Boost child survival by looking locally

A new study from IHME and its collaborators worldwide looks at how a child’s chance of dying before age 5 depends on where they live.

To access the related mapping tool, visit: HTTPS://VIZHUB.HEALTHDATA.ORG/LBD/UNDER5

All over the world, fewer children are dying

Still, every day 15,000 children die worldwide before reaching their 5th birthday.

A child’s chance of surviving to the age of 5 can vary even within a country

CHILD MORTALITY ACROSS DISTRICTS’ IN LOW-AND MIDDLE-INCOME COUNTRIES, 2017

When it comes to saving children’s lives, there is a lot of evidence about what works. Building on that strong foundation, these district-level maps are a necessary addition to a policymaker’s toolkit, as they highlight places that have been left behind and require more attention, as well as places that have demonstrated improvement.

In Nigeria, a child in the highest-achieving local government area is nearly four times more likely to survive than a child in the lowest-achieving district.

Peru has made tremendous progress in saving children’s lives, even achieving the United Nations target for child survival at the national level. However, 15 provinces within the country did not achieve this goal.

SOURCES

3. Maintaining progress for the most beautiful chart in the world. International Health. doi: https://doi.org/10.1093/inthealth/ihz046

* The term “districts” here denotes the second-level administrative units within countries, generally. Individual countries may use different terminology.
** In Peru, second-level administrative units are known as provinces.
± In Nigeria, second-level administrative units are known as local government areas.
SUCCESS STORIES
Multiple countries have succeeded in ensuring that all children have a better chance of surviving, no matter where they live.

**RWANDA**

“Tremendous progress in improving child survival across the country has been due to a comprehensive, government-led strategy to provide high-quality care to all. Rwanda’s success can be attributed to evidence-based strategies; participatory processes; focused investments for the poorest populations; expansion of health insurance; growing numbers of community health workers, health professionals, and health facilities; and a continued focus on high-quality health care.”

Professor Agnes Binagwaho, MD, M(Ped), PhD
Vice Chancellor of the University of Global Health Equity, Rwanda

**COLOMBIA**

The country has seen gains in child survival in part due to the creation of a national health system in 1993 that guaranteed coverage for select health services. Colombia’s guarantee of free basic vaccines for all children has also played a role in improving child survival. Additional improvement in child survival may be likely given the passage of a statutory law in 2015 by Congress that recognizes health as a constitutional right.

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**About IHME’s Local Burden of Disease project**

The Institute for Health Metrics and Evaluation (IHME) is an independent global health research center at the University of Washington that provides rigorous and comparable measurement of the world’s most important health problems and evaluates the strategies used to address them. IHME is recognized as one of the leading health metrics organizations in the world. The Local Burden of Disease project at IHME aims to produce estimates of health outcomes and related measures that cover entire continents, but to do so at a granular, local resolution. Such estimates will allow decision-makers to target resources and health interventions precisely, for maximum impact.

**For more information, contact:**

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To join IHME’s collaborator network, visit HEALTHDATA.ORG/GBD/CALL-FOR-COLLABORATORS