CO1.1: Infant and child mortality

Definitions and methodology

This indicator presents information on infant mortality through three main measures:

i.   The *infant mortality rate*, defined as the number of deaths of children aged less than one in a given year per 1000 live births.
ii. The *neonatal mortality rate*, defined as the number of deaths of children aged less than 28 days in a given year per 1000 live births.
iii. The *post-neonatal mortality rate*, defined as the number of deaths of children aged between 28 days and one year in a given year per 1000 live births.

The infant mortality rate is equivalent to the sum of the neonatal and post-neonatal mortality rates. Data comes either from OECD Health Statistics or from the UN Inter-agency Group for Child Mortality Estimation.

Information on child mortality is presented through one measure:

i.   The *child mortality rate* (sometimes also called the under-five mortality rate), defined as the probability of a child born in a specific year dying before reaching the age of five when subject to current age-specific mortality rates. This probability is expressed as a rate per 1000 live births. Data for all countries come from the UN Inter-agency Group for Child Mortality Estimation.

Key findings

Infant mortality rates are generally low across the covered Asia/Pacific countries, though there is some variation from country to country (Chart CO1.1.A). In most of the Asia/Pacific countries included here infant mortality rates stood at 7 deaths per 1000 live births or less in 2023, with the lowest rates, at below 2 deaths per 1000 live births, in Japan and Singapore. The highest infant mortality rate in 2023 was recorded for Indonesia at 17 deaths per 1000 live births.

In most of the Asia/Pacific countries included here, somewhere around one-half to two-thirds of deaths that occur during the first year of life are neonatal deaths, that is, deaths that occur with the first 28 days after birth (Chart CO1.1.A). In 2023, the share of neonatal deaths among all infant deaths was highest in Australia, where around 75% of infant deaths were neonatal deaths, and was lowest in Japan and Korea, where almost 50% of infant deaths were neonatal deaths.

Other relevant indicators: SF2.1 Fertility rates; CO1.2 Life expectancy at birth; CO1.3 Low birth weight; CO1.4 Vaccination rates;

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Chart CO1.1.A. **Infant mortality[a], neonatal mortality[b], and post-neonatal infant mortality[c] rates, 2023 or latest available[d]**
Deaths per 1000 live births
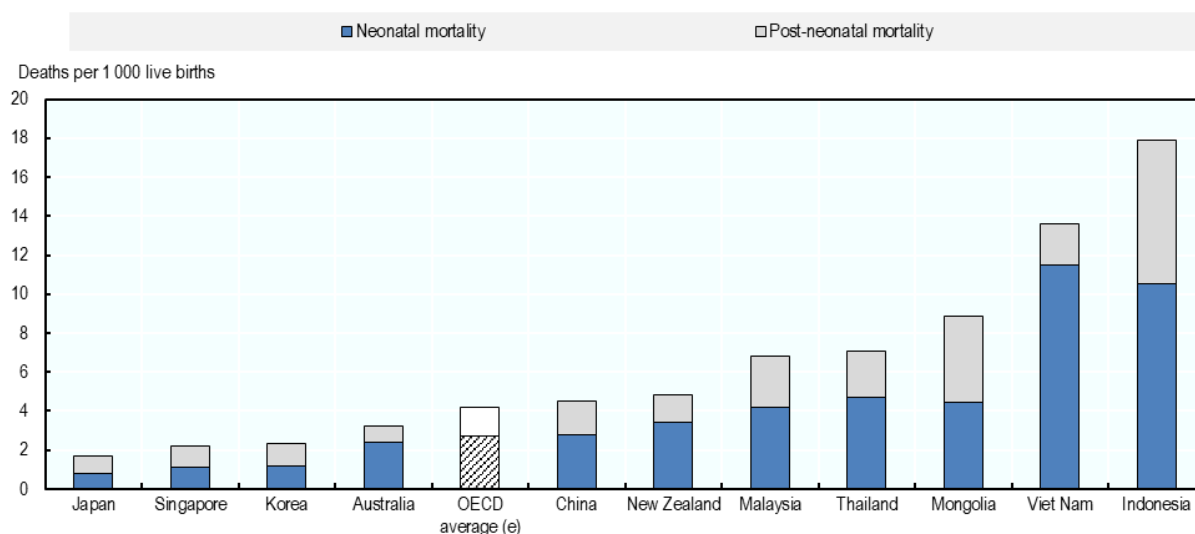
a) Deaths of children aged less than one year per 1000 live births
b) Deaths of children aged less than 28 days old per 1000 live births
c) Deaths of children aged between 28 days and one year of age per 1000 live births
d) Data for New Zealand refer to 2018.
e) The OECD average refers to the unweighted average across OECD member countries with available and comparable data in 2023.

Sources: Australia, China, Korea, Indonesia, Japan and New Zealand: OECD Health Statistics; OECD average: OECD Data; Malaysia, Mongolia, Singapore, Thailand and Viet Nam: UN IGME (2023), Neonatal Mortality Rate, Infant Mortality Rate.

All Asia/Pacific countries included here have made progress in reducing infant mortality over recent decades (Chart CO1.1.B). In absolute terms, China, Indonesia and Mongolia have made the greatest progress: in China and Thailand, current infant mortality rates are more than 60 deaths-per-1000-live-births lower than they were in 1970; in Indonesia, they are over 90 deaths-per-1000-live-births lower than in 1970. Many other Asia/Pacific countries also recorded large declines. Infant mortality rates have fallen by at least two-thirds since 1970 in the countries included here, with the current rates in China, Korea and Singapore less than one-tenth of what they were in 1970.

Child mortality rates are usually a little higher than infant mortality rates (Chart CO1.1.C). In 2023, among the countries included here, the highest child mortality rates were in Viet Nam (20 deaths per 1000 live births) and Indonesia (21 deaths per 1000 live births), and the lowest in Japan, Korea and Singapore (under 3 deaths per 1000 live births). Just as for infant mortality, child mortality rates have fallen sharply in recent decades. The largest declines were recorded for Indonesia, China and Thailand (decreases of 138-, 100- and 86-deaths-per-1000-live-births since 1970, respectively), but in the Asia/Pacific countries included here child mortality rates have fallen by at least three-quarters since 1970.

Chart CO1.1.B. **Trends in infant mortality rates, 1970, 1990[a], 2010 and 2023[b]**
### Deaths per 1000 live births
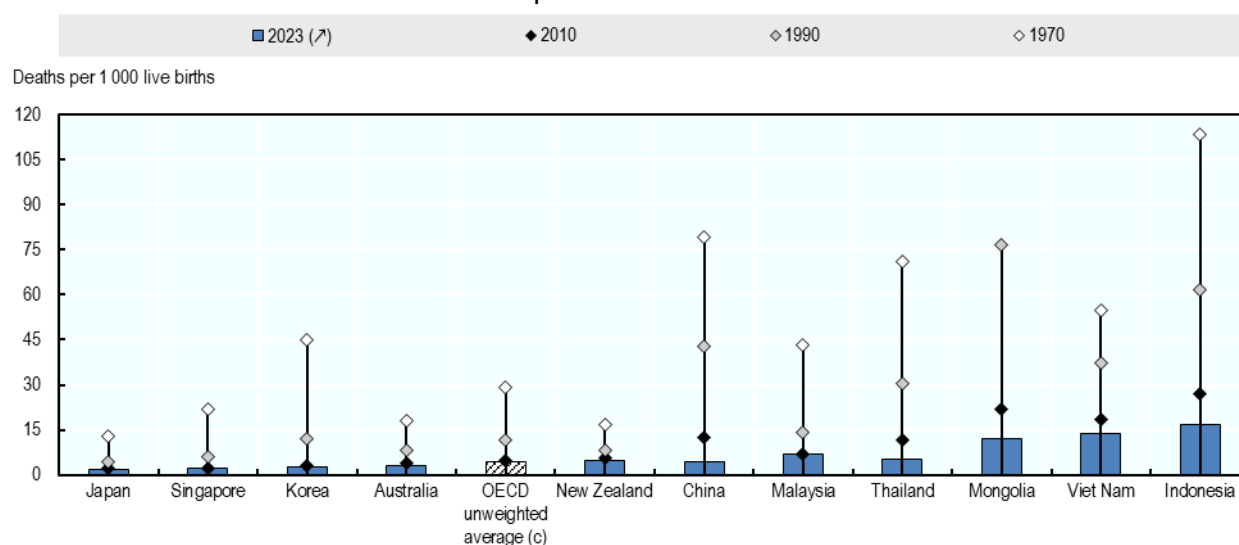
a) Data for Korea refer to 1989.
b) Data for New Zealand refer to 2018.
c) The OECD average refers to the unweighted average across OECD member countries with available and comparable data.

Sources: Australia, China, Indonesia, Korea, Japan and New Zealand: OECD Health Statistics; OECD average: OECD Data; Malaysia, Mongolia, Singapore, Thailand and Viet Nam: UN IGME (2023), Neonatal Mortality Rate, Infant Mortality Rate.

Chart CO1.1.C. **Child mortality rates, 1970, 1990, 2010 and 2023**
Probability of dying by age 5 per 1000 live births
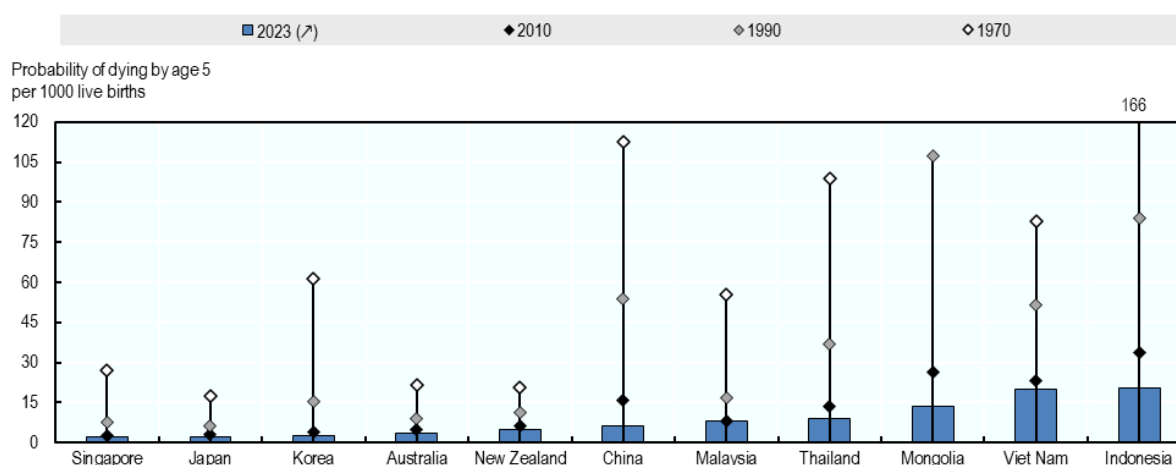
Sources: UN IGME (2023), Child Mortality Database. and OECD Heath Statistics (2025).

Comparability and data issues

Data on infant and child mortality come either from OECD Health Statistics, who gather data from national statistical offices, or from the UN Inter-agency Group for Child Mortality Estimation, a collaboration between UNICEF, the United Nations Population Division (UNPD), the World Health Organization (WHO), and the World Bank. Original data sources differ across countries. Figures for some countries (e.g. Australia, Japan, New Zealand and Singapore) are based on records from vital registration systems – the preferred source, since they are based on actual records of events as they occur and they cover entire populations. Figures for other countries (e.g. China, Korea, Thailand and Viet Nam) are based on data from censuses or surveys, or from a mixture of data from vital registration systems and censuses or surveys. Data coming from censuses or surveys may be less reliable that those from vital registration systems (e.g. due to the under-reporting of child deaths). See here for more detail on the methods of data collection used by OECD Health Statistics, and here for more detail on the methodology employed by the UN Inter-agency Group for Child Mortality Estimation.