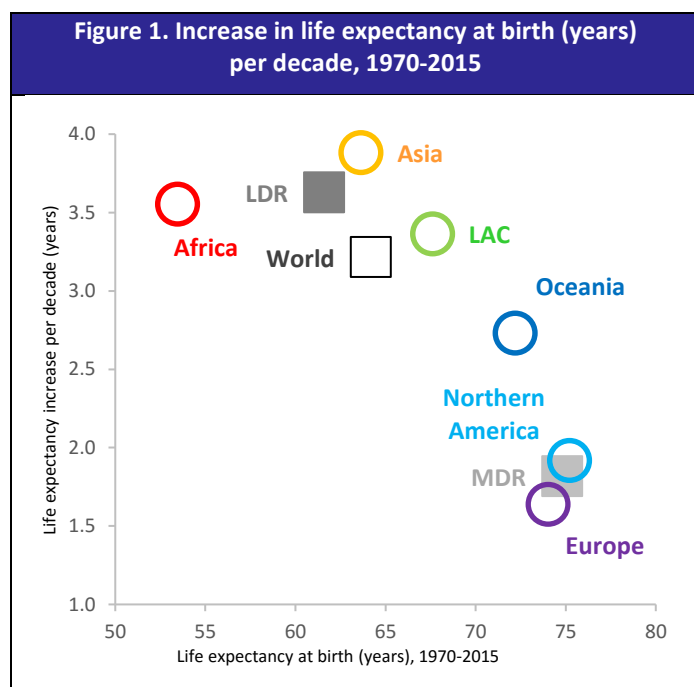


Life expectancy at birth increasing in less developed regions

1. Life expectancy at birth increased 15 years between 1970 and 2015, or by an extraordinary 3.2 years per decade. In the less developed regions (LDR), the increase was 3.6 years per decade, significantly higher than the 1.8 years per decade in the more developed regions (MDR)

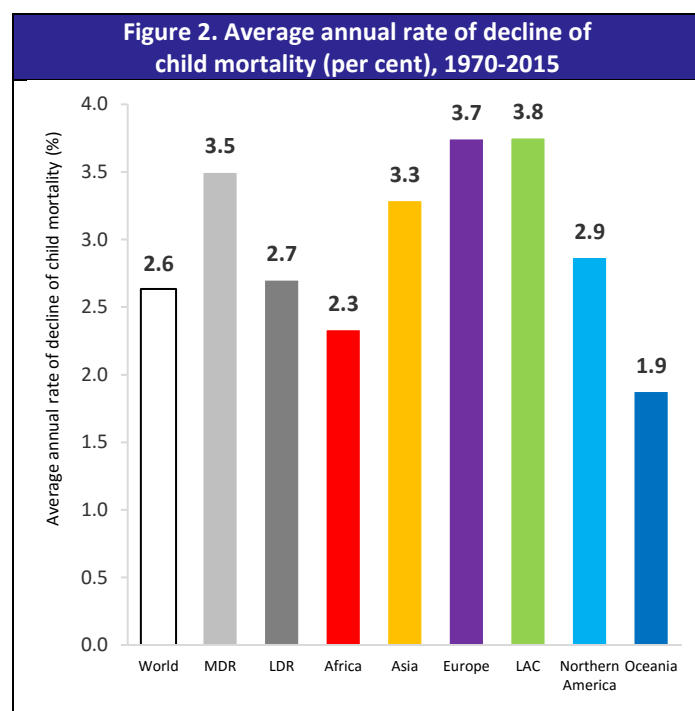
Among regions, between 1970 and 2015, the increase in years of life expectancy, the number of years that a newborn is expected to live, if current mortality patterns remain constant in the future, was remarkably higher in Africa, Asia, Latin America and the Caribbean (LAC), and Oceania than in Europe and Northern America (figure 1).



Data source: United Nations (2017). *World Population Prospects: The 2017 Revision*

The increase of life expectancy at birth is the combined result of the decline in mortality at all ages, but progress by broad age groups have been uneven between regions.

2. Child mortality has declined at a remarkable rate of 2.6 per cent per year globally. In the LDR, the average annual rate of decline was 2.7 per cent per year, substantially lower than the 3.5 per cent per year in the MDR (figure 2)

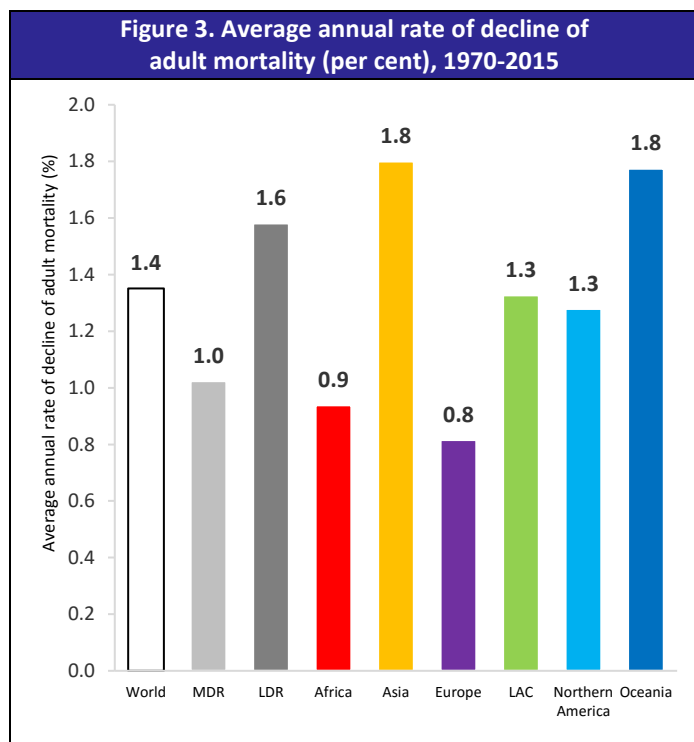


Data source: United Nations (2017). *World Population Prospects: The 2017 Revision*

Levels of decline in child mortality between 1970 and 2015, the risk of dying before the age of five, differ among regions (figure 2). The under-five mortality declines by 3.8 per cent per year between 1970 and 2015 in Latin America and the Caribbean, followed by Europe with 3.7 per cent. The decline was lowest in Oceania (1.9 per cent) and Africa (2.3 per cent); consequently, the gap in regional levels of child mortality widened since 1970.

Major causes of child death are birth complications, pneumonia, birth asphyxia, diarrhoea and malaria.

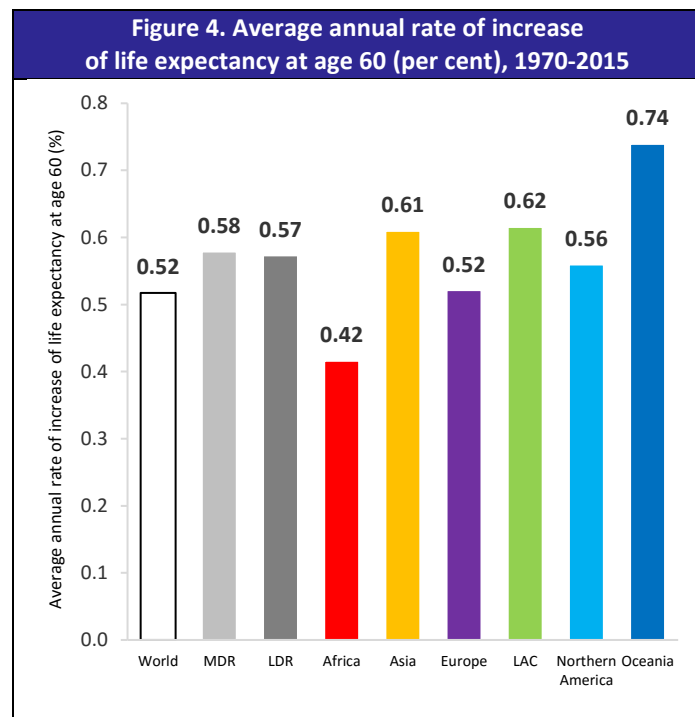
3. Adult mortality declined globally by 1.4 per cent per year, about half the reduction of child mortality. Reducing adult mortality requires greater efforts than lowering child mortality. Differing sharply from the regional pattern of child mortality decline, adult mortality declined by 1.6 per cent per year in the LDR, remarkably faster than the 1.0 per cent per year in the MDR (figure 3)



Between 1970 and 2015, the regional patterns of decline in adult mortality, the risk of dying between ages 15 and 60, reveal large disparities between regions (figure 3); the reduction in Oceania (1.8 per cent) and Northern America (1.3 per cent) was considerably higher compared to Europe (0.8 per cent) and that of Asia (1.8 per cent) as well as Latin America and the Caribbean (1.3) was much higher than in Africa (0.9 per cent). In Africa, a high mortality of HIV/Aids contributed to a slower pace in improvement of adult mortality.

Why is reducing adult mortality more difficult than lowering child mortality? The answer is related to the main causes of deaths affecting different age groups. The main causes of death at ages 15-59 years are non-communicable diseases, like cardiovascular diseases and cancer, which are more difficult to control than the major infectious diseases responsible for most child deaths. Although reducing adult mortality is more difficult, the LDR have been doing it at a faster pace than the MDR.

4. Life expectancy at age 60 increased worldwide by 0.5 per cent per year, same as that of life expectancy at birth. Different from the regional patterns of child and adult mortality decline, life expectancy at age 60 has increased at about the same rate, 0.6 per cent per year, in both the LDR and MDR (figure 4)



Data source: United Nations (2017). *World Population Prospects: The 2017 Revision*

Among regions, the average annual rates of increase in life expectancy at age 60, the number of years a person aged 60 is expected to live, if current mortality patterns remain constant in the future, was highest between 1970 and 2015 in Oceania (0.74 per cent), Latin America and the Caribbean (0.62 per cent) and Asia (0.61 per cent). In Africa, the increase in life expectancy at age 60 (0.42 per cent) was below the global average. In Africa, treatments for non-communicable diseases, common at older ages, are not always easily accessible.

The pace of increase in life expectancy at birth in the LDR was about double that in the MDR; and the population in the LDR was about five times more than that in the MDR in 2015. Thus, the extraordinary increase in the life expectancy at birth of the world can be attributed to the decreasing mortality in the LDR and especially to the reduction in adult mortality. Although reducing adult mortality requires greater efforts, its reduction in the LDR has become a major contributor to rising life expectancy at birth worldwide.