

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 2019, 5.3 million children died worldwide before their fifth birthday (Perin et al., 2022^[1]). 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 amongst 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^[2]).

In 2020, the global under-five mortality rate was estimated by the World Bank at 37 per 1 000 live births, while the average under-five mortality rate across LAC33 countries was 17 deaths per 1 000 live births (Figure 3.8). Cuba, Uruguay, Antigua and Barbuda, Chile, Costa Rica and Argentina achieved rates of less than 10 deaths per 1 000 live births. Mortality rates in Dominica, the Dominican Republic, Guyana and Bolivia were high, between 25 and 35 deaths per 1 000 live births, while rates in Haiti were very high, reaching 60.5 deaths per 1 000 live births. These countries also had the highest infant mortality in the region as seen in the previous section.

While under age 5 mortality has declined by an average of 42% in LAC countries between 2000 and 2020, progress varies significantly amongst countries. Countries such as Peru, Bolivia, Uruguay and El Salvador reported a drop of over 60%, while in Dominica the rate increased by 109%, in Saint Lucia by 33%, in Venezuela by 12%, and in Grenada by 6%. Haiti saw a reduction of 42% in the period, at the same level of 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 persist within 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 El Salvador under age 5 mortality was more than five times higher amongst children whose mother had no, or little education compared to those whose mother had more than secondary-level education. Inequality by education level was also large in Peru and Honduras. In Paraguay, disparities in under age 5 mortality according to income were also large, with children in the poorest 20% of the population 28 times more likely to die before their fifth birthday than those in the richest 20%. Inequalities in mortality rates based on geographic locations also exist, for example in Guyana under age 5 mortality is more than four times higher in rural areas than in urban areas (Figure 3.9).

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, handwashing with soap, and improved case management. An integrated approach targeting the main causes of post-neonatal deaths could produce a 14% reduction in the under age 5 mortality rate (PAHO, 2017^[2]).

Definition and comparability

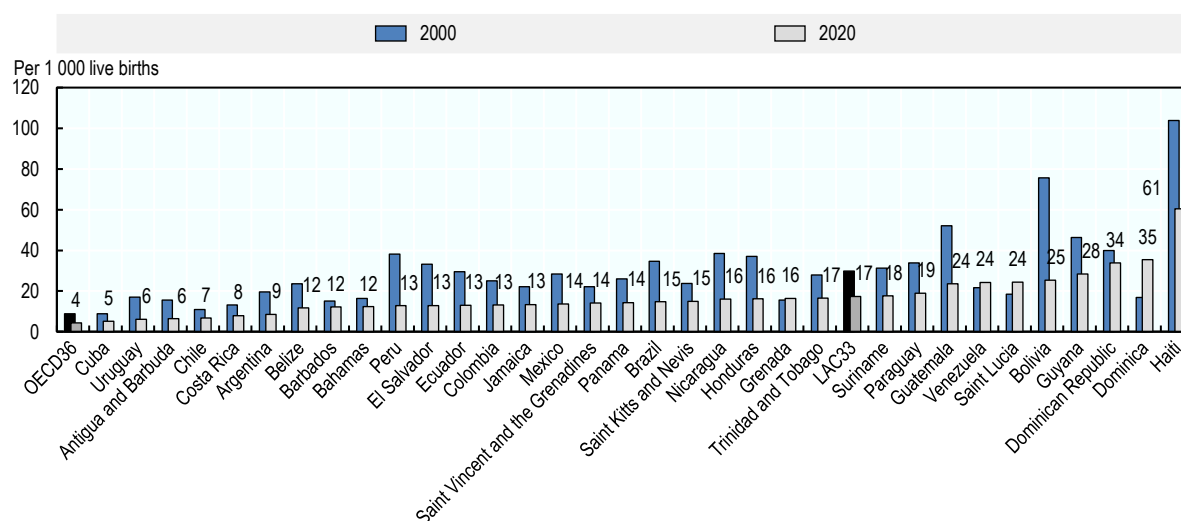
Under age 5 mortality is defined as the probability of a child born in a given year dying before reaching their fifth birthday and is expressed per 1 000 live births. Since under age 5 mortality is derived from a life table, it is, strictly speaking, not a rate but a probability of death. Age-specific 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

- 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-americanas-2017/wp-content/uploads/2017/09/Print-Version-English.pdf> (accessed on 27 September 2019). [2]
- Perin, J. et al. (2022), “Global, regional, and national causes of under-5 mortality in 2000–19: an updated systematic analysis with implications for the Sustainable Development Goals”, *The Lancet Child & Adolescent Health*, Vol. 6/2, pp. 106-115, [https://doi.org/10.1016/s2352-4642\(21\)00311-4](https://doi.org/10.1016/s2352-4642(21)00311-4). [1]

Figure 3.8. Under age 5 mortality rates, 2000 and 2020 (or nearest year)



Source: The World Bank World Development Indicators Online 2022.


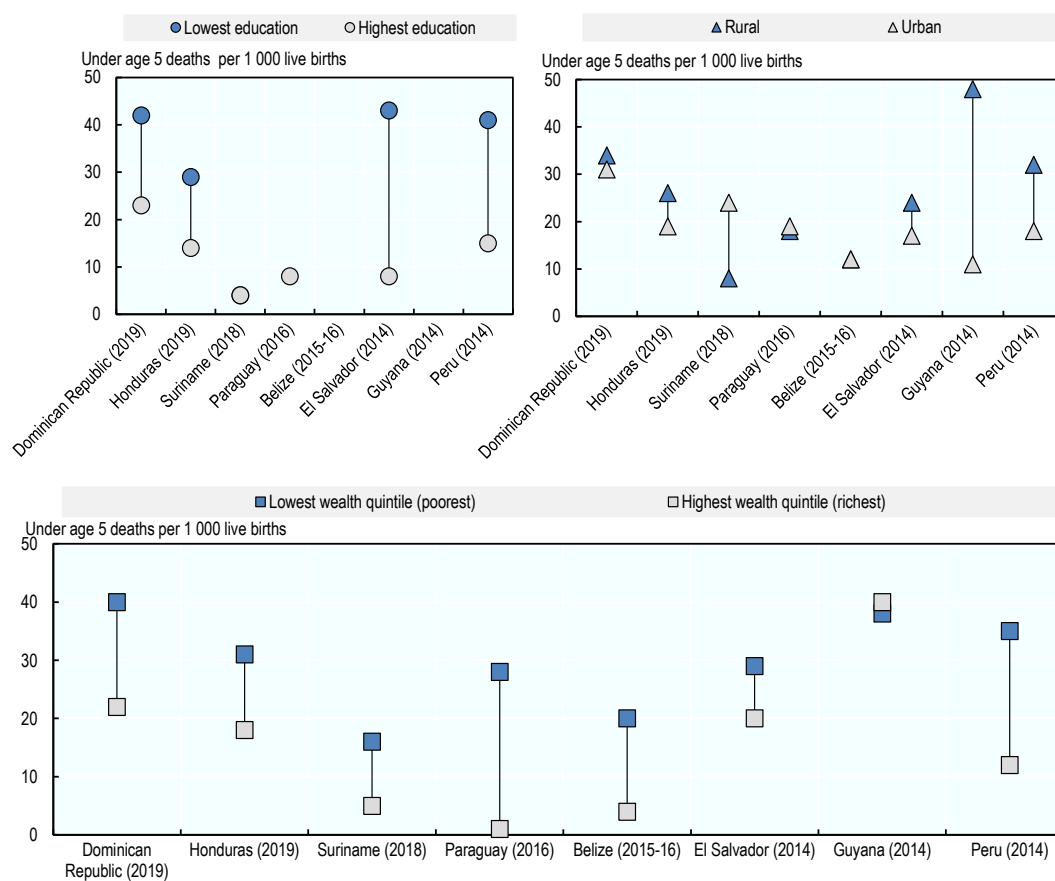

StatLink  <https://stat.link/ej1knw>

Figure 3.9. Under age 5 mortality rate by socio-economic and geographic factor, selected countries and years



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

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



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