



Institute for
Health Metrics
and Evaluation

Progress on MDG4 and MDG5: Implications for the US

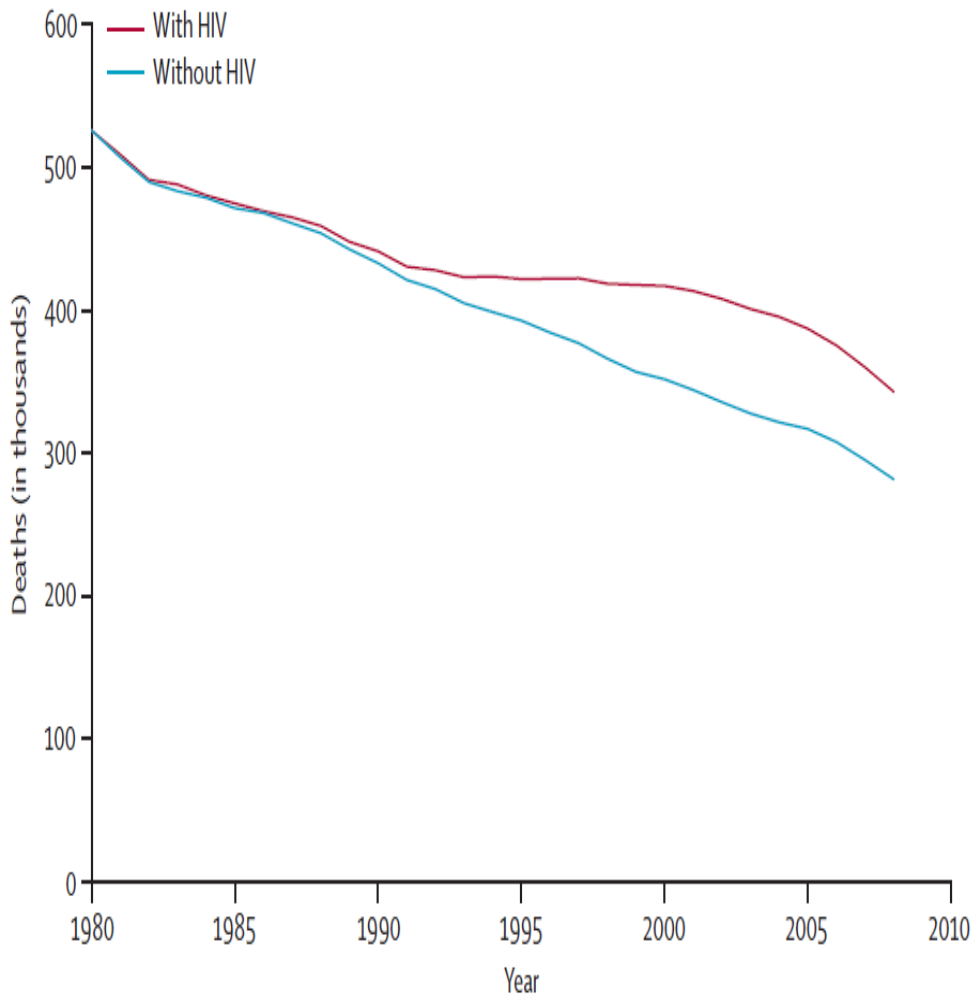
May 24, 2010

New Evidence on Progress on MDG4 and MDG5

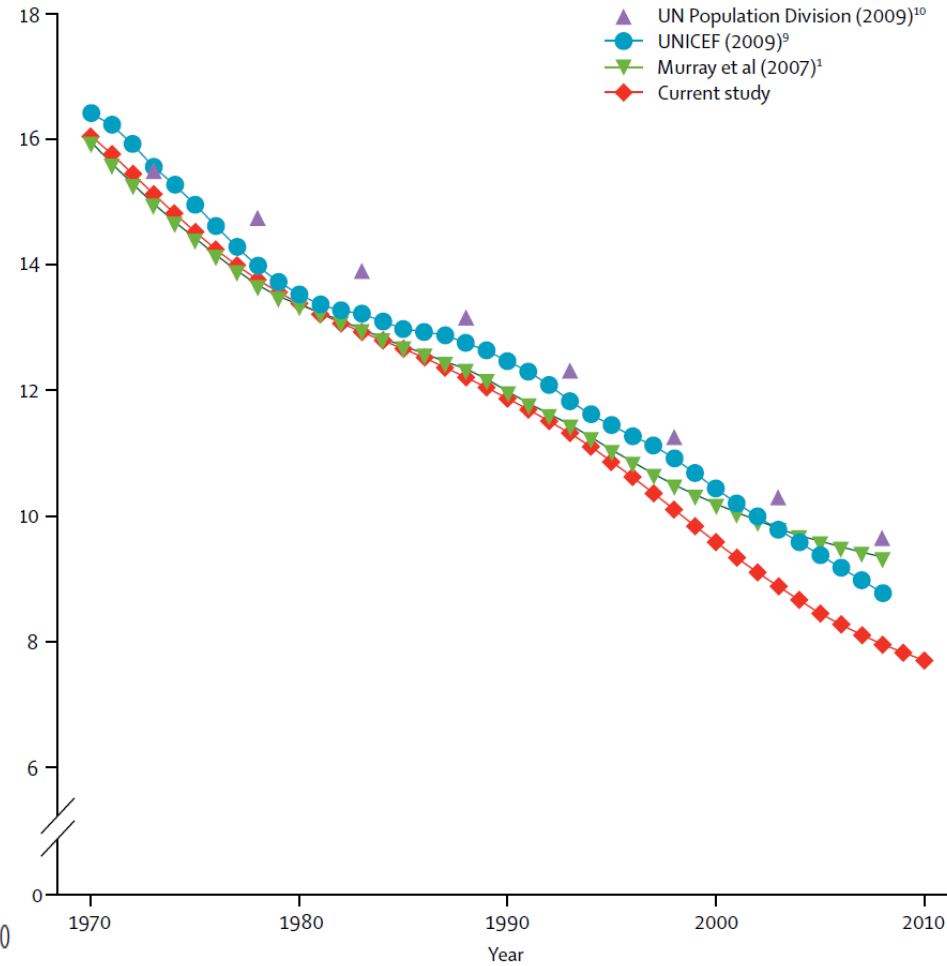
- 1) New studies in the Lancet in April 2010 on MDG5 and today on MDG4 provide a more robust basis for assessing progress on maternal mortality and under-5 deaths.
- 2) These studies by researchers at the Institute for Health Metrics and Evaluation and the University of Queensland have brought together much larger datasets and used improved estimation methods with proven accuracy.
- 3) Technical Symposium today will explore the database, methods and findings in detail and provide an opportunity to discuss alternative views on all aspects of these studies.
- 4) Goal is to summarize the key findings and their implications for US global health policy.

Progress

Global Maternal Deaths

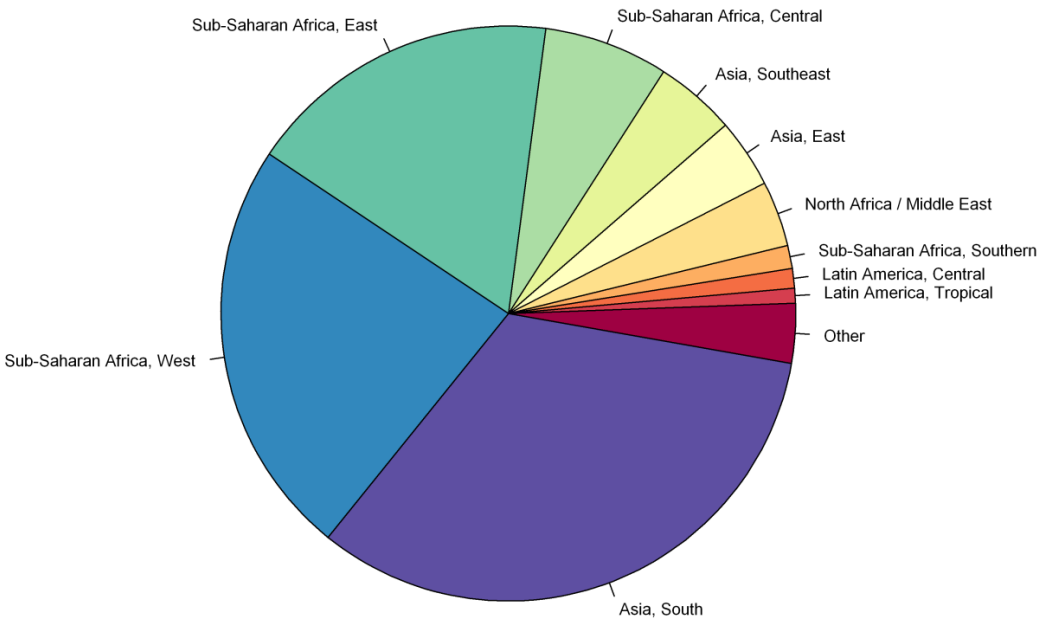


Global Under-5 Deaths

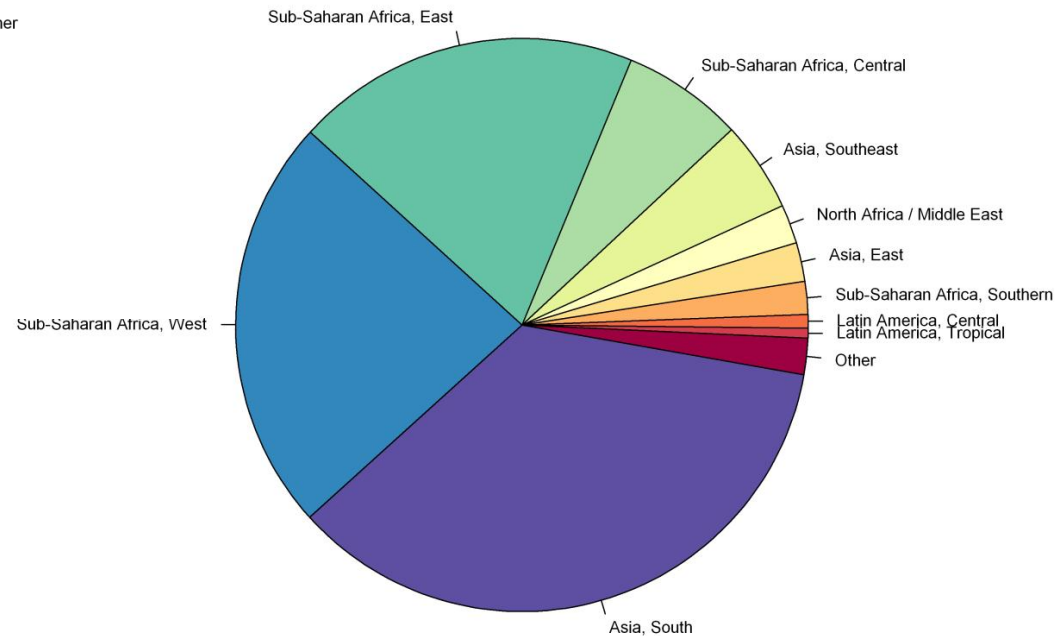


Maternal and Under-5 Deaths are Concentrated in Four Regions

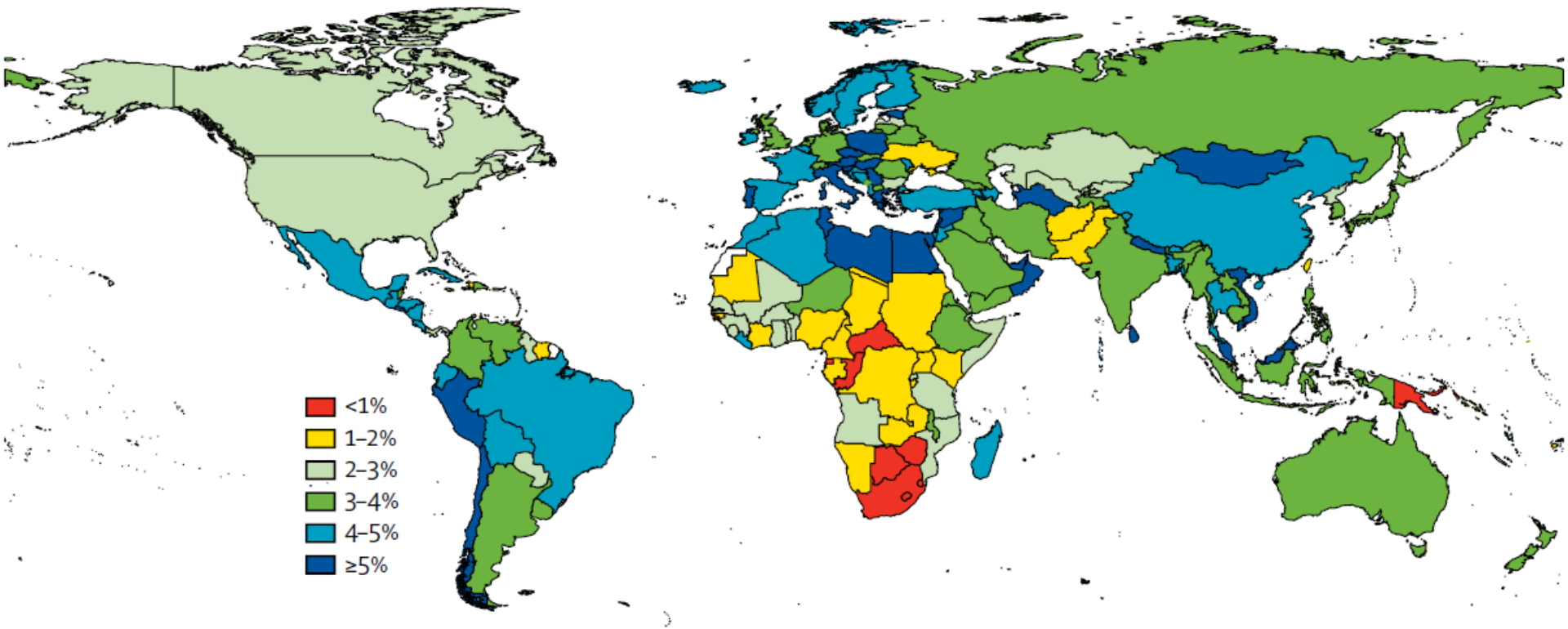
U5 Deaths 2010



Maternal Deaths 2008



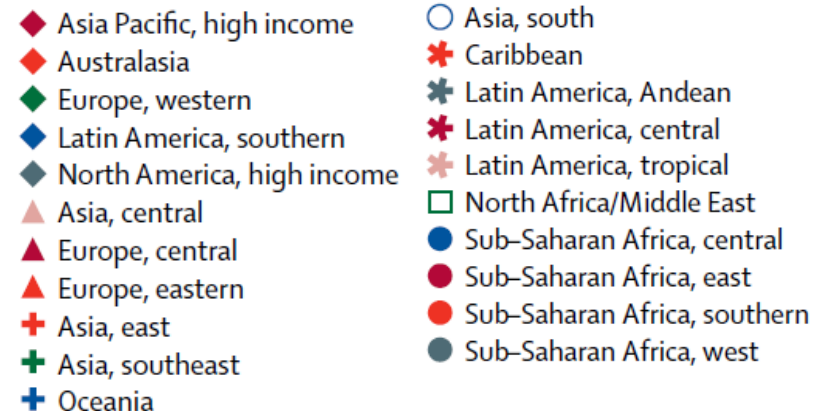
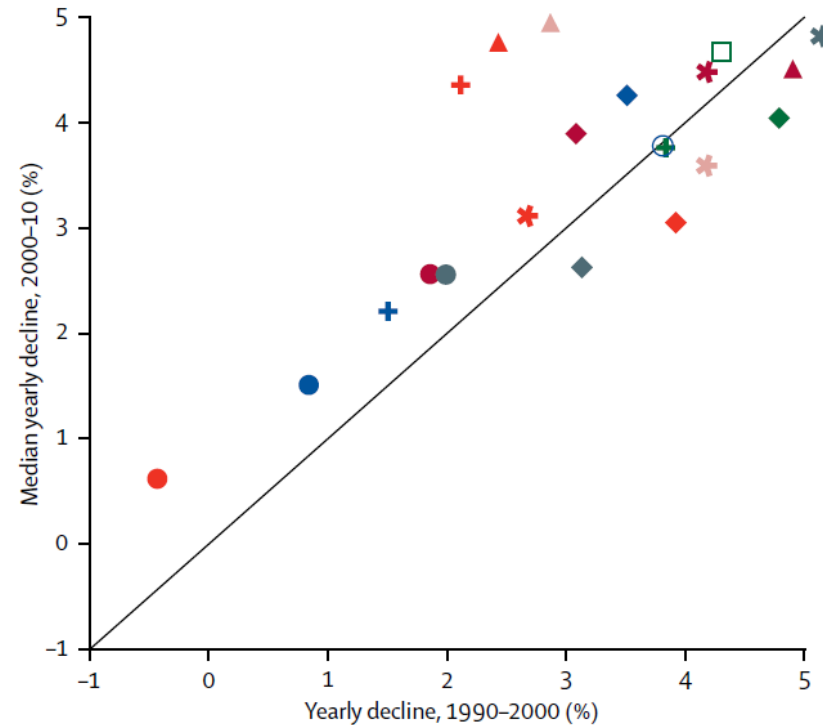
Progress on Under-5 Death Rates is Highly Variable Across Countries



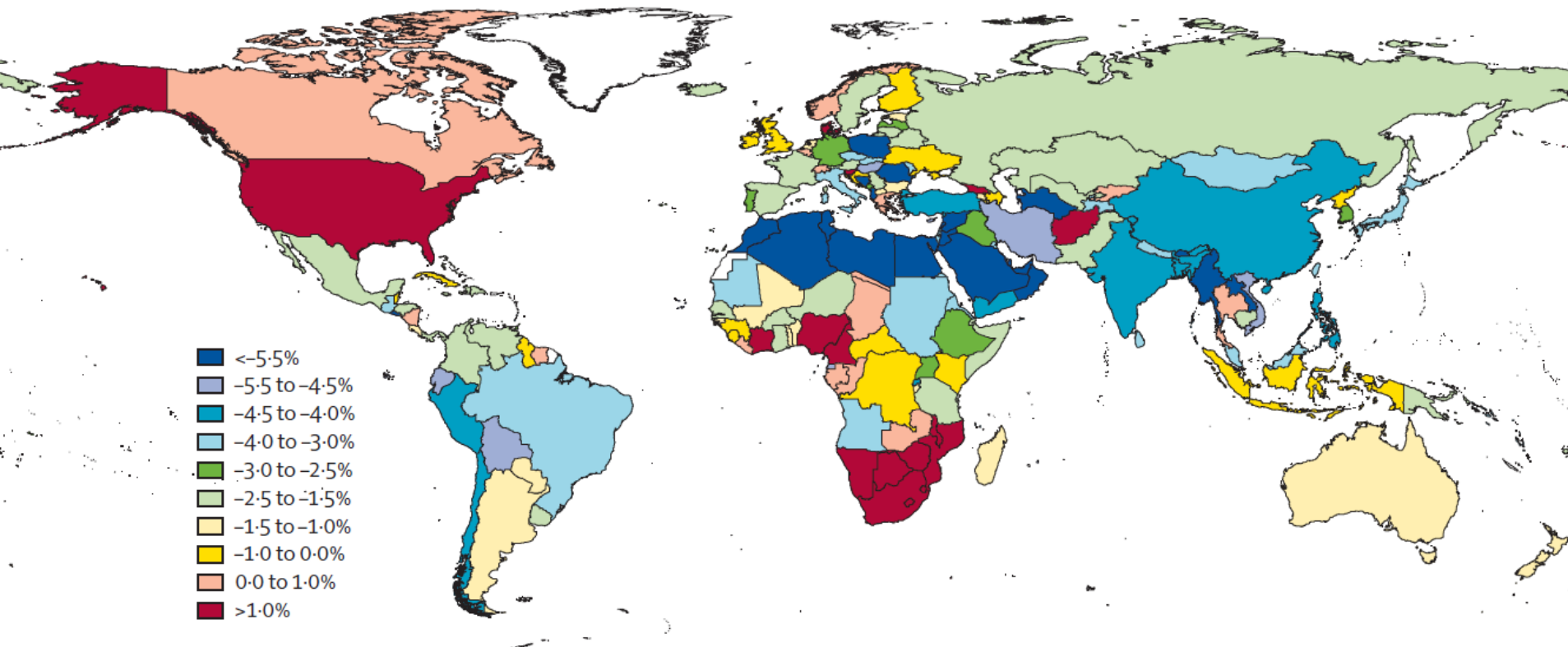
Annual Rate of Decline in U5 1990-2010

Progress on Under-5 Mortality is Accelerating in Low-Income Countries

- 13 regions have faster rates of decline in under-5 mortality from 2000 to 2010 than from 1990 to 2000.
- 34 countries in sub-Saharan Africa have faster rates of decline.
- Dramatic acceleration in declines in East Asia and Central Asia.

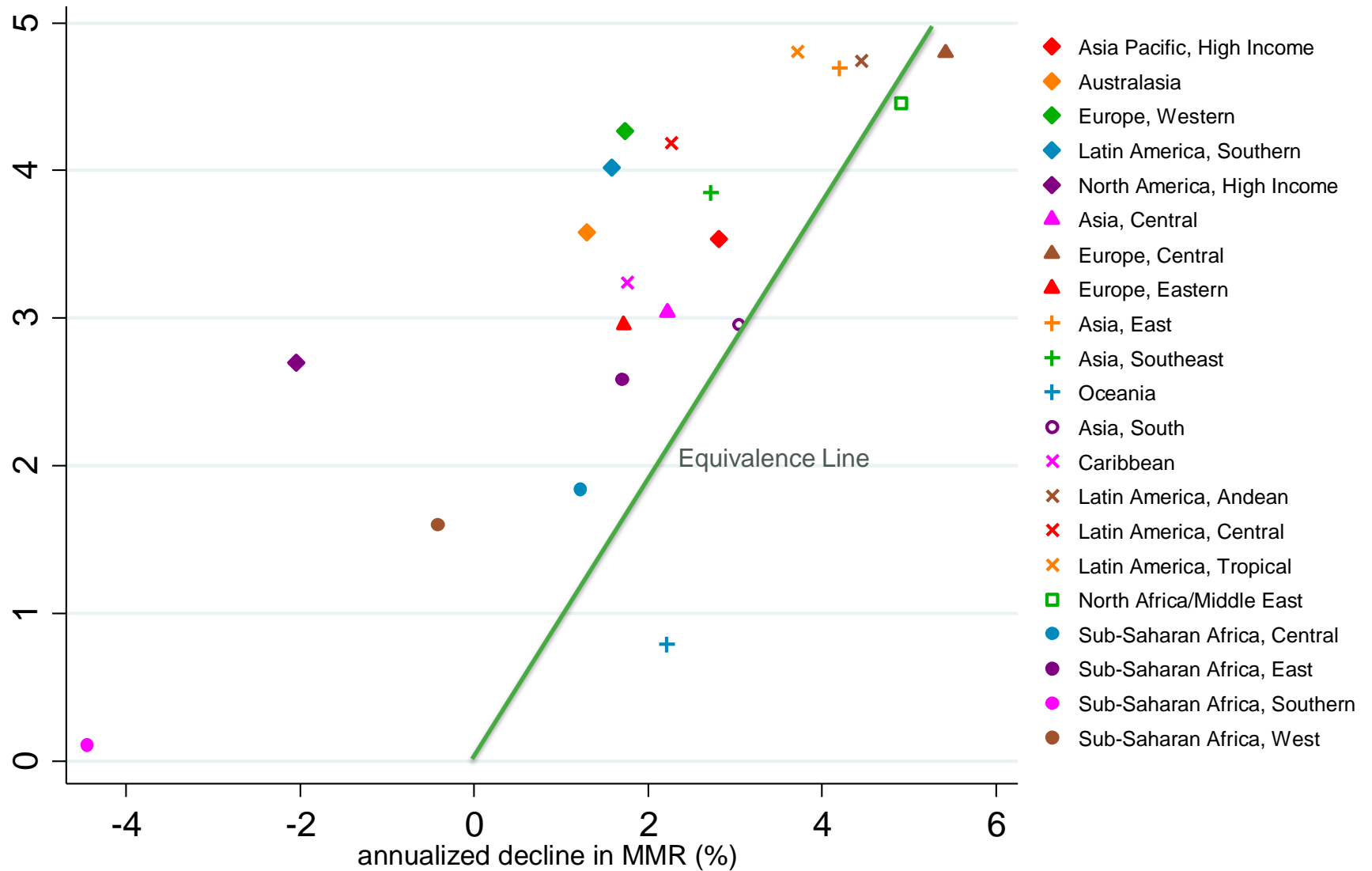


Huge Range in Progress on the MMR Including Rising Rates in Some Countries



Annual Rate of Decline in MMR 1990 to 2008

Progress on MDG4 and MDG5 Can be Different



Likely Key Drivers of Progress

- 1) Expansion of levels of maternal education. Average years of schooling of mothers in sub-Saharan Africa has increased from 1.5 years in 1980 to 4.4 years in 2008
- 2) Rising levels of income in Asia, Middle-East and Latin America.
- 3) Declines in the fertility rate although slower in sub-Saharan Africa.
- 4) Peak impact on children and mothers of HIV was from 1995-2004, now the impact is decreasing.
- 5) Increasing access to bednets, vaccination, vitamin A supplementation, prenatal care and skilled birth attendance and other MCH intervention technologies.

Implications

- 1) Expansion of development assistance for health to nurture accelerated progress particularly in sub-Saharan Africa.
- 2) Prioritize policy studies to elucidate why some countries such as Malawi, Madagascar, Niger and Ethiopia have been successful for reducing child mortality and countries such as Egypt, Bolivia, Ecuador, or Rwanda for maternal mortality.
- 3) Intensify investments in tracking maternal mortality and child mortality using methods that allow more timely assessment of trends.
- 4) Build synergies between investments in HIV programs and maternal and child health.
- 5) Judiciously balance investments in countries demonstrating accelerated progress and those most in need.