Infant mortality reflects the effect of social, economic and environmental factors on infants and mothers, as well as the effectiveness of national health systems.

Factors such as the health of the mother, quality of antenatal and childbirth care, preterm birth and birth weight, immediate newborn care and infant feeding practices are important determinants of infant mortality (see indicators "Preterm birth and low birthweight" and "Pregnancy and birth" in Chapter 4). Pneumonia, diarrhoea and malaria continue to be among the leading causes of death in infants. In Asia-Pacific, around two-thirds of the deaths in the first year of life occur during the neonatal period (i.e. during the first four weeks of life or days 0-28).

Infant mortality can be reduced through cost-effective and appropriate interventions. These include early and exclusive breastfeeding for the first six months of life, and management and treatment of neonatal infections, pneumonia, diarrhoea and malaria (UNICEF, 2013[6]). Oral rehydration therapy is a cheap and effective means to offset the debilitating effects of diarrhoea (WHO and UNICEF, 2006[7]), and countries could also implement relatively inexpensive public health interventions including immunisation, and provide clean water and sanitation (see indicator "Water and sanitation" in Chapter 4 and "Childhood vaccination" in Chapter 7).

In 2018, among lower-middle and low income Asia-Pacific countries, the infant mortality rate was 27.2 deaths per 1 000 live births, half the rate observed in 2000 (Figure 3.6). Upper-middle income Asia-Pacific countries reported a rate of 10 deaths per 1 000 live births, down from 18.2 in 2000. Geographically, infant mortality was lower in eastern Asian countries, and higher in South and South-East Asia. Hong Kong, China; Japan; Singapore and the Republic of Korea had three deaths or lower per 1 000 live births in 2018, whereas in Pakistan almost six children per 100 live births die before reaching their first birthday.

Infant mortality rates have fallen dramatically in the Asia-Pacific since 2000, with many countries experiencing significant declines (Figure 3.6). In Cambodia, China and Mongolia rates have declined in 2018 to one third or less of the value reported in 2010, whereas rates in Brunei Darussalam and Fiji have increased in recent years.

Across countries, important inequities persist in infant mortality rates largely related to income status and mother's education level (Figure 3.7). In Cambodia, Myanmar and the Philippines infant mortality rates are more than three times higher in poorest households compared to richest ones. Similarly, in Viet Nam and the Lao PDR children born to mothers with no education had a six- to seven-fold higher risk of dying before their first birthday compared to children whose mothers had achieved secondary or higher education. Geographical location (urban or rural) is another determinant of infant mortality in the region, though relatively less important in comparison to household income or mother's education level – except for Cambodia and the Lao PDR (Figure 3.7). Reductions in infant mortality will require not only improving quality of care, but also ensuring that all segments of the population benefit from better access to care.

Definition and comparability

The infant mortality rate is defined as the number of children who die before reaching their first birthday in a given year, expressed per 1 000 live births.

Some countries base their infant mortality rates on estimates derived from censuses, surveys and sample registration systems, and not on accurate and complete registration of births and deaths. Differences among countries in registering practices for premature infants may also add slightly to international variations in rates. Infant mortality rates are generated by either applying a statistical model or transforming under age 5 mortality rates based on model life tables.

Figure 3.6. **Infant mortality rates, 2000 and 2018 (or latest year available)**
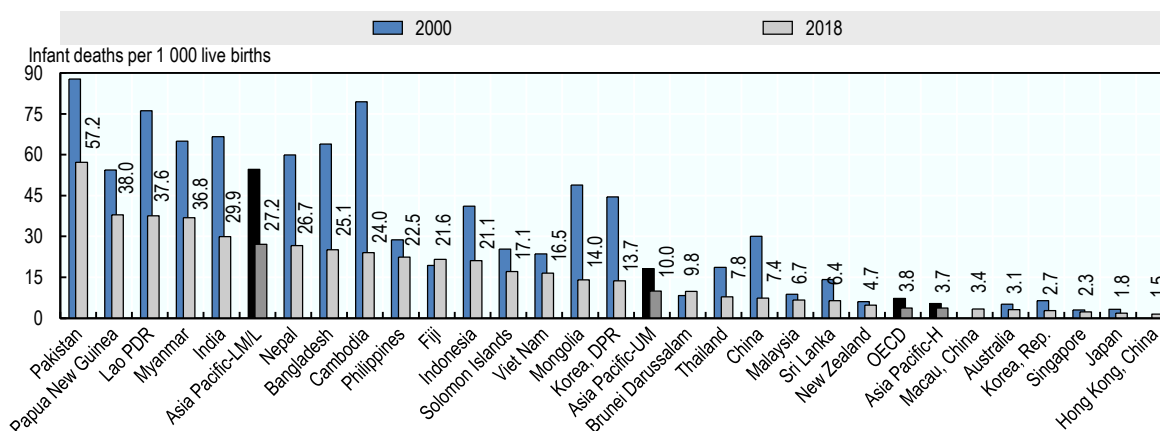
Source: UN Inter-agency Group for Child Mortality Estimation (IGME) Child Mortality Report 2019; Hong Kong annual digest of statistics 2019; Macau yearbook of statistics, 2018.

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Figure 3.7. **Infant mortality rates by socio-economic characteristic and geographical location, selected countries**
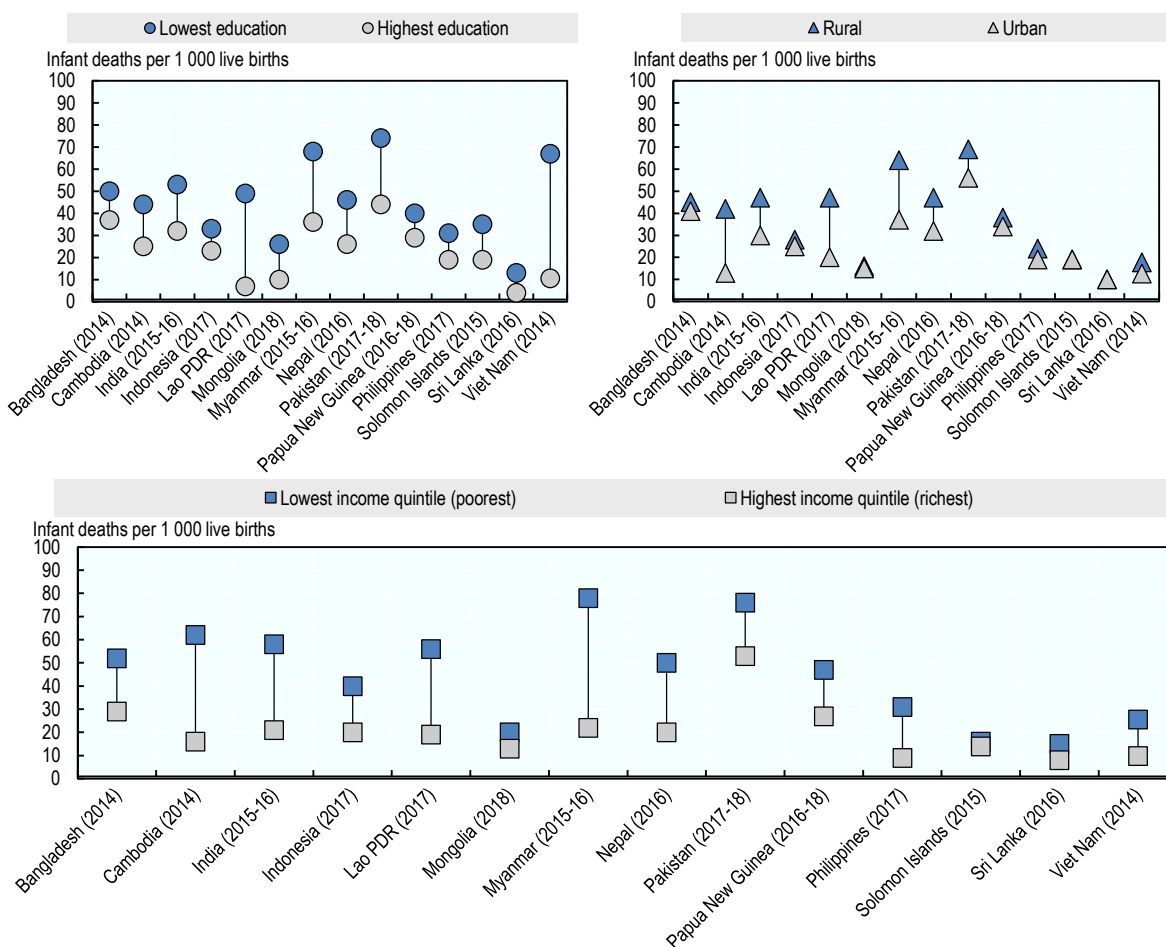
Source: DHS and MICS surveys, various years.

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