United Nations | Department of Economic and Social Affairs

FUTURE OF THE WORLD

POLICY BRIEF NO 183

BREAKING THE CYCLE: ADDRESSING INEQUALITIES IN CHILD SURVIVAL TO PROMOTE INCLUSIVE SOCIAL DEVELOPMENT

INTRODUCTION

Thirty years ago, Member States gathered at the first World Summit for Social Development recognized that good health is both a consequence and a driver of social development and committed to reducing mortality rates among children under age 5.[1] Since then, levels of child mortality[2] have fallen significantly (United Nations, 2024). Yet, as the world prepares for the Second World Summit for Social Development in November 2025, profound disparities in child health and survival persist within and among countries, making it difficult for those furthest behind to break out of mutually reinforcing cycles of poor health, poverty and social exclusion. This policy brief explores disparities in child mortality within and among countries and provides a series of recommendations aimed at ending preventable child deaths and reducing inequalities in child survival in different contexts.

Key Messages

- A child born in a low-income country today is 13 times more likely to die before their fifth birthday than a child born in a high-income country.
- Deaths among children under age 5 are in large part preventable; most could be avoided by ensuring access to essential, life-saving interventions including skilled healthcare at birth, postnatal care, proper nutrition, vaccinations and treatment for common childhood illnesses.
- Raising child survival rates in low-income countries to levels comparable to those in high-income countries, would reduce the gap in life expectancy at birth between high- and low-income countries by 28 per cent.
- Recent reductions in funding and support for newborn and child healthcare may increase the already disproportionate burden of death and disease impacting the most vulnerable groups of children.

PROFOUND DISPARITIES IN CHILD SURVIVAL PERSIST AMONG AND WITHIN COUNTRIES

Over the past decades, significant progress has been made in reducing under-5 mortality. Between 1995 and 2025, the mortality rate among children under age 5 was more than halved at the global level, while low- and middle-income countries[3] achieved even more pronounced reductions (figure 1; United Nations, 2024). As a result, the gap in under-5 mortality rates between high-income and low-income countries has narrowed in absolute terms.

Notwithstanding these gains, a child born in a low-income country today continues to be on average 13 times more likely to die before reaching their fifth birthday than a child born in a high-income country (United Nations, 2024). Furthermore, while both the group of high-income and the group of upper-middle-income countries have already met the target of reducing under-5 mortality to 25 deaths per 1,000 live births or less (SDG target 3.2), neither the group of low-income countries nor the group of lower-middle-income countries is likely to achieve this target by 2030 (figure 1).

The stark inequalities in under-5 mortality observed among countries are mirrored within societies. Children from the poorest households have a much lower chance of survival than children from wealthier families in the same country (Chao and others, 2018; Ekholuenetale, Wegbom and Tudeme, 2020). In addition, children born to mothers with low levels of education, indigenous children[4], and children born to women under

1 See commitment 6 of the Copenhagen Declaration and paragraph 36 of the Copenhagen Programme of Action.

2 The terms "child mortality" and "under-5 mortality" are used interchangeably in this policy brief.

3 The classification of countries and areas by income level is based on gross national income (GNI) per capita as reported by the World Bank (May 2024). These income groups are not available for all countries and areas. Further information is available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519.

4 https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples

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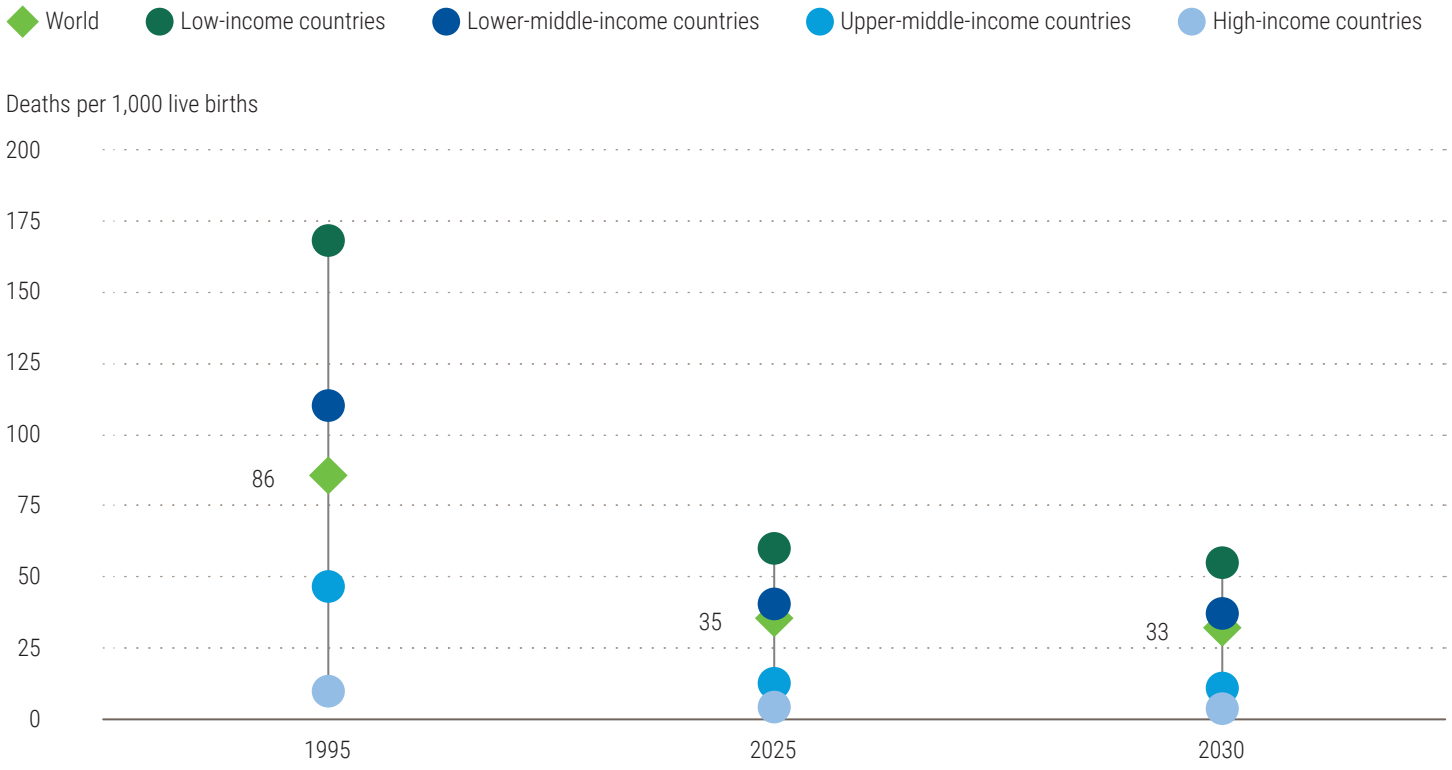
Figure 1

Under-5 mortality rate globally and by income group, estimate for 1995 and projections (medium scenario) for 2025 and 2030



Source: United Nations (2024).

Note: The under-5 mortality rate represents the probability of dying between birth and exact age 5.

age 20, or to women who have experienced short intervals between births or who are unable to satisfy their needs for family planning, are less likely to reach their fifth birthday compared to other children (Bhusal and Khanal, 2022; Kong and others, 2024; UN IGME, 2025).

DEATHS AMONG CHILDREN UNDER AGE 5 ARE LARGELY PREVENTABLE

Almost three quarters of all deaths before 5 years of age occur in the first year of life, with nearly half occurring in the first month (UN IGME, 2025). Many of these deaths are preventable and could be avoided by ensuring access to essential life-saving interventions, including care by skilled health professionals before, during and after childbirth. However, today, only about 68 per cent of all births in low-income countries benefit from the presence of a trained midwife, doctor or nurse compared to almost all births in high-income countries (99 per cent).[5] In low-income countries, where the number of births is projected to increase over the coming decades, additional resources will be needed to keep pace with the growing demand for antenatal care and skilled attendance at delivery.

Measures to prevent early childbearing, which increases health risks for both mother and child, are also critical for averting preventable maternal and child deaths. In 2025, nearly 5 million babies globally were born to mothers under age 18. In low-income countries the frequency of births to mothers under age 18 is particularly high. Investing in the education of young people, especially girls, increasing their ages at marriage and childbearing in countries where these milestone events tend to occur early, empowering women and integrating family planning and safe motherhood measures into primary healthcare are critical for the health and well-being of both young mothers and their children.

In low-income countries, infectious diseases of childhood, including acute respiratory infections, malaria and diarrhea, are among the leading causes of death for children under 5 years of age (UN IGME, 2025). Lack of adequate nutrition, limited access to clean water, inadequate sanitation facilities, overcrowded living conditions, and inadequate healthcare infrastructure

5 Unweighted percentages computed based on latest estimates of percentage of births attended by skilled health personnel, WHO Global Health, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/births-attended-by-skilled-health-personnel-(-), accessed 6 July 2025.

enable disease transmission and complications that have become increasingly rare in more affluent settings. Dedicating more resources to essential treatments and interventions, including vaccines and adequate nutrition, water, sanitation and hygiene, would not only save millions of children's lives; it would also set the lives of millions more on track for better lifelong health and well-being, with long-term benefits for society in terms of higher levels of educational attainment, productivity and economic growth.

Addressing the socioeconomic determinants of child health by ensuring access to sustainable livelihoods, adequate income, quality education and robust social protection systems is equally important. In addition, accelerating progress on universal health coverage and promoting a primary healthcare approach can improve health outcomes of the poorest and most marginalized groups of children by delivering essential healthcare services in an inclusive, equitable, cost-effective and efficient manner (WHO, 2025).

INVESTING IN CHILDREN'S HEALTH YIELDS BOTH DIRECT AND INDIRECT RETURNS

Sustained commitment to comprehensive child health strategies, combined with investments in health systems, can yield remarkable improvements in child health and well-being even in resource-constrained settings. Countries such as Angola, Burundi, Cambodia, India, Malawi, Peru, Rwanda, Uganda and Zambia, all of which have made considerable progress in reducing their under-5 mortality rates in recent decades, have explored a range of different approaches, including implementing community health worker programmes, taking steps towards instituting universal health insurance coverage, and piloting innovative health financing models, such as conditional and unconditional cash transfers, or community health insurance schemes that help reduce financial barriers, improve preventive care utilization and enable earlier intervention.

Investing in children's health is one of the most cost-effective ways to improve the health of a population (Issifou and Jiménez, 2025). Raising child survival rates in low-income countries to levels comparable to those in high-income countries would automatically reduce the gap in life expectancy at birth between high- and low-income countries by 28 per cent.[6] The indirect benefits to society of children who grow up to become healthy adults are also manyfold in terms of increased longevity, higher levels of productivity and lower public expenditures on healthcare.

Currently, in low- and lower-middle-income countries, two thirds or more of health expenditures are covered through out-of-pocket spending and external assistance.[7] Development assistance for health (DAH)[8] has been instrumental in saving millions of lives. However, international funding is facing increasing pressure, with concerns that investments in child health and survival may decline at a time when they are most needed (UN IGME, 2025). In addition to going against the commitments made by countries in the 2030 Agenda (and other international agreements since 2015), the significant funding cuts in DAH announced in the first half of 2025 could result in millions of additional deaths among children under age 5 (Cavalcanti and others, 2025). Concrete steps to increase external assistance allocated to low- and lower-middle-income countries for the realization of health-related targets are urgently needed.[9] Furthermore, for many low- and lower-middle-income countries, renewed political commitment will be required to strengthen their health systems and mobilize increased public resources to meet the health needs of growing populations.

Breaking the cycle of poor health, poverty and social exclusion requires sustained investment and coordinated action across sectors. The goal of the Second World Summit to promote social development for all can only be achieved if we ensure that every child, regardless of where they are born, has an equal opportunity to survive and to thrive.

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7 WHO, Global Health Expenditure database, available at https://apps.who.int/nha/database. Refers to domestic general government health expenditure as a percentage of current health expenditure.

8 Development Assistance for Health (DAH) refers to the financial and technical resources provided by donor countries, multilateral organizations, and private foundations to improve health outcomes in low- and middle-income countries. It encompasses funding for health systems strengthening, disease-specific programs, and capacity building initiatives aimed at reducing disease burdens and promoting universal health coverage.

9 Such as, for example, the recent adoption of the Outcome document of the Fourth International Conference on Financing for Development, in July 2025 where members states reaffirmed their "commitments to increase investment in universal health coverage and inclusive, equitable, affordable, resilient and quality health systems." Innovative funding sources and models can include performance-based financing where donors pay based on achieved health outcomes, blended finance approaches combining development aid with private investment, debt-for-health swaps, and health taxes on tobacco or sugary beverages with revenues earmarked for child health programs.

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