

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. As part of their Sustainable Development Goals, 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 (United Nations, 2015[8]).

The main causes of death among children under age 5 include pneumonia (15%), diarrhoea (8%) and malaria (5%). Undernutrition, suboptimal breastfeeding and zinc deficiency are overlapping risk factors of these common childhood illnesses. Nutrition-related factors contribute to about 45% of deaths in children under 5 years of age (United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019[9]). Malnutrition is an impediment to the progress towards achieving the SDGs. In view of the importance of improving nutrition to promote health and development, in 2012 the World Health Assembly endorsed a “Comprehensive implementation plan on maternal, infant and young child nutrition”, which specified a set of six global nutrition targets. The UN General Assembly has also proclaimed the UN Decade of Action on Nutrition (2016-2025).

In 2018, 5.3 million children died worldwide before their fifth birthday and slightly more than a third of these deaths (1.9 million) occurred in the Eastern and Southern Asia regions (United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019[9]). The average under age 5 mortality rate across lower-middle and low, and upper middle income Asia-Pacific countries was 33.7 and 11.7 deaths per 1 000 live births respectively (Figure 3.8). Japan: Hong Kong, China; Singapore; the Republic of Korea and Australia achieved very low rates of four or less deaths per 1 000 live births, below the average across OECD countries. Mortality rates in Pakistan, Papua New Guinea, the Lao PDR and Myanmar were high, in excess of 40 deaths per 1 000 live births. These countries also had the highest infant mortality in the region. Due to its population, India alone accounted for 17% (0.9 million) of total under age five deaths in the world.

Whilst under age five mortality has significantly declined in lower-middle and low income Asia-Pacific countries, progress varies among countries. In China, Cambodia and Mongolia, mortality rate in 2018 was around one fourth of the rate reported in 2010 (Figure 3.8). Evidence (WHO, 2015[10]) suggests that reductions in Cambodia are associated with better coverage of effective preventive and curative interventions such as essential immunisations, malaria prevention and treatment, vitamin A supplementation, birth spacing, early and exclusive

breastfeeding and improvements in socio-economic conditions. In order to achieve the SDG target, countries need to accelerate their efforts, for example by scaling effective preventive and curative interventions, targeting the main causes of post-neonatal deaths, namely pneumonia, diarrhoea, malaria and undernutrition, and reaching the most vulnerable newborn babies and children (UNICEF, 2013[6]). In addition, focused efforts need to be undertaken to improve neonatal survival as more than three-quarters of under age 5 deaths occur in the neonatal period.

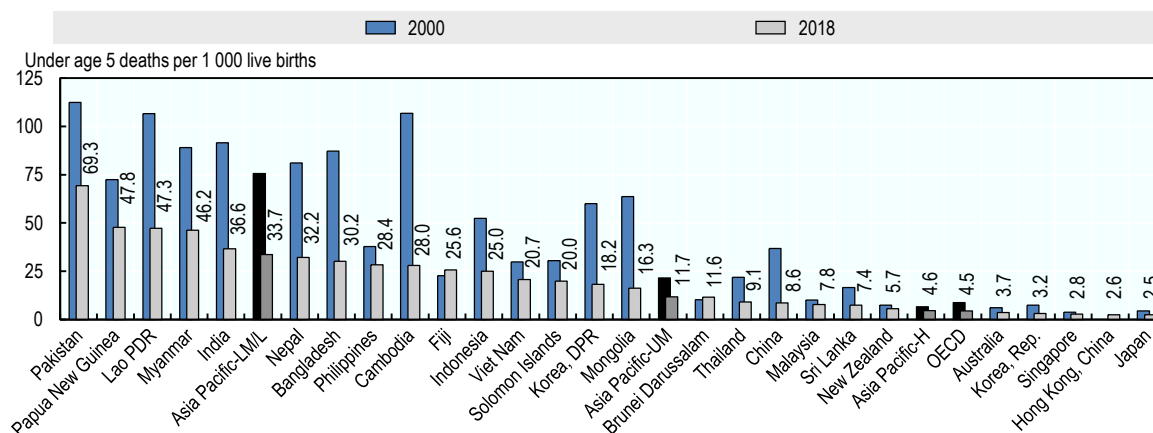
As is the case for infant mortality (see indicator “Infant mortality” in Chapter 3), inequalities in under age five mortality rates are widely prevalent (Figure 3.11). Across countries, under age 5 mortality rates consistently vary based on household income and mother’s education level, and to a certain extent by geographical location. For example, in Viet Nam and Lao PDR under age 5 mortality was more than five times higher among children whose mother had no education compared to those whose mother had at least completed secondary education. In Cambodia, India, Myanmar and the Philippines disparities in under age 5 mortality according to household income were also large with children in the poorest 20% of the population three to four times more likely to die before their fifth birthday than those in the richest 20%. Inequalities in mortality rates based on geographic locations (rural or urban) were significant in Cambodia and the Lao PDR (Figure 3.9). Accelerating reductions in under age five mortality will require identifying these populations and tailoring health interventions to effectively address their needs.

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.

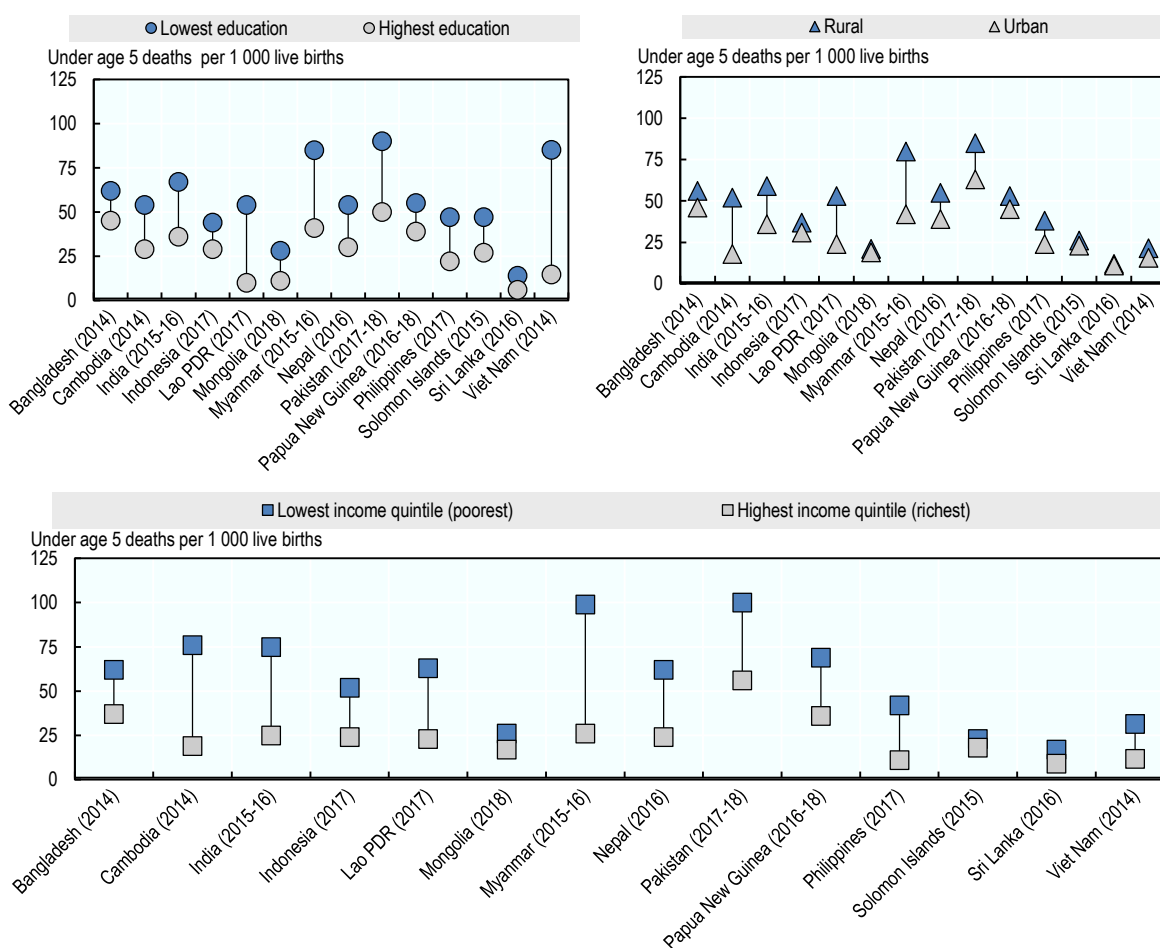
Figure 3.8. Under age 5 mortality rates, 2000-18 (or latest year available)



Source: UN IGME Child report 2019; The Hong Kong council of social service.

StatLink <https://stat.link/sf789h>

Figure 3.9. Under age 5 mortality rates by socio-economic characteristic and geographical location, selected countries



Source: DHS and MICS surveys, various years.

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