

## VI. INFANT AND UNDER-5 MORTALITY

### International goals

*Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000 .... By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000 (para. 8.16 of ICPD Programme of Action; also para. 36(c) of WSSD Programme of Action and para.106(l) of FWCW Platform for Action).*

*The Programme of Action adopted at the 1990 World Summit for Children set the same target of reducing the infant mortality and the under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000 (appendix I(a)). The goal was also adopted by the WHO's Ninth General Programme of Work (1996-2001).*

*The Vienna Declaration and Programme of Action, adopted at the 1993 World Conference on Human Rights, includes a clause on reducing infant mortality rates (chap. II, para. 47).*

### DEFINITION

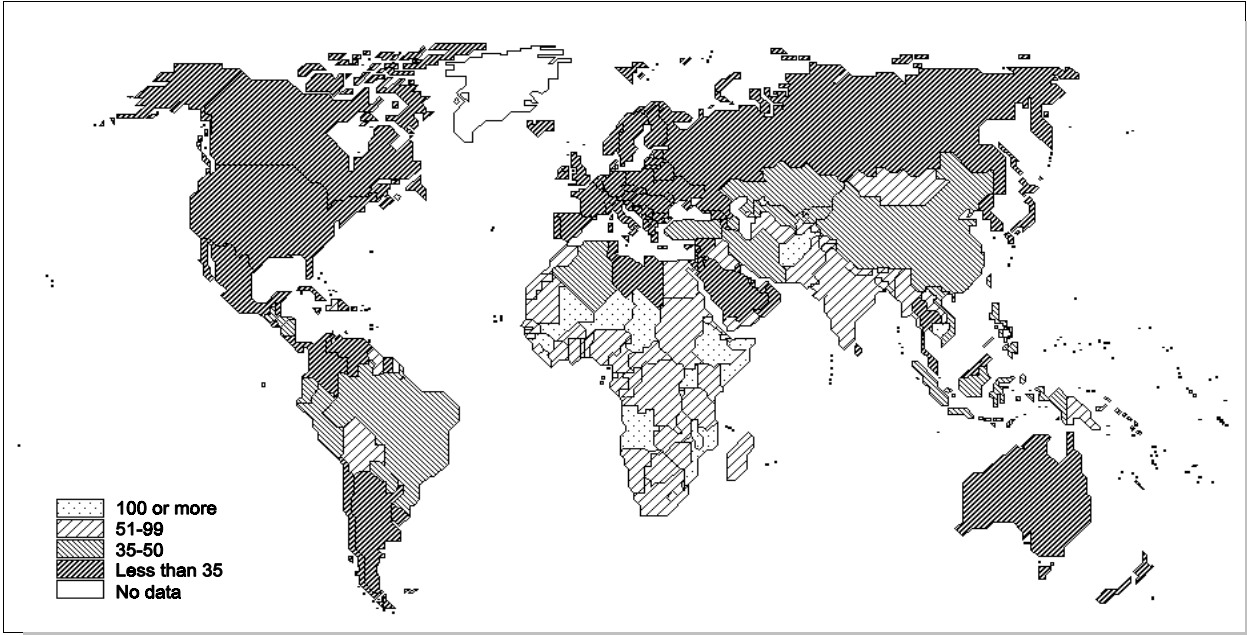
Infant mortality refers to the probability of dying before age 1 per 1,000 newborns. Under-5 mortality means the probability of dying before age 5 per 1,000 newborns.

### RECENT SITUATION

The promotion of child survival and health has long been an important aim of the wide range of policies adopted to improve the overall health status of a population. Important advances have been made in making accessible the means to combat the most common diseases of childhood, and an increasing number of children are routinely immunized against diseases that in the past were major killers or causes of lifetime disability, such as measles and polio. Low-cost interventions have made major inroads in reducing suffering and death from diarrhoeal diseases. Nevertheless, many countries still experience unacceptably high levels of infant and child mortality (fig. VI.1 and VI.2). There are large interregional disparities as well.

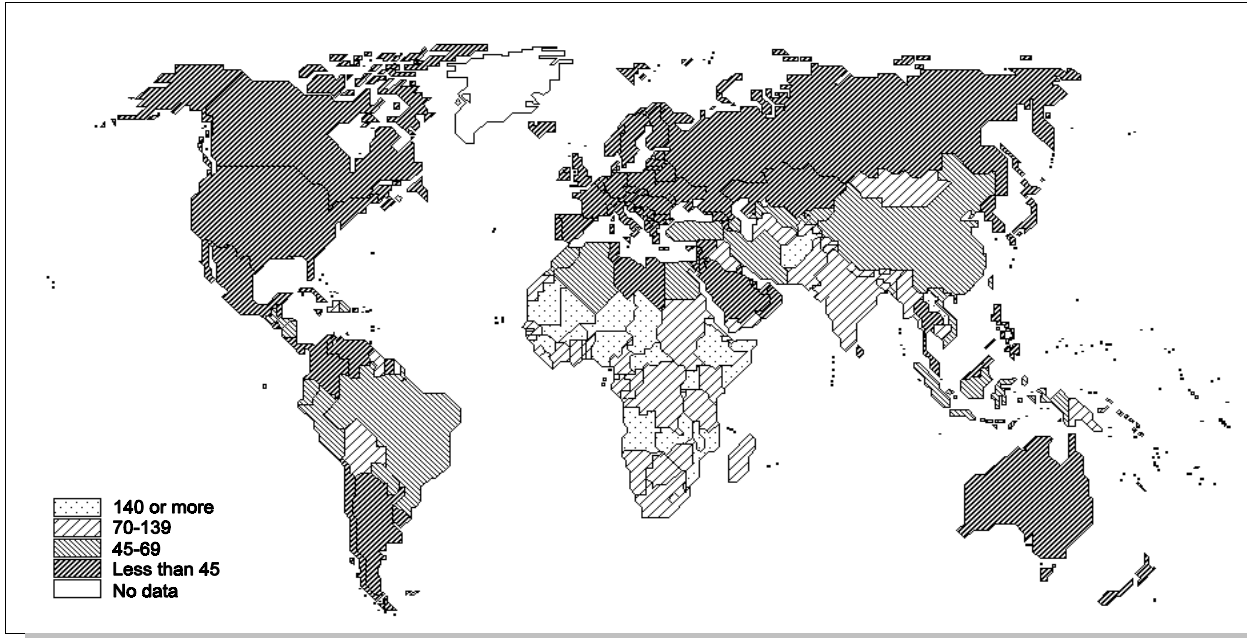
At the global level, slightly over half of the countries are estimated to have infant and child mortality rates lower than the goals set for the year 2015—below 35 and 45, respectively (tables VI.1 and VI.2). However, this is the result of very disparate levels experienced by the more developed regions, on the one hand, and the less developed regions, on the other. All countries from the more developed regions have infant and under-5 mortality rates below 35 and 45. In contrast, only about 40 per cent of the countries from the less developed regions have infant and under-5 mortality rates below the goals for 2015. Among the least developed countries, only two (4 per cent) have infant and under-5 mortality rates below the goals for 2015.

Figure VI.1. Infant mortality rate, 1995-2000



Source: *World Population Prospects: The 1998 Revision, Volume I: Comprehensive Tables* (United Nations publication, Sales No. E.99.XIII.9).  
NOTE: Estimates are not presented for countries or areas with populations under 150,000.

Figure VI.2. Under-5 mortality rate, 1995-2000



Source: *World Population Prospects: The 1998 Revision, Volume I: Comprehensive Tables* (United Nations publication, Sales No. E.99.XIII.9).  
NOTE: Estimates are not presented for countries or areas with populations under 150,000.

**Table VI.1.** Distribution of countries according to infant mortality rate, 1995-2000

	Percentage of countries with infant mortality rate of:					Number of countries
	Less than 35	35-49	50-99	100 or more	Total	
World	53	10	26	11	100	184
More developed regions	100	0	0	0	100	43
Less developed regions	38	13	33	15	100	141
Least developed countries	4	2	49	44	100	45
Africa	8	2	57	34	100	53
Asia and Oceania <sup>a</sup>	51	19	25	5	100	57
Latin America and the Caribbean	68	23	10	0	100	31

Source: *World Population Prospects: The 1998 Revision, Volume I: Comprehensive Tables* (United Nations publication, Sales No. E.99.XIII.9).  
NOTE: Excludes countries and areas with populations under 150,000. Due to rounding, the sum of the subcategories may not be equal to 100 per cent.

<sup>a</sup> Excluding Japan, Australia and New Zealand, which are included in the more developed regions.

**Table VI.2.** Distribution of countries according to under-5 mortality rate, 1995-2000

	Percentage of countries with under-5 mortality rate of:				Total	Number of countries
	Less than 45	45-69	70-139	140 or more		
World	53	12	20	15	100	184
More developed regions	100	0	0	0	100	43
Less developed regions	39	16	26	19	100	141
Least developed countries	4	7	33	56	100	45
Africa	8	8	40	45	100	53
Asia and Oceania <sup>a</sup>	54	18	23	5	100	57
Latin America and the Caribbean	65	26	10	0	100	31

Source: *World Population Prospects: The 1998 Revision, Volume I: Comprehensive Tables* (United Nations publication, Sales No. E.99.XIII.9).  
NOTE: Excludes countries and areas with populations under 150,000. Due to rounding, the sum of the subcategories may not be equal to 100 per cent.

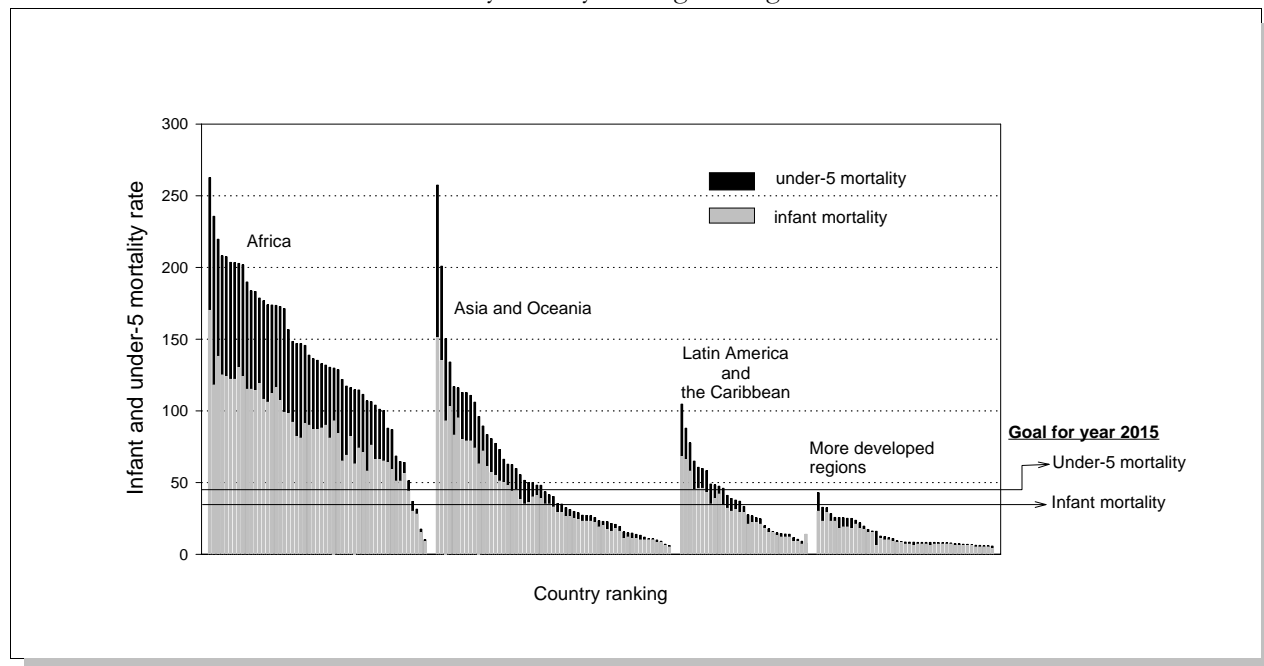
<sup>a</sup> Excluding Japan, Australia and New Zealand, which are included in the more developed regions.

In order to reach the goals set for the year 2000—50 for the infant mortality rate and 70 for the under-5 mortality rate—nearly half of the countries in the less developed regions still need to reduce both mortality rates. A large majority of the least developed countries have infant and child mortality rates above the goals, with many remaining far above the goals.

There are large regional differences among major less developed areas. Latin American and Caribbean countries tend to have the lowest mortality—nearly 70 per cent of the countries in the region have already surpassed the year 2015 goals for both infant and under-5 mortality. In Africa, only four out of 53 countries (8 per cent) have attained the goals for 2015. In reference to the more immediate goal of reducing the infant mortality rate to 50 and under-5 mortality rate to 70 by the year 2000, about 90 per cent of the African countries still fall short, whereas only 10 per cent of the Latin American and Caribbean countries do so. Within Africa, it is particularly Eastern Africa, Western Africa and Middle Africa which have high infant and under-5 mortality rates (figs. VI.1 and VI.2).

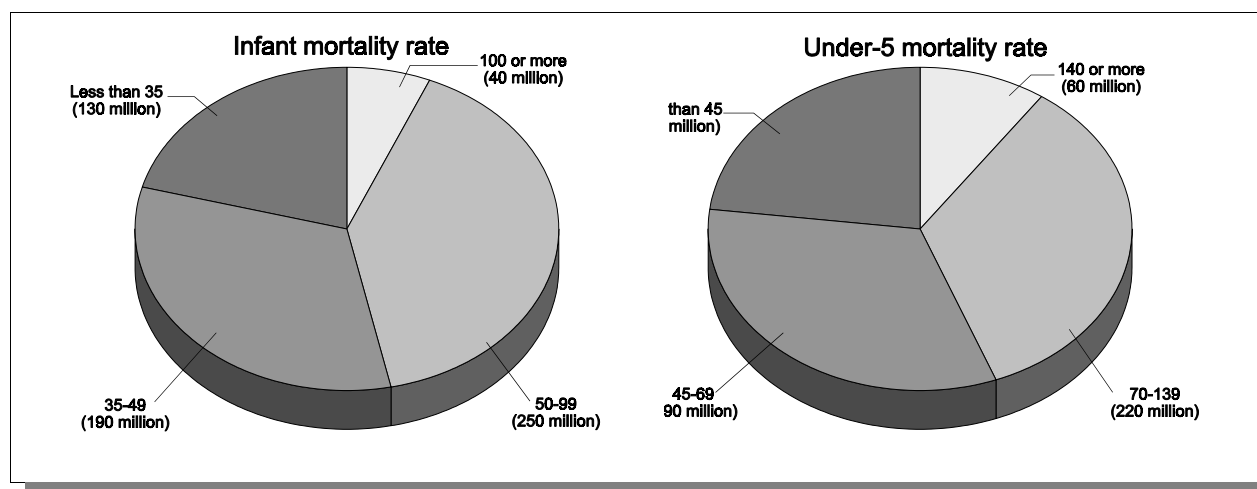
Under-5 mortality is more sensitive than infant mortality as an indicator of the underlying social, environmental and behavioural factors that determine mortality in childhood (United Nations, 2000). Regional differences for child mortality are indeed larger than for infant mortality. Figure VI.3 shows that most African countries not only have high mortality but that differences between the infant mortality rate and the under-5 mortality rate are much larger in African countries than in other regions.

**Figure VI.3.** Infant and under-5 mortality rates, 1995-2000, by country ranking and region



Source: *World Population Prospects: The 1998 Revision, Volume I: Comprehensive Tables* (United Nations publication, Sales No. E.99.XIII.9).  
NOTE: Bars show level of infant and under-5 mortality rates for individual countries.

**Figure VI.4.** Distribution of child population by infant and under-5 mortality rates, 1995-2000



Source: *World Population Prospects: The 1998 Revision, Volume I: Comprehensive Tables* (United Nations publication, Sales No. E.99.XII.9).

At the global level, about one fifth of the child population lives in countries with low mortality—below the goals for the year 2015 (fig. VI.4). However, nearly half of the child population is in countries with infant and under-5 mortality rates still higher than the goals for the year 2000—50 and 70, respectively. About 10 per cent of young children live in countries where under-5 mortality rates remain extremely high.

**SOURCES OF DATA, COVERAGE AND QUALITY**

Estimates of infant and child mortality rates are calculated and biennially updated by the Population Division of the United Nations Secretariat, within the framework of the official United Nations world population estimates and projections prepared by the Population Division.

Original data sources include vital registration, sample registration systems, surveillance systems, censuses and demographic surveys. For all countries, available data are evaluated and, if necessary, adjusted for incompleteness by the Population Division.

In many less developed countries, routine data collection in the health services omits many infant or child deaths. However, adjustments can sometimes be made for incomplete registration and age misstatement, and in many developing countries maternity-history data gathered in nationally representative sample surveys provide a sound basis for estimating levels and trends of infant and child mortality. Where direct estimates are unavailable or require adjustment, infant and child mortality rates can be estimated through indirect or modeling methods based on special questions asked in censuses or demographic surveys. Sample surveys have been more successful at obtaining estimates of infant and child mortality than of adult mortality, and because of this, information about levels and trends of mortality of young children is currently substantially more complete and more timely than is information about the mortality of adults.

The Population Division updates and publishes estimates of infant and child mortality rates within its *World Population Prospects* series. The most recent publication is *World Population Prospects: the 1998 Revision* (United Nations, 1999). Data on infant and child mortality are available for all countries and areas of the world with populations of 150,000 persons or more. Estimates of infant mortality are presented for 5-year periods from 1950-1995. Projected infant and child mortality rates are also given through 2050.

#### FOR FURTHER INFORMATION

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