

LBD | U5M

Boost child survival by looking locally

A new study¹ 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](https://vizhub.healthdata.org/lbd/under5)

SOURCES

1. Mapping 123 million neonatal, infant, and child deaths between 2000 and 2017. *Nature*. doi: <https://doi.org/10.1038/s41586-019-1545-0>.
2. Global, regional, and national age-sex-specific mortality and life expectancy, 1950–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*. doi: [https://doi.org/10.1016/S0140-6736\(18\)32203-7](https://doi.org/10.1016/S0140-6736(18)32203-7).
3. Maintaining progress for the most beautiful chart in the world. *International Health*. doi: <https://doi.org/10.1093/inthealth/ihz046>

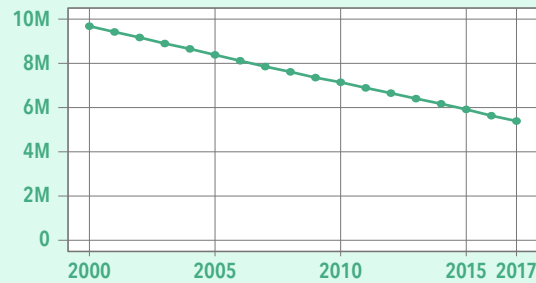
* The term "districts" here denotes the second-level administrative units within countries, generally. Individual countries may use different terminology.

** In Peru, second-level administrative units are known as provinces.

± In Nigeria, second-level administrative units are known as local government areas.

All over the world, fewer children are dying

CHILD DEATHS FROM 2000 TO 2017^{2,3}



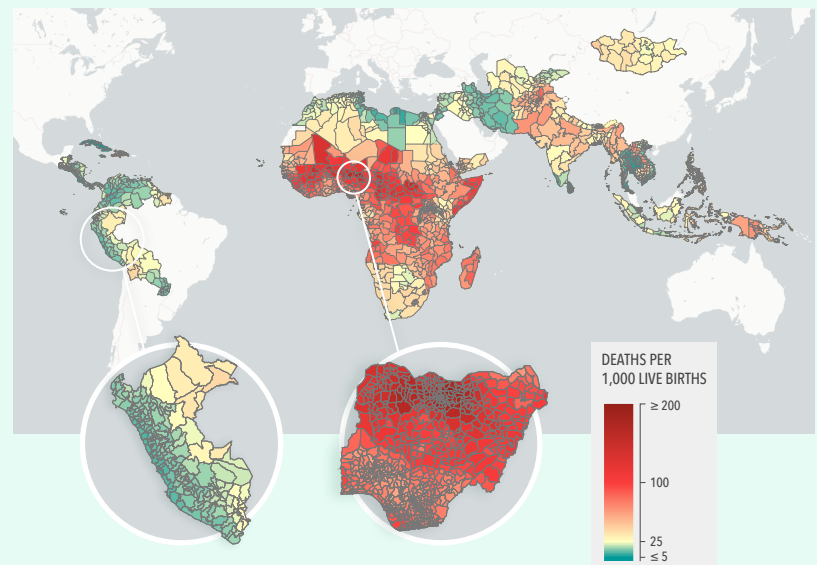
Still, every day

15,000

children die worldwide before reaching their 5th birthday.²

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.

To give every child the best chance of surviving, countries can:

TARGET

Use these maps as a starting point to make funding decisions, considering both equality as well as potential for impact.

TRACK

Use local data to find local solutions, looking at trends over time, and learning from those districts that have made the most progress in child survival. Continue tracking trends in child survival to measure the impact of interventions.

TREAT

Strengthen the pillars of child survival, such as improving nutrition, vaccination, maternal education, and safe water and sanitation. Interventions chosen to address these challenges must be tailored to each district’s needs. IHME’s Local Burden of Disease project is measuring nutrition, vaccination, maternal education, and water and sanitation in low- and middle-income countries.

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.

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