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Skip to main content Substantial global progress has been made in reducing childhood mortality since 1990. The total number of under-5 deaths worldwide has declined from 12.6 million in 1990 to 5 million in 2020. Since 1990, the global under-5 mortality rate has dropped by 60%, from 93 deaths per 1000 live births in 1990 to 37 in 2020. This is equivalent to 1 in 11 children dying before reaching age 5 in 1990, compared to 1 in 27 in 2020. While the global under-5 mortality rate (U5MR) fell to 37 (35–40) deaths per 1000 live births in 2020, children in sub-Saharan Africa continued to have the highest rates of mortality in the world at 74 (68–86) deaths per 1000 live births– 14 times higher than the risk for children in Europe and North America. Sub-Saharan Africa and southern Asia, account for more than 80% of the 5 million under-5 deaths in 2020, while they only account for 53% of the global live births. Half of all under-5 deaths in 2020 occurred in just 5 countries: Nigeria, India, Pakistan, the Democratic Republic of the Congo and Ethiopia. Nigeria and India alone account for almost a third of all deaths. At the country level, under-5 mortality rates in 2020 ranged from 2 deaths per 1000 live births to 115 deaths per 1000 live births, and the risk of dying before turning 5 for a child born in the highest-mortality country was about 65 times higher than in the lowest-mortality country. Top 10 countries with the highest numbers of deaths (thousands) for children under 5 years, 2020 Country Under-5 deaths Lower bound Upper bound Nigeria 844 645 1 140 India 783 688 882 Pakistan 389 320 469 Democratic Republic of the Congo 284 177 455 Ethiopia 173 138 215 China 121 110 135 Indonesia 110 89 136 United Republic of Tanzania 102 73 144 Angola 91 40 178 Bangladesh 84 76 93 Globally, infectious diseases, including pneumonia, diarrhoea and malaria, along with pre-term birth complications, birth asphyxia and trauma and congenital anomalies remain the leading causes of death for children under 5 years. Access to basic lifesaving interventions such as skilled delivery at birth, postnatal care, breastfeeding and adequate nutrition, vaccinations and treatment for common childhood diseases can save many young lives. Malnourished children, particularly those with severe acute malnutrition, have a higher risk of death from common childhood illness such as diarrhoea, pneumonia and malaria. Nutrition-related factors contribute to about 45% of deaths in children under 5 years of age. COVID-19 disease and children's health The evidence on deaths directly attributable to COVID-19 infection is strongly age-dependent, with children and adolescents least affected. Children under 5 years represent approximately 2% of the global cases (2 231 276) and 0.1% of the global deaths (1902) (1). Data from civil registration and vital statistic systems (CRVS), health management information systems (HMIS) from 80 countries as well as specific country-wide monitoring systems (Mozambique and South Africa) indicate no significant deviation from expected mortality for this age group for 2020 and in some cases indicate fewer deaths than would be expected from historical data. As more data comes in from countries, and further analyses are performed, these results may change for 2021. Global response: Sustainable Development Goal 3.2.1 The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, were developed to promote healthy lives and well-being for all children. The SDG Goal 3.2.1 is to end preventable deaths of newborns and under-5 children by 2030. There are two targets: reduce newborn mortality to at least as low as 12 per 1000 live births in every country; and reduce under-5 mortality to at least as low as 25 per 1000 live births in every country. Target 3.2.1 is closely linked with target 3.1.1, to reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, and target 2.2.1 on ending all forms of malnutrition, as malnutrition is a frequent contributing cause of death for under-5 children. These have been translated into the new Global strategy for women's, children's and adolescent's health. Member States need to set their own targets and develop specific strategies to reduce child mortality and monitor their progress. In 2020, 125 countries have already met the SDG target for under-5 mortality and a further 16 countries are expected to meet the target by 2030 if current trends continue. However, accelerated progress will be needed in 54 countries, which will not achieve the target by 2030 on current trends. Thirty-five of these countries will need to double their current rate of reduction without considering the additional challenges brought about by the COVID-19 pandemic. Meeting the SDG target in the 54 off-track countries would reduce the number of under-5 deaths by 8 million between 2021 and 2030, reducing the number of under-5 deaths to 2.5 million in 2030. Focused efforts are still needed in sub-Saharan Africa and southern Asia, including in fragile and conflict-affected situations. WHO response WHO calls on Member States to address health equity through universal health coverage so that all children can access essential health services without undue financial hardship. Moving from business as usual to innovative, multiple and tailored approaches to increase access, coverage and quality of child health services will require strategic direction and an optimal mix of community and facility-based care. Health sector and multisectoral efforts are also needed to overcome inequalities and any negative effects of social determinants of health. WHO Coronavirus (COVID-19) Dashboard | WHO Coronavirus (COVID-19) Dashboard With Vaccination Data (; last accessed 17 December 2021. Skip to main content Child malnutrition estimates for the indicators stunting, severe wasting, wasting, overweight and underweight describe the magnitude and patterns of under- and overnutrition. The UNICEF-WHO-World Bank Joint Child Malnutrition Estimates (JME) inter-agency group regularly updates the global and regional estimates in prevalence and numbers for each indicator. The Joint Child Malnutrition Estimates (JME) 2025 edition reveals that, globally, we are off track to achieve the 2025 World Health Assembly (WHA) global nutrition targets and the 2030 Sustainable Development Goal (SDG) 2 targets. Only about a quarter of all countries are 'on track' to halve the number of children under age 5 affected by stunting by 2030. Even fewer countries are expected to reach the 2030 target of 3 percent prevalence for overweight among children under age 5, with just 1 in 6 countries currently 'on track'. More intensive efforts are required if the world is to achieve the global target of reducing the number of stunted children to 90 million by 2030. With current progress, the 2030 target will be missed by 46.0 million children. In 2024, globally, 150.2 million children under age 5 were stunted, 42.8 million were wasted, and 35.5 million were overweight. Stunting has been declining steadily over the last decade, with 150.2 million, or 23.2 percent, of children under age 5 affected in 2024 worldwide. Nearly all stunted children lived in Asia (51 percent of the global share) and Africa (43 percent of the global share). In 2024, an estimated 6.6 percent of children under age 5 were affected by wasting, of which 12.2 million (1.9 percent) were suffering from severe wasting. More than three-quarters of all children with severe wasting lived in Asia and another 22 percent lived in Africa. Current levels of overweight have persisted for the last two decades in almost every region. There are now 35.5 million children under age 5 living with overweight globally, an increase of 2.4 million since 2000. Gaps in the available data in some regions make it challenging to accurately assess progress towards global targets. Regular data collection is therefore critical to monitor and analyse country, regional and global progress on child malnutrition moving forward. The JME 2025 edition also introduces sex-disaggregated country, regional and global estimates for stunting and overweight for the first time. Skip to main content Six in 10 children – or 400 million children – under 5 years of age regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers (1). One in 5 women and 1 in 7 men report having been sexually abused as a child (2). Consequences of child maltreatment include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic and social development. Child maltreatment is often hidden. Only a fraction of child victims of maltreatment ever get support from health professionals. A child who is abused is more likely to abuse others as an adult, so that violence is passed down from one generation to the next. Preventing child maltreatment before it starts is possible. Effective prevention approaches include supporting parents, teaching positive parenting skills and enhancing laws to prohibit violent punishment. Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Scope of the problem Child maltreatment is a global problem with serious life-long consequences. In spite of recent national surveys in several low- and middle-income countries, data from many countries are still lacking. Child maltreatment is complex and difficult to study. Current estimates vary widely depending on the country and the method of research used. Estimates depend on: the definitions of child maltreatment used; the type of child maltreatment studied; the coverage and quality of official statistics; the coverage and quality of surveys that request self-reports from victims, parents or caregivers. Nonetheless, international studies reveal that 6 in 10 children under 5 years of age regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers, and 1 in 5 women and 1 in 7 men report having been sexually abused as a child. Every year, there are an estimated 40 150 homicide deaths in children under 18 years of age, some of which are likely due to child maltreatment. This number almost certainly underestimates the true extent of the problem, since a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes. In armed conflict and refugee settings, girls are particularly vulnerable to sexual violence, exploitation and abuse by combatants, security forces, members of their communities, aid workers and others. Consequences of maltreatment Child maltreatment has often severe short- and long-term physical, sexual and mental health consequences. These include injuries, including head injuries and severe disability (in particular in young children), post-traumatic stress, anxiety, depression, and sexually transmitted infections (STIs) including HIV. Adolescent girls may face additional health issues, including gynaecological disorders and unwanted pregnancy. Child maltreatment can affect cognitive and academic performance and is strongly associated with alcohol and drug abuse and smoking – key risk factors for noncommunicable diseases (NCDs) such as cardiovascular diseases and cancer. Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for behavioural, physical and mental health problems such as: perpetrating or being a victim of violence; depression; smoking; obesity; high-risk sexual behaviours; unintended pregnancy; alcohol and drug misuse. Violence against children is also a contributor to inequalities in education. Children who experienced any form of violence in childhood have a 13% greater likelihood of not graduating from school. Beyond the health, social and educational consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs. Risk factors Several risk factors for child maltreatment have been identified. Not all risk factors are present in all social and cultural contexts, and the list here provides an overview when attempting to understand the causes of child maltreatment. ChildIt is important to emphasize that children are the victims and are never to blame for maltreatment. Characteristics of an individual child that may increase the likelihood of being maltreated include: being either under 4 years old or an adolescent; being unwanted, or failing to fulfil the expectations of parents; having special needs, crying persistently or having abnormal physical features; having an intellectual disability or neurological disorder; identifying as or being identified as lesbian, gay, bisexual or transgender. Parent or caregiver Characteristics of a parent or caregiver that may increase the risk of child maltreatment include: difficulty bonding with a newborn; not nurturing the child; having been maltreated themselves as a child; lacking awareness of child development or having unrealistic expectations; misusing alcohol or drugs, including during pregnancy; having low self-esteem; suffering from poor impulse control; having a mental or neurological disorder; being involved in criminal activity; experiencing financial difficulties. Relationship Characteristics of the relationships within families or among intimate partners, friends and peers that may increase the risk of child maltreatment include: family breakdown or violence between other family members; being isolated in the community or lacking a support network; a breakdown of support in child rearing from the extended family. Community and societal factors Characteristics of communities and societies that may increase the risk of child maltreatment include: gender and social inequality; lack of adequate housing or services to support families and institutions; high levels of unemployment or poverty; the easy availability of alcohol and drugs; inadequate policies and programmes to prevent child maltreatment, child pornography, child prostitution and child labour; social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent-child relationships; social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability. Prevention Preventing and responding to child maltreatment requires a multisectoral approach. The earlier such interventions occur in children's lives, the greater the benefits to the child (e.g. cognitive development, behavioural and social competence, educational attainment) and to society (e.g. reduced delinquency and crime). Effective and promising interventions include: Parent and caregiver support: Information and skill-building sessions to support the development of nurturing, non-violent parenting delivered by nurses, social workers, or trained lay workers through a series of home visits or in a community setting. Education and life skills approaches: increasing enrolment in quality education to allow children acquire knowledge, skills and experiences that build resilience and reduce risk factors for violence; programmes to prevent sexual abuse that build awareness and teach skills to help children and adolescents understand consent, avoid and prevent sexual abuse and exploitation, and to seek help and support; and interventions to build a positive school climate and violence-free environment, and strengthening relationships between students, teachers, and administrators. Norms and values approaches: Programmes to transform restrictive and harmful gender and social norms around child-rearing, child discipline and gender equality and promote the nurturing role of fathers. Implementation and enforcement of laws: laws to prohibit violent punishment and to protect children from sexual abuse and exploitation. Response and support services: Early case recognition coupled with ongoing care of child victims and families to help reduce reoccurrence of maltreatment and lessen its consequences. To maximize the effects of prevention and care, WHO recommends that interventions are delivered as part of a four-step public health approach: defining the problem; identifying causes and risk factors; designing and testing interventions aimed at minimizing the risk factors; and disseminating information about the effectiveness of interventions and increasing the scale of proven effective interventions. WHO response WHO, in collaboration with partners: References Skip to main content Risk Factors: Young children: Risks to child health include low birth weight, malnutrition, not breast feeding, overcrowded conditions, unsafe drinking water and food and poor hygiene practices. Prior to birth, a mother can increase her child's chance of survival and good health by attending antenatal care consultations, being immunized against tetanus, and avoiding smoking and use of alcohol. At the time of birth, a baby's chance of survival increases significantly with delivery in a health facility in the presence of a skilled birth attendant. Identifying and caring for illnesses in the infant and child is very important. Sick children must be taken immediately to a trained health care provider. Older children: The global disease burden due to non-communicable diseases affecting children in childhood and later in life is rapidly increasing, even though many of the risk factors such as including indoor air pollution, overweight/obesity, poor diet and physical inactivity. Preventing injuries due to road traffic accidents, drowning, falls and burns as well as violence require a multi-sectoral approach but are nonetheless important risks to consider for improving child health and well-being. Skip to main content Pneumonia and diarrhoea account for 23% of under-five mortality and were responsible for an estimated 1.17 million deaths in children under five globally.... The World Health Organization (WHO) has developed guidelines for the management of infants aged 0-59 days with serious bacterial infections (sepsis, meningitis,... This report summarizes discussions that occurred during the WHO consultation on preconception care held in Geneva on 08-09 May 2024. The report captures... Rheumatic fever (RF) and Rheumatic heart disease (RHD) are a preventable public health problem in low- and middle-income countries and in marginalized... Skip to main content