

Basic care for infants and children includes promoting and supporting early and exclusive breastfeeding (see indicator “Infant feeding” in Chapter 4), and 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. These comprise vitamin A supplementation, measles vaccination, oral rehydration therapy (ORT) for severe diarrhoea, and antibiotic treatment for acute respiratory infection (ARI) (Bhutta et al., 2013[14]).

As a safe and effective vaccine is available for measles, 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. This vaccine is also considered a marker of access of children to health services.

Access to preventive care varies across Asia-Pacific as shown by the intake of vitamin A supplements (Figure 5.18) and vaccination coverage (see indicator “Childhood vaccination” in Chapter 7). Access to vitamin A supplementation is markedly low in the Solomon Islands at 37%, whereas DPR Korea and Pakistan have nearly complete coverage.

Less than one child in four with diarrhoea in the Philippines, India, Nepal, Viet Nam, Lao PDR and Pakistan, and less than one child in ten with diarrhoea in Myanmar, Papua New Guinea, Mongolia, Cambodia and Solomon Islands received zinc supplement (Figure 5.19). Furthermore, less than half of children with diarrhoea received ORT in Papua New Guinea,

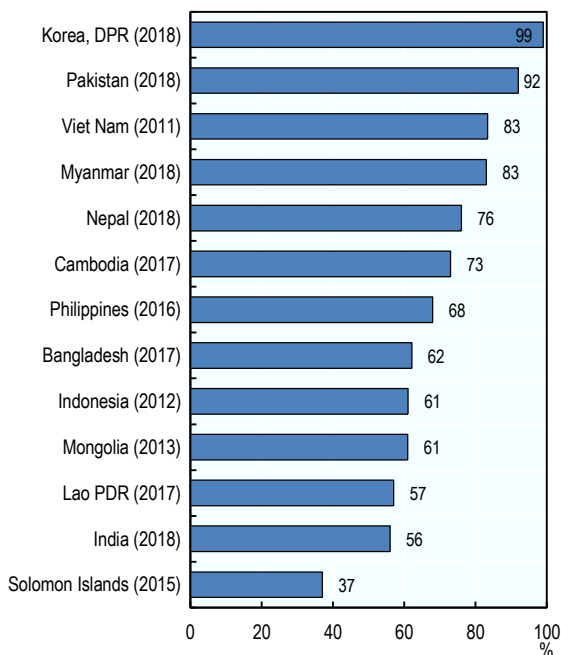
the Philippines, India and Pakistan. The coverage was as high as 83% in Mongolia (Figure 5.20).

Access to appropriate medical care for children with ARI can also be improved in many countries in the region. Although almost three-quarters of children with symptoms are taken to a health facility, only less than two-thirds of them receive antibiotic treatment (Figure 5.21). There is a correlation between treatment coverage for diarrhoea and ARI. Antibiotic treatment for ARI is particularly low in Myanmar, the Philippines, and Pakistan, 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.

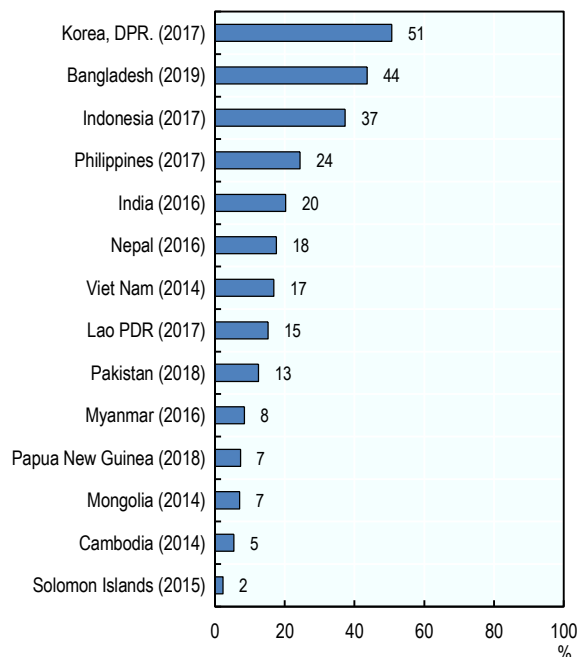
Definition and comparability

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.

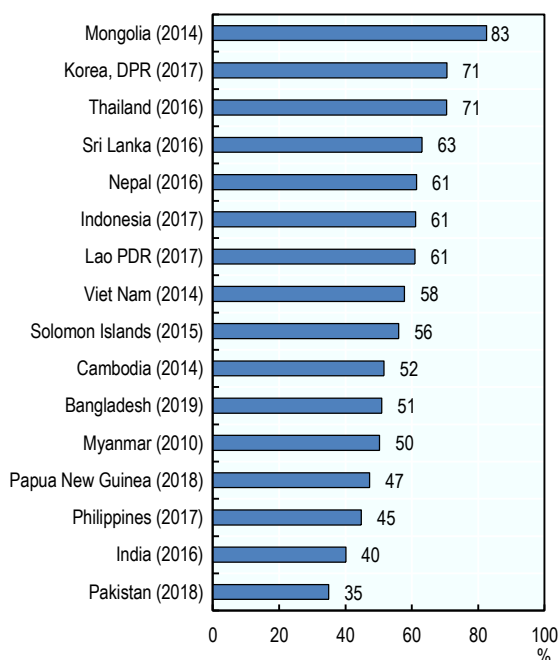
The prevalence of ARI is estimated by asking mothers whether their children under five had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding a survey, as these symptoms are compatible with ARI.

Figure 5.18. **Children aged 6-59 months who received vitamin A supplementation, latest year available**

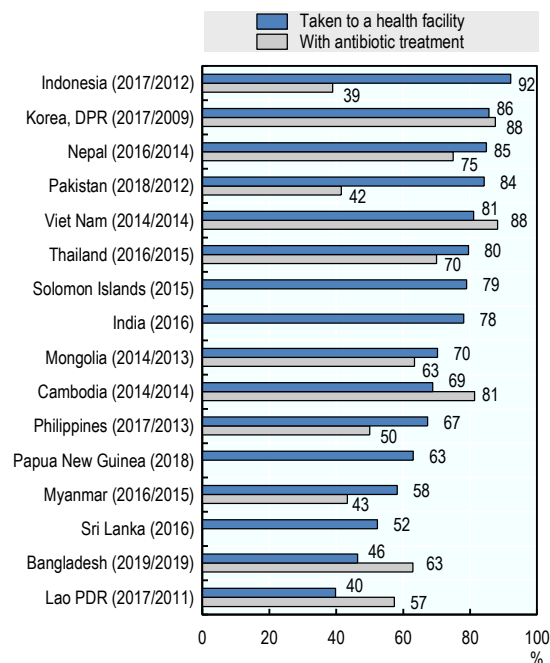
Source: DHS and MICS surveys, various years.

StatLink <https://stat.link/r7edbw>Figure 5.19. **Children aged under 5 years with diarrhoea receiving zinc supplements (percent), latest year available**

Source: UNICEF 2020.

StatLink <https://stat.link/pxr3ts>Figure 5.20. **Children aged under 5 years with diarrhoea receiving oral rehydration therapy (percent), latest year available**

Source: DHS and MICS surveys, various years.

StatLink <https://stat.link/7d6bsq>Figure 5.21. **Care seeking and antibiotic treatment among children aged under 5 years with acute respiratory infection**

Source: DHS and MICS surveys, various years.

StatLink <https://stat.link/k0hblu>



From:

Health at a Glance: Asia/Pacific 2020

Measuring Progress Towards Universal Health Coverage

Access the complete publication at:

<https://doi.org/10.1787/26b007cd-en>

Please cite this chapter as:

OECD/World Health Organization (2020), "Infant and child health", in *Health at a Glance: Asia/Pacific 2020: Measuring Progress Towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/95e7f92d-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.