

### 3. UNDER AGE 5 MORTALITY

The under age 5 mortality rate is an indicator of child health as well as the overall development and well-being of a population. In 2017, 5.4 million children died worldwide before their fifth birthday and 3.5% of these deaths (188 000) occurred in the LAC region (UNICEF et al., 2018[5]). As part of their Sustainable Development Goals (SDG), the United Nations has set a target of reducing under age 5 mortality to at least as low as 25 per 1 000 live births by 2030. The main causes of death among children under five include preterm birth complications (18%), pneumonia (12%), intrapartum-related complications (8%) and sepsis (7%). Undernutrition, suboptimal breastfeeding and zinc deficiency are overlapping risk factors of childhood diarrhoea and pneumonia – the leading infectious causes of childhood morbidity and mortality (PAHO, 2017[6]). In this context, the UN General Assembly has also proclaimed the UN Decade of Action on Nutrition (2016-25).

The global under-five mortality rate was estimated by the World Bank at 39 per 1 000 live births, while the average under-five mortality rate across LAC33 countries was 19 deaths per 1 000 live births (Figure 3.6). Cuba, Bahamas, Antigua and Barbuda, Chile, Uruguay and Costa Rica achieved rates of less than 10 deaths per 1 000 live births. Mortality rates in Bolivia, Dominica, Guyana and Venezuela were high, between 31 and 35 deaths per 1 000 live births, while rates in Haiti were very high, reaching 71.7 deaths per 1 000 live births. These countries also had the highest infant mortality in the region as seen in the previous section.

Whilst under age 5 mortality has declined by an average of 46% in LAC countries between 2000 and 2017, progress varies significantly among countries. Countries such as Bolivia, El Salvador, Peru and Brazil reported a drop of over 55%, while in Dominica increased by 121%, in Venezuela by 42%, and in Grenada by 6%. Haiti saw a reduction of 31% in the period, which is still below the improvement in the region.

As is the case for infant mortality (see indicator “Infant mortality” in Chapter 3), inequalities in under age 5 mortality rates also exist within countries. Across countries, under age 5 mortality rates consistently vary based on household income and mother’s education, and to a certain extent by geographical location. For example, in Haiti under age 5 mortality was around three times higher among children whose mother had no or little education compared to those whose mother had more than secondary education. Inequality by education level was also large in Guyana and Peru. In Peru, Honduras and Haiti, disparities in under age 5 mortality according to income were also large with children in the poorest 20% of the population above or around two times more likely to die before their fifth birthday than those in the richest 20%. Inequalities in mortality rates based on geographic locations were relatively small (Figure 3.7).

In order to achieve the SDG target, countries can accelerate their efforts, for example by scaling effective preventive and curative interventions including early essential new-born care, vitamin A supplementation, vaccines for rotavirus and measles, safe water and improved sanitation, breastfeeding and adequate complementary food, hand-washing with soap, and improved case management. An integrated approach targeting the main causes of post-neonatal deaths, namely pneumonia, diarrhoea, malaria and undernutrition, and reaching the most vulnerable new-born babies and children, could produce a 14% reduction in the under-5 mortality rate (PAHO, 2017[6]). The benefits would be two-fold: a decrease in the short-term mortality rates, and healthier survivors with better outcomes in the long-run.

#### Definition and comparability

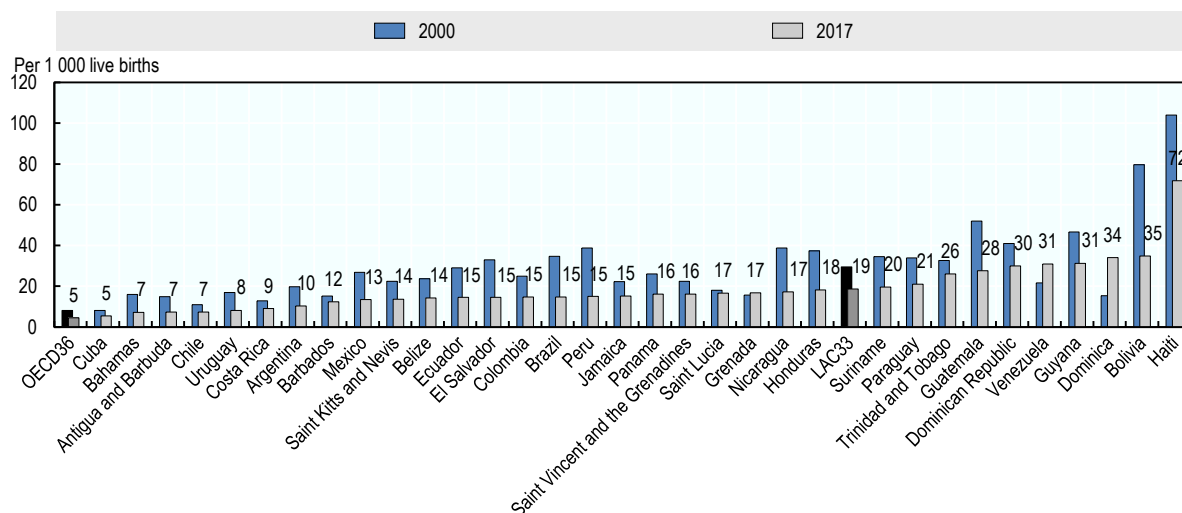
Under age 5 mortality is defined as the probability of a child born in a given year dying before reaching their fifth birthday, and is expressed per 1 000 live births. Since under age 5 mortality is derived from a life table, it is, strictly speaking, not a rate but a probability of death. Age-specific mortality rates are used to construct life tables from which under age 5 mortality is derived. Some countries base their estimates on censuses, surveys and sample registration systems, and not on accurate and complete registration of deaths. See indicator “Infant mortality” for definition of rate ratios.

Data on mortality by socio-economic conditions is from DHS surveys and MICS. These surveys allow for the disaggregation of household data by education level (no education and primary vs secondary and tertiary), income (lowest and highest quintiles of income) and rural and urban residency.

#### References

- [6] PAHO (2017), *Health in the Americas+, 2017 Edition. Summary: Regional Outlook and Country Profiles*, Pan American Health Organization, Washington, D.C., <https://www.paho.org/salud-en-las-americas-2017/wp-content/uploads/2017/09/Print-Version-English.pdf>.
- [5] UNICEF et al. (2018), *Levels and Trends in Child Mortality Report 2018*, UNICEF Publications, [https://www.unicef.org/publications/index\\_103264.html](https://www.unicef.org/publications/index_103264.html).

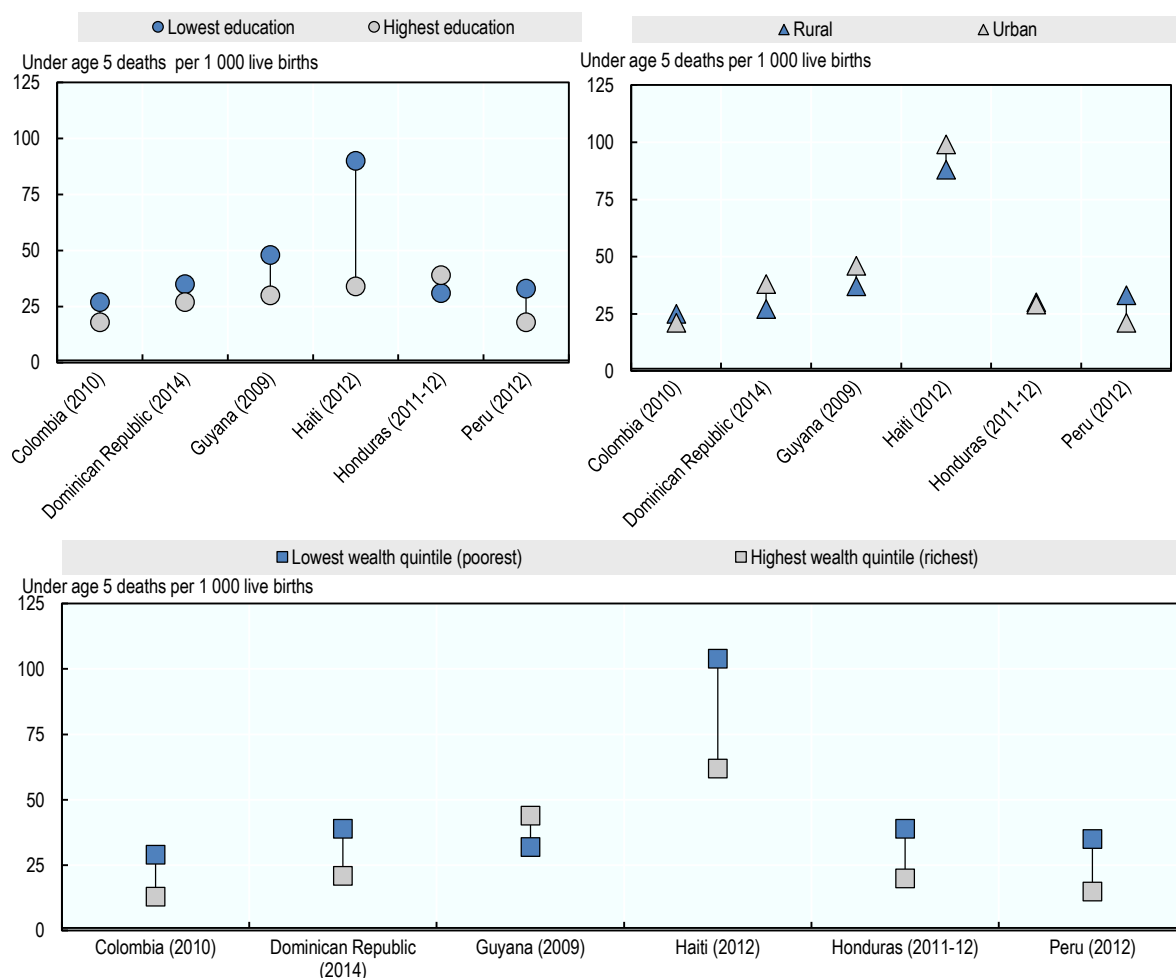
Figure 3.6. Under age 5 mortality rates, 2000 and 2017 (or nearest year)



Source: UN IGME 2019.

StatLink <https://stat.link/04ub2r>

Figure 3.7. Under age 5 mortality rate ratios by socio-economic and geographic factor, selected countries and years



Source: Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) 2005-14.

StatLink <https://stat.link/p01qr2>



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