

This article analyzes institutional factors associated with under-five mortality at two intervals (2000-03 and 2010-13) among low-income countries, with an emphasis on South Asia. The factors considered fall in four broad categories: health sector inputs (national per capita ratios of professional health care providers and hospital beds, plus public health spending as percent of GDP), performance of public health institutions (access to safe water and sanitary toilet facilities, child immunization, total fertility rate, and access to mosquito nets in malaria-prone countries), social determinants of health (female literacy, percent under \$1.25/day and per capita GDP), and effectiveness of national governments in providing services. In explaining changes in mortality levels between decades, four factors are significant: increase in percent above \$1.25/day, in vaccination rates and in rates of use of mosquito nets, plus average government effectiveness over the decade. In explaining mortality levels, the top quarter of countries ranked by under-five mortality outperform on average the comparable averages for the three other quarters on nine factors assessed. Achieving top-quarter mortality levels requires superior performance among most of the complex institutional factors such as schools and sanitary infrastructure.