

# **Reducing Infant Mortality in the Global South: Lessons from Kerala, India**

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Infant mortality is one of the most telling indicators of a health system's performance. Globally, progress has been uneven: while some nations approach developed-world benchmarks, others continue to struggle with high infant deaths. India's national infant mortality rate (IMR) is 25 per 1,000 live births, but Kerala stands out with an IMR of just 5 per 1,000 live births. It is the lowest in India and even lower than the United States, which reported 5.6 in 2022. Its neonatal mortality rate has also fallen below 4, comparable to that of advanced economies.

Kerala's achievement shows that even in resource-constrained settings, world-class health outcomes are possible. It offers important lessons for Global South countries where infant mortality remains high. As per UNICEF 2022 data, Nigeria (68.5 per 1,000 live births), Chad (61), Sierra Leone (76), and Somalia (68) continue to face alarming challenges. These contrasts underscore that progress in reducing IMR depends on systemic improvements and social investment.

## **Kerala's Formula for Success**

Kerala's model is built on equity, quality, and prevention. The state has eliminated the rural–urban divide in infant survival, ensuring both regions report the same IMR of 5. Investments in neonatal intensive care units, including in tribal and coastal areas, have been critical to this achievement.

Quality standards in maternal and child health have also played a decisive role. Initiatives such as “mother-and-child friendly hospitals” and national accreditations like LaQshya and Muskaan have improved delivery room practices and reduced preventable deaths.

Kerala has further strengthened its system with targeted interventions. The Hridayam project, launched in 2017, has enabled more than 8,450 free surgeries for children with congenital heart defects. Universal newborn screening allows early detection of conditions, while the Mathruyanam scheme offers free transport for mothers and infants, reducing delays in accessing care.

Preventive care and strong community engagement underpin these efforts. Kerala's high immunisation coverage, supported by frontline health workers, ensures regular follow-ups for mothers and infants. Long-standing investments in women's education and gender equity have fostered health-seeking behaviour and empowered families to prioritise maternal and child health.

## **Lessons for the Global South**

Kerala's success highlights a clear roadmap for countries in the Global South. Strengthening community-based health systems and ensuring access to antenatal, postnatal, and neonatal care in underserved areas are essential first steps. Targeted programs such as newborn screening, congenital heart treatment, and free maternal–infant transport can directly reduce preventable deaths.

Institutionalising quality standards in hospitals improves safety and accountability, while investing in women's education and empowerment strengthens health outcomes across generations. Finally, robust data systems, like India's Sample Registration System, are vital for monitoring trends and guiding policy.

Kerala demonstrates that reducing infant mortality is not limited to wealthy nations but is achievable with political commitment, social investment, and community participation. For Global South countries still grappling with IMRs above 50, the Kerala model offers both inspiration and a practical framework. Adopting such strategies can save thousands of newborn lives and accelerate progress toward Sustainable Development Goal 3.2: ending preventable deaths of newborns and children under five by 2030.