More attention needs to be paid to female representation in national parliaments for this to translate into concrete development outcomes. This is necessary to foster the link between the target and human development indicators, which is the overarching goal of the MDGs.

Goal 4: Reduce child mortality

Target 4A: Reduce by two-thirds between 1990 and 2015 the under-five mortality rate (U5MR)

Africa continues to show progress, albeit slow, in reducing the under-five mortality ratio. The U5MR declined by 21 percent from 168 deaths per 1,000 live births in 1990 to 132 deaths per 1,000 live births in 2008 (Danzhen et al., 2009). However, the rate of progress being made is insufficient to attain this target at the continental level. Reporting data on this target also presents a challenge. This is because Africa (excluding North Africa) registers the highest percentage (66 percent) of children under-five who are not registered at birth (UNICEF, 2007). African countries should intensify their efforts to establish a credible civil registration system in order to improve the health information system and their ability to monitor progress on this target.

Indicator 4.1: Under-five mortality rate (U5MR)

The under-five mortality rate expresses the probability of a child born in a specified year dying before reaching the age of five, subject to the current age-specific mortality rate. Because data on disease incidence and prevalence (viz. morbidity data) are frequently unavailable, mortality rates are instead used to identify vulnerable populations. Measurement difficulties have necessitated

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17 Expressed as a rate per 1,000 live births.
frequent revisions of the methodology for collecting U5MR data by the Inter-agency Group for Child Mortality Estimation (IGME). Hence the data in this report may not be consistent with what was reported in the past.

Figure 17 summarizes the under-five mortality rates by country, as well as progress achieved to date. Egypt has already surpassed the target, while Cape Verde, Eritrea, Libya, Mauritius, Morocco, Seychelles, and Tunisia are on track to reduce the U5MR by two-thirds. In countries such as Benin, Equatorial Guinea, Ethiopia, Guinea, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Rwanda, Sierra Leone, Togo, and Tanzania, the U5MR has decreased rapidly (by 50 percentage points or more) from very high initial levels. However, the current rate of progress will be insufficient to reach the target. Progress remains very slow (less than 10 percent) in four countries, while there was no change in the rate in the Democratic Republic of Congo and Somalia between 1990 and 2008. In five countries, namely Chad (4.0 percent), Congo (22.1 percent), Kenya (22 percent), South Africa (19.6 percent) and Zimbabwe (21.5 percent), the U5MR increased between 1990 and 2008.

Figure 18: Under-five mortality rates in Africa for 1990, 2007, and 2015 (estimated rate and target)

Source: ECA computations based on UNSD data, updated in July 2009.
Overall, if the current trends continue, the continent as a whole is unlikely to meet the goal of reducing under-five mortality by the target date of 2015 (see Figure 18). Africa, excluding North Africa, still accounts for half of all deaths worldwide of children under the age of five (UN, 2009). This indicates that African countries, excluding North Africa, need to make concerted efforts to achieve this goal and will require strong support from the international community.

According to the latest figures published in the WHO World Health Statistics 2010 report, three major diseases (namely, diarrheal diseases, pneumonia, and malaria) accounted for 52 percent of under-five mortality in Africa in 2008 (see Figure 19). This indicates that efforts should focus on the expansion of low-cost, preventative and treatment measures to combat these diseases. Measures could include antibiotics to fight pneumonia, oral rehydration and zinc to combat diarrheal diseases, insecticide-treated bed nets and effective medicines to prevent and treat malaria.

Figure 20 shows that all subregions except Central Africa have made progress in reducing the under-five mortality rate. North Africa has made the most progress by reducing the U5MR by 42 percent between 1990 and 2007, followed by East Africa (26 percent), Southern Africa (24 percent), and West Africa (20 percent). In Central Africa, the U5MR registered an increase of 5 percent between 1990 and 2007, although there was a leveling-off after 1995. Of all the subregions, West Africa and Central Africa registered the highest U5MR for the year 2007.
Figure 20: Under-five mortality rate per 1,000 live births by African subregion, 1990–2007

Source: ECA computations based on UNSD data, updated in July 2009.

Figure 21: Under-five mortality rate per 1,000 live births by African subregion, excluding the most populous countries, 1990–2007

Source: ECA computations based on UNSD data, updated in July 2009, excluding the most populous country per subregion: Egypt (North), Nigeria (West), Cameroon (Central), Ethiopia (East), and South Africa (Southern).
At the subregional level, progress on this indicator depends critically on the efforts being made in the most populous countries within each subregion. Hence, subregional progress rates are highly determined by progress achieved in Nigeria, Egypt, Cameroon, Ethiopia, and South Africa. When these populous countries are taken out of the subregional analysis (see Figure 21), the U5MR falls in every subregion, with Southern Africa, East Africa, and Central Africa recording approximately the same ratio (100 mortalities per 1,000 live births) in 2007. North Africa was the best overall subregional performer on this indicator in 2007, followed by West Africa (when Nigeria is excluded from the computations).

**Indicator 4.2: Infant Mortality Rate (IMR)**

A critical challenge for Africa is to reduce the number of children who die before reaching their first birthday. The Infant Mortality Rate (IMR) is the number of deaths of infants under one year of age in an indicated year per 1,000 live births in the same year. The IMR measures child survival. It also reflects the social, economic, and environmental conditions in which children (and others in society) live, including their healthcare.

IMR shows a declining trend in most African countries between 1990 and 2008. Figure 22 reveals significant differences in the rate of progress among countries. The best-performing countries are located on the left-hand side of the figure and the worst-performing countries on the right-hand side. Mozambique recorded the greatest decline in IMR while Kenya was the worst performer, followed by Congo, Zimbabwe, South Africa, Chad, and Lesotho. There was no change in IMR in DRC and Somalia between 1990 and 2008. Of note is the fact that of the six worst-performing countries, two are in Central Africa and three are in Southern Africa. High IMR in Central African countries could be attributed to political

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**Figure 22: Progress (% change) in Infant Mortality Rate, 1990–2008**

Source: ECA computations based on World Health Statistics, updated in 2010.
conflict and the prevalence of malaria in the subregion. For example, in Congo and Chad the malaria mortality rate is above the WHO regional average, while in Southern Africa, the high HIV prevalence (above 15 percent) is a determining factor.

Mortality rates at the very early stages of life significantly contributed to the estimated 9.2 million deaths of children under-five around the world in 2007. Around 40 percent of under-five deaths were newborns. In many developing countries, deaths of newborns account for over half of all deaths in infancy, with the vast majority occurring in the first few days of life (UNICEF, 2009). Therefore reducing neonatal deaths is crucial to achieving a reduction in infant mortality. In summary, the slow rate of progress in the region in reducing under-five mortality needs to be addressed urgently.

**Indicator 4.3: Proportion of one-year-old children immunized against measles**

This indicator is defined as the percentage of children under one year of age who have received at least one dose of measles vaccine. This indicator provides a measure of the coverage and quality of the healthcare system in the country. Measles is one of the leading causes of child mortality in developing countries and it is vaccine-preventable. The rates of immunization against measles vary significantly across countries, as can be seen in Figure 23 below. Thirteen countries reported an immunization rate of 90 percent or above, with only two countries below 50 percent coverage.

Equally important is the rate of progress achieved on measles immunization coverage. This indicates the degree of policy attention being paid to child healthcare. Figure 23 shows that 16 countries increased their measles immunization coverage by at least 20 percentage points between 2000 and 2008. These include Niger (46), Congo (45), Angola (38), Cameroon (31), Senegal (29), Nigeria (27), Central African Republic (26), Madagascar (25), Burkina Faso (24), São Tomé and Príncipe (24) Djibouti (23), Sierra Leone (23), Ethiopia (22), Guinea (22), the Democratic Republic of Congo (21), and The Sudan (21). However, nine countries reported a regression in immunization coverage over the same period.

Overall, countries are doing relatively well on this indicator. Most are well above the regional average of 73 percent (WHO, 2010), with only 18 countries falling below it. But vigilance is critical for securing the progress already achieved in order to prevent reversals. In this regard, it is important for African countries and their partners to maintain funding for measles prevention programs.

**Goal 5: Improve maternal health**

Maternal mortality remains a major challenge for health systems worldwide. Nonetheless, the latest available data give some glimmer of hope for Africa as a region, which registered an overall decline for this indicator between 1980 and 2008. The same data reveal that progress in the continent would have been much more extensive, given an absence of HIV/AIDS (North Africa excepted, since it has a very low HIV/AIDS rate). However, the slow rate of progress is not sufficient to achieve the goal by the target date. The adverse consequences of poor maternal health outcomes are well documented in the literature. The death of a mother during childbirth may shorten the life of the newborn. It may also mean descent into poverty and poor social outcomes for the living children as well as other dependants.

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19 These countries (with percentage regressions) were: The Gambia (-1), Chad (-5), Egypt (-6), Zimbabwe (-9), Côte d’Ivoire (-10), South Africa (-10), Benin (-11), Somalia (-14), and Swaziland (-17).