INFANT AND CHILD HEALTH

Basic care for infants and children includes promoting and supporting early and exclusive breastfeeding (see indicator "Infant and young child feeding" in Chapter 4), 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 worldwide. These include vitamin A supplementation, measles vaccination, oral rehydration therapy (ORT) for diarrhoea, and antibiotic treatment for acute respiratory infection (ARI). Access to these services leads to better infant and child health.

As part of prevention, supplementation with vitamin A is considered important for children because it reduces the risk of disease and death from severe infections. A safe and effective vaccine is available for measles, so 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 and it is also considered a marker of access to child health services.

Appropriate treatment could also prevent deaths from diarrhoea and pneumonia. Dehydration caused by severe diarrhoea can be easily treated with ORT, and early diagnosis and treatment with antibiotics can also prevent a large proportion of deaths from pneumonia.

Access to preventive care varies across Asia-Pacific as shown by the intake of vitamin A supplements (Figure 5.19) and vaccination coverage (see indicator "Childhood vaccination programmes" in Chapter 7). Access to vitamin A supplementation is markedly low in the Solomon Islands at 37% and India at 46%, whereas DPR Korea and the Republic of Korea have nearly complete coverage.

Less than 50% of children with diarrhoea received zinc supplement in Bangladesh (41%), India (20%), Korea DPR (19%), Nepal (18%), Viet Nam (17%), and the coverage is less than 10% in Mongolia, Myanmar, the Philippines, Cambodia, with as little as less than 2% in Pakistan, Indonesia and Lao PDR (Figure 5.20). Furthermore, less than 50% of children with diarrhoea receive ORT in India (26%), Cambodia (35%), Pakistan (42%) and Indonesia (47%). The coverage is as high as 92% in Korea DPR and the Republic of Korea (Figure 5.21).

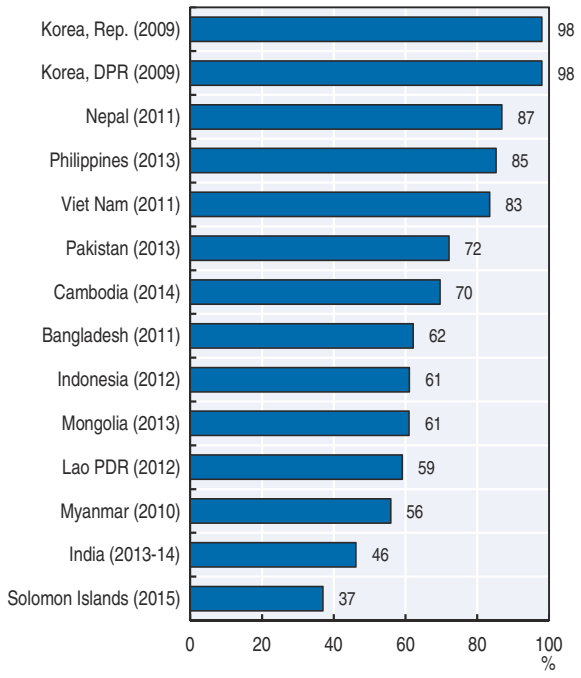
Access to appropriate medical care for children with ARI can also be improved in many countries in the region. Although more than two-thirds of children with symptoms are taken to a health facility, only half of them receive antibiotic treatment (Figure 5.22). There is a correlation between treatment coverage for diarrhoea and ARI. Antibiotic treatment for ARI is particularly low in India, Cambodia, Pakistan and Myanmar, 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.

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 ARI may also affect cross-national data comparisons.

The prevalence of ARI 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.

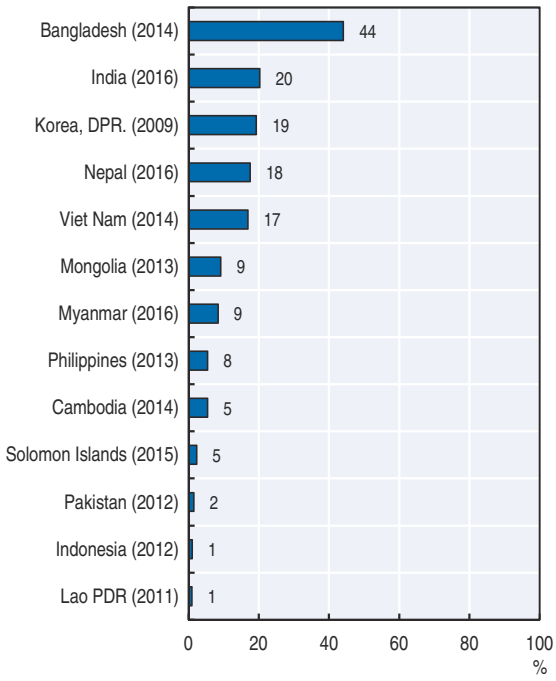
5.19. Children aged 6-59 months who received vitamin A supplementation, latest year available



Source: DHS and MICS surveys, various years

StatLink http://dx.doi.org/10.1787/888933868443

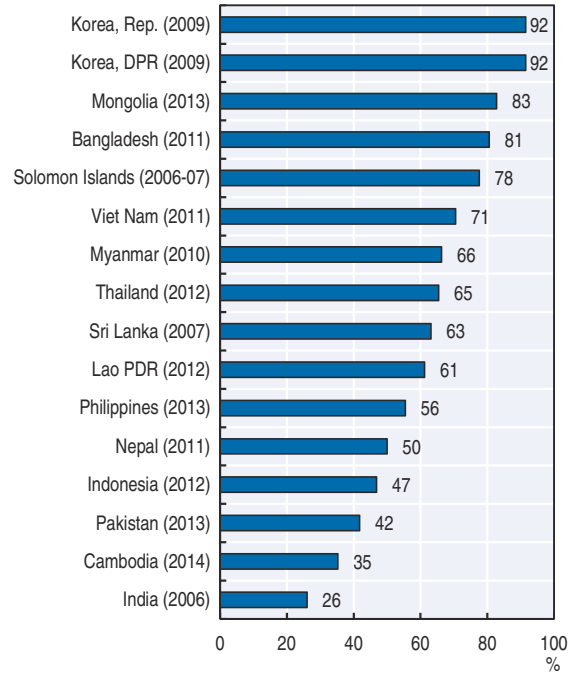
5.20. Children aged under 5 years with diarrhoea receiving zinc supplements (%), latest year available



Source: Unicef 2018.

StatLink http://dx.doi.org/10.1787/888933868481

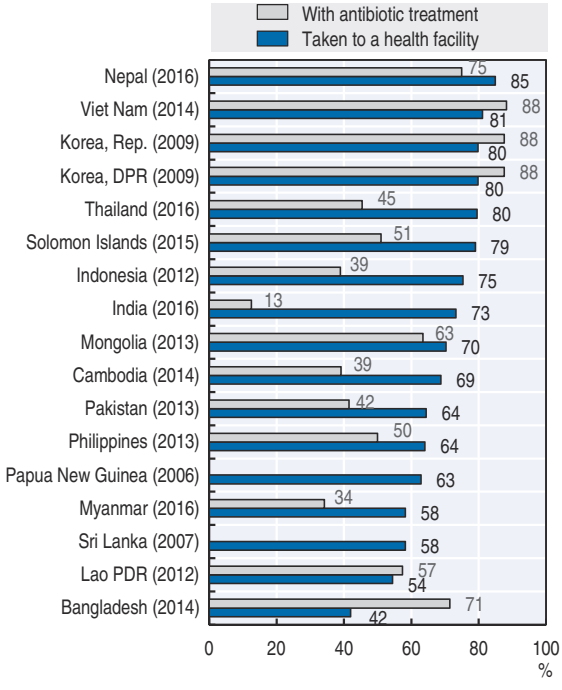
5.21. Children aged under 5 years with diarrhoea receiving ORT (%), latest year available



Source: DHS and MICS surveys, various years.

StatLink http://dx.doi.org/10.1787/888933868500

5.22. Care seeking and antibiotic treatment among children aged under 5 years with ARI



Source: DHS and MICS surveys, various years.

StatLink http://dx.doi.org/10.1787/888933868519