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Challenges on the road to achieving the SDG 3.2 targets in resource-limited settings



The Sustainable Development Goals (SDG)s adopted by all UN member states in 2015 represent a shared dream of an ideal life for all people worldwide. The second target of SDG 3, achieve good health and wellbeing for all, is to end preventable deaths of newborns and children younger than 5 years, with all countries aiming to reduce neonatal mortality rate (NMR) by 2030 to at least as low as 12 per 1000 livebirths and under-5 mortality rate (U5MR) to at least as low as 25 per 1000 livebirths.¹ This target, which focuses on children younger than 5 years who are particularly affected by the higher mortality burden in low-income and middle-income countries, requires continued monitoring of U5MR and NMR to identify regions of the world where efforts need to be strengthened. The baseline indicators in 2015 for targets related to each goal are very different from one country to another, as different regions of the world do not have the same resources to improve people's quality of life. As a result, the evolution over time of indicators measuring the level of achievement of the 2030 targets will vary per region. Several studies at different scales (nationally, regionally, and globally) have already shown this disparity in indicator improvement between different regions of the world.²⁻⁵

In *The Lancet Global Health*, David Sharrow and colleagues⁶ from the UN Inter-agency Group for Child Mortality Estimation performed a systematic analysis of a global, regional, and national trends in under-5 mortality from 1990 to 2019, with scenario-based projections up to 2030. This analysis represents an update with additional data of two previous scientific papers published by some of the same authors.^{3,5} Through this work, which to our knowledge is the most recent of its kind on a global scale, three major findings deserve to be retained in the struggle to achieve the SDGs by 2030. Firstly, the highest regional U5MR in 2019 was recorded in the west and central Africa region (94.7 deaths per 1000 livebirths), which is 19 times higher than the average U5MR rate in high-income countries. Despite having only 50% of the global under-5 population, both sub-Saharan African and south Asian regions account for 80% of the U5MR burden: 2.8 (2.6-3.1) million and 1.3 (1.4-1.5) million under-5

deaths, respectively, in 2019. Secondly, based on the current trend, 53 countries, of which three-quarters are in sub-Saharan Africa, will need intensified efforts to reach the 2030 targets. Among the 53 countries, 25 of them would not achieve the U5MR 2030 target until after 2050, and eight would not achieve the target until after 2099 if the current trend continues. Lastly, more than 27 million deaths could be averted from 2020 to 2030 compared with the current trends scenario if all countries achieved the same average U5MR as in high-income countries by 2030. This finding means that currently there is the know-how and potential to prevent the deaths of 26 million people over the next 10 years, and it is unfortunate to know in advance that the path between theoretical knowledge and its actual implementation in real life is full of difficult obstacles to overcome.

Despite the common and obvious problems of data quality encountered by the authors in resource-limited countries, it should be noted that the results found are in line with expectations, especially in sub-Saharan African countries with high birth rates and which are heavily impacted by many infectious diseases, including malaria.⁷ In the context of promoting the use of scientific evidence for decision-making, these findings of the UN Inter-agency Group for Child Mortality Estimation represent an important advocacy tool⁷ for key global decision-makers in favour of those resource-limited countries that need the support of the international community more than ever before to accelerate efforts to achieve the child health-related SDGs.

There are still significant research needs, more on the implementation and operational research side than on the academic research side, to guide public health interventions in resource-limited countries to reduce U5MR. In children younger than 5 years in 2019, the most recent scientific evidence has shown that neonatal disorders remained the leading cause of death, followed by respiratory infections, diarrhoeal diseases, congenital birth defects, and malaria.^{7,8} In addition to understanding the causes of the problem, it is essential to identify high-impact public health interventions that will accelerate the improvement of indicators in countries

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already identified as being at risk of not achieving the SDGs by 2030. Many frameworks and initiatives are underway^{9,10} but it is fundamental to take into account contextual specificities in the implementation of proven initiatives. One of the best ways to address these issues will be to place local actors at the centre of the process leading to the identification of the most appropriate solutions. But some factors that are difficult to control (eg, politics, governance, education) are bottlenecks which constrain implementation of solutions that have been scientifically proven to work. However, it remains essential to raise awareness at global, regional, and national level, through benchmarking and documentation of the sheer scale of avoidable deaths among children, for confronting these obstacles.

I declare no competing interests.

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