

Goal 4 Reduce child mortality

Target 5. Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate

Indicators, data & best estimates

UNICEF's Best Estimates 2005 (In Draft)

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■ Indicators

- 13. Under-5 mortality rate
- 14. Infant mortality rate
- 15. Proportion of 1-year-old children immunized against measles

13. Under-5 mortality rate

MICS 2003 under 5 mortality data

Women age group (years)	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Reference year	2002	2001	1999	1997	1994	1991	1988
Afghanistan	179	112	99	96	100	106	110
Eastern	35	59	44	38	43	54	58
Southern	99	55	64	45	54	59	74
Central	136	83	73	74	88	82	69
North	397	140	124	131	134	126	150
Western	214	169	138	137	121	137	163
Hazara	271	244	199	216	216	236	222

The correct age group estimate would be 99 for reference year 1999.

14. Infant mortality rate

MICS 2003 under 5 mortality data

Women age group (years)	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Reference year.	2002	2001	1999	1997	1994	1991	1988
Afghanistan	116	83	75	74	76	79	82
Eastern region	31	49	38	33	38	46	42
Southern region	75	46	53	39	45	49	60
Central region	95	66	59	59	62	64	56
North region	224	97	89	93	94	90	102
Western region	133	112	96	96	88	96	109
Hazara region	160	147	126	134	134	144	137

The correct age group estimate would be 75 for reference year 1999.

National & Regional variations in U5M & IMR

- In regions with a higher proportion Pashtun we would find lower mortality, because of an assumed lower access to the mothers and thus less reliable answers on the number of children that died.
- **Conclusion:**
 - Sub-estimation across the board and different per region and don't know by how much!
 - Besides the cultural factor affecting access to the mother, a control question was excluded, contributing to an unquantifiable underestimate of mortality.
 - No way to correct the figures, have to use other ways to come to national and regional estimates.

What are the other Child Mortality estimates?

- The Afghan U5MR was always quoted to be the or among the highest in the world in the State of the World's Children (SOWC) rankings in the past.
- The most recent national coverage mortality data for Afghanistan came from the Demographic & Family Guidance Survey, 1972-1974 (DFG72). Mortality levels for Afghanistan over the last 30 years are unknown and any projection over the period is extremely uncertain"

What are the other Child Mortality estimates?

- SOWC Afghanistan Child Mortality estimates was to continue the trend found in the 1972 survey. The found:
 - Decline in U5MR in the sixties (360 in 1960 to 327 in 1967)
 - This is continued, 320 in 1970, 300 in 1975 till 1980 (280).
 - The decline than smoothes out till 1990 (260) and is kept constant afterwards at 257.
 - IMR has same pattern, 1960=245, 1970= 215, 1980 = 185, 1990= 168, nineties is 165.

Year	U5MR	IMR
1960	360	245
1970	320	215
1980	280	186
1990	260	168
2000	257	165

What are the other Child Mortality estimates?

■ **MICS 1997 data.**

- In the 1997 MICS a declining U5MR was found stabilizing at a high U5MR of 235 in the early nineties, 1993.
- 1997 MICS were never incorporated in UN models but fits SOWC model well.

■ **MICS 2000 (Eastern region only)**

- Data gives very positive picture. But the 2000 results suffer the same Pashtun data collection issues. U5MR of 172 in 1995 for the rural East still has to be considered a very a low estimate.

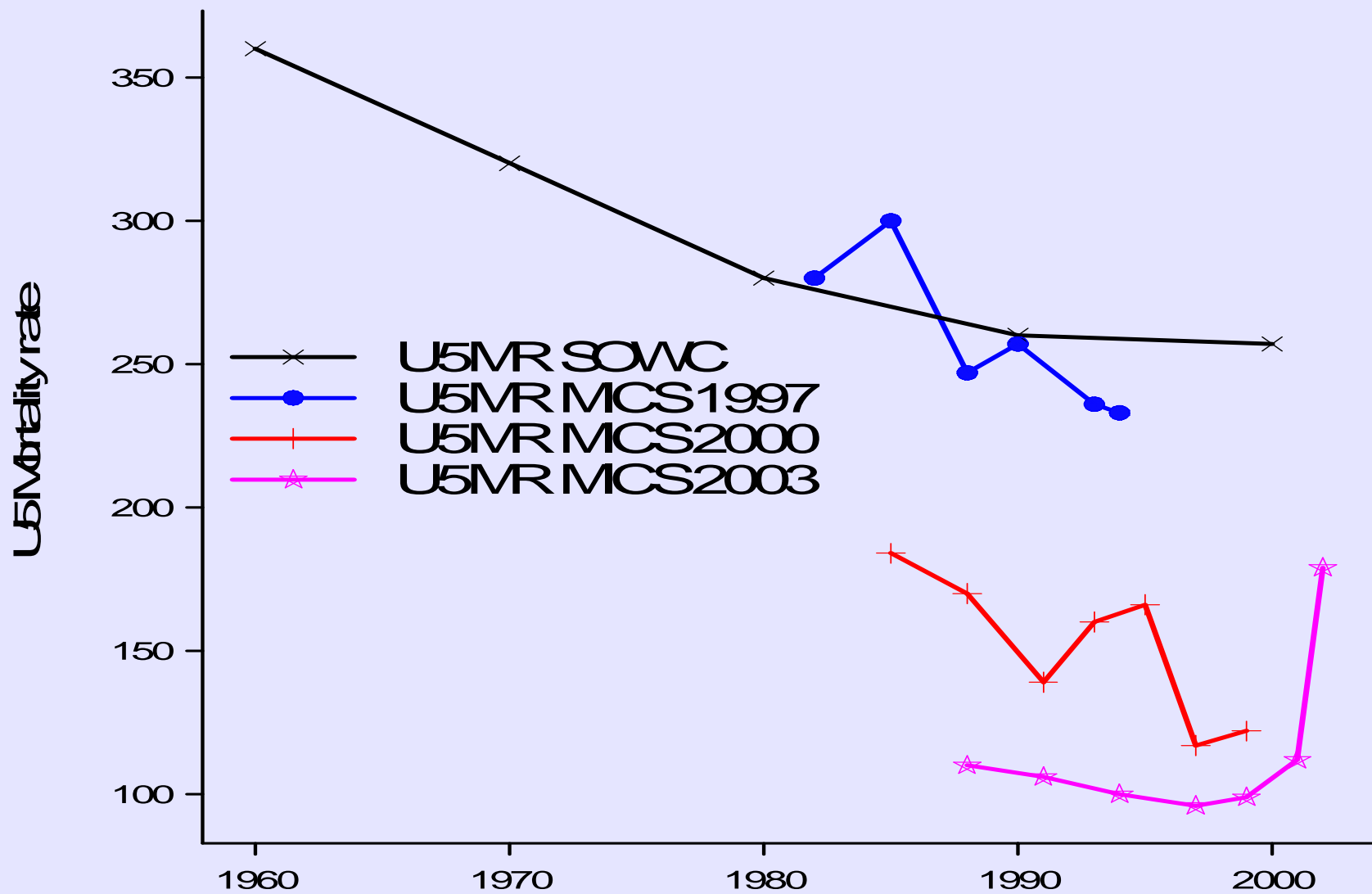
What are the other Child Mortality estimates?

■ CDC/UNICEF 2002

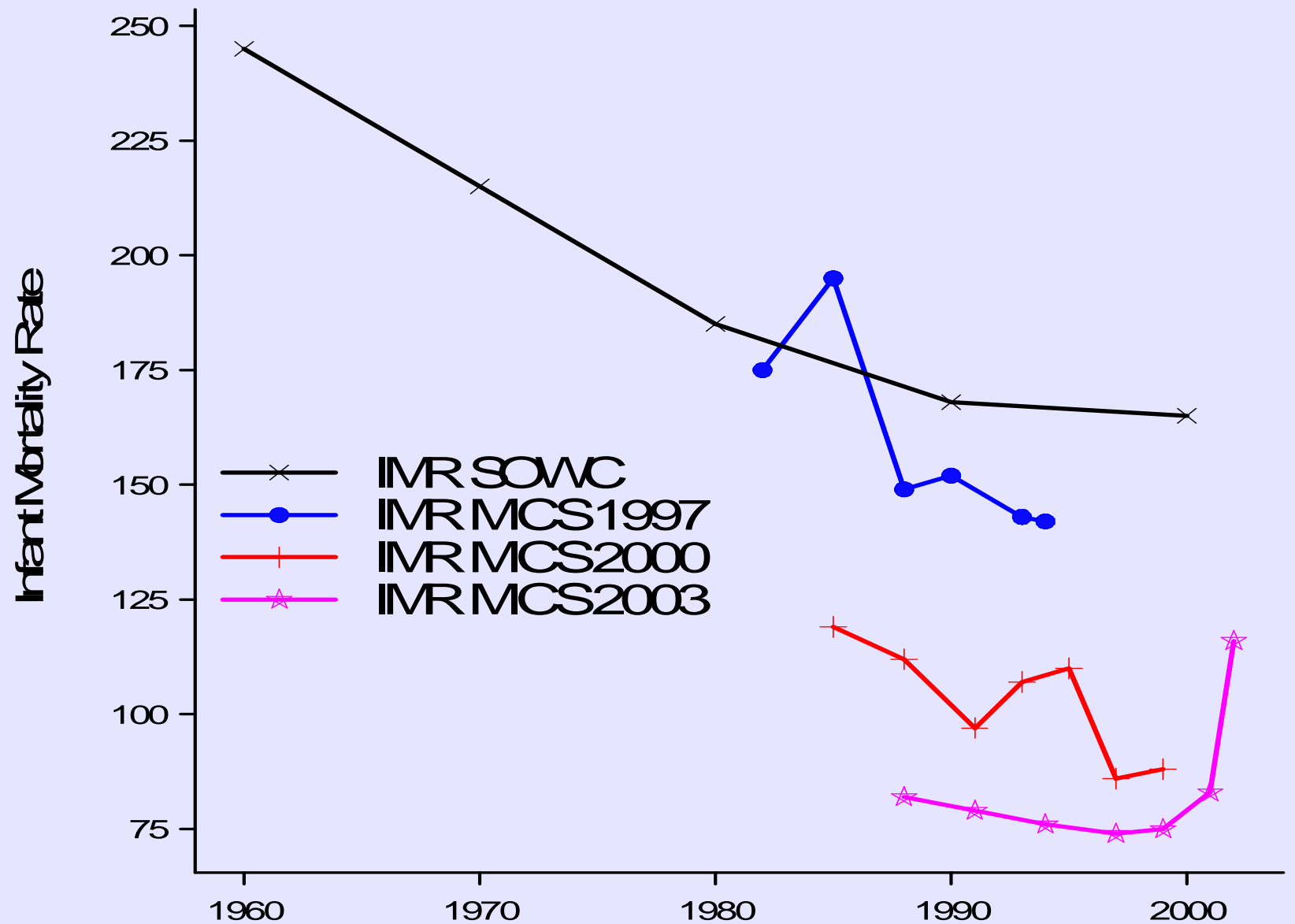
	Kabul (urban)	Laghman (peri-urban)	Kandahar (rural)	Badakshan (remote rural)
U5MR	109 (87-130)	190 (149-230)	N/A	323 (266-378)
IMR	78 (64-91)	128 (103-154)	N/A	217 (178-257)

Unfortunately evidence from the south, as there were omissions in crucial data collection needed to calculate U5MR & IMR.

U5MR estimates



IMR estimates



U5MR scenarios

- Having rejected 2003 MICS results, have to create 3 scenarios, use information on determinant indicators of mortality.
- **Optimistic scenario**
 - The Eighties brought besides war, start of Growth monitoring, Oral re-hydration, Breast feeding & Immunization initiative (GOBI) that might have caused a continuation of the downward curve till 1990. Then stagnation until 1997 (as confirmed by the 1997 MICS) with a new drop after 1997 and an acceleration of the reduction after 2001.
 - The improvements in the Child Mortality have been confirmed by the 1997 MICS. Suggested middle of the range for 1990 is 257 (U5MR)/152 (IMR).
 - The continued fighting in the nineties, the migration streams, caused the U5MR to stagnant in the nineties at the level as found in the 1997 MICS, 1995: U5MR is 236/IMR is 143.
 - However, since 1997 the Health sector has shown progress, and this progress accelerated after 2001. This is true for vaccination, diarrhoea (treatment) , measles, micronutrients. Education did not improve till 2001 (reverse is true) but refugees returned with many skills. 2003: U5MR 200/IMR 125.

Reduction rates

- **Pessimistic scenario** - Nothing changed after 1980, scenario, a constant U5MR of 257 per 1000. However just measles vaccinations counts for a dramatic reduction, so this scenario is considered as too pessimistic.
- **Media scenario** - This scenario also accepts the 1997 MICS results. But as a consequence of draught and war the mortality rate showed an increase after 1997 till 2001 (the trend as found in the 2003 MICS). So in 2001 we once again have ,almost, the 1990 situation:
 - 2001: U5MR is 250 and the IMR is 150. Then the 4,4% yearly reduction (as explained above) starts as a result of measles vaccinations, resulting in estimates for:
 - 2003: U5MR is 230 and the IMR is 140
 - 2005: U5MR is 210 and the IMR is 130.

Scenario summaries for U5MR & IMR

Scenario	IMR	U5MR
Optimistic Scenario: 2003	120	190
Median Scenario: 2003	140	230
Pessimistic Scenario: 2003	165	257

- For very good reasons the MICS 2003 Child Mortality results should not be used.
- It is recommended to use mortality estimates based on a median scenario. (*Best Estimates* – UNICEF 2005)

Suggested targets for U5MR & IMR

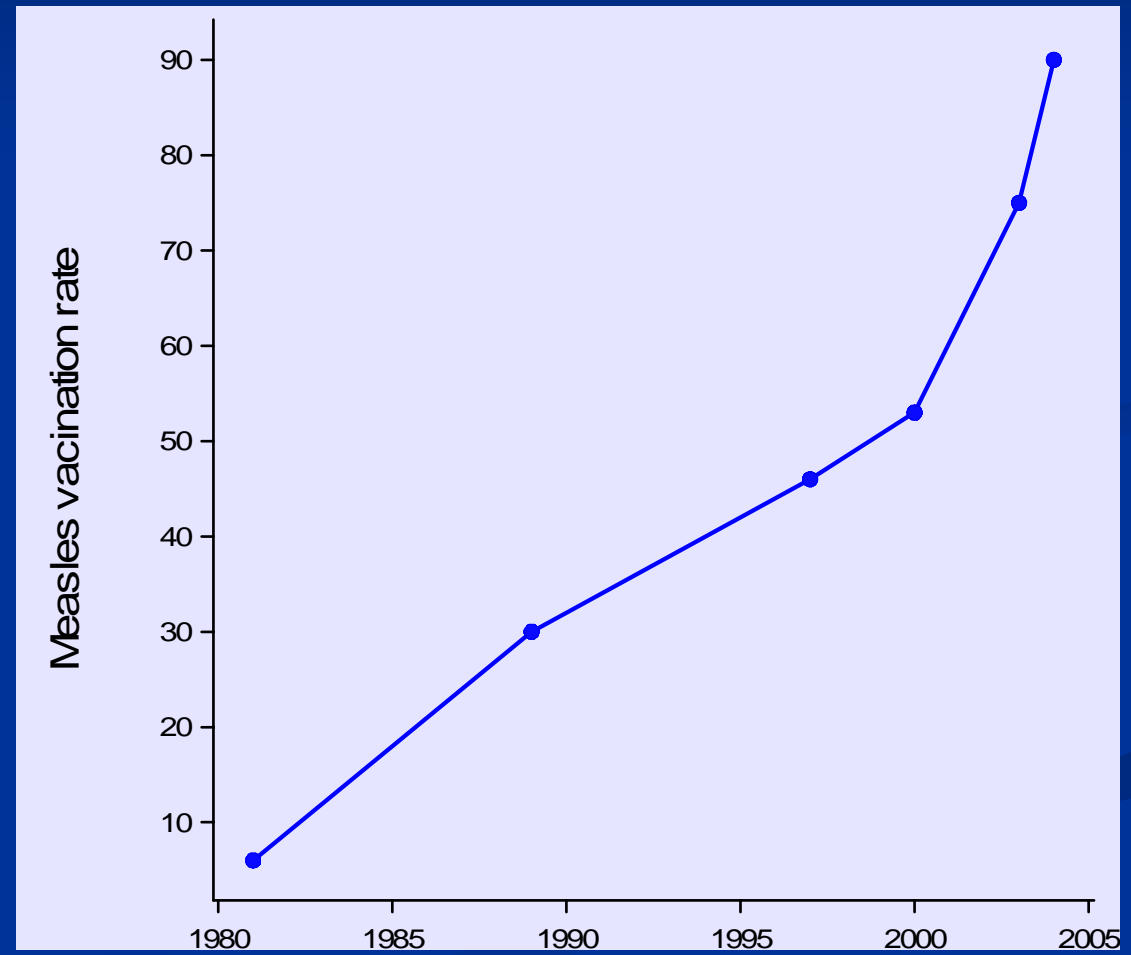
Scenario	IMR	U5MR
Median Scenario: 2003	140	230
Target 1/3	95	155
Target 1/2	70	115
Target 2/3	50	80

Reduction rates in U5MR & IMR

- There was stagnation in 2000-2001 but that was followed after 2001 with a model 4.4% decline for the IMR and an even more pronounced one for the U5MR (to keep model relation)
- Needs to continue to achieve the target of reducing by 2/3 child mortality.
- Halving mortality could be achieved from 2003 → 2015 if recent gains from measles vaccinations are continued, but measles vaccination rate already close to 90%.

15. Proportion of 1-year-old children immunized against measles

- 75% of 1-year-old children (12-24 months) immunized against measles
 - ♀ 74.7%,
♂ 75.2% - MICS 2003.



15. Proportion of 1-year-old children immunized against measles

- Measles has been the success story in 2003 and continued to be in 2004. The 2004 measles and polio campaign reached 6.4 million children. The 2004 estimates for measles and polio based on these numbers is around 90%
 - Compared with Southern Sudan (*49) where the coverage levels are near the 20% (DPT and Polio 1) Afghanistan has a much higher coverage and this should have a strong impact on Child Mortality.