



¹ icddr,b, Dhaka, Bangladesh

² University of Health and Allied Sciences, Ho, Ghana

³ Oxford University Clinical Research Unit, Lalitpur, Nepal

Correspondence to: T Ahmed
tahmeed@icddr.org

Cite this as: *BMJ* 2026;393:e715244

<http://doi.org/10.1136/bmj-2026-715244>

Global estimates of mortality in newborn babies, children, and adolescents

The slowing rate of decline in mortality in the past decade is an unfolding tragedy

Tahmeed Ahmed,¹ Fred Binka,² Buddha Basnyat³

While the growth rate of the world's population has declined to 0.86% per year, the rate of mortality has also slowed down. Part of the decline in mortality can be attributed to considerable efforts on young infant and child survival, which have been successful. But the message from a linked series of papers on neonatal, child, and adolescent mortality published in *The BMJ* (doi:10.1136/bmj-2025-088684; doi:10.1136/bmj-2025-088685; doi:10.1136/bmj-2025-088686; doi:10.1136/bmj-2025-088687) is clear: since 2015, the rate of decline in mortality rates in newborn babies, children under 5 years old, older children, and adolescents has slowed substantially.¹⁻⁴

Although the number of deaths among children under 5 has decreased over the past two decades, 4.9 million children in this age group died in 2024, with almost half of the deaths occurring in newborn babies. While the mortality rate among children under 5 declined by 3.9% in 2000-15, the rate of decline was only 1.5% in 2015-24. Pre-term birth complications and pneumonia are the major causes of mortality among children under 5. Among 5-19 year olds, an estimated 1.3 million deaths occurred in 2024. Half of deaths among 5-14 year olds were due to communicable diseases and maternal, perinatal, and nutritional causes, and the rate of decline for these causes has slowed since 2016. Childhood cancer, road traffic injuries, and issues in adolescent mothers are among the leading causes of mortality in this age category that have not always received attention or been prioritised for action.

Underlying issues

Most of these deaths occur in sub-Saharan Africa and in South Asia. These regions have very large populations and fragile health systems. Community based services for antenatal care, postnatal care, and care of newborn babies are poor in quality or non-existent in many of these countries. Only half of low and middle income countries have an effective coverage of antenatal care, defined as at least one visit to a skilled antenatal care provider who measures blood pressure and tests urine and blood.⁵ Coverage and quality are suboptimal for neonatal interventions, such as early breastfeeding, skin-to-skin contact, cord examination and care, temperature measurement, and counselling on newborn danger signs.⁶ The management of pneumonia requires appropriate antibiotic treatment and supplemental oxygen. Antimicrobial resistance and medical oxygen stockout are longstanding problems that contribute to the excess deaths due to pneumonia.

Malaria is responsible for almost half a million deaths among children and adolescents. More than a third of patients with malaria receive incorrect treatment.⁷ Coverage of artemisinin based combination treatment and intermittent preventive therapy in pregnancy is extremely low. Poor nutrition is an important cause of fetal growth retardation that leads to pre-term and small-for-gestational age newborn babies, especially those of adolescent mothers. The nutritional compromise is now shown to be associated with environmental enteric dysfunction in children and women living in settlements with poor water, sanitation, and hygiene.⁸

Tackling a worrying trajectory

The slowing of mortality rate decline over the past decade means that the number of deaths across the age categories will continue to remain high, making the sustainable development goal 3 targets of child mortality (<25 deaths per 1000 live births) and maternal mortality (<70 maternal deaths per 100 000 live births) difficult to achieve even beyond 2030. Why has this slowing in mortality decline happened? A plausible reason is the lack of prioritisation of strategies and programmes for mortality reduction by national governments, with a smaller allocation for healthcare in national budgets. This problem will be even more acute now because of the sharp reduction in official development assistance. Compared with 2024, such assistance decreased by 23% in 2025; this contraction is projected to continue.⁹ National governments of low to middle income countries must commit to keeping health and nutrition at the top of the agenda. In countries that strive to make progress, the head of the government's interest in and commitment to improving health and nutrition has been crucial. National spending on health and nutrition must increase to be closer to the World Health Organization's benchmark of 5% of gross domestic product.

No health system fits for all low to middle income countries. Context specific, community based platforms should be established or reinforced where they exist, for delivery of essential health interventions. Bangladesh, for example, has seen a substantial improvement in maternal and neonatal survival over the past several decades, which can be attributed to increased access to health facilities, intervention coverage, and access to emergency obstetric care.¹⁰ Platforms delivering health interventions through community health workers can work well, having been found to reduce neonatal and maternal mortality, reduce maternal morbidity, and increase uptake of essential vaccines as well as

facility based child births.¹¹ Interventions for neonatal survival, including improving skills of midwives and training on resuscitation by nurses and doctors, may be a worthwhile focus for resource constrained settings.

Simultaneous interventions for older children and adolescents should be initiated, for example, against road traffic injuries, cancer prevention: conditions that are responsible for many deaths in adolescents.⁴ These interventions should be selected for implementation and scale-up on the basis of contextual needs.⁴ Provision of healthcare through telemedicine should be seriously considered. Interventions and programmes to ensure appropriate weight gain during pregnancy and nutritional support for newborn babies and infants should be strengthened or initiated. This work would require a cadre of trained community health workers. District and sub-district hospitals would need revamping of resources (human and financial) to be able to take proper care of referrals. Weak health systems governance is a major impediment in many countries, and so is corruption in the health sector. These problems need to be corrected and controlled.

However, many low to middle income countries will have to depend on official development assistance to improve health and nutrition, and reduce morbidity and mortality. In the past, massive reduction in age standardised, all cause mortality and under 5 mortality has been associated with official development assistance. The mortality results would be disastrous should the current downward trend in such assistance continue; as many as 9.4 million people (including 2.5 million children under 5) would die by 2030.¹² Wealthy nations must invest more in official development assistance. Local philanthropy, especially now with the reduction in official development assistance, need to generously assist national governments and non-government organisations. We must muster all efforts to accelerate the rate of decline in mortality, as a moral imperative.

Competing interests: *The BMJ* has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following competing interests: none.

AI use: AI was not used by the authors in preparing this paper.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Sharrow D, Hug L, Liu Y, et al. 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;393:e088684. doi: 10.1136/bmj-2025-088684
- 2 Perin J, Prieto-Merino D, Wahi A, et al. Systematic estimates of global causes of neonatal and under 5 mortality in 2000-24: secondary data analysis using bayesian multinomial logistic regression model. *BMJ* 2026;393:e088686. doi: 10.1136/bmj-2025-088686
- 3 You D, Hug L, Fell GW, et al. Global, regional and national levels and trends in older child, adolescent, and youth (5-24 years) all cause mortality from 1990 to 2024: modelling study. *BMJ* 2026;393:e088685. doi: 10.1136/bmj-2025-088685
- 4 Eilerts-Spinelli H, Villavicencio F, Perin J, et al. Estimates of global causes of death for children and adolescents aged 5-19 in 2000-24: secondary data analysis using bayesian multinomial logistic regression. *BMJ* 2026;393:e088687. doi: 10.1136/bmj-2025-088687
- 5 Arsenault C, Jordan K, Lee D, et al. Equity in antenatal care quality: an analysis of 91 national household surveys. *Lancet Glob Health* 2018;6:-95. pmid: 30322649. doi: 10.1016/S2214-109X(18)30389-9
- 6 Wan S, Jin B, Kporidoxah MR, et al. A descriptive analysis of the coverage of newborn care services among women who delivered in health facilities in 17 sub-Saharan African countries. *BMC Pregnancy Childbirth* 2023;23:. pmid: 37069513. doi: 10.1186/s12884-023-05592-8
- 7 Macarayan E, Papanicolas I, Jha A. The quality of malaria care in 25 low-income and middle-income countries. *BMJ Glob Health* 2020;5:e002023. pmid: 32133188. doi: 10.1136/bmjgh-2019-002023
- 8 Mahfuz M, Hossain MS, Khan AR, et al. Environmental enteric dysfunction in well-nourished and undernourished women in Bangladesh. *BMC Gastroenterol* 2026;26:. pmid: 41486116. doi: 10.1186/s12876-025-04589-1
- 9 Organisation for Economic Co-operation and Development. <https://www.oecd.org/en/data/in-sights/data-explainers/2026/04/a-historic-decline-in-foreign-aid-preliminary-2025-oda-data.html>

- 10 Tasnim Hossain A, Hazel EA, Rahman AE, et al. Effective multi-sectoral approach for rapid reduction in maternal and neonatal mortality: the exceptional case of Bangladesh. *BMJ Glob Health* 2024;9:e011407. pmid: 38770805. doi: 10.1136/bmjgh-2022-011407
- 11 Lassi ZS, Bhutta ZA. Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes. *Cochrane Database Syst Rev* 2015;2015:. pmid: 25803792. doi: 10.1002/14651858.CD007754.pub3
- 12 da Silva AF, Anderle RVR, Sibils GB, et al. Impact of two decades of humanitarian and development assistance and the projected mortality consequences of current defunding to 2030: retrospective evaluation and forecasting analysis. *Lancet Glob Health* 2026;14:-701. pmid: 41643687. doi: 10.1016/S2214-109X(26)00008-2