2005 as shown in Chart 14 above. At this rate, under-five mortality would decline to as low as 41 deaths per 1000 live births by the year 2015, implying that the country is likely to reduce under-five mortality by more than two-thirds of 1992 levels.

Indicator: Infant Mortality Rate

Chart 15: Infant Mortality Rate



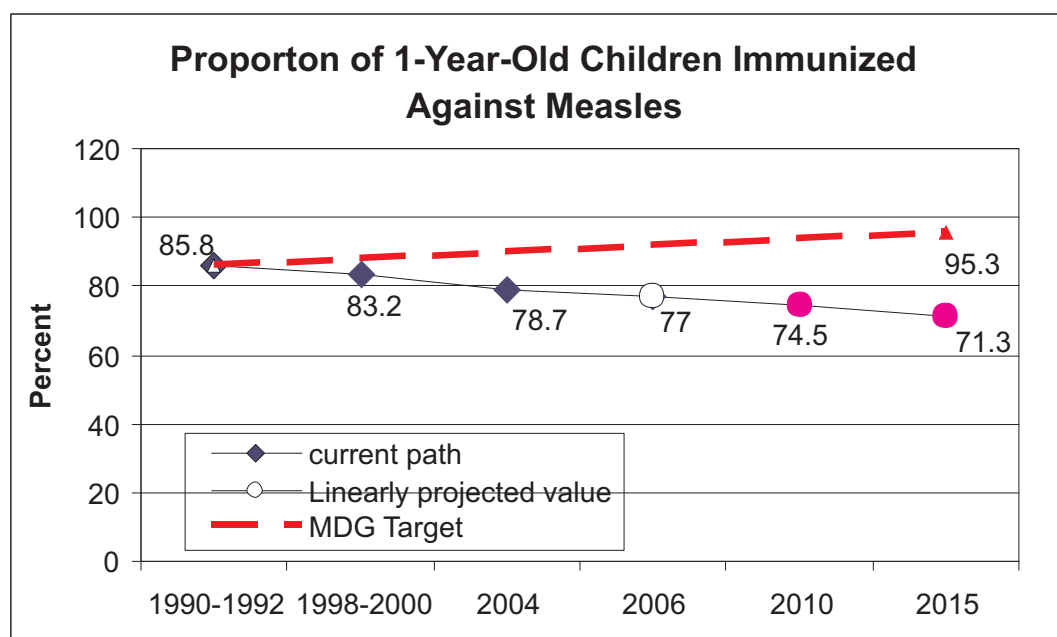
Source: 1992, 2000, 2004 MDHS and 2006 MICS

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According to the 1992, 2000 and 2004 Malawi Demographic and Health Surveys, infant mortality rate has been steadily declining in Malawi from a very high level of 134 in 1992 to 69 in 2006 as shown in Chart 15 above. At this rate of decline, Malawi is likely to achieve this target by 2015.

*Indicator: Proportion of 1-year-old children immunised against measles.*

**Chart 16: Proportion of 1-year-old Children Immunized against Measles**



**Source:** 1992, 2000, 2004 MDHS and 2006 MICS

Chart 16 above shows the changes in the share of 1-year-old children immunized against measles, and the projections to 2015. The proportion of 1-year old children immunized against measles has dropped from 86 percent in 1992 to 77 percent in 2006. The projection shows that by 2015, only about 71 percent of the 1-year old children will be immunized against measles and this percentage is below the MDG target of about 95 percent.

Progress towards meeting the MDG targets for child mortality, infant mortality and immunization against measles by 2015 reflects the success of government interventions in the health sector, supported by its development partners. The interventions include implementation of an Integrated Management of Child Illnesses (IMCI) Approach; continuous and accelerated training of health workers, including Health Surveillance Assistants (HSAs), on IMCI and prevention of child illnesses; implementation of child feeding programmes in a number of health facilities; a successful expanded immunization programme; and implementation of an Essential Health Package (EHP) through the Sector Wide Approach (SWAp), which has focused on both the implementation of interventions and development and strengthening of related health systems (Malawi Government, 2005).

### Challenges:

While some progress has been made, Malawi still faces challenges in its efforts to reduce child mortality. The health sector is still resource constrained to successfully provide the high impact essential health interventions. The total expenditure on health equivalent to US\$20 per capita still falls short of the minimum expenditure of US\$34 recommended by the World Health Organisation

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Commission on Macroeconomics and Health. This financial constraint has translated into a host of problems that result in poor access to services by the population and consequent high incidence of preventable diseases and conditions. Weak inter-sectoral collaboration has also constrained the health sector from dealing with other determinants of poor child health, such as water and sanitation and malnutrition. The HIV/AIDS pandemic also poses a challenge to the accelerated reduction of child mortality.

### **Policy Framework and Strategies:**

The launch of the Malawi Growth and Development Strategy (MGDS) has renewed Government commitment to improving access to essential health care services, including integrated management of childhood illness and immunisation. Through this strategy, which is aligned to the sector's Programme of Work, the government will intensify investment in essential health care services, with a special focus on human resources development and retention, procurement of essential basic equipment, drugs and other medical supplies, and provision of infrastructure. Implementation of the health SWAp provides an opportunity for improved collaboration between the Ministry of Health on the one hand, and other government departments and non-state providers in the health sector on the other hand.