Infant mortality is a central indicator of infant health. It reflects the effect of economic and social conditions on the health of mothers and new-borns, as well as the effectiveness of health systems. Around two-thirds of the deaths that occur during the first year of life in the region are neonatal. Neonatal mortality is increasingly important because the proportion of neonatal death is increasing as under-five mortality declines (UNICEF, 2013, Child Mortality Report). Factors such as the health of mothers, maternal care and birth weight are important determinants of infant mortality. Diarrhoea, pneumonia and malnutrition in both mothers and babies are the causes of many deaths.

There are marked **cross-national differences in infant mortality**. Advanced economies have the lowest infant mortality rates: countries like Singapore, Japan, the Republic of Korea, Australia and New Zealand have a rate of two to six deaths per 1 000 live births (Figure 7.4, Panel A). Lowincome countries such as Lao PDR and Pakistan have infant mortality rates exceeding 50 deaths per 1 000 live births. Since 1980 infant mortality has been declining across Asia/ Pacific economies and gains have been large in Bangladesh, India and Indonesia, but they were also considerable in China and Thailand (Figure 7.5).

Child mortality rates are higher than infant mortality rates in most countries, and are above 50 children per 1 000 live births in Pakistan, Lao PDR, Tajikistan, Papua New Guinea, India and Myanmar. On average in the Asia/Pacific region, there were 29 deaths per 1 000 live births in 2012 (Figure 7.4, Panel B).

A child's risk of dying is associated with GDP and/or a household's socioeconomic status. Children from wealthier families generally have a high survival rating (Figure 7.6). Poor families often have limited access to resources, information and quality health services, which increases their exposure to illness and death.

Definition and measurement

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; neonatal mortality refers to the death of infants during the first 28 days.

Vital registration systems which record births and deaths are the preferred source of data on child mortality because they collect information as events occur and they cover the entire population. However, many countries lack a single source of high-quality data covering the last decades and base their infant mortality rates on estimates derived from censuses and surveys. Data available from such sources may be inconsistent across countries (e.g. through underreporting of child deaths). Differences among countries in registering premature infants may also make a small contribution to international variation in infant mortality rates.

The child mortality rate (or under-five mortality rate – U5MR) is the probability – expressed as a rate per 1 000 live births, of a child born in a specified year dying before reaching the age of five when subject to current age-specific mortality rates. Different data sources and calculation methods often yield widely differing estimates of child mortality for a given time and place. In order to reconcile these differences, UNICEF developed, in co-ordination with the UNPD, the WHO and the World Bank, an estimation methodology that minimizes the errors embodied on each estimate and harmonize trends along time (UNICEF, 2013).

Figure note

Figure 7.4: Panel B: 2011 for Australia, Japan and the Republic of Korea; 2010 for New Zealand; no data for Korea, DPR for 2012.

Figure 7.6: Data for Bangladesh in 1980 refer to 198, and 166 for India.

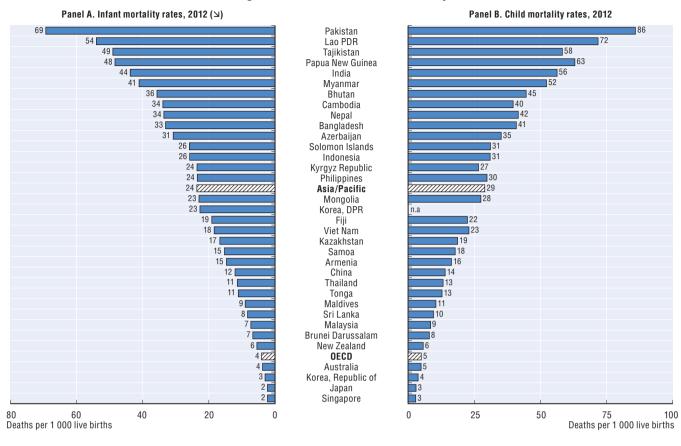


Figure 7.4. Infant and child mortality

Figure 7.5. Infant mortality rates, selected countries, 1980-2012

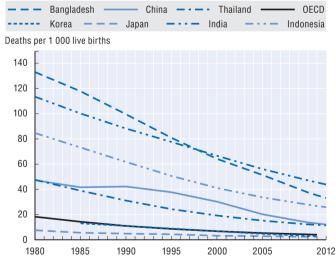
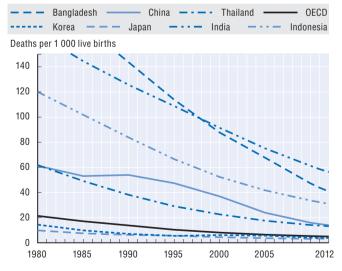


Figure 7.6. Child mortality rates, selected countries, 1990-2012



Source: OECD Health Data 2013, www.oecd.org/health/heatlhdata; UNICEF Child Info (www.childinfo.org/mortality_imrcountrydata.php).
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