

## Infant and child health

Basic care for infants and children includes promoting and supporting early and exclusive breastfeeding (see indicators on “Infant feeding” in Chapter 4) and identifying conditions requiring additional care and counselling on when to take an infant and young child to a health facility. There are several cost-effective preventive and curative services for leading causes of childhood morbidity and mortality. These comprise vitamin A supplementation, measles vaccination, oral rehydration therapy (ORT) and zinc supplementation for severe diarrhoea, and antibiotic treatment for acute respiratory infection (ARI) (Bhutta et al., 2013<sup>[1]</sup>).

As a safe and effective vaccine is available for measles, its coverage has been used to monitor the progress towards achieving the SDG target 3.2 to end preventable deaths of newborns and children under 5 years of age by 2030. This vaccine is also considered a marker of access of children to health services.

Access to preventive care varies across Asia-Pacific as shown by children receiving two annual high-dose vitamin A supplementations (Figure 5.18) and vaccination coverage (see indicator “Childhood vaccination” in Chapter 7). Access to vitamin A supplementation is markedly low in the Philippines, Papua New Guinea, and the Solomon Island with less than 40%, whereas Bangladesh, DPRK and Myanmar have nearly complete coverage.

Less than one child in four with diarrhoea in the Philippines, Viet Nam, Mongolia and Lao PDR, and less than one child in ten with diarrhoea in the Solomon Islands, Cambodia, Papua New Guinea and Myanmar, received oral rehydration solution and zinc supplement (Figure 5.19). Furthermore, less than half of children with diarrhoea received continued feeding and ORT in Pakistan, the Philippines, India and Papua New Guinea. The coverage was as high as 71% in Mongolia, DPRK and Thailand (Figure 5.20).

Access to appropriate medical care for children with ARI can also be improved in many countries and territories in the region. Although almost three-quarters of children with symptoms are taken to a health facility, only less than two-thirds of them receive antibiotic treatment (Figure 5.21). There is a correlation between treatment coverage for diarrhoea and ARI. Antibiotic treatment for ARI is particularly low in

Myanmar, the Philippines and Pakistan, where the treatment for diarrhoea is also low. This suggests a need to expand access to care to treat leading causes of child mortality in these countries and territories.

### Definition and comparability

Prevention and treatment coverage data are usually collected through household surveys. Accuracy of survey reporting varies and is likely to be subject to recall bias. Seasonal influences related to the prevalence of diarrhoeal disease and acute respiratory infection may also affect cross-national data comparisons.

Children aged 6-59 months who received vitamin A supplementation refers to full dose.

Children aged under 5 years with diarrhoea receiving continued feeding and ORT refers to those receiving continued feeding and oral rehydration solution, gruel or increased fluids.

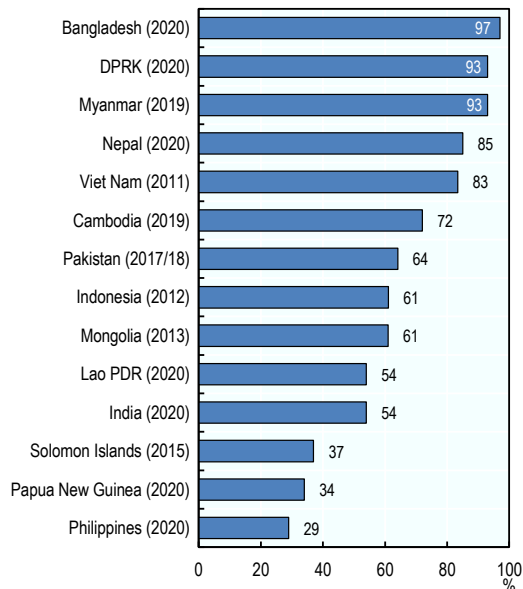
The prevalence of acute respiratory infection is estimated by asking mothers whether their children under five had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding a survey, as these symptoms are compatible with ARI.

## References

- Bhutta, Z. et al. (2013), “Interventions to address deaths from childhood pneumonia and diarrhoea equitably: What works and at what cost?”, *The Lancet*, Vol. 381/9875, pp. 1417-1429, [https://doi.org/10.1016/S0140-6736\(13\)60648-0](https://doi.org/10.1016/S0140-6736(13)60648-0).

[1]

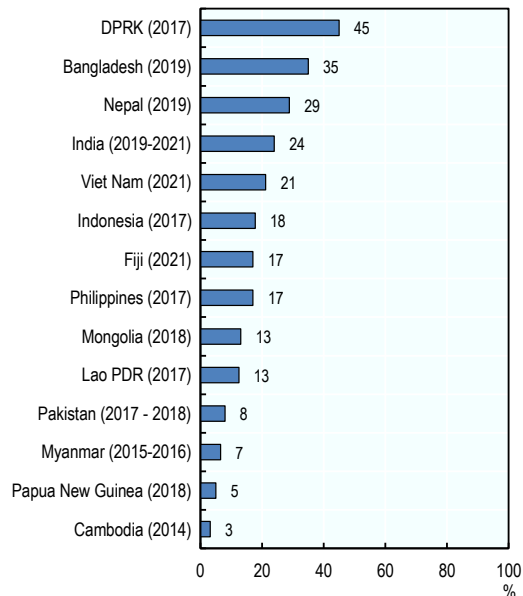
**Figure 5.18. Children aged 6-59 months who received full dose vitamin A supplementation, latest year available**



Source: UNICEF 2012; DHS and MICS surveys, various years.

StatLink <https://stat.link/r1me7i>

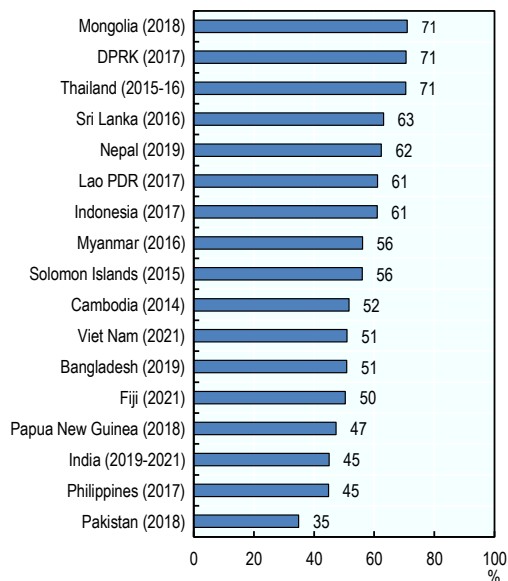
**Figure 5.19. Children aged under 5 years with diarrhoea receiving oral rehydration solution and zinc supplements, latest year available**



Source: DHS and MICS surveys, various years.

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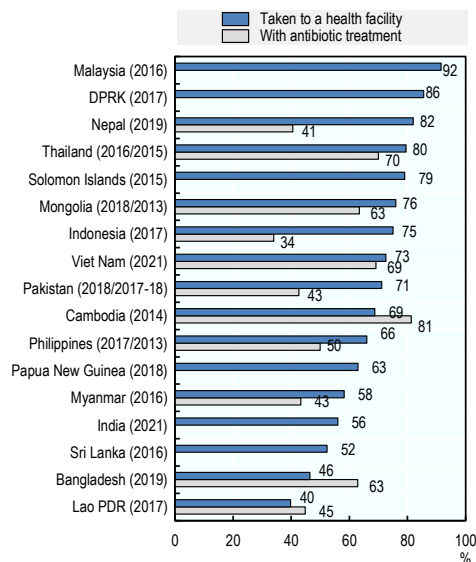
**Figure 5.20. Children aged under 5 years with diarrhoea receiving continued feeding and oral rehydration therapy, latest year available**



Source: UNICEF 2021; NHFS, DHS and MICS surveys, various years.

StatLink <https://stat.link/vhwqpk>

**Figure 5.21. Care seeking and antibiotic treatment among children aged under 5 years with acute respiratory infection, latest year available**



Note: First year refers to children taken to a health facility, the second year refers to those who received antibiotic treatment.

Source: UNICEF 2021, NHFS, DHS and MICS surveys, various years.

StatLink <https://stat.link/3i56ps>



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