INFANT MORTALITY

Infant mortality, deaths in children aged less than one year, reflects the effect of economic, social and environmental conditions on the health of mothers and infants, as well as the effectiveness of 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 the Asia-Pacific region, 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 immediate skin-to-skin contact between mothers and newborns after delivery, early and exclusive breastfeeding for the first six months of life, and kangaroo mother care for babies weighing 2 000g or less. Postnatal care for mothers and newborns within 48 hours of birth, delayed bathing until after 24 hours of childbirth and dry cord care are important to reducing infant deaths. Management and treatment of neonatal infections, pneumonia, diarrhoea and malaria is also critical (UNICEF, 2013). Oral rehydration therapy is a cheap and effective means to offset the debilitating effects of diarrhoea (WHO, 2006) 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 programmes" in Chapter 5).

Sustainable Development Goals set a target of reducing infant mortality to 12 deaths or less per 1 000 live births by 2030. In 2016, among lower-middle and low income Asia-Pacific countries, the average was 30 deaths, around half the rate observed in 2 000 (Figure 3.4). Upper-middle income Asia-Pacific countries reached the SDG target reporting a rate – on average – of 11.5 deaths per 1 000 live births. Geographically, infant mortality was lower in eastern Asian countries, and higher in South and Southeast Asia. Hong Kong, China; Japan; Singapore; Macau, China and the Republic of Korea had rates of three deaths or lower per 1 000 live births in 2016, whereas Pakistan and the Lao PDR had rates greater than 50.

Infant mortality rates have fallen dramatically in the Asia-Pacific since 2000, with many countries experiencing declines of greater than 50% (Figure 3.4). In China, Mongolia and Cambodia rates have declined by 65% or more, but reductions in the Solomon Islands, Brunei Darussalam and Fiji have been less pronounced over recent years.

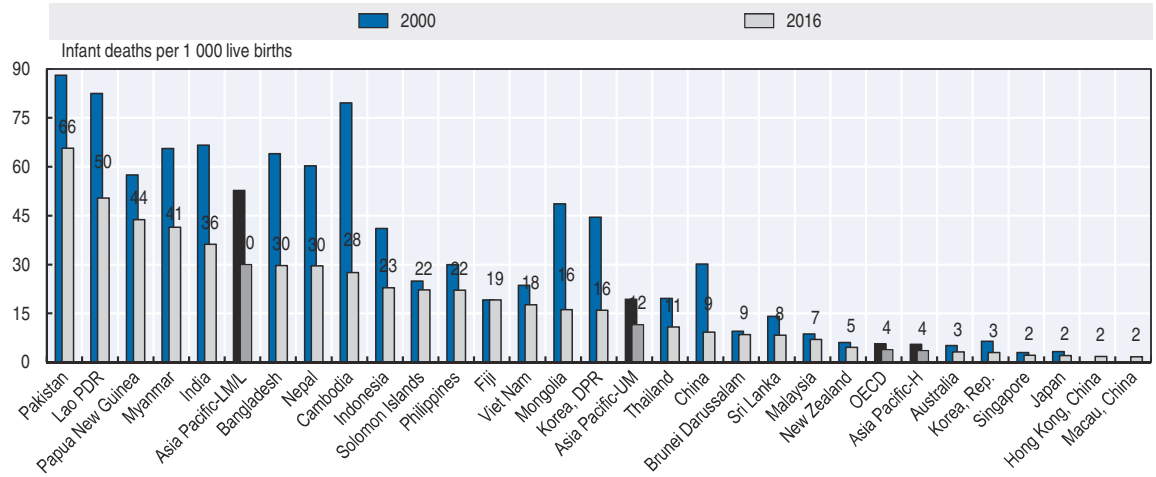
Across countries, important determinants of infant mortality rates are income status and mother education (Figure 3.5). In Myanmar, Lao PDR and Cambodia, infant mortality rates are almost four times higher in the poorest quintile compared to the richest quintile. Similarly, in Viet Nam infant born to mothers with no education had a six-fold higher risk of dying compared to infants whose mothers had achieved secondary or higher education, while the disparity based on mother's education was small in the Solomon Islands and Sri Lanka. Geographical location (urban or rural) is another determinant of infant mortality in the region, though relatively less important – except for Cambodia – in comparison to income or mother's education (Figure 3.5). Reductions in infant mortality will require not only improving quality of care, but also ensuring that all segments of the population benefit from improvements in 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.

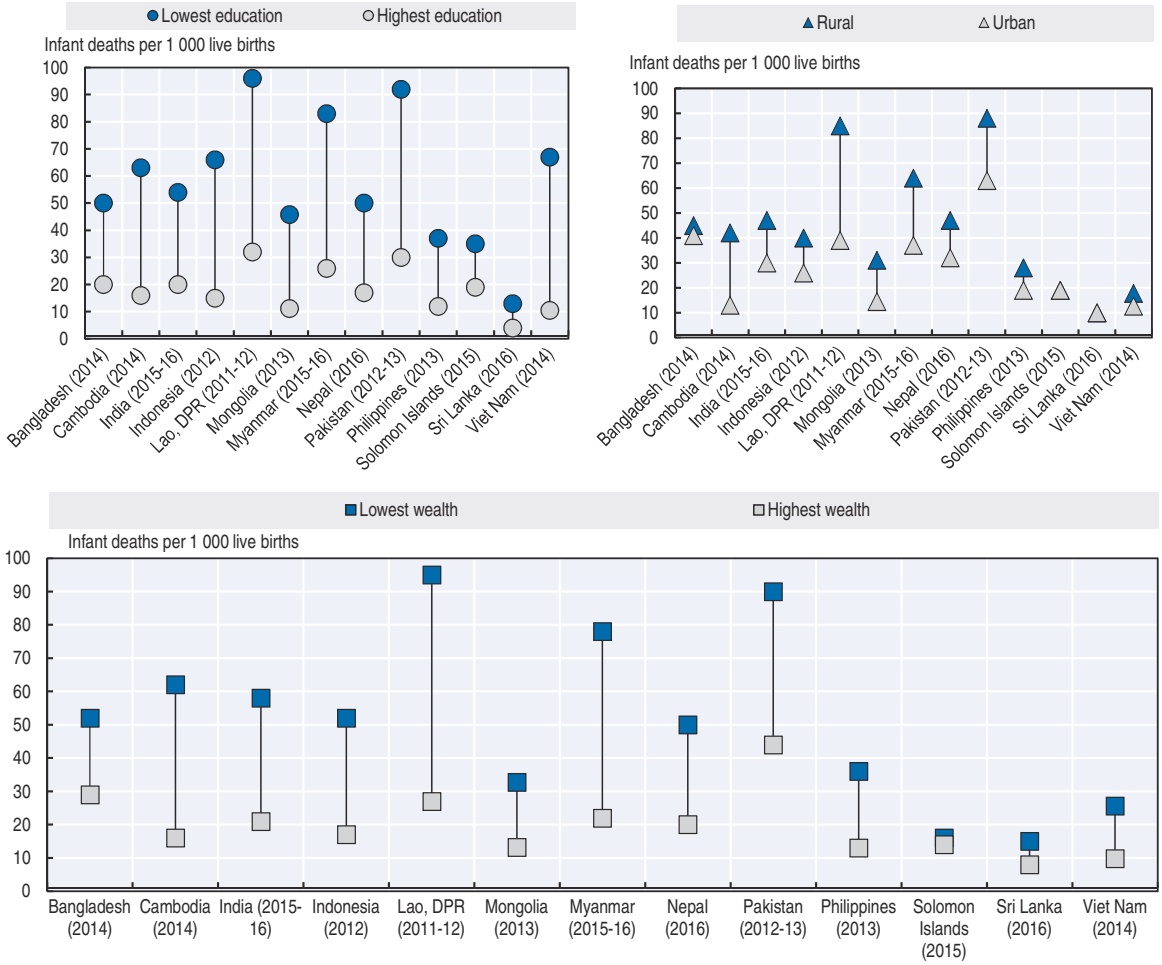
3.4. Infant mortality rates, 2000 and 2016 (or nearest year)



Source: UN Inter-agency Group for Child Mortality Estimation (IGME) Child Mortality Report 2017; Hong Kong annual digest of statistics 2017; Macau yearbook of Statistics, 2016.

StatLink http://dx.doi.org/10.1787/888933867626

3.5. Infant mortality rates by socioeconomic characteristic, selected countries and year



Source: DHS and MICS surveys, various years.

StatLink http://dx.doi.org/10.1787/888933867645