Child Mortality Declines Globally, but 54 Countries Risk 2030 Targets

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Reducing child mortality remains a critical global health objective, with the Sustainable Development Goals (SDGs) targeting a reduction in under-5 mortality to at least 25 deaths per 1,000 live births by 2030. Understanding current trends and identifying regions at risk of missing these targets is essential for directing public health interventions. A recent modelling study provides updated estimates of neonatal, infant, and under-5 mortality from 1990 to 2024, projecting potential outcomes to 2030, revealing significant global progress alongside persistent regional disparities.1

KEY TAKEAWAYS

- The Pivot: While global child mortality rates have fallen substantially, 54 countries are not on track to meet the SDG 3.2 target for under-5 mortality by 2030.
- The Data: The global under-5 mortality rate decreased by 59%, from 93 deaths per 1,000 live births in 1990 to 38 per 1,000 in 2024.1
- The Action: Clinicians and public health practitioners should be aware of the specific countries and regions, predominantly in sub-Saharan Africa, where accelerated interventions are required to address stagnating mortality declines.

The global burden of child mortality has seen substantial reductions over the past three decades. However, the pace of decline varies significantly across regions and countries, posing challenges for achieving international targets. The modelling study, published in BMJ, aimed to provide comprehensive estimates of neonatal, infant, and under-5 mortality across 200 countries and areas from 1990 to 2024, and to project future trends to 2030 under various scenarios.1

Study Design and Findings

This modelling study used a Bayesian hierarchical modelling approach to estimate all-cause neonatal, infant, and under-5 mortality. Data sources included vital registration systems, censuses, and surveys. The study assessed levels and trends to identify areas where mortality declines have slowed or accelerated, and which countries are at risk of missing international child survival targets. Projections for 2025-30 were generated under scenarios of accelerating, decelerating, or stagnating mortality trends.1

The study found that the global under-5 mortality rate decreased by 59%, from 93 deaths per 1,000 live births in 1990 to 38 per 1,000 in 2024. The number of under-5 deaths globally fell from 12.8 million in 1990 to 5.0 million in 2024. Similarly, the global infant mortality rate declined by 54% (from 65 to 30 per 1,000 live births), and the neonatal mortality rate decreased by 48% (from 33 to 17 per 1,000 live births) during the same period.1

Despite this global progress, 54 countries are currently not on track to meet the SDG 3.2 target of reducing under-5 mortality to at least 25 deaths per 1,000 live births by 2030. An additional 10 countries are at risk of missing the target for neonatal mortality (12 deaths per 1,000 live births), and 12 countries are at risk for infant mortality (25 deaths per 1,000 live births). The majority of these off-track countries are located in sub-Saharan Africa.1

The study projected that if current trends continue, 48 million under-5 deaths could occur between 2025 and 2030. Of these, 23 million would be neonatal deaths. Under a scenario of accelerated mortality decline, 4.7 million fewer under-5 deaths could occur by 2030 compared to the baseline scenario. Conversely, a decelerating trend could result in 2.6 million additional deaths.1

The study identified that 28 countries, primarily in sub-Saharan Africa, have experienced stagnating or decelerating declines in under-5 mortality since 2015. These countries account for a disproportionate share of child deaths. For instance, Nigeria, India, Pakistan, Democratic Republic of the Congo, and Ethiopia collectively accounted for more than half of global under-5 deaths in 2024.1

A key limitation of the study is its reliance on modelling, which inherently involves assumptions and extrapolations. While the Bayesian hierarchical model incorporates various data sources, the quality and completeness of these data can vary, particularly in low-income settings. The projections to 2030 are also scenario-based, meaning actual outcomes could differ based on unforeseen public health interventions, economic shifts, or humanitarian crises. The study did not disaggregate mortality by specific causes, which would provide further insights into targeted interventions.1

Despite these limitations, the study offers critical insights for policymakers and public health professionals. The identification of specific countries and regions falling behind on child mortality targets underscores the urgent need for targeted interventions and increased investment in health systems. Strategies should focus on strengthening primary healthcare, improving maternal and child health services, expanding immunization coverage, and addressing underlying determinants of child mortality such as malnutrition, access to clean water, and sanitation.

The projections highlight the potential impact of both accelerated and decelerated progress, emphasizing that sustained political commitment and evidence-based public health programs are crucial to avert millions of preventable child deaths. Furthermore, the study implicitly calls for enhanced data collection and surveillance systems in vulnerable regions to ensure more accurate and timely monitoring of child mortality trends, allowing for more agile and effective responses to emerging challenges.

Future research could build upon this foundation by disaggregating mortality data by specific causes, which would enable a more granular understanding of the drivers of child deaths in different contexts. Such insights are vital for developing highly targeted and cost-effective interventions, moving beyond broad strategies to address the specific epidemiological profiles of high-burden countries.

> **CLINICAL IMPLICATIONS**
> The continued decline in global child mortality is a testament to sustained public health efforts, yet the stark reality that 54 countries are projected to miss the 2030 SDG target demands immediate attention. For

clinicians, particularly those involved in global health or working with populations from high-burden regions, this data underscores the persistent challenges in maternal and child health. The concentration of off-track countries in sub-Saharan Africa highlights the need for targeted, evidence-based interventions focusing on neonatal and infant care, vaccination programs, and addressing infectious diseases and malnutrition.

From an industry perspective, this data should inform the strategic allocation of resources for vaccine development, essential medicine manufacturing, and diagnostic tools. Companies developing interventions for common causes of child mortality, such as pneumonia, diarrhoea, and malaria, have a clear mandate to ensure equitable access and affordability in these vulnerable regions. Furthermore, the stagnating declines in some countries suggest that existing interventions may not be reaching all populations effectively, pointing to systemic issues in healthcare delivery and infrastructure that require innovative solutions beyond product development.

For patients and their communities in these high-burden areas, these statistics represent a continued struggle for survival. The implications extend beyond individual lives, affecting family structures, economic stability, and the overall development of nations. Healthcare systems must be strengthened to provide comprehensive primary care, skilled birth attendance, and postnatal support, ensuring that every child has access to basic life-saving interventions. The global health community, including international organisations and national governments, must re-evaluate current strategies and commit to accelerated action to prevent millions of avoidable child deaths by 2030.

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REFERENCES

1. 1. Sharrow D, Hug L, Liu Y. Global, regional, and national levels and trends in under 5, infant, and neonatal mortality during 1990-2024 with scenario based projections to 2030: modelling study. BMJ. 2026. doi:10.1136/bmj-2025-088684

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