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World

Mortality

2019

Highlights

Department of Economic and Social Affairs
Population Division

World Mortality 2019

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United Nations
New York, 2019

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Suggested citation:

United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Mortality 2019: Highlights* (ST/ESA/SER.A/432).

Official symbols of United Nations documents are composed of capital letters combined with numbers, as illustrated in the above citation.

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What is *World Mortality 2019: Highlights*?

This publication presents the highlights of the *World Mortality 2019: Report*. It summarizes the patterns, levels and trends in mortality drawn from the latest demographic estimates and projections for the world and regions, and for the 201 countries and areas with 90,000 inhabitants or more in 2019, as published in the *World Population Prospects 2019* (United Nations, 2019a).

This *Highlights* assesses the extent of improvements in survival over the 25 years that have passed since the International Conference on Population and Development (ICPD) and monitors progress towards the achievement of the related goals and targets of the Programme of Action and its contribution to the 2030 Agenda for Sustainable Development. Summary indicators of mortality and life expectancy for infants, children, adults and older persons are provided in the annex table 1.

Contents

World Mortality 2019:
Key messages

1. Although global life expectancy has increased, the target of 75 years by 2015 has not been met

Since the International Conference on Population and Development (ICPD), held in 1994, life expectancy at birth for the world has increased by 7.7 years. Today, a new-born is expected to live, on average, almost 73 years. Three regions, Australia and New Zealand, Eastern and South-Eastern Asia, and Europe and Northern America reached a life expectancy at birth of 75 years, the target set out in the ICPD Programme of Action, before 2015, while Latin America and the Caribbean reached the target in 2016. Central and Southern Asia is not expected to reach an average life expectancy at birth of 75 until mid-century, whereas Oceania (excluding Australia and New Zealand) and sub-Saharan Africa are projected to reach this target during the second half of this century. Among the 57 countries with high levels of mortality in 1994, only 6 countries reached (3) or almost reached (3) the target on life expectancy at birth equal to 70 years in 2015. Of the 107 countries with low levels of mortality in 1994 for which the target for life expectancy at birth was set at 75 years in 2015, almost half (51 countries) reached the target.

2. Progress in health, longevity and survival is not enjoyed equally around the world

Sub-Saharan Africa has experienced the largest absolute gain in life expectancy at birth since the adoption of the ICPD Programme of Action, from 49.1 years in 1994 to 61.1 years in 2019. Despite this gain, the difference between life expectancy in the region with the lowest mortality (Australia and New Zealand) and the region with the highest mortality (sub-Saharan Africa) stands at 22.2 years today.

3. At the world level, women continue to live longer than men

Female life expectancy exceeds male life expectancy by 4.8 years. The "female survival advantage" ranges from 6.5 years in Latin America and the Caribbean to 2.8 years in Central and Southern Asia. Since 1994, the gender gap in life expectancy shrank in some regions (Australia and New Zealand, Europe and Northern America, and Northern Africa and Western Asia), but increased in others (Central and Southern Asia and Eastern and South-Eastern Asia).

4. The world has made remarkable progress in reducing child mortality

In the 20 years following the adoption of the ICPD Programme of Action, the world successfully achieved the target for under-five mortality of 45 deaths per 1,000 live births, reducing the rate by half from 88 deaths per 1,000 live births in 1994 to 43 in 2015. At the time of the ICPD, 93 countries had under-five mortality rates higher than the ICPD target of 45 deaths per 1,000 live births by 2015. Although the under-five mortality rate declined in all countries without exception between 1994 and 2015, the ICPD target was achieved by only 40 countries (43 per cent).

5. In sub-Saharan Africa, accelerated action is needed to reduce child mortality in the next several decades

The Sustainable Development Goals (SDGs) call for a maximum of 25 deaths of children aged 0-4 per 1,000 live births as a target to be achieved by 2030 (SDG 3.2). Among the regions where under-five mortality currently exceeds this target, only Northern Africa and Western Asia is expected to reach this level before 2030. Central and Southern Asia, and Oceania (excluding Australia and New Zealand) are expected to reach the target by 2040, a decade after the end date of the SDGs. Accelerated action is also particularly required in sub-Saharan Africa, where child mortality is currently projected to reach 56.6 deaths per 1,000 live births by 2030, more than double the SDG target.

6. Remarkable progress has been made in reducing infant mortality

At the world level, the infant mortality rate fell from 61 deaths under one year of age per 1,000 live births in 1994 to 28 in 2019, a 54 per cent reduction. However, reducing mortality among infants, especially during the first four weeks of life, has proven more difficult than reducing mortality for all children under five years of age. While in 1990, 40 per cent of the deaths of children under the age of 5 occurred in the first month of life, this share had increased to 47 per cent in 2018.

7. Maternal mortality in sub-Saharan Africa is almost 78 times higher than in Australia and New Zealand

Worldwide, maternal mortality fell from 342 to 211 maternal deaths per 100,000 live births during the period 2000 to 2017. In 2017, two thirds of all maternal deaths occurred in sub-Saharan Africa, where the maternal mortality ratio was 542 deaths per 100,000 live births. Although this region has achieved significant progress in lowering maternal mortality since 2000, maternal mortality is still almost 78 times higher than in Australia and New Zealand, which has the lowest ratio of any region. Major efforts are needed to bring maternal mortality under 70 deaths per 100,000 live births by 2030, as prescribed by SDG 3.1.

8. Globally, the probability of dying between ages 15 and 60 has fallen by almost 30 per cent since 1994

In 2019, five regions recorded levels of adult mortality close to or below the global average—Australia and New Zealand, Eastern and South-Eastern Asia, Europe and Northern America, Northern Africa and Western Asia, and Latin America and the Caribbean. Sub-Saharan Africa had the highest adult mortality rate, followed by Oceania (excluding Australia and New Zealand) and Central and Southern Asia.

9. In most countries, the main causes of death at adult ages are non-communicable diseases

The main causes of death at adult ages throughout most of the world are non-communicable diseases (NCDs). Efforts to reduce mortality from NCDs among adults must be focused on reducing the prevalence of behavioural risk factors, including harmful use of alcohol, tobacco use, unhealthy diet and lack of physical activity. The 2030 Agenda aims to reduce premature mortality from NCDs by one third by 2030 through prevention, treatment, and the promotion of mental health and well-being (SDG 3.4).

10. Improving the evidence base for policy formulation

National statistics systems should be strengthened to provide accurate and timely mortality data by cause of death to allow Governments to formulate health policies, measure progress towards their implementation, and monitor internationally agreed development goals, including the SDGs. Improving the reliability, timeliness and accessibility of demographic data should remain a central focus of international cooperation. Special attention must be given to civil registration and vital statistics systems to collect death counts by age, sex and cause, including for infant, child and maternal mortality.

Introduction

The world has witnessed remarkable gains in health and survival in the second half of the twentieth century. The general change in the primary causes of illness and death from infectious and parasitic diseases to chronic and degenerative disorders, a process known as the "epidemiologic transition", accompanied a global shift from higher to lower rates of mortality. At the core of this transition was socioeconomic development accompanied by investments in public health and education. As populations go through this health transition, a change in the age pattern of death occurs, in which mortality rates fall, first among children and gradually among adults as well. At the global level, whereas in 1950 almost 1 in 4 children died before their fifth birthday, only 1 in 26 children dies before age five at present. Equally impressive has been the gain over the last seven decades in life expectancy at birth. If current mortality patterns remain constant in the future, a newborn in 2019 is expected to live almost 73 years, 27 years more than in 1950.

The benefits of global progress in health, longevity and survival are not enjoyed equally across and within countries. Persistent disparities in health, survival and longevity reveal unequal access to food, safe drinking water, sanitation, medical care and other basic human needs, as well as behavioural choices and societal contexts that affect the survival of individuals. While many countries are still struggling to eradicate premature deaths from communicable diseases, others depend largely on controlling risk factors of non-communicable diseases (NCDs) such as tobacco use or obesity, to achieve further mortality declines in young and middle-age adults. Moreover, some regions suffer from a double burden of concurrent infectious and non-communicable diseases. An overriding priority for tackling health disparities is the disproportionate burden of both infectious and NCDs that affects sub-Saharan Africa. Today, the average life expectancy at birth in sub-Saharan Africa is 61 years, more than 10 years lower than the global average, and 18 years lower than the average in the Europe and Northern America region. By 2030, non-communicable diseases are projected to become the most common causes of death in Africa (WHO, 2013), where the number of overweight children under five years of age increased from 6.6 million in 2000 to 9.7 million in 2017 (WHO, 2019a, 2018a).
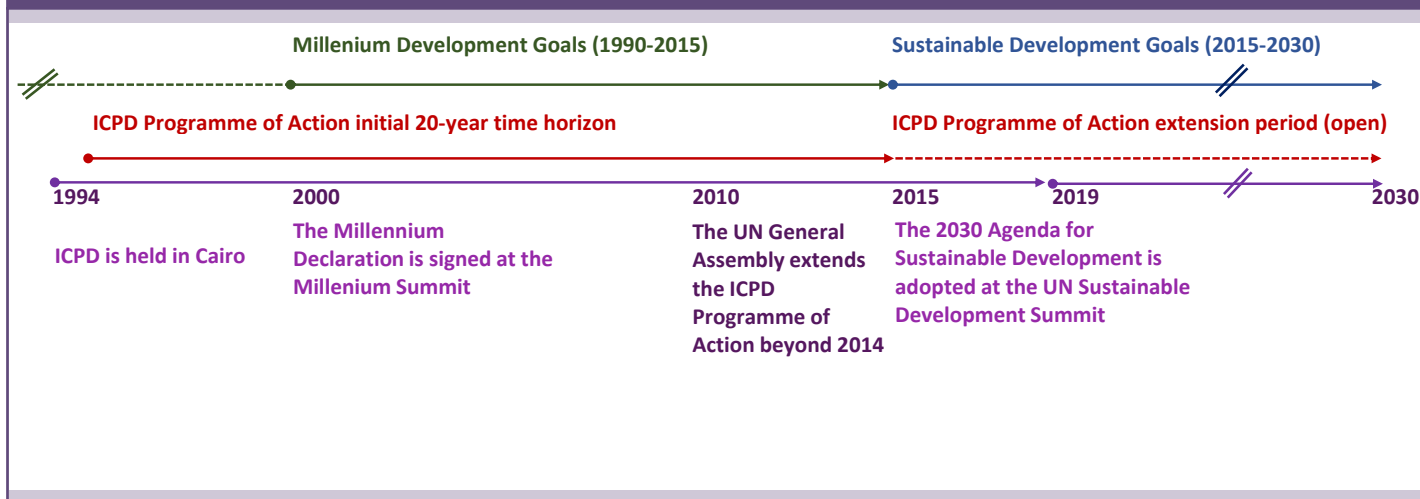
The promotion of health and survival has been a core target of the internationally agreed development goals, such as those contained in the Programme of Action of the International Conference on Population and Development (ICPD), held in 1994 (UNFPA, 2014), the United Nations Millennium Declaration and the 2030 Agenda for Sustainable Development (see box 1). The Programme of Action is widely recognized as a ground-breaking agreement on population and development issues rooted in a human-rights based framework. Among the many goals included in the Programme of Action to be achieved over an initial 20-year period, were targets for lengthening life expectancy and improving the health of populations, including by reducing disparities between and within countries and regions. As its views and ambitions with respect to health and survival were still valid after initial implementation, the Programme of Action has been extended for an indefinite period and thus remains an important document within the larger history of global priority setting on health and mortality. It built upon the recommendations adopted in the previous world conferences on population held in Bucharest (1974) and Mexico City (1984) and reflected also the ideals for improved health at all ages and universal access to primary health care articulated in the Declaration of Alma Ata adopted by the International Conference on Primary Health Care in 1978. Furthermore, the Programme of Action provided a solid foundation on which a global consensus around the health-related Millennium Development Goals (MDGs) would coalesce just six years later in 2000. The historical Agenda for Sustainable Development adopted by the General Assembly in 2015, has expanded the scope of previous frameworks to address a large number of persistent and emerging health issues (United Nations, 2015). For instance, Sustainable Development Goal (SDG) 3 "Global Health and

Well-Being" includes targets on topics such as non-communicable diseases, road traffic accidents, water and soil pollution, and mental illness. Fundamentally, progress towards achieving each of the 17 SDGs contributes to longer and healthier lives by improving living conditions for all.

Accurate estimates of mortality are crucial for assessing progress in survival and the health of populations more generally. This publication presents the highlights of the *World Mortality 2019: Report* (forthcoming). It summarizes the patterns, levels and trends in mortality drawn from the latest demographic estimates and projections for the world and regions, and for the 201 countries and areas with 90,000 inhabitants or more in 2019, as published in the *World Population Prospects 2019* (United Nations, 2019a). It assesses the extent of progress in survival over the 25 years that have passed since ICPD, and monitors progress towards the achievement of the Programme of Action's targets by 2015 and its contribution to the 2030 Agenda for Sustainable Development. A selection of indicators of mortality and life expectancy for infants, children, adults and older persons from 1950 to 2030 are included in the annex table 1.

Box 1. Timelines of the ICPD Programme of Action, the Millennium Development Goals and the Sustainable Development Goals

Millenium Development Goals (1990-2015)

Sustainable Development Goals (2015-2030)

ICPD Programme of Action initial 20-year time horizon

ICPD Programme of Action extension period (open)

| 1994 | 2000 | 2010 | 2015 | 2019 | 2030 |

ICPD is held in Cairo

The Millennium Declaration is signed at the Millenium Summit

The UN General Assembly extends the ICPD Programme of Action beyond 2014

The 2030 Agenda for Sustainable Development is adopted at the UN Sustainable Development Summit

# Global levels and trends in mortality, 1950-2019

Significant increases have occurred in life expectancy at birth over the past seven decades at the global level

In 1950, the global life expectancy at birth stood at 45.7 years. By 1994, at the time of the ICPD, major progress in survival had already been achieved and life expectancy at birth for the world was now 65 years. This represents a gain of more than 19 years over that period (figure 1). In the 25 years since the adoption of the ICPD Programme of Action, life expectancy continued to increase, adding another 7.7 years. In 2019, a newborn is expected to live almost 73 years, the longest expected average life span seen in human history. From 1950 up to the ICPD, 45 per cent of the gain in life expectancy at birth was due to fast improvement in survival among children below age 5. Preventing

deaths in other age groups contributed as well, but to a lesser extent. About one third of the total gain in life expectancy was due to increased survival rates among adults between 15 and 60 years of age, while another 13 per cent of the gain resulted from higher survival at older ages. In the last 25 years, the decline in under-five mortality was still the main contributor to the overall increase in life expectancy, while the contribution of survival gains in the older age group doubled, being now responsible for 27 per cent of the total gain.

Globally, life expectancy at birth increased at a slower pace after the ICPD than before. Whereas life expectancy at birth added about 4.3 years per decade between 1950 and 1994, after 1994 it added 3.1 years per decade. The world's pace of increase in survival was at its lowest at the time of the ICPD,

Figure 1:

Life expectancy at birth for the world and regions, 1950-2019 (years)
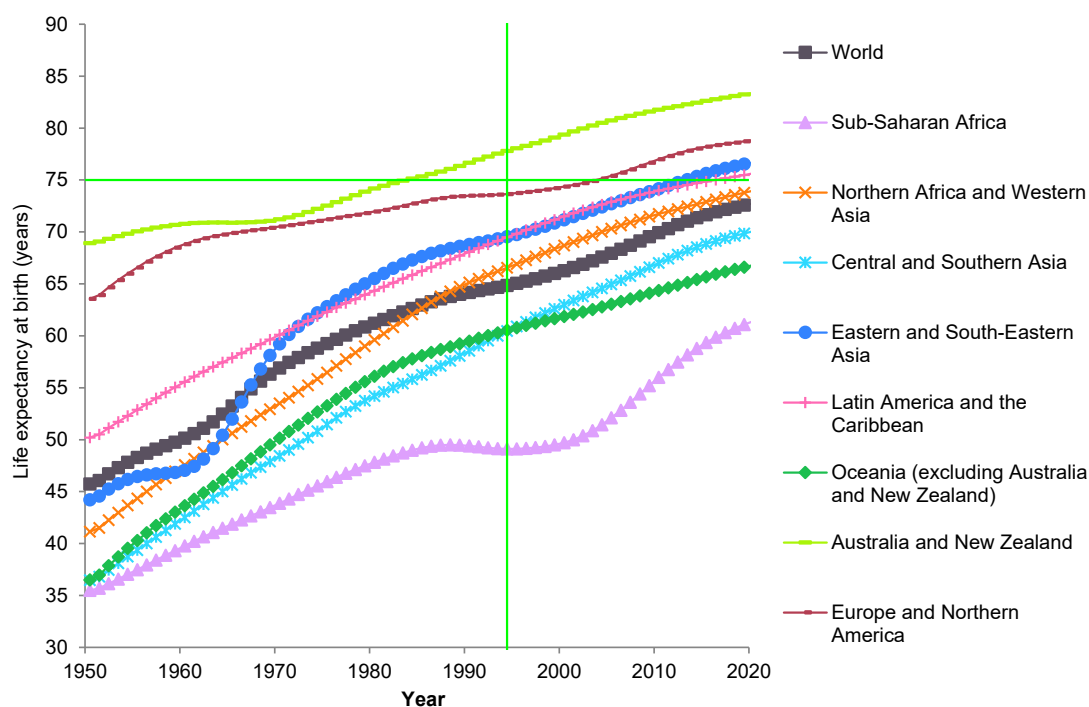
Note: The vertical green line indicates the year 1994, when the ICPD took place. The horizontal green line shows the Programme of Action target life expectancy at birth of 75 years, to be reached by 2015.

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due to rapidly increasing mortality in sub-Saharan Africa caused by unfolding HIV epidemics and rising mortality in a number of Eastern European countries, following the dissolution of the Soviet Union. In sub-Saharan Africa, the life expectancy stalled in the late 1980s, declined in the 1990s, and started increasing again only 20 years later, in the mid-2000s. However, rapid improvements over the last 15 years meant that sub-Saharan Africa experienced the largest absolute gain in life expectancy at birth since the adoption of the Programme of Action, reaching 61.1 years in 2019; in other words, adding 12 more years to just 49.1 years in 1994. In the region composed of Europe and Northern America, the decline in mortality also accelerated in the 2000s, bringing the average pace of decline close to the pre-ICPD period. Over the last five years, the world again experienced a slowdown in the rise of life expectancy. In particular, mortality decline decelerated in sub-Saharan Africa, Central and Southern Asia, and Europe and Northern America. In 2019, half of the world's population lives in countries with a life expectancy at birth above 75 years, and about 90 per cent lives in countries where the life expectancy is above 64 years.

**Life expectancy at birth:
ICPD Programme of Action targets**

ICPD Programme of Action (1994): Achieve life expectancy greater than 75 years by 2015. For countries with the highest mortality, achieve life expectancy at birth greater than 70 years by 2015.

The ICPD Programme of Action sets targets for improved survival across the lifespan. In 1994, the global average of life expectancy at birth was 65 years, that is, 10 years below the general target of 75 years outlined in the Programme of Action. By comparison, if progress made in the reduction of mortality from the 1950s and until ICPD at the global level was expected to continue until 2015, a country would have added, on average, about 9 years of life expectancy. For some regions, the Programme of Action targets proved to be extremely ambitious. In sub-Saharan Africa, the only region that could be classified in 1994 as a high mortality

region,[1] the average life span was aimed to increase by 21 years (figure 2, panel A)—and this would have required more than twice the reductions in mortality rates actually experienced after ICPD. In Oceania excluding Australia and New Zealand, and Central and Southern Asia, life expectancy at birth was set to increase by 14 and 15 years, respectively. Less than average progress was required in Eastern and South-Eastern Asia, Latin America and the Caribbean, and Northern Africa and Western Asia, where life expectancy would have to increase by five, six, and eight years by 2015, respectively. The Europe and Northern America region was only shy of the Programme of Action target by slightly more than a year, and life expectancy at birth in Australia and New Zealand already exceeded the target a decade ago.

Over the course of the 20 years following ICPD, few regions achieved the longevity goals set out in its Programme of Action. Only Europe and Northern America, and Eastern and South-Eastern Asia reached the targeted life expectancy at birth of 75 years between 1994 and 2015, while Latin America and the Caribbean reached the target shortly after, in 2016 (figure 2 panel B). Reductions in mortality in Europe and Northern America were the slowest among regions during the period—here, the average life expectancy at birth increased by one year and reached the target of 75 years about a decade after ICPD. The other regions failed to reach the longevity goals and are currently still below those targets. Based on World Population Prospects 2019, Central and Southern Asia is not expected to reach an average life expectancy at birth of 75 until the mid-century, while Oceania, excluding Australia and New Zealand, and sub-Saharan Africa will only reach this goal during the second half of this century.

The proportion of the world's population living in countries with high life expectancy at birth increased significantly from 1950 to today. In

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[1] No official classification of countries by level of mortality was outlined in the Programme of Action. To resolve this ambiguity, in this report, the level of life expectancy at birth corresponding to the 25th percentile of all 201 countries and areas in a given year, is used as a threshold to determine whether mortality in the country is "the highest" ("high" for short) or not. In 1994, this level was 58.5 years. For the sake of simplicity, countries with life expectancy below 60 years in a given year are classified as having high mortality, while countries with life expectancy of 60 years or above are classified as having low mortality.

Figure 2:
Life expectancy at birth in 1994 and ICPD Programme of Action targets (years)

A. The ICPD Programme of Action baseline life expectancy at birth in 1994 and difference between baseline and target life expectancy for 2015

■ ICPD basline e0 (1994)   ■ Difference between ICPD baseline e0 and target e0 for 2015
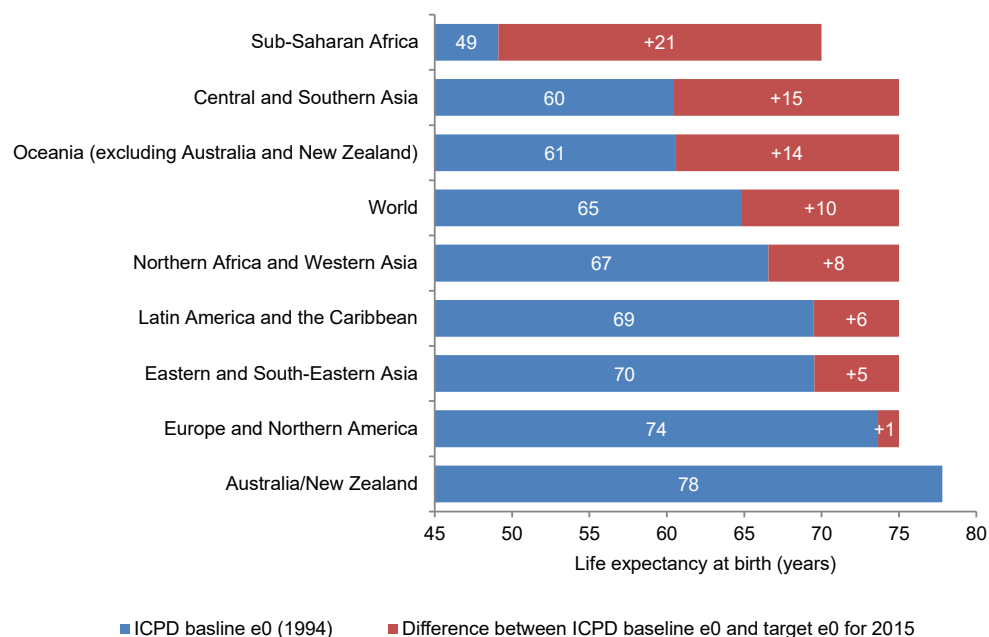
Note: The blue bars show the Programme of Action baseline life expectancy at birth in 1994. The red bars indicate the difference in years between the baseline and target life expectancy at birth for 2015. The regions are ordered according to the difference between the baseline and target life expectancies. For sub-Saharan Africa, the red bar refers to the year when life expectancy at birth is expected to reach 70 years, the target set for countries with high levels of mortality.

B. Years when the ICPD Programme of Action target life expectancy of 75 has been or is expected to be reached
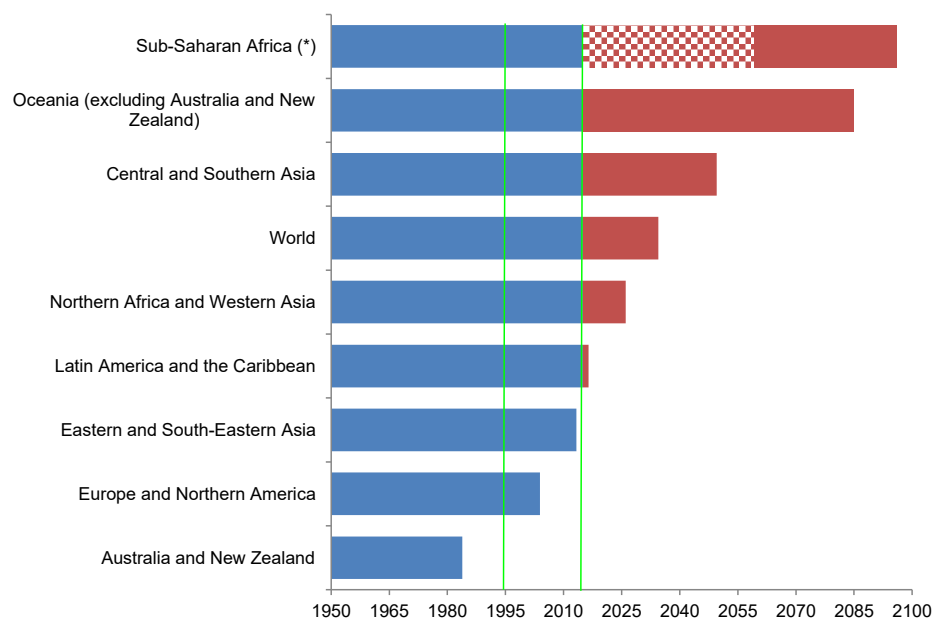
Note: The vertical green lines show the initial period for the implementation of the ICPD Programme of Action (1994-2015). The blue bars indicate whether the target life expectancy of 75 has been reached before 2015. The red bars indicate when the life expectancy target of 75 is projected to be reached according to *World Population Prospects 2019*. The regions are ordered according to the year when the regions are expected to reach a life expectancy at birth of 75 years.
* For sub-Saharan Africa, the patterned red bar refers to the year when life expectancy at birth is expected to reach 70 years, the target set for countries with high levels of mortality.

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the early 1950s, nearly one quarter of the world's population lived in countries with extremely high mortality, with life expectancy at birth under 40 years of age. By the late 1970s, this share fell to less than 1 per cent. In comparison, in the early 1950s, life expectancy levels above 70, the low survival target of the ICPD Programme of Action, were barely observed, while by 2019, 63 per cent of the global population lives in countries with such levels. By 2019, the share of the world's population living in countries with very high longevity, where life expectancy at birth is above 80 years, reached 10 per cent.

At the world level, women live longer than men. The "female survival advantage" exists virtually for all regions and countries. Globally, the sex difference in life expectancy (female life expectancy minus male life expectancy) increased from 3.1 years in the 1950s to 4.8 years in the 1990s and has remained at this level ever since. In Latin America and the Caribbean, sex differentials increased relatively rapidly until the early 1990s, before levelling off at about 6.5 years by 2019, the highest differential among all regions. Central and Southern Asia is the only region where female mortality exceeded male mortality historically. The "female survival disadvantage" in Central and Southern Asia disappeared in the mid-1970 and the survival advantage for women stands now at 2.8 years, the lowest among all regions. The rise in sex differential in survival between women and men in sub-Saharan Africa was interrupted in the late 1990s due to the disproportionate impact of HIV epidemics on female mortality, which had their largest impact on mortality rates in the mid-2000s.

In some regions, the gap in life expectancy between women and men has significantly narrowed since 1994. The gap shrank by about 2 years in Australia and New Zealand and Europe and Northern America. The region composed of Northern Africa and Western Asia has also seen some reduction in disparities between women and men, of a smaller magnitude, about 0.5 years. Conversely, the gap in life expectancy between women and men has increased in Central and Southern Asia by about 1.2 years and in Eastern and South-Eastern Asia by 0.4 years.

Remarkable progress has been achieved in reducing under-five mortality, but achievement of internationally agreed targets is uneven among regions

Globally, remarkable progress has been made in reducing under-five mortality since the 1950s. The under-five mortality rate (denoted by U5MR) fell from 223 deaths per 1,000 live births in 1950 to 38 in 2019—an 83 per cent reduction (figure 3, panel A). Whereas 1 in 4 children died before their fifth birthday in 1950, only 1 in 26 children dies before age 5 at present. Among all deaths of children under the age of five, the share of infant deaths (deaths occurred in the first year) has increased over time. The infant mortality rate in the world dropped from 146 deaths per 1,000 live births in 1950 to 28 deaths per 1,000 live births in 2019, or an 80 per cent reduction (figure 3, panel B). Remarkable progress has been made in reducing infant mortality in all the regions of the world.

The largest absolute reduction in child mortality took place in Northern Africa and Western Asia, where the mortality rate for under-fives dropped from 313 deaths per 1,000 live births in 1950 to 26 in 2019—a reduction of more than 90 per cent. Central and Southern Asia, and sub-Saharan Africa also recorded large absolute reductions, with under-five mortality rates decreasing by more than 200 deaths per 1,000 live births points. In addition to Northern Africa and Western Asia, child mortality fell by more than 90 per cent between 1950 and 2019 in Europe and Northern America, Eastern and South-Eastern Asia, and Latin America and the Caribbean.

In 2019, Australia and New Zealand is the region with the lowest mortality, with an under-five mortality rate of 4 deaths per 1,000 live births. By contrast, under-five mortality is the highest in sub-Saharan Africa at a level of 74 deaths per 1000 live births. This means that a child born in sub-Saharan Africa in 2019 is about 20 times as likely to die before age five as a child born in Australia and New Zealand. According to the latest projections of mortality levels and trends published in *World Population Prospects 2019*, the under-five mortality rate in sub-Saharan Africa will reach a level of 40 only by the middle of the century, or about 30 years from now, and a level of 4 is not expected to be

Figure 3.
Under-five and infant mortality rates for the world and regions, 1950-2019
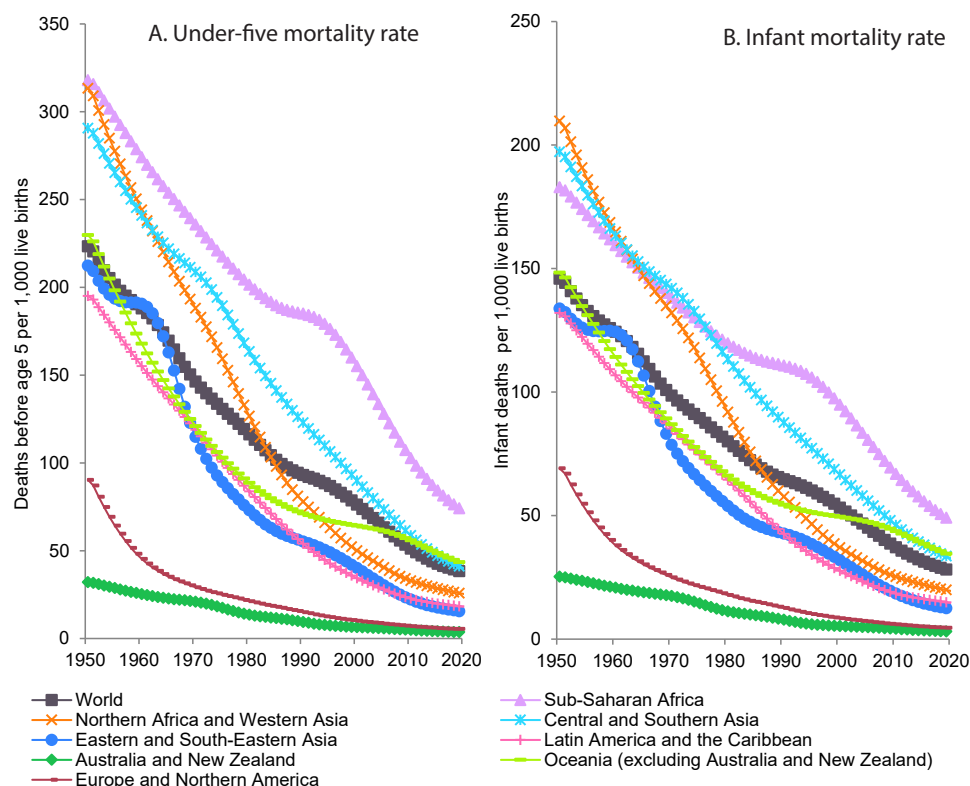
reached in this century; by the end of the century the under-five mortality rate in sub-Saharan Africa is still expected to be about 5 times higher than the lowest regional level observed at present.

At the time of the ICPD the global under-five mortality rate stood at 88 deaths per 1,000 live births. Major declines in under-five mortality had already been achieved before the ICPD; of the global reduction of 83 per cent from 1950 to 2019, three quarters had taken place before 1994. In all regions, except for sub-Saharan Africa, the pre-1994 shares of reductions in under-five mortality were even higher—84 per cent of the total reduction on average. Unlike other regions, the decline of mortality in sub-Saharan Africa virtually stagnated in the late 1980s and early 1990s, in large part due to the HIV and AIDS epidemics, and their impact on survival.

In the initial 20-year period covered by the Programme of Action, the world as a whole successfully achieved the target for under-five mortality of 45 deaths per 1,000 live births, cutting

the rate in half from 88 deaths per 1,000 live births in 1994 to 43 in 2015 (figure 4). Northern Africa and Western Asia, and Eastern and South-Eastern Asia have also successfully reduced mortality below the target in the ICPD Programme of Action. Sub-Saharan Africa had the highest under-five mortality among all regions in 2015, and it was the only region that missed the target by a wide margin, despite recording the largest absolute reductions over the 20 years following

> **Under-five mortality**
> **Selected internationally agreed targets**
>
> **ICPD Programme of Action** (1994): Achieve U5MR below 45 per 1,000 live births by 2015. For countries that achieved this level earlier, reduce U5MR further.
> **Millennium Development Goals** (2000): Reduce the 1990 U5MR by two-thirds by 2015. (MDG target 4a)
> **Sustainable Development Goals** (2015): By 2030, end preventable deaths of children under 5 years of age, with all countries aiming to reduce under-5 mortality to at least as low as 25 per 1,000 live births. (SDG target 3.2).

the adoption of the Programme of Action. By 2015, under-five mortality in Central and Southern Asia, and Oceania, excluding Australia and New Zealand, was also slightly higher than the target. In the regions where the targets outlined in the Programme of Action had already been met at the time of the ICPD, the Programme of Action called for additional efforts to tackle health disparities and reduce inequality in longevity to achieve further reductions in child mortality.

The importance of the rate of under-five mortality as an indicator of human health and development was further emphasized by including the indicator in the Millennium Development Goals (MDGs). The MDGs set ambitious targets—under-five mortality was to be reduced by two thirds from 1990 to 2015. Expressed in relative terms, this MDG target implied absolute targets for individual regions and countries rather than a common absolute target. For example, global under-five mortality was targeted to decline from 93 deaths per 1,000 live births in 1990 to 31 in 2015, but the targets for individual regions

and countries differed widely. Despite substantial progress made in reducing under-five mortality, the MDG targets had been missed by virtually all regions except for Eastern and South-Eastern Asia, where under-five mortality declined from 55 deaths per 1,000 live births to 18 (figure 5 green lines). In Australia and New Zealand and Europe and Northern America, where child mortality was already at low levels in 1990, the under-five mortality rate more than halved between 1990 and 2015.

Efforts to reduce under-five mortality received further impetus after 2015 with the inclusion of child mortality among the Sustainable Development Goals (SDGs), with an absolute level of 25 deaths per 1,000 live births as a target to be achieved by 2030. According to World Population Prospects 2019, among the regions with under-five mortality levels still higher than 25 deaths per 1,000 live births at present, only Northern Africa and Western Asia is expected to achieve the SDG target before 2030 (by 2021). Two other regions, Central and Southern

Figure 4.

Under-five mortality rate in 1994 and 2015 for the world and regions and the ICPD Programme of Action target on child mortality
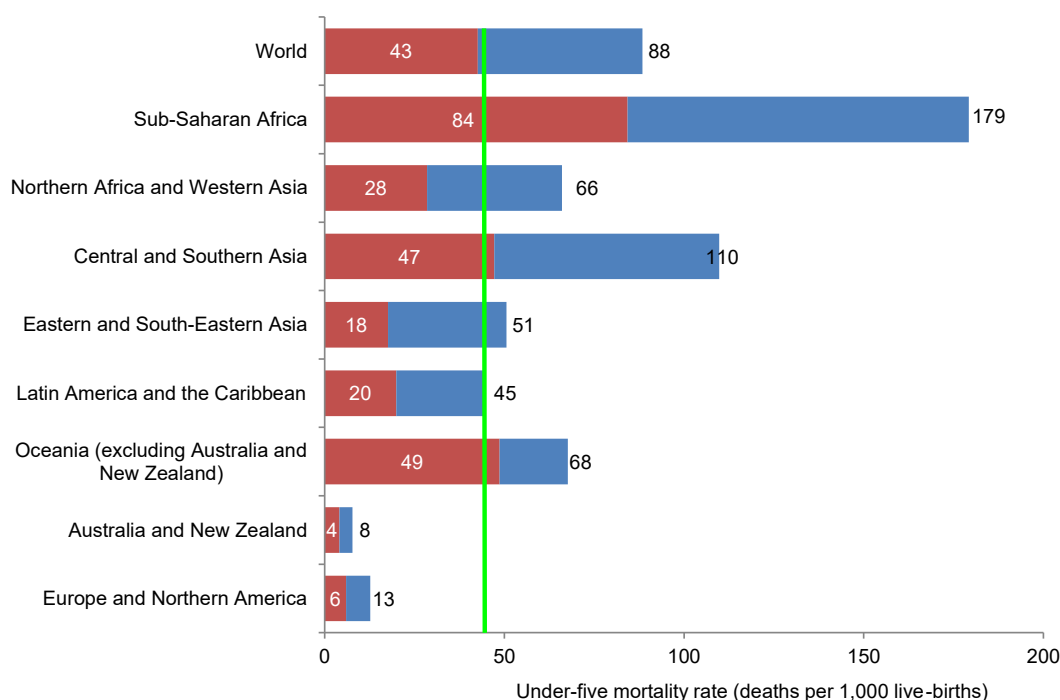
*Note:*The total length of bars corresponds to the level of under-5 mortality in 1994. The red bars are levels of under-5 mortality in 2015. The blue bars are reductions in under-5 mortality from 1994 to 2015. The vertical green line shows the ICPD Programme of Action target level of mortality in 2015 of 45 deaths per 1000 live births.

Figure 5.
Under-five mortality rate in 1990 and 2015 for the world and regions and the MDG target on child mortality

Under-five mortality rate (deaths per 1,000 live births)
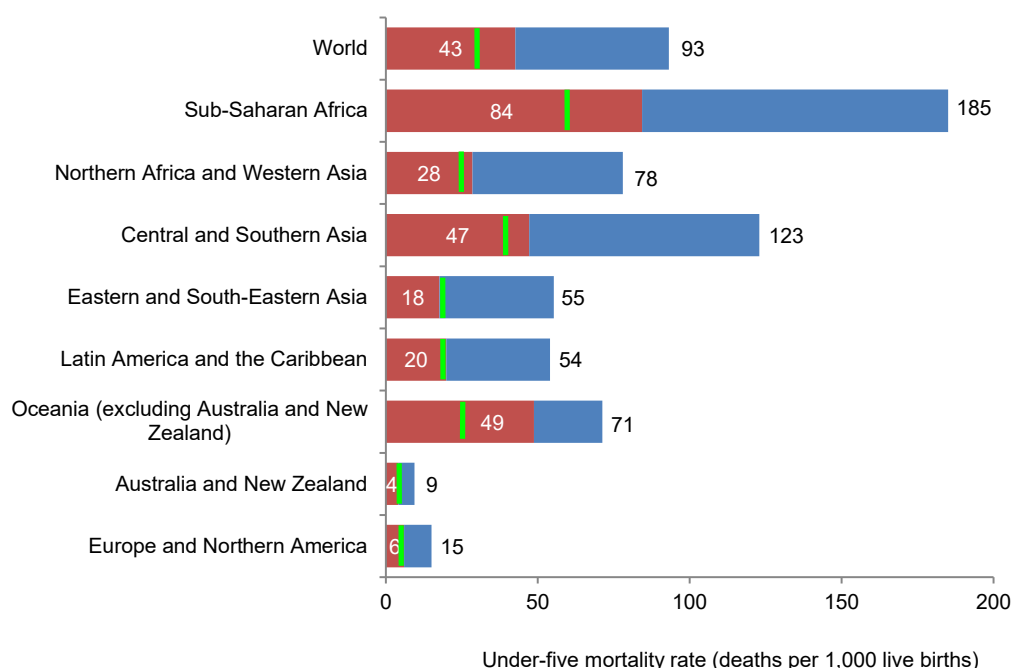
Note: The total length of bars corresponds to the level of under-5 mortality in 1990. The red bars are levels of under-5 mortality in 2015. The blue bars are reductions in under-5 mortality from 1990 to 2015. The vertical green lines show the MDG target level of mortality in 2015 corresponding to two thirds reduction from 1990 to 2015.

Asia, and Oceania excluding Australia and New Zealand, are expected to reach the target by 2040, a decade after the end date of the SDGs. By contrast, sub-Saharan Africa would need unprecedented efforts to accelerate the pace of reduction of child mortality registered from 1990 to 2015 (UN-IGME, 2019a, 2019b).

Uneven reductions in preventable adult mortality between ages 15 and 60

The main causes of death at adult ages throughout most of the world are non-communicable diseases (WHO, 2018b, 2018c). Mortality affecting young and middle-aged adults from ages 15 to 59 years is becoming increasingly preventable through changes in risk behaviours, such as tobacco use, alcohol consumption and substance abuse, lack of exercise or physical activity, unhealthy diet, or through medical interventions (for example, early detection and treatment of cervical cancer, cardiovascular disease and diabetes).

Globally, the probability of dying between ages 15 and 60 decreased from 394 per 1,000 in 1950 to 190 per 1,000 in 1994, and further to 137 in 2019. In the period immediately preceding the ICPD, in the early 1990s, adult mortality levels at the global level nearly stagnated, largely as a result of adverse developments in sub-Saharan Africa and some parts of Europe. A particularly severe crisis was unfolding in sub-Saharan Africa, where adult mortality was increasing rapidly, reflecting the adverse impact of the HIV epidemics. In the early 2000s, adult mortality in sub-Saharan Africa reached a maximum level of about 420 per 1,000, wiping out three decades of progress made in reduction of adult mortality in this region. Adult mortality in sub-Saharan Africa started to decline only in the late 2000s at an accelerated pace, largely attributable to the availability and rapid scale up of antiretroviral therapy (ART) that both prolongs the lives of people living with HIV and reduces the probability of HIV transmission. The response of the international community to the HIV and AIDS epidemics led to the introduction of MDG 6 targets

on halting and reversing the spread of HIV/AIDS by 2015 and achieving universal access to treatment for those in need by 2010. Unfavourable trends in adult mortality in a number of the successor states of the former Soviet Union had started in the late 1960s and continued until the mid-2000s, except for a temporary reversal in the late 1980s associated with the anti-alcohol campaign launched in 1985 (Bobadilla and others, 1997).

Progress in reducing adult mortality has been uneven across regions. Since ICPD, adult mortality declined on average by 30 per cent. In

2019, five regions stood at adult mortality levels close to or below the global average—Australia and New Zealand, Eastern and South-Eastern Asia, Europe and Northern America, Northern Africa and Western Asia, and Latin America and the Caribbean. Sub-Saharan Africa had the highest adult mortality rate of 275 adult deaths per 1,000 followed by Oceania excluding Australia and New Zealand and Central and Southern Asia. Adult mortality in sub-Saharan Africa is 5 times higher than the lowest regional level of Australia and New Zealand.

Figure 6.
Probability of dying between ages 15 and 60 for the world and regions, 1950-2019
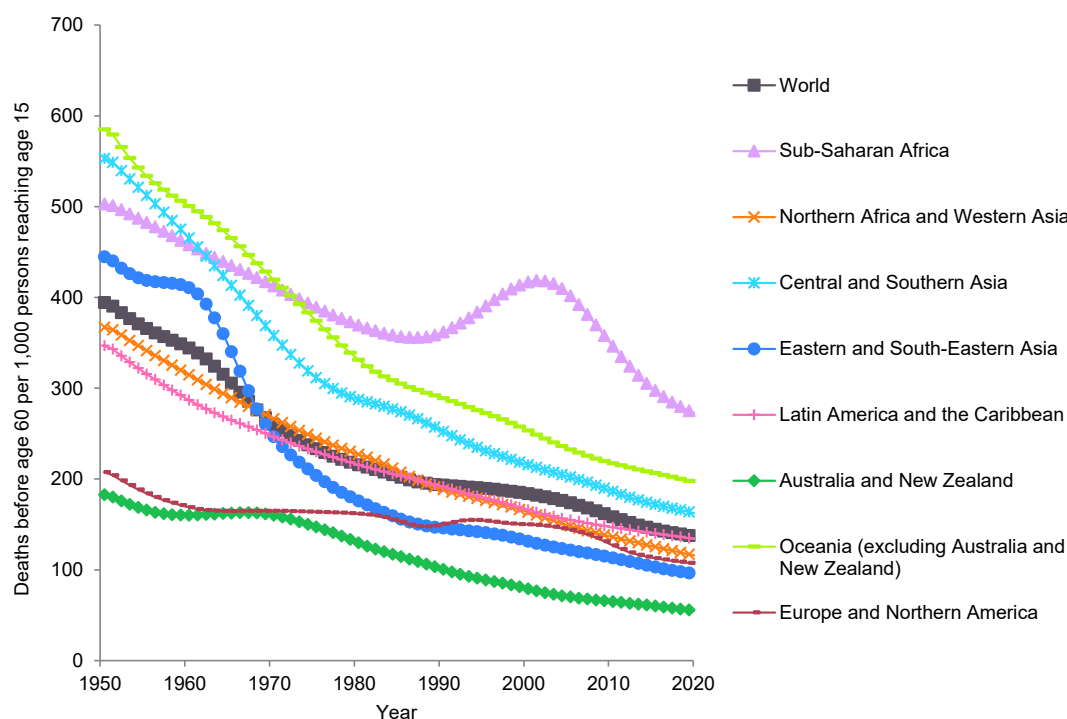
In 2019, adult mortality at the world level is **1.5 times higher for males than for females, reflecting the impact of both biological and behavioural factors determining susceptibility to certain illnesses or injuries that varies by sex**. The gender disparity in the risk of death is particularly notable in Europe and Northern America and Latin America and the Caribbean, where male adult mortality rates are on average double those of female. In sub-Saharan Africa, 3 out of 10 15-year-old males would not survive to their sixtieth birthday, a probability only 20 per

cent higher than for 15-year old females. Some of the factors that account for the observed gender disparity in the risks of dying are injuries, such as road traffic accidents and violence, and NCDs that disproportionately affect men compared to females (United Nations, 2012).

Efforts to reduce mortality rates from non-communicable diseases among young and older adults must be focused on reducing the prevalence of the key behavioural risk factors, including harmful use of alcohol, tobacco use, unhealthy diet,

and lack of physical activity. In 2016, for instance, the level of alcohol consumption worldwide was estimated at the equivalent of 6.4 litres of pure alcohol per person aged 15 years and over, with the European region's rate of alcohol consumption being the highest. Also, in 2016, the prevalence of physical inactivity in high-income countries was more than double that of low-income countries, with over a quarter of adults aged 18 years and over not meeting the WHO recommendations on this matter (WHO, 2018c).

The 2030 Agenda includes one specific goal aiming at reducing premature mortality from NCDs by one third by 2030 through prevention, treatment and promotion of mental health and well-being (SDG 3.4). In order to guide efforts to reach this goal, in 2017, Governments adopted the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority, which recognizes that non-communicable diseases constitute one major development challenge driven by economic, environmental and social determinants of health. Previous international commitments included the 2011 Political Declaration of the United Nations General Assembly on NCDs and the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020.

Survival at older ages has been improving with 60-year-old persons expected to live on average an additional 21 years

Worldwide, life expectancy at age 60 increased from 14 years in 1950 to 21 years in 2019. Persistent increases in life expectancy at age 60 have been registered in all regions except for temporary reversals in Australia and New Zealand in the mid-1960s, Eastern and South-Eastern Asia in the 1950s, and sub-Saharan Africa in the late 1990s. In Australia and New Zealand, advances in survival at older ages accelerated remarkably in the late 1970s such that, today, the expectation of life at age 60 is almost 26 years, the highest among all regions. Eastern and South-Eastern Asia experienced one of the fastest improvements in survival at older ages among all regions, with life expectancy at age 60 above 21 years today. Levels and trends in Northern Africa and Western Asia and Latin America and the Caribbean were close to the global average. In both regions, life expectancy at age 60 is now more than 20 years. Four regions are below the average global life expectancy at age 60, with sub-Saharan Africa and Oceania (excluding Australia and New Zealand) the lowest in 2019.

Figure 7.

Life expectancy at age 60 for the world and regions, 1950-2019

United Nations, Department of Economic and Social Affairs, Population Division
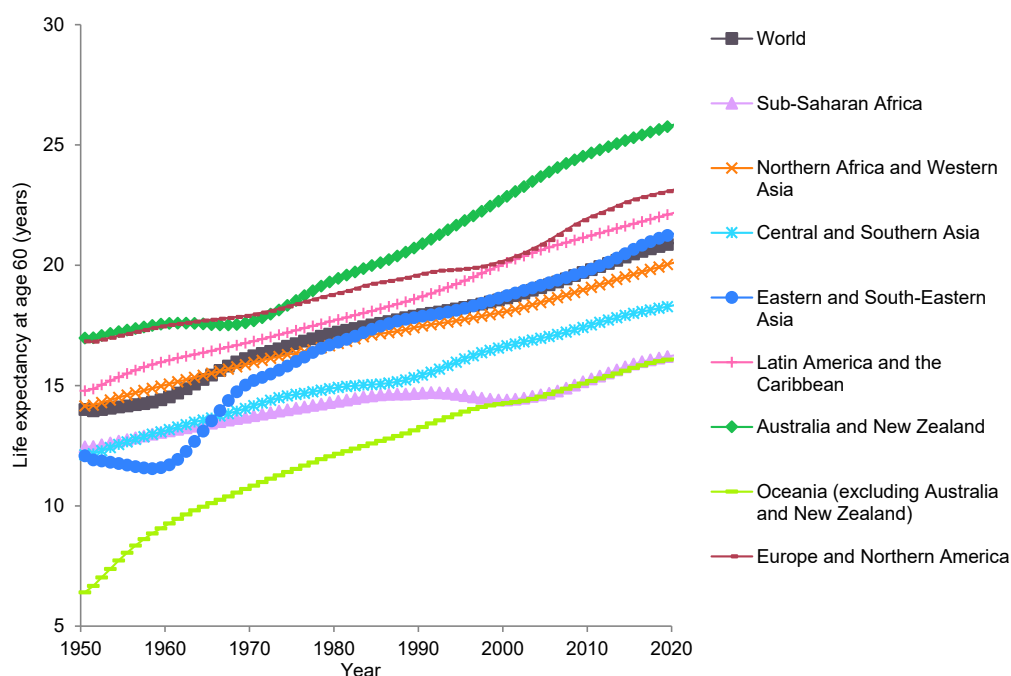
An infant gets measured as part of health check, Turkey, 2009. World Bank / Simone D. McCourtie

Progress towards internationally agreed goals on mortality reduction

A. Life expectancy at birth

The vast majority of countries and areas achieved significant success in extending the average length of life in the 20 years following the adoption of the ICPD Programme of Action. Worldwide, the median gain in life expectancy at birth was 5.4 years, with half of the countries having gained between 4 and 7.5 years. In 33 countries, gains in life expectancy at birth were 10 or more years, with the highest gain registered in Rwanda, nearly 40 years. Only three countries have experienced a net loss in life expectancy at birth since ICPD: Lesotho, Eswatini and the Syrian Arab Republic.

Overall, country-specific progress towards the 1994 ICPD Programme of Action survival objectives was modest, leading to a call to redouble efforts to improve survival at all ages. In 1994, at the time of the ICPD, the 57 high-mortality countries[1] were located in all regions except Australia/New Zealand and Europe and Northern America (figure 8). Three quarters of these high-mortality countries (42 countries) were in sub-Saharan Africa, including 10 countries with the lowest life expectancies in 1994. Exceptionally low levels of life expectancy at birth were observed in Rwanda, ravaged by genocide and Sierra Leone, which was in the midst of a civil war that broke out in 1991. For the high-mortality countries, ICPD delegates set a target for life expectancy at birth of 70 years, to be reached by 2015. To reach this target, countries would have needed to make impressive progress in mortally reduction; a minimum gain of 10 years would have been needed for countries with a life expectancy close to 60, such as India and Namibia, and a median gain of at least 17 years for this group of countries as a whole.

There are spatial disparities in the progress achieved towards the Programme of Action's life expectancy targets. In sub-Saharan Africa, only 2 out of 50 countries and areas—Mayotte and Réunion, met the targets. In Central and Southern Asia and Oceania (excluding Australia and New Zealand), about one third of countries met the targets (5 out of 14 countries and 3 out of 11 countries, respectively). About one half of the countries in each of two of the regions—Latin America and the Caribbean and Northern Africa and Western Asia, met the targets (20 out of 38 countries and 12 out of 25 countries, respectively). In Eastern and South-Eastern Asia, this proportion was even higher, 58 per cent of all countries met the targets (11 out of 19 countries), while in most of the countries in Europe and Northern America (35 out of 42 countries) life expectancy at birth was already higher than 75 years.

For high-mortality countries, progress in average survival has fallen far short of that to which ICPD delegates aspired 25 years ago. Out of 57 countries in the high mortality group, only 3 countries—the Plurinational State of Bolivia, Bhutan and Tajikistan—reached the ICPD Programme of Action target of life expectancy at birth equal to 70 years by 2015. Bhutan recorded the largest gain, nearly 15 years, during the period 1994-2015. In another 3 countries and areas—Nepal, Sao Tome and Principe and Western Sahara—life expectancy at birth in 2015 was less than a year short of the target. In contrast, in 20 high-mortality countries, life expectancy at birth did not increase even fast enough for them to graduate from this group. Among all regions, changes in mortality rates between 1994 and 2015 were the most heterogenous in sub-Saharan Africa. Eswatini and Lesotho experienced losses of life expectancy since the adoption of the Programme of Action, 3.6 and 6 years respectively, and virtually no progress was made in South Africa. These countries are located in the region hardest hit by HIV and AIDS epidemics. In contrast, Sierra Leone, Malawi, Ethiopia, Zambia and Uganda each gained more than 15 years of life expectancy since ICPD. Rwanda, as it recovered from the 1994 genocide, gained close to 40 years. Overall, among the 50 countries and areas in sub-Saharan Africa, half of the countries experienced an increase in the average length of life of between 5 and 12 years. By

Figure 8.
Life expectancy at birth in 1994 and 2015 by regions, countries and areas

A. Life expectancy at birth in 1994
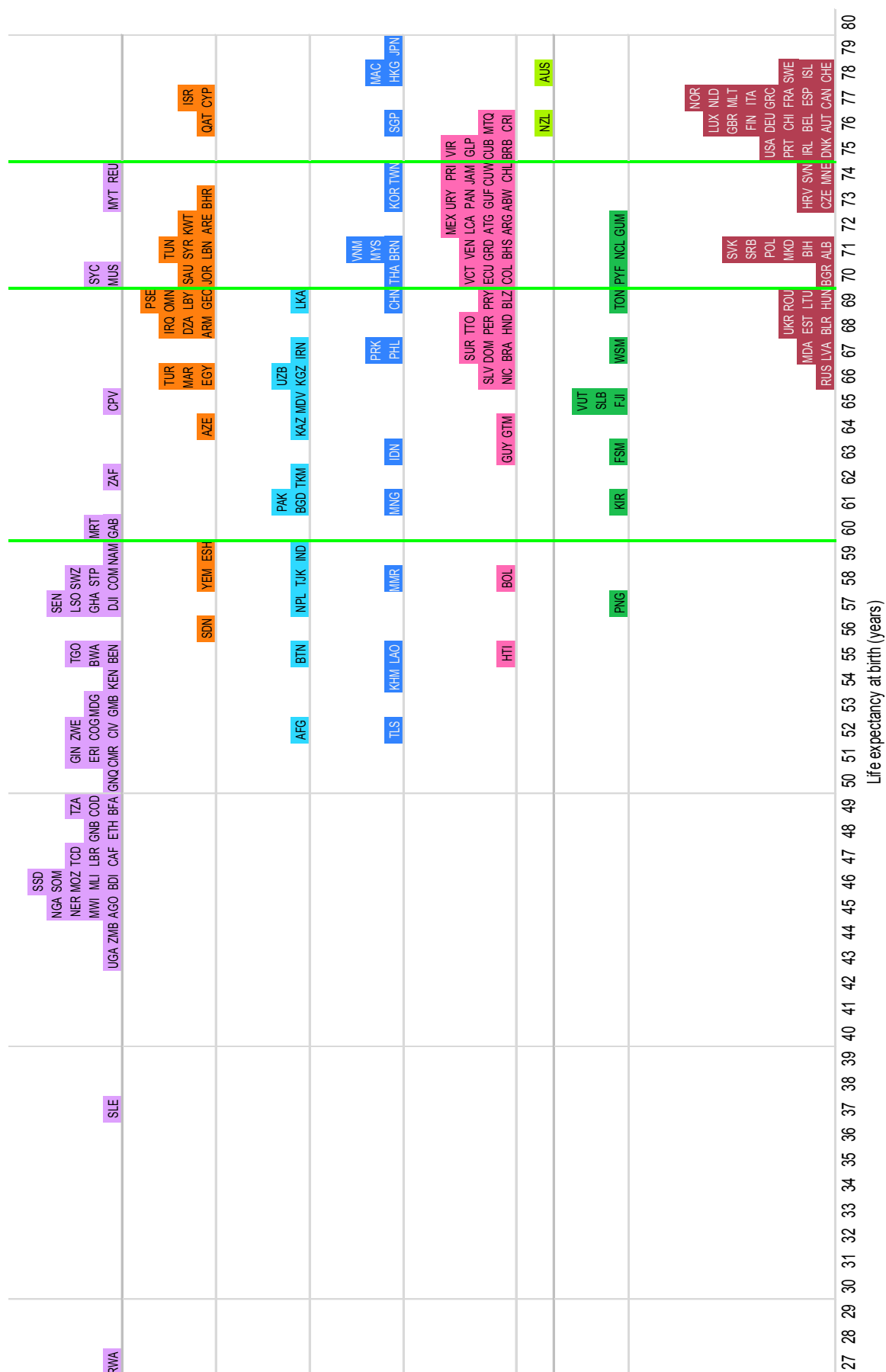
Life expectancy at birth (years)

United Nations, Department of Economic and Social Affairs, Population Division

B. Life expectancy at birth in 2015

Life expectancy at birth (years)

Legend:
- Sub-Saharan Africa
- Northern Africa and Western Asia
- Central and Southern Asia
- Eastern and South-Eastern Asia
- Australia and New Zealand
- Europe and Northern America
- Latin America and the Caribbean
- Oceania (excluding Australia and New Zealand)
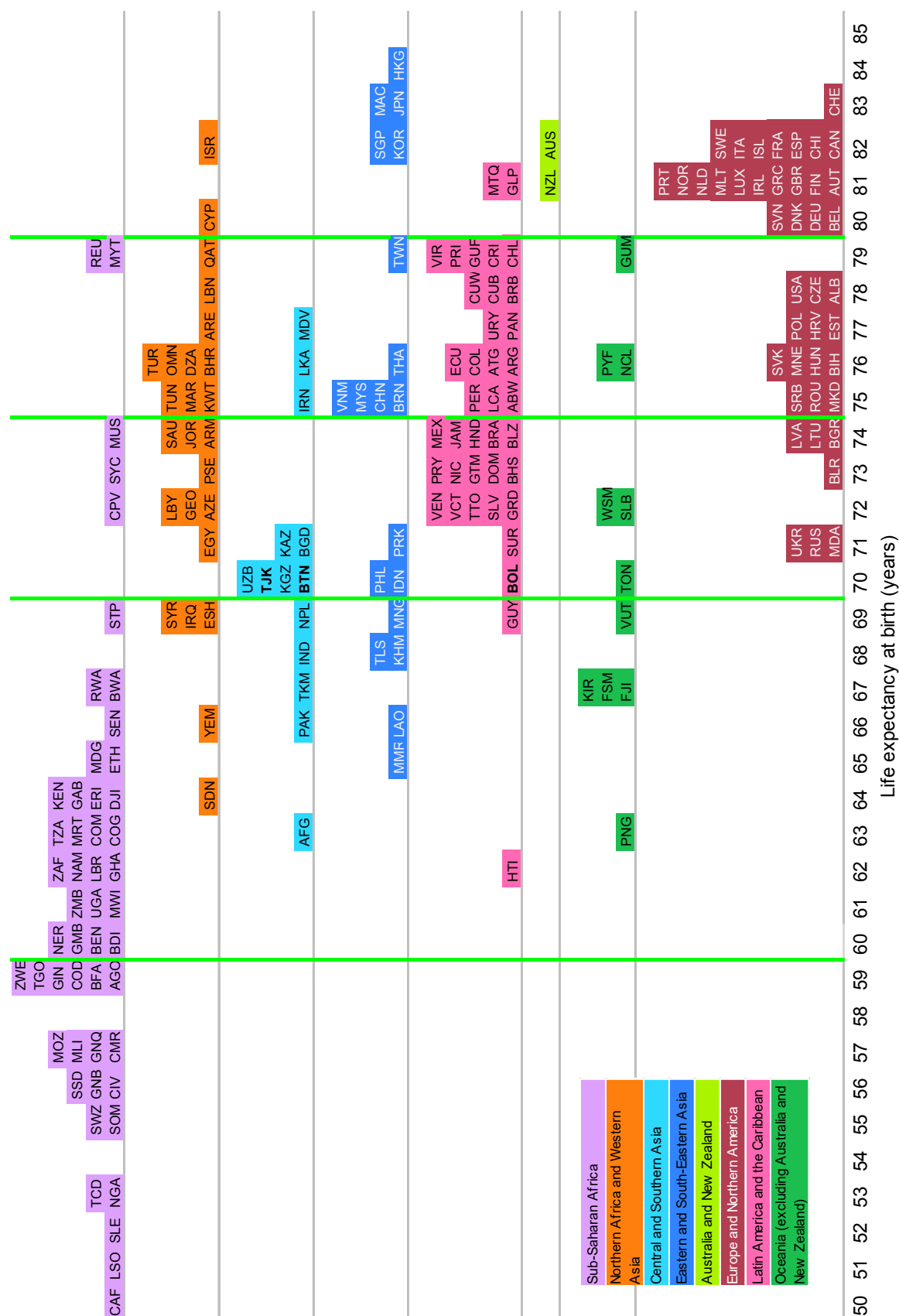
Note: For country codes and country names, see Annex table 2.
The vertical green line at life expectancy at birth equal to 60 years separates the low- and high-mortality countries in 1994, as classified in this *Highlights*. The vertical green lines at ages 70 and 75 refer to the ICPD Programme of Action targets to be achieved by 2015, for high- and low-mortality countries, respectively.

2015, Central African Republic and Lesotho had the lowest life expectancy at birth, of only 51 years of age.

The survival objectives delineated in the ICPD Programme of Action proved to be challenging even for countries with intermediate and low levels of mortality. The "low mortality" group of countries, as defined in this report, includes countries with a great diversity of experiences with respect to health and longevity. Fifty-seven countries in this group had baseline life expectancies between 60 and 70 years at the time of ICPD. By 2015, only 12 of them, all with baseline levels of 65 years or more, had gained 6 years or more necessary to achieve the target of 75 years of life expectancy at birth. Among the rest of the countries in the group, the target applied only to 50 low mortality countries with baseline levels between 70 and 75 years of life expectancy. More than three quarters of them (39) successfully met or surpassed the target for countries with low mortality levels. In Bangladesh, Maldives and Turkey, for instance, the average survival over the period increased by more than 10 years. In contrast, Syria, plagued with military conflict, saw life expectancy at birth drop by 1.8 years. In Jamaica and South Africa, virtually no change was observed.

In 2019, 25 years after ICPD, 41 countries and areas had passed a longevity milestone—life expectancy at birth for both sexes exceeded 80 years. At the time of ICPD in 1994, only Japan had reached 80 years of life expectancy (79.7 years). In 2019, the countries and areas with the highest longevity could be found in all regions except for Central and Southern Asia, while in sub-Saharan Africa only the French overseas department of Réunion has a life expectancy of over 80 years. Globally, the countries and areas with the highest life expectancies at birth are Hong Kong Special Administrative Region (SAR) of China, Japan and Macao SAR of China—84.9, 84.6, and 84.2 years, respectively. Two other high-longevity countries from Eastern and South-Eastern Asia are Singapore and Republic of Korea. Most of the high-longevity countries are in Europe and Northern America (22), Eastern and South-Eastern Asia, and Latin America and the Caribbean (6 countries and areas in each region).

Based on the 2019 revision of *World Population Prospects*, none of the 57 countries classified as having high mortality levels in 1994 would reach the target life expectancy at birth of 75 years of age before 2030, the end date of the SDGs. In sub-Saharan Africa, only three countries would reach the target by 2030 and only seven countries would do so before 2050. The majority of countries in two other regions, Oceania excluding Australia and New Zealand, and Central and Southern Asia, are not expected to reach the survival target before 2030, unless accelerated action is taken to improve health and survival.

B. *Under-five mortality*

In 1994, at the time of ICPD, one quarter of the countries in the world had extremely high child mortality, that is, a least 1 in 10 children born in those countries did not survive to their fifth birthday. The ICPD Programme of Action urged countries to achieve an under-five mortality rate below 45 deaths per 1,000 live births by 2015. Out of 93 countries with under-five mortality rates higher than the Programme of Action target, half (46 countries) were in sub-Saharan Africa. In 38 countries in sub-Saharan Africa, the levels of under-five mortality were extremely high, more than 100 deaths per 1,000 live births. Under-five mortality rates were highest in Rwanda, Niger, Sierra Leone, Liberia, and Mali, where more than one in four new-borns died before age 5.

At the time of ICPD, great inequalities in child survival existed both within and between regions. The average under-five mortality rate in the 10 countries with the highest levels was more than 40 times higher than the average rate in the 10 countries within the lowest levels (249.7 and 6.1 deaths per 1,000 live births, respectively). Among the regions of the world, sub-Saharan Africa was characterized by the highest inequality in child survival, with countries ranging from 15 deaths per 1,000 live births in Seychelles to close to 400 in Rwanda. Another region with extremely high levels of child mortality at the time of ICPD was Central and Southern Asia, where the median under-five mortality rate was about 100 deaths per 1,000 live births. In all 14 countries except Sri Lanka, under-

five mortality rates were higher than the Programme of Action target and in one half of the countries, rates were higher than 100. Afghanistan and Pakistan were the countries with the highest rates of under-five mortality (153 and 127 respectively).

Over the two decades after ICPD, the world has witnessed considerable progress in reducing child mortality, with more than a 50 per cent decline in the global under-five mortality rate. Mortality rates among children under the age of 5 declined in all countries of the world without exception. In half of the countries, the rates of decline were between 42 and 64 per cent. Impressive progress was observed among the countries with the highest rates of under-five mortality at the time of ICPD. In Rwanda, for example, the rate dropped from 396 to 43 deaths under age 5 per 1,000 live births, in Niger from 279 to 96, and in Sierra Leone, from 257 to 121.

By 2015, less than half of the countries had achieved the ICPD Progamme of Action target of less than 45 deaths under age 5 per 1,000 live births (40 out of 93 countries with rates above the target level in 1994). The majority of the countries that had fallen short of the Programme of Action target were in sub-Saharan Africa (41 of 53 countries) (figure 9, panels A and B). In 2015, mortality rates in Central African Republic, Chad, Sierra Leone and Somalia were between 121 and 134 deaths per 1,000 live births, or almost three times higher than the target level. In Benin, Democratic Republic of the Congo, Equatorial Guinea, Mali and Nigeria, mortality rates among children remained very high as well, with more than 100 deaths under the age of 5 per 1,000 live births.

Box 2. Sources of Data

Life expectancy at birth and at age 60, infant mortality, under-five mortality and adult mortality, are based on annually interpolated values from 5-year period estimates and projections from the United Nations, Department of Economic and Social Affairs, Population Division (2019) World Population Prospects 2019. With each successive revision of the World Population Prospects, the Population Division of the United Nations estimates historical demographic trends for the period from 1950 to the present and projects future population trends to 2100. In the 2019 revision, the figures from 1950 through the period from mid-2015 to mid-2020 are treated as estimates, and thus the projections for each country or area begin on 1 July 2020 and extend until 2100.

Mortality estimates are based on all available sources of data, at the time of the revision, on population size and levels of mortality by age and sex, including population and housing censuses, vital registration of births and deaths, national and international surveys, including Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national and international surveys, and official statistics reported to the Demographic Yearbook of the United Nations.

In addition, for the estimation of mortality indicators, the 2019 revision has considered international estimates from the following sources: estimated time series of adult HIV prevalence and coverage of antiretroviral treatment from the Joint United Nations Programme on HIV and AIDS (UNAIDS); estimated time series of infant and under-5 mortality from the United Nations Inter-agency Group for Child Mortality Estimation (UN-IGME); various other series of international estimates produced by international and regional organizations, and academic research institutions.[†] Maternal mortality estimates are based on the 2019 revision prepared by the *Maternal Mortality Estimation Inter-agency Group* (UN MMEIG) (WHO, 2019b).

For further details, see the *World Population Prospects 2019* web page: https://population.un.org/wpp/. A description of the empirical data that inform the latest set of estimates is available under the "Data sources" from: https://population.un.org/wpp/Download/Metadata/Documentation/.

[†] Including the Human Mortality Database and Human Life Table Database (UC Berkeley, MPIDR and INED), the Latin American Mortality Database–LAMBdA (University of Wisconsin-Madison), the International Data Base (United States Census Bureau), the Global Burden of Disease project (IHME, University of Washington) and the Developing Countries Mortality Database–DCMD (Zhejiang University).

Figure 9.

Under-five mortality rate in 1994 and 2015 by regions, countries and areas

A. Under-five mortality rate in 1994 for countries and areas with rates below 200 deaths per 1,000 live births
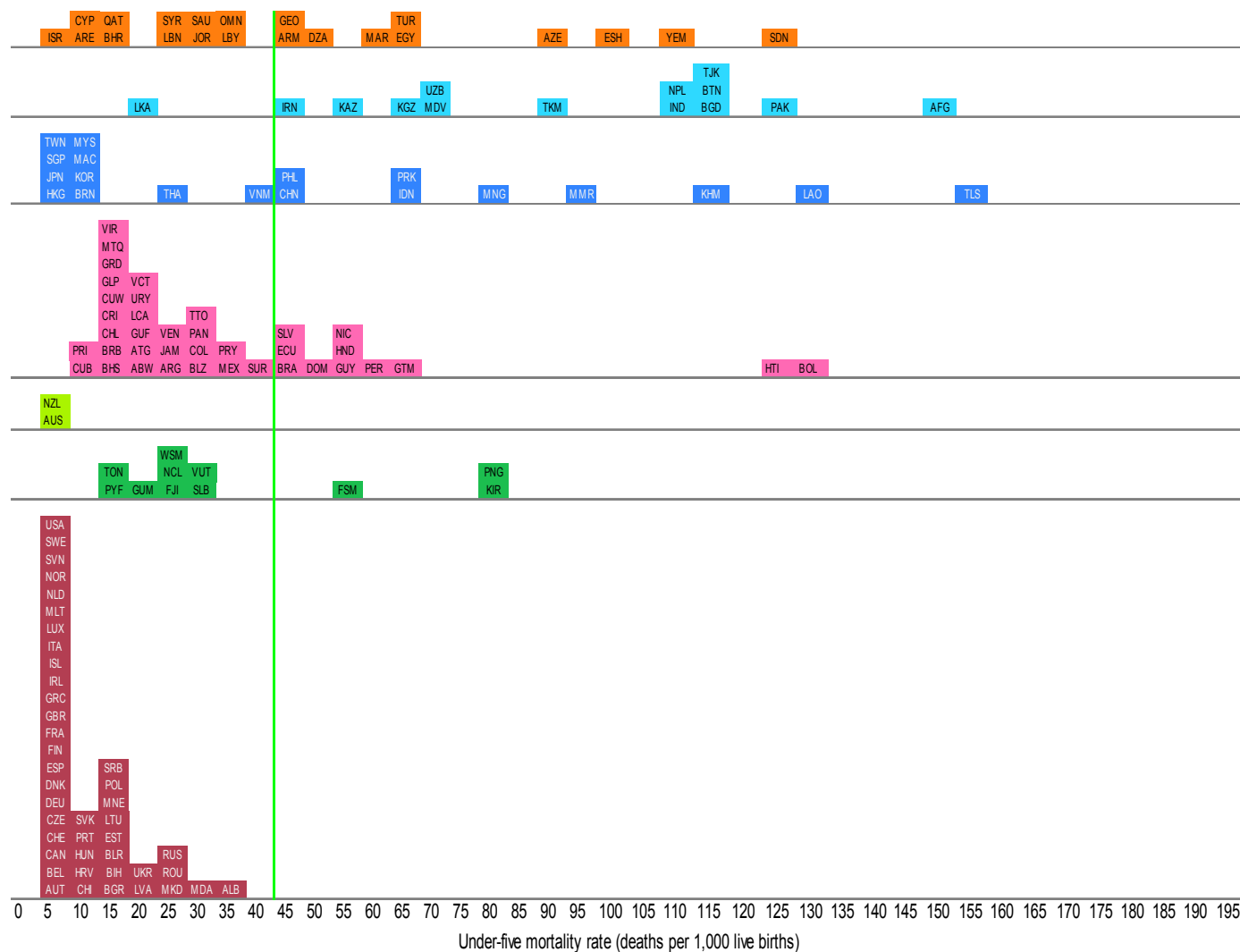
B. Under-five mortality rate in 1994 for countries and areas with rates over 200 deaths per 1,000 live births
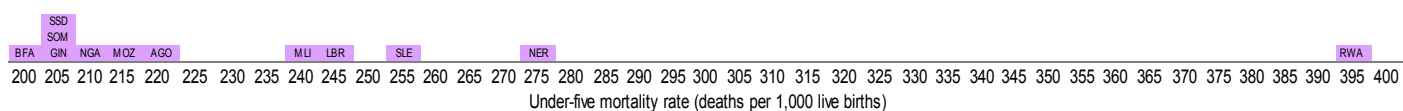
C. Under-five mortality rate in 2015
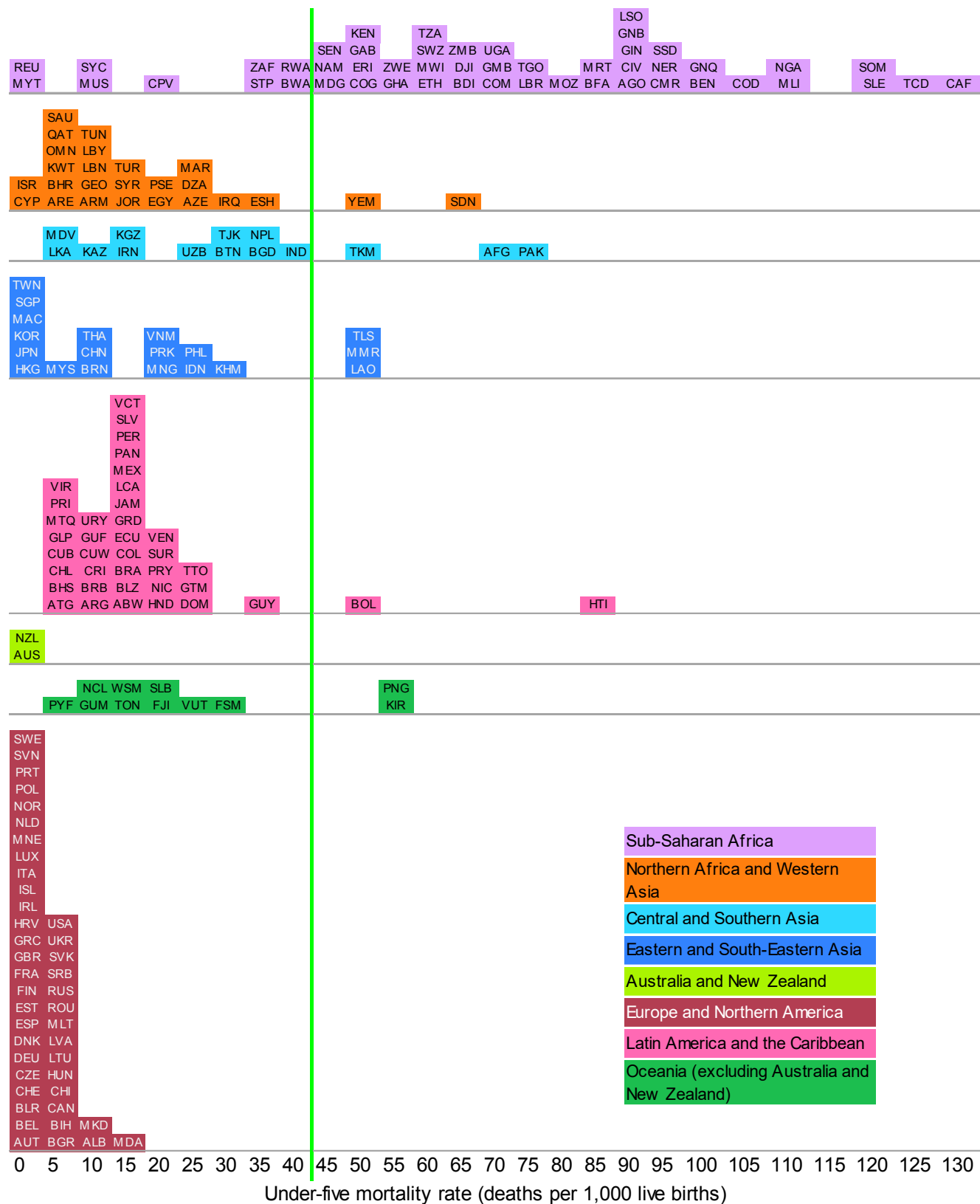
Sub-Saharan Africa

Northern Africa and Western Asia

Central and Southern Asia

Eastern and South-Eastern Asia

Australia and New Zealand

Europe and Northern America

Latin America and the Caribbean

Oceania (excluding Australia and New Zealand)

Under-five mortality rate (deaths per 1,000 live births)

Note: For country codes and country names, see Annex table 2.
The vertical green line indicates the ICPD Programme of Action under-five mortality rate target of 45 deaths per 1,000 live births, to be reached by 2015.

United Nations, Department of Economic and Social Affairs, Population Division

By 2015, countries with under-five mortality above the target were found in all regions, except for Australia/New Zealand, and Europe and Northern America. Among the 53 countries that did not reach the target by 2015, 41 were in Sub-Saharan Africa, 3 were in Central and Southern Asia (Pakistan, Afghanistan and Turkmenistan), 3 in Eastern and South-Eastern Asia (Lao People's Democratic Republic, Myanmar and Timor Leste), and 2 each in Latin America and the Caribbean (Haiti and the Plurinational State of Bolivia), Northern Africa and Western Asia (Sudan and Yemen), and Oceania (excluding Australia and New Zealand) (Kiribati and Papua New Guinea) (figure 9, panel C).

C. Maternal mortality

The estimates of the maternal mortality ratio (MMR) used for tracking progress toward internationally agreed targets come from the Maternal Mortality Estimation Inter-agency Group (UN MMEIG), composed of the World Health Organization, the United Nations Children Fund, the United Nations Populating Fund, and the World Bank and with inputs from UN-DESA Population Division. The most recent revision, completed in 2019, contains estimates of the maternal mortality ratio for 185 countries from 2000 to 2017. Worldwide, the estimated maternal mortality ratio fell from 342 maternal deaths per 100,000 live births in 2000 to 211 per 100,000 live births in 2017 (WHO, 2019b), higher than the global target for 2015 contained in the Programme of Action, which aimed at halving the maternal mortality ratio observed in 2000, or a 75 per cent reduction since 1990. In 2017, two thirds of all 295,000 maternal deaths occurred in sub-Saharan Africa, where the maternal mortality ratio was 542 deaths per 100,000 live births. This region has achieved a significant 38 per cent decline in maternal mortality since 2000, although the average MMR in the region was still almost 78 times higher than in Australia and New Zealand, which had the lowest ratio of any region. Southern Asia has the world's second highest MMR, with a ratio of 157 deaths per 100,000 live births in 2017.

Major efforts are needed to bring the maternal mortality ratio under 70 deaths per 100,000 live births by 2030, as prescribed by Sustainable Development Goal 3.1. According to the UN MMEIG projections, this would require countries to reduce their MMRs by at least 6.1 per cent each year between 2016 and 2030. Based on the new point estimates, the estimated maternal mortality annual reductions would be sufficient to meet the target in only 16 countries. The UN MMEIG projections indicate that accomplishing the target of global MMR below 70 would save approximately 1.4 million women's lives between 2016 and 2030.

D. Mortality from AIDS-related illnesses

The latest HIV estimates of the prevalence, incidence, treatment coverage and other key population indicators on the status and trends of the HIV epidemics around the world come from the 2019 edition of UNAIDS Data, produced by UNAIDS, the Joint United Nations Programme on HIV and AIDS. The annual global number of AIDS-related deaths among people of all ages living with HIV has fallen from an estimated peak of 1.7 million in 2004 to 770,000 in 2018, more than a 50 per cent reduction (UNAIDS, 2019). Worldwide an estimated 37.9 million people were still living with HIV in 2018, among which 36.2 million were adults aged 15 and over (18.8 million were women and 17.4 million men), and 1.7 million were children under age 15. In 2018, 23.3 million people were receiving treatment, about 62 per cent of those in need.

New HIV infections fell from 2.8 million in 2000 to 1.7 million in 2018. About 47 per cent of the newly infected people were living in Eastern and Southern Africa (800,000). Life expectancy at birth in Southern Africa had fallen from 62.9 years in 1990 to 52.6 years in 2004 and has since recovered to just above the 1990 level, having reached 63.8 years in 2019. This represents a loss of two decades of potential improvements in survival rates for the subregion. The effect of HIV on maternal mortality appears to be less pronounced than in the past; HIV-related indirect maternal deaths accounted for approximately 1 per cent of all maternal deaths in 2017 compared with approximately 2.5 per cent around the peak of the epidemic in 2005 (WHO, 2019b).

Conclusions and policy implications

Since the adoption of the Programme of Action at the International Conference on Population and Development (ICPD) held in 1994, considerable progress has been made in reducing child and maternal mortality, extending the life span and promoting healthier lives by reducing the incidence, duration and severity of major diseases. Governments should plan for the opportunities and challenges associated with longer lifespans, which will affect the size and age structure of future populations with major implications for sustainable development.

A newborn today is expected to live almost 73 years on average, about 8 years longer than at the time of ICPD. Still, nearly 10 years of healthy life are lost on average as a consequence of poor health, as suggested by the global estimate of healthy life expectancy of about 63.3 years in 2016 (WHO, 2018d). Furthermore, progress achieved in recent decades in health status and survival has been uneven both between and within countries. Critically, some countries and regions are still lagging in reaching priority health objectives outlined in the Programme of Action or are not expected to reach the health-related Sustainable Development Goals (SDGs) without urgent and accelerated action. Improvements in health status, nutrition, sanitation and access to safe water must be sustained to attain the relevant goals and objectives of the Programme of Action and the relevant SDGs of the 2030 Agenda.

Reducing maternal and child mortality

Most maternal deaths are preventable. Improving health-care services addressing the needs of women and newborns across the continuum of care around the time of birth remains critical to safeguarding the lives of mothers and their children. The maternal mortality ratio was estimated to be 211 maternal deaths per 100,000 live births in 2017, 23 per cent higher than the global target contained in the Programme of Action, which aimed at halving the ratio observed in 2000, estimated at 342 per 100,000. Two thirds of all maternal deaths now occur in sub-Saharan Africa, where the maternal mortality ratio was estimated to be 542 deaths per 100,000 live births in 2017. Major efforts are needed to bring the maternal mortality ratio under 70 deaths per 100,000 live births by 2030, as prescribed by the SDGs.

Maternal health and newborn health are closely linked. According to the latest mortality data, almost 4 million children died before age 1 in 2019, including 1.8 million in sub-Saharan Africa (United Nations, 2019a), which had the highest risk of dying in the first 28 days of life. The survival rates among infants, especially newborns, improved more slowly than those among all children under age 5. While in 1990, 40 per cent of the deaths of children under the age of 5 occurred in the first month of life (5 million neonatal deaths out of 12.5 million under-five deaths), in 2018 this share had increased to 47 per cent (2.5 million neonatal deaths out of 5.3 million under-five deaths) (UN-IGME, 2019a). It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby. Skilled birth attendance increased from 67.2 per cent in 2010 to 79.4 per cent in 2017, with coverage in sub-Saharan Africa still low at 57.8 per cent (United Nations, 2019b). In addition, providing care in the weeks after childbirth, including the four recommended postnatal care contacts (WHO, 2014), plays a key role in ending preventable maternal and child deaths. Concrete efforts to accelerate progress need to be scaled up to achieve the SDGs related to child and neonatal survival.

Addressing premature mortality and morbidity from non-communicable diseases, including in settings with coexisting infectious diseases

Globally, non-communicable diseases (NCDs) such as cardiovascular and chronic respiratory diseases, diabetes and cancers, take the life of 41 million people each year, equivalent to 71 per cent of global deaths. Fighting NCDs is particularly challenging for countries where communicable diseases are

continuing to persistent, such as in Africa where communicable diseases are still the major cause of death. However, by 2030, NCDs are projected to become the most common causes of death in Africa (WHO, 2013). In low- and middle-income countries, close to 50 per cent of NCD-related deaths occur before the age of 70. Efforts to reduce mortality rates from NCDs among young and older adults must be focused on reducing the prevalence of the key behavioural risk factors, such as harmful use of alcohol, tobacco use, unhealthy diet and lack of physical activity. To tackle the growing burden of NCDs, countries should consider implementing cost-effective medical interventions focused on early detection and treatment, such as the 16 "best buy" policy options and recommendations included in the Global Action Plan for the Prevention and Control of NCDs 2013-2020, as updated in 2017 (WHO, 2017a). SDG target 3.4 addresses the increasing challenge of disease burdens from NCDs, along with youth and adult mortality associated with mental health, traffic accidents and drug abuse. In order to guide the implementation of this Goal, Governments adopted the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority (WHO, 2017b), which recognizes that NCDs are one of the major challenges for development.

The broad range of malnutrition—including undernutrition as well as overweight, obesity and diet-related NCDs—warrants greater attention. Unhealthy diets fail to address chronic undernutrition and micronutrient deficiencies, while contributing to increased overweight, obesity and diet-related NCDs. Thus, the number of undernourished people in sub-Saharan Africa rose from 181 million in 2010 to almost 237 million in 2017 (FAO and ECA, 2018; WHO, 2019a, 2013). Urgent prevention and treatment policies targeting vulnerable populations are needed to end all forms of malnutrition and promote the consumption of clean water and safe and healthy foods throughout the life course. Priority action is needed as well to strengthen health systems facing serious challenges, such as low coverage, under-resourcing and workforce shortage.

Continuing focus on HIV and AIDS epidemics

Although the HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) epidemic continues to be a major public health concern, AIDS-related mortality among adults appears to have reached a peak over the past decade in most countries that have been highly affected by the epidemic, owing mostly to the increasing availability of antiretroviral treatments. Nevertheless, in countries where HIV prevalence has been high, the impact of the epidemic in terms of morbidity, mortality and slower population growth continues to be evident (United Nations, 2019c). In 2018, 23.3 million people were receiving treatment, about 62 per cent of those who needed it (UNAIDS, 2019). Continuing efforts are required in the area of HIV prevention, in particular for young men and women between 15 and 24 years of age, who represented 30 per cent of all new infections worldwide in 2018 (510,000).

In order to achieve success in the delivery of HIV services and broader health care to achieve the health-related SDGs, the AIDS response should be coordinated with broader efforts to strengthen health systems and deliver universal health coverage. Successful strategies include widespread access to condoms; comprehensive sexuality education, coupled with safe sexual practices; and the integration of HIV counselling and testing into sexual and reproductive health services so that HIV risk can inform the screening and treatment of other sexually transmitted infections, contraception, partner screening and referral for antiretroviral therapy.

Improving the evidence base for policy formulation

National statistics systems should be strengthened to provide accurate and timely mortality data by cause of death in order to allow Governments to formulate national policies, measure progress towards their implementation, and monitor internationally agreed goals, including the SDGs. Improving the reliability, timeliness and accessibility of demographic data should remain a central focus of efforts to strengthen national statistical capacities. Special attention must

be given to improving or maintaining functional civil registration and vital statistics systems, as the most efficient source of data to collect death counts by age, sex and cause, including for child and maternal mortality. Governments of countries with incomplete or deficient vital statistics should develop and implement strategies to improve coverage and reporting accuracy and foster the collaboration of civil registration with the health facilities to improve the reporting of causes of death. Field inquiries, such as censuses and demographic and health surveys, should be supported, as they generate consistent data on deaths, births and population counts. Health and demographic surveillance system sites are a complementary source of data, particularly on the age pattern of mortality and on causes of death. Countries should seek guidance from internationally agreed principles and recommendations to ensure standardization of concepts and data comparability (United Nations, 2016).

Box 3. Definitions of Mortality Indicators

Life expectancy at birth (e_0): The average number of years of life expected by a hypothetical cohort of individuals who would be subject throughout their lives to the age-specific mortality rates of a given year or period.

Child mortality: See Under-five mortality.

Under-five mortality ($_5q_0$): The probability that a child born in a specific year or period will die before reaching the age of 5 years, if subject to the age-specific mortality rates of that period. It is expressed as deaths per 1,000 live births.

Infant mortality (q_0): The probability that a child born in a specific year or period will die before reaching the exact age of 1, if subject to the age-specific mortality rates of that period. It is expressed as deaths per 1,000 live births.

Adult mortality ($_{45}q_{15}$): The probability that an individual alive at exact age 15 will die before exact age 60, given the mortality conditions of a given year or period. It is expressed as deaths per 1,000 persons reaching age 15.

Life expectancy at age 60 (e_{60}): The average number of years of life after age 60 expected by a hypothetical cohort of individuals who would be subject throughout their remaining lives to the mortality conditions of a given year or period.

Maternal mortality ratio (MMR): The number of maternal deaths per 100,000 live births in a given period.

Child Care Centre Near Ebola Treatment Unit in Democratic Republic of the Congo, 2019, UN Photo/Martine Perret

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Annex table 1: Mortality indicators (1950, 2019, 2030)

Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
WORLD	**45.7**	**72.6**	**74.4**	**223.4**	**38.4**	**30.8**	**392.9**	**137.2**	**125.6**	**14.0**	**20.9**	**21.7**
Sub-Saharan Africa	35.5	61.1	64.2	318.0	74.2	56.6	502.4	274.2	236.7	12.4	16.2	16.8
Northern Africa and Western Asia	41.1	73.8	75.7	313.3	25.8	20.2	365.6	116.5	101.2	14.2	20.0	21.1
Central and Southern Asia	36.5	69.9	72.0	290.7	41.2	30.2	551.6	163.1	142.4	12.2	18.3	19.0
Eastern and South-Eastern Asia	44.2	76.5	78.1	212.4	15.6	11.9	441.8	95.7	85.6	12.0	21.2	22.2
Latin America and the Caribbean	50.2	75.5	77.5	195.1	18.4	13.7	345.4	134.3	116.6	14.8	22.1	23.1
Oceania (excluding Australia and New Zealand)	36.5	66.6	68.6	229.8	43.6	33.1	580.1	197.2	177.8	6.5	16.1	16.7
Australia and New Zealand	68.9	83.2	84.7	32.1	3.7	2.9	181.6	55.5	46.4	16.9	25.7	26.8
Europe and Northern America	63.5	78.7	80.4	90.4	5.5	4.2	206.6	106.9	94.7	16.8	23.1	24.2
Developed regions	63.4	79.4	81.0	88.8	5.2	4.0	211.2	100.8	89.0	16.7	23.6	24.7
Less developed regions	40.5	71.0	73.0	254.9	41.9	33.4	479.1	144.7	131.6	12.2	19.7	20.7
Less developed regions, excluding least developed countries	41.3	72.3	74.1	244.4	34.1	27.3	476.8	135.1	122.7	12.3	19.9	20.9
Less developed regions, excluding China	39.3	69.4	71.6	277.9	46.6	36.7	483.8	169.9	151.3	12.8	19.2	20.1
Least developed countries	35.2	65.2	68.0	332.4	64.8	48.7	497.1	210.9	183.2	12.1	17.5	18.3
Land-locked Developing Countries (LLDC)	37.7	65.8	68.5	301.6	58.8	43.3	474.7	212.3	184.8	13.2	17.7	18.4
Small island developing States (SIDS)	47.5	72.4	74.4	199.4	41.0	32.0	381.5	146.0	134.7	13.3	21.4	22.3
High-income countries	63.6	81.0	82.5	81.6	5.3	4.2	214.7	79.8	69.9	16.6	24.5	25.6
Middle-income countries	42.1	71.7	73.6	244.2	35.4	28.4	454.3	141.5	128.1	12.7	19.6	20.6
Upper-middle-income countries	45.4	75.8	77.6	212.1	14.1	10.7	415.6	105.4	92.6	12.7	20.7	21.9
Lower-middle-income countries	38.4	68.5	70.5	283.9	47.2	37.0	500.2	179.3	159.9	12.7	18.2	19.0
Low-income countries	33.9	64.0	67.1	333.4	67.7	50.4	538.7	227.5	193.9	12.2	17.2	17.8
AFRICA	**36.5**	**63.2**	**66.1**	**322.7**	**68.0**	**52.6**	**470.2**	**243.0**	**212.2**	**12.8**	**17.0**	**17.7**
Eastern Africa	**36.4**	**64.8**	**67.9**	**305.6**	**56.2**	**39.2**	**491.3**	**239.3**	**203.1**	**13.1**	**17.3**	**17.9**
Burundi	38.4	61.6	65.0	286.4	59.2	44.5	470.9	278.9	235.2	13.1	16.8	17.2
Comoros	38.1	64.3	66.4	294.4	67.8	54.6	509.7	218.8	196.5	12.5	16.4	16.8
Djibouti	40.4	67.1	69.6	266.9	47.6	34.4	449.8	203.8	178.1	13.5	18.2	18.7
Eritrea	33.3	66.3	69.6	342.6	41.1	24.4	531.8	236.5	195.7	12.0	16.6	17.4
Ethiopia	33.3	66.6	70.1	342.7	51.2	32.0	531.6	207.6	174.0	12.1	18.3	18.9
Kenya	41.8	66.7	69.1	255.0	44.9	31.7	438.6	225.7	196.3	14.3	17.6	18.0
Madagascar	35.3	67.0	70.4	304.5	40.2	24.4	504.1	204.8	168.4	12.5	17.2	18.0
Malawi	34.5	64.3	68.3	350.7	51.2	30.9	447.0	261.6	208.2	14.5	16.6	17.4
Mauritius*	48.1	75.0	76.6	196.4	12.7	9.6	402.7	141.6	123.9	12.8	20.8	21.7
Mayotte*	44.7	79.5	81.6	258.1	4.7	3.5	414.6	98.7	80.3	13.7	23.4	24.9
Mozambique	33.8	60.9	64.9	329.2	69.0	46.8	522.0	317.8	262.0	13.9	16.1	16.7

United Nations, Department of Economic and Social Affairs, Population Division

Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
Réunion*	45.3	80.5	82.9	256.4	2.9	2.4	401.5	81.3	69.0	14.6	24.7	25.7
Rwanda	39.5	69.0	71.9	276.5	35.0	21.8	459.5	185.9	154.2	14.2	18.1	18.9
Seychelles	61.5	73.4	74.9	116.9	13.5	10.5	233.7	152.6	136.9	18.2	19.5	20.3
Somalia	33.2	57.4	60.3	343.6	111.5	91.3	533.3	295.4	264.5	12.0	16.4	16.7
South Sudan	26.7	57.8	60.6	422.2	95.9	79.1	614.8	323.8	290.1	10.6	16.6	16.9
Uganda	39.0	63.4	66.5	280.7	59.3	42.1	465.9	262.8	221.7	14.1	16.4	16.9
United Republic of Tanzania*	40.1	65.5	68.4	273.1	53.5	35.7	449.2	216.0	185.4	14.2	16.9	17.3
Zambia	42.3	63.9	66.6	246.8	57.7	42.7	440.1	264.9	229.3	14.2	16.8	17.2
Zimbabwe	48.8	61.5	64.0	189.3	48.5	38.9	372.2	344.9	301.9	14.7	16.2	16.6
Middle Africa	**37.1**	**59.9**	**62.8**	**300.8**	**92.4**	**73.5**	**487.6**	**274.3**	**241.4**	**13.3**	**16.4**	**16.9**
Angola	35.5	61.1	64.5	327.7	76.6	57.2	500.4	272.0	230.8	13.5	15.5	16.1
Cameroon	37.8	59.3	62.4	292.1	84.8	65.7	478.5	296.8	257.0	14.1	15.3	15.8
Central African Republic	31.8	53.3	56.7	349.9	116.8	89.9	540.6	408.5	367.3	13.9	14.6	15.1
Chad	35.6	54.2	57.2	318.1	119.0	97.9	504.9	355.2	323.2	12.5	16.0	16.4
Congo	38.9	64.6	66.6	254.1	45.4	36.0	521.3	257.2	228.1	13.6	16.4	16.8
Democratic Republic of the Congo	38.3	60.7	63.5	287.6	97.3	79.0	470.7	247.2	220.0	13.1	17.1	17.7
Equatorial Guinea	33.3	58.7	62.0	335.0	90.1	69.9	525.5	315.7	273.4	13.9	15.4	16.0
Gabon	35.7	66.5	68.3	312.2	45.9	35.9	500.1	208.5	188.8	14.0	17.1	17.4
Sao Tome and Principe	45.9	70.4	72.3	218.3	30.6	22.0	400.0	154.9	137.9	14.1	17.7	18.5
Northern Africa	**40.7**	**72.6**	**74.5**	**338.4**	**29.5**	**23.0**	**340.4**	**128.2**	**114.1**	**14.4**	**19.3**	**20.3**
Algeria	42.1	76.9	78.8	287.2	23.6	17.1	380.0	91.2	78.1	13.4	22.2	23.2
Egypt	38.5	72.0	73.7	424.5	18.9	13.7	256.2	143.9	126.7	15.9	17.7	18.6
Libya	37.3	72.9	74.5	342.1	12.0	8.9	449.6	140.0	123.8	12.3	18.5	19.4
Morocco	45.0	76.7	78.9	259.4	22.0	14.1	349.5	66.2	54.1	14.0	20.9	22.1
Sudan	43.4	65.3	67.7	237.5	61.7	47.2	416.1	214.6	191.1	14.1	17.9	18.2
Tunisia	38.3	76.7	78.7	305.4	12.7	8.7	499.3	86.1	71.8	12.6	20.5	21.8
Western Sahara	34.8	70.3	72.6	331.8	32.9	23.9	551.9	152.3	124.6	11.9	17.5	18.4
Southern Africa	**43.4**	**63.8**	**66.3**	**242.5**	**36.4**	**28.0**	**416.8**	**310.2**	**268.5**	**14.4**	**16.6**	**17.0**
Botswana	43.6	69.6	70.9	231.2	36.4	28.3	430.0	195.3	183.9	14.3	19.1	19.3
Eswatini	39.4	60.2	63.3	267.8	50.9	38.5	481.0	388.5	329.0	14.0	16.2	16.5
Lesotho	43.9	54.3	58.6	230.4	82.1	57.0	419.4	474.2	411.6	14.4	15.2	16.0
Namibia	39.2	63.7	67.0	270.4	42.0	28.3	483.9	289.2	240.7	14.0	16.2	16.8
South Africa	43.6	64.1	66.5	241.9	33.5	26.4	412.0	308.1	267.2	14.5	16.6	17.0
Western Africa	**32.7**	**57.9**	**61.2**	**351.3**	**87.5**	**67.7**	**534.7**	**301.2**	**262.6**	**11.2**	**14.9**	**15.5**
Benin	32.7	61.8	64.7	357.3	92.3	71.6	523.8	233.2	204.9	11.0	17.3	17.6
Burkina Faso	30.0	61.6	65.6	387.0	79.0	52.9	571.2	240.5	198.3	10.4	15.6	16.2
Cabo Verde	47.2	73.0	74.8	199.8	19.3	13.4	397.1	133.8	118.7	14.2	18.8	19.7
Côte d'Ivoire	28.9	57.8	60.5	409.1	83.7	68.3	497.6	340.6	300.7	14.5	14.8	15.3
Gambia	29.7	62.1	65.3	390.6	64.6	47.1	577.9	249.6	210.9	10.3	15.5	16.0

Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
Ghana	41.1	64.1	66.7	259.4	49.0	36.9	441.7	233.2	202.0	12.5	15.9	16.3
Guinea	32.5	61.6	64.7	350.7	76.9	57.3	545.3	240.9	207.4	10.8	15.6	16.1
Guinea-Bissau	35.1	58.3	61.5	316.2	78.8	61.9	511.4	334.6	287.9	14.0	14.9	15.5
Liberia	32.2	64.1	66.8	334.8	70.8	52.3	563.2	224.9	196.9	13.7	16.9	17.3
Mali	26.4	59.3	62.8	434.9	100.8	76.2	613.7	251.6	216.3	9.8	15.6	16.1
Mauritania	38.4	64.9	66.8	304.8	76.2	61.2	486.4	196.1	179.7	12.7	16.8	17.1
Niger	34.4	62.4	66.0	323.9	79.9	56.0	518.0	235.1	197.3	11.3	16.3	16.8
Nigeria	33.1	54.7	58.0	343.6	97.6	77.7	533.3	343.1	303.2	11.0	14.1	14.6
Senegal	34.5	67.9	70.6	329.3	41.7	26.8	521.5	175.6	149.9	11.2	17.0	17.7
Sierra Leone	27.9	54.7	58.5	445.0	105.0	80.5	535.0	370.7	322.6	13.3	14.6	15.2
Togo	33.9	61.0	64.1	334.4	72.3	55.0	527.0	258.3	222.5	11.1	15.3	15.8
ASIA	**41.1**	**73.6**	**75.5**	**243.8**	**29.4**	**22.0**	**481.8**	**122.1**	**109.8**	**12.2**	**20.2**	**21.1**
Central Asia	**53.4**	**71.9**	**73.2**	**167.1**	**23.4**	**18.2**	**315.8**	**144.2**	**132.4**	**14.9**	**18.1**	**18.8**
Kazakhstan	54.2	73.6	74.9	150.1	9.1	7.0	330.5	153.3	139.3	14.5	19.3	20.1
Kyrgyzstan	51.9	71.5	73.0	178.8	17.3	12.4	353.1	149.8	135.6	14.7	17.3	18.2
Tajikistan	47.6	71.1	73.1	221.3	30.4	20.5	346.1	128.9	113.4	14.5	17.0	18.0
Turkmenistan	50.4	68.2	69.5	200.0	50.0	40.9	352.0	184.5	172.1	14.3	17.5	17.9
Uzbekistan	55.3	71.7	72.8	160.1	24.5	20.0	278.2	133.7	125.0	15.8	17.6	18.1
Eastern Asia	**44.3**	**78.0**	**79.6**	**204.4**	**10.3**	**7.5**	**451.5**	**75.8**	**65.0**	**11.8**	**21.5**	**22.6**
China*	43.0	76.9	78.7	210.7	10.9	7.9	465.3	76.6	65.5	11.4	20.4	21.7
China, Hong Kong SAR*	62.1	84.9	86.3	94.9	2.0	1.6	235.3	45.6	38.9	15.9	26.8	28.0
China, Macao SAR*	59.9	84.2	85.7	96.8	3.4	2.7	264.6	39.7	34.5	15.6	26.1	27.3
China, Taiwan Province of China*	55.6	80.5	82.3	128.5	4.4	3.5	315.9	88.0	73.8	15.0	24.1	25.4
Dem. People's Republic of Korea	29.7	72.3	74.2	250.3	17.1	11.9	724.8	128.0	110.9	10.6	17.9	19.0
Japan	61.2	84.6	85.9	83.1	2.4	1.8	259.3	51.6	44.5	15.6	26.9	27.9
Mongolia	42.5	69.9	71.9	292.7	20.9	14.2	364.6	205.0	178.5	12.8	17.5	18.4
Republic of Korea	35.6	83.0	84.5	318.5	2.5	1.9	489.2	55.5	46.8	10.4	25.3	26.5
South-Eastern Asia	**44.2**	**72.7**	**74.5**	**243.9**	**24.2**	**18.4**	**391.4**	**151.3**	**135.0**	**13.2**	**19.9**	**20.7**
Brunei Darussalam	51.3	75.9	77.4	150.1	9.8	7.6	324.2	122.0	107.5	10.5	20.8	21.8
Cambodia	39.9	69.8	72.0	219.9	25.6	17.5	533.9	162.9	141.6	12.1	17.6	18.4
Indonesia	40.4	71.7	73.6	292.4	23.6	17.0	399.7	150.9	132.3	12.0	18.4	19.3
Lao People's Democratic Republic	40.3	67.9	70.7	268.7	45.5	31.7	482.4	179.4	146.5	12.8	17.1	17.8
Malaysia*	53.3	76.2	77.7	158.8	6.7	5.3	301.3	123.9	108.9	14.0	20.8	21.8
Myanmar	34.0	67.1	69.1	348.1	46.0	34.5	546.8	195.1	175.0	12.0	16.9	17.4
Philippines	54.9	71.2	72.6	147.4	26.8	21.5	290.1	184.0	168.4	14.6	19.6	20.1
Singapore	58.4	83.6	85.0	93.7	1.9	1.5	335.4	47.7	40.8	14.2	25.5	26.7
Thailand	49.9	77.2	79.1	201.8	8.5	6.5	345.2	131.2	111.5	17.3	22.9	24.0
Timor-Leste	29.0	69.5	71.5	402.0	44.3	31.7	622.6	142.7	127.7	10.9	17.3	18.0
Viet Nam	51.8	75.4	76.9	171.4	20.5	16.3	310.8	133.6	120.5	14.8	22.0	22.7

Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
Southern Asia	**36.1**	**69.8**	**72.0**	**294.2**	**42.0**	**30.7**	**558.9**	**163.8**	**142.8**	**12.1**	**18.3**	**19.1**
Afghanistan	27.6	64.8	68.0	417.0	64.2	44.9	642.8	213.6	178.6	10.5	16.5	17.0
Bangladesh	39.1	72.6	75.4	334.1	30.2	19.4	357.7	132.6	110.6	11.4	19.5	20.8
Bhutan	31.7	71.8	74.5	367.7	27.6	19.5	597.0	194.3	164.6	11.2	21.0	22.2
India	35.8	69.7	71.9	280.5	37.1	25.7	589.3	175.5	153.0	11.8	18.1	18.8
Iran (Islamic Republic of)	39.4	76.7	78.7	310.4	14.0	9.4	414.2	64.9	54.8	12.6	20.0	21.4
Maldives	34.1	78.9	81.7	381.7	7.3	4.6	477.8	55.9	43.3	11.6	21.6	23.7
Nepal	34.6	70.8	73.4	332.6	31.6	22.0	552.0	144.9	114.8	11.9	17.7	18.8
Pakistan	35.1	67.3	68.9	369.7	72.7	58.2	449.3	154.9	145.8	14.9	17.8	18.0
Sri Lanka	52.5	77.0	78.8	156.6	8.2	6.1	325.7	102.0	85.8	14.1	21.2	22.4
Western Asia	**41.7**	**74.9**	**76.9**	**287.7**	**21.9**	**17.1**	**388.5**	**107.0**	**91.0**	**14.0**	**20.7**	**21.7**
Armenia	62.0	75.1	76.6	98.9	12.5	9.6	239.2	114.4	102.3	16.2	19.7	20.7
Azerbaijan*	57.4	73.0	74.1	179.7	24.0	19.5	178.4	118.0	109.8	16.1	18.6	19.2
Bahrain	41.2	77.3	78.7	276.0	7.3	5.6	424.7	65.9	57.7	13.5	20.0	21.1
Cyprus*	65.8	81.0	82.7	86.1	4.0	2.9	156.1	48.3	39.9	17.5	22.9	24.3
Georgia*	59.8	73.8	75.3	93.9	9.5	6.8	279.7	147.6	131.3	15.1	19.1	20.1
Iraq	34.9	70.6	72.1	365.0	27.1	20.9	490.6	156.1	142.2	12.8	17.8	18.3
Israel	68.3	83.0	84.5	52.7	3.2	2.2	151.7	50.0	41.1	17.1	25.1	26.3
Jordan	44.8	74.5	76.0	260.8	16.3	12.5	380.9	106.3	94.6	14.2	19.2	20.1
Kuwait	52.0	75.5	76.7	208.2	7.9	6.0	266.1	58.0	51.8	15.3	18.0	18.9
Lebanon	59.6	78.9	80.5	100.6	10.8	9.1	270.2	66.0	53.7	15.7	22.1	23.2
Oman	34.2	77.9	80.1	384.4	7.9	5.8	445.9	88.7	71.6	12.4	21.6	23.1
Qatar	53.6	80.2	81.9	174.4	7.3	5.6	287.2	38.5	33.0	15.7	22.2	23.5
Saudi Arabia	41.0	75.1	76.7	312.1	6.9	5.1	402.6	84.6	72.8	14.0	18.7	19.8
State of Palestine*	46.2	74.1	75.8	215.2	19.7	15.8	417.3	108.7	91.6	13.7	19.1	20.0
Syrian Arab Republic	46.4	72.7	78.3	223.8	16.4	7.0	383.6	152.1	70.0	14.4	19.7	21.1
Turkey	40.2	77.7	80.1	296.8	12.4	8.4	399.3	89.5	72.2	12.9	22.4	23.8
United Arab Emirates	41.9	78.0	79.5	286.9	6.1	4.7	389.2	61.4	52.6	13.8	20.5	21.7
Yemen	29.1	66.1	67.8	430.4	55.0	44.4	520.3	196.8	182.0	13.4	16.6	16.9
EUROPE	**62.0**	**78.6**	**80.2**	**109.0**	**4.7**	**3.3**	**207.1**	**106.8**	**94.0**	**16.6**	**22.8**	**23.9**
Eastern Europe	**57.8**	**74.0**	**75.6**	**146.0**	**6.3**	**4.6**	**241.5**	**166.9**	**148.6**	**16.3**	**20.1**	**21.0**
Belarus	57.7	74.8	76.3	157.4	3.6	2.6	229.9	145.9	129.5	16.6	19.7	20.7
Bulgaria	60.4	75.0	76.5	130.7	7.1	5.5	204.6	134.6	119.1	17.3	19.7	20.7
Czechia	65.3	79.4	80.9	63.1	2.7	2.0	195.7	77.8	65.9	15.7	22.2	23.4
Hungary	62.6	76.9	78.4	92.5	4.4	3.3	208.4	120.2	105.7	15.7	20.8	21.9
Poland	59.1	78.7	80.5	105.0	3.6	2.7	269.9	106.2	90.1	15.0	22.6	23.9
Republic of Moldova*	58.1	71.9	73.3	108.7	13.8	10.1	295.1	164.3	150.0	14.0	17.7	18.5
Romania	61.1	76.1	77.5	112.0	7.5	5.7	212.3	122.4	107.8	15.8	20.5	21.5
Russian Federation	55.2	72.6	74.0	176.3	6.6	4.8	256.4	195.9	176.4	16.6	19.7	20.5
Slovakia	62.2	77.5	79.1	109.1	5.4	4.1	202.2	101.9	88.1	16.6	21.3	22.3

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Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
Ukraine*	59.1	72.1	73.5	139.4	8.1	5.6	220.0	185.3	167.0	16.7	18.6	19.3
Northern Europe	**68.0**	**81.2**	**82.9**	**46.5**	**3.8**	**3.0**	**174.3**	**69.8**	**58.0**	**16.8**	**24.1**	**25.3**
Channel Islands*	68.5	83.1	84.6	42.9	6.9	5.8	171.9	39.9	32.7	17.3	25.2	26.3
Denmark*	70.5	80.9	82.5	35.6	3.5	2.5	142.4	68.7	57.5	17.6	23.5	24.7
Estonia	59.1	78.7	80.3	139.6	2.5	1.9	229.2	102.0	88.2	17.0	22.5	23.6
Finland*	65.5	81.9	83.6	44.2	2.1	1.5	223.8	70.2	58.8	15.4	24.7	26.0
Iceland	71.7	83.0	84.6	30.4	1.7	1.2	154.4	45.7	35.5	19.6	24.9	26.1
Ireland	65.6	82.3	84.0	53.2	2.9	1.8	209.5	56.5	42.1	16.1	24.7	25.7
Latvia	59.7	75.3	76.8	132.0	5.2	4.1	228.5	156.1	139.6	17.5	21.0	21.9
Lithuania	57.7	75.9	77.6	169.6	4.7	3.6	227.5	156.5	138.4	18.3	21.7	22.8
Norway*	72.3	82.4	84.0	31.0	2.3	1.6	129.0	55.9	46.0	19.2	24.7	25.9
Sweden	71.3	82.8	84.4	25.4	2.3	1.7	140.1	50.6	41.3	17.8	24.9	26.1
United Kingdom*	68.7	81.3	82.9	36.0	4.4	3.5	172.9	67.1	56.9	16.5	24.1	25.4
Southern Europe	**62.6**	**82.3**	**83.8**	**105.1**	**3.5**	**2.5**	**198.5**	**58.7**	**49.9**	**16.6**	**24.7**	**25.9**
Albania	54.2	78.6	80.1	202.8	11.0	8.4	239.7	70.9	61.2	17.3	22.0	23.0
Bosnia and Herzegovina	51.4	77.4	79.1	229.2	6.4	4.8	248.8	86.9	74.3	13.6	20.6	21.8
Croatia	60.3	78.5	80.2	115.7	4.4	3.2	227.8	82.9	69.6	14.2	21.5	22.8
Greece	65.4	82.2	83.9	61.4	3.3	2.5	201.4	67.6	56.7	16.5	25.0	26.2
Italy	65.6	83.5	85.0	81.1	2.9	2.1	171.9	47.5	39.3	17.1	25.5	26.6
Malta	64.1	82.5	84.2	97.7	5.3	4.1	171.7	49.3	41.2	16.3	24.9	26.1
Montenegro	59.2	76.9	78.5	134.5	2.9	2.2	230.4	94.7	80.6	15.1	20.0	21.2
North Macedonia	53.0	75.8	77.3	168.9	11.4	8.3	312.7	91.4	80.3	14.1	19.4	20.4
Portugal	59.5	82.0	83.7	139.5	3.2	2.0	214.5	67.4	55.9	17.0	24.8	26.0
Serbia*	58.2	76.0	77.5	143.0	5.3	3.9	249.9	107.3	93.6	15.1	19.7	20.7
Slovenia	64.5	81.3	83.0	31.6	2.1	1.7	283.4	65.3	52.0	15.1	23.8	25.0
Spain*	63.1	83.6	84.9	92.4	2.7	2.0	204.6	54.2	46.2	16.9	25.8	26.8
Western Europe	**67.1**	**81.9**	**83.6**	**56.1**	**3.4**	**2.4**	**180.3**	**68.5**	**57.6**	**16.8**	**24.7**	**25.9**
Austria	66.0	81.5	83.3	66.4	3.4	2.3	183.1	63.0	53.3	16.4	24.1	25.5
Belgium	67.0	81.6	83.3	56.5	3.3	2.3	184.6	69.2	58.0	16.6	24.4	25.7
France*	66.2	82.7	84.1	59.1	3.5	2.7	202.7	74.4	64.7	16.8	25.7	26.8
Germany	66.9	81.3	83.0	59.0	3.4	2.1	173.6	69.9	57.0	16.8	24.1	25.3
Luxembourg	65.4	82.3	83.9	59.0	3.4	2.6	207.7	58.4	46.9	15.7	24.6	25.8
Netherlands*	71.4	82.3	83.9	33.1	2.8	2.0	131.0	54.1	44.5	18.2	24.5	25.7
Switzerland	68.7	83.8	85.2	39.3	3.6	2.9	170.4	46.4	38.6	16.8	25.8	26.9
LATIN AMERICA AND THE CARIBBEAN	**50.2**	**75.5**	**77.5**	**195.1**	**18.4**	**13.7**	**345.4**	**134.3**	**116.6**	**14.8**	**22.1**	**23.1**
Caribbean	**50.7**	**72.8**	**74.8**	**193.6**	**41.1**	**32.0**	**332.5**	**146.0**	**134.0**	**15.3**	**22.0**	**22.9**
Antigua and Barbuda	56.1	77.0	78.4	116.7	6.9	5.5	311.6	103.5	90.6	14.4	21.1	22.1
Aruba*	58.4	76.3	77.8	109.1	15.4	12.7	281.7	87.6	74.2	15.6	20.4	21.4
Bahamas	62.5	73.9	75.1	48.6	6.8	5.7	294.2	153.2	139.4	16.0	19.7	20.4

Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
Barbados	52.3	79.2	80.7	215.6	11.7	9.3	249.2	109.7	95.1	15.9	24.3	25.1
Cuba	58.2	78.8	80.5	120.4	5.4	4.2	269.2	93.5	80.3	15.8	22.5	23.7
Curaçao*	58.8	78.9	80.6	99.6	10.3	7.9	298.8	93.7	80.2	16.2	23.3	24.4
Dominican Republic	44.4	74.1	75.9	266.0	28.0	21.2	370.9	155.9	139.0	14.2	22.2	23.0
Grenada	57.5	72.4	73.7	134.7	16.4	12.9	255.6	149.8	136.4	15.5	18.5	19.2
Guadeloupe*	51.7	82.1	83.9	148.6	4.8	3.8	419.1	74.2	61.8	14.2	25.6	26.8
Haiti	36.0	64.0	66.9	352.0	78.2	59.6	458.1	224.9	197.5	13.8	18.8	19.1
Jamaica	57.3	74.5	75.8	127.8	14.5	11.8	309.9	139.8	125.1	17.9	20.4	21.1
Martinique*	54.2	82.5	84.2	123.8	6.2	4.7	408.6	61.3	51.4	13.4	25.7	26.9
Puerto Rico*	60.9	80.1	81.9	83.0	5.6	4.2	277.0	102.9	87.9	16.8	24.6	25.8
Saint Lucia	48.8	76.2	77.7	193.1	15.6	12.4	351.2	135.5	119.6	12.9	22.3	23.0
Saint Vincent and the Grenadines	51.7	72.5	73.9	189.8	15.4	12.0	309.0	168.0	152.1	15.5	19.4	20.1
Trinidad and Tobago	56.8	73.5	74.8	91.5	25.1	19.9	325.7	147.3	134.3	13.5	20.5	21.1
United States Virgin Islands*	61.5	80.6	82.4	87.4	9.1	7.5	248.4	54.3	43.3	16.0	23.3	24.7
Central America	**47.3**	**75.1**	**76.9**	**217.3**	**16.9**	**12.6**	**381.8**	**141.2**	**123.2**	**14.6**	**21.6**	**22.7**
Belize	54.8	74.6	76.2	143.3	14.3	11.3	308.4	165.5	146.7	15.1	22.0	22.7
Costa Rica	55.0	80.3	82.3	161.8	8.7	6.4	281.7	84.8	69.7	15.2	24.4	25.7
El Salvador	43.2	73.3	75.6	224.4	15.9	11.0	471.6	180.1	154.5	12.5	21.7	22.7
Guatemala	41.9	74.3	76.6	255.3	24.7	17.2	447.7	154.1	133.1	13.9	22.4	23.4
Honduras	40.8	75.3	77.2	286.1	20.4	15.3	448.0	140.3	122.8	13.3	22.7	23.5
Mexico	48.6	75.1	76.8	209.4	15.2	11.5	364.1	139.5	122.0	15.1	21.3	22.3
Nicaragua	41.1	74.5	76.7	265.8	19.2	13.3	471.2	149.4	128.5	13.0	21.7	22.8
Panama	55.7	78.5	80.4	133.8	17.9	13.7	309.8	112.6	96.3	15.6	24.8	25.7
South America	**51.2**	**75.9**	**78.0**	**186.7**	**16.7**	**12.3**	**336.3**	**130.8**	**112.2**	**14.8**	**22.2**	**23.3**
Argentina	61.4	76.7	78.3	88.1	11.4	8.7	260.2	112.3	97.9	15.9	21.5	22.5
Bolivia (Plurinational State of)	39.1	71.5	74.0	310.9	46.5	33.2	420.8	178.7	156.8	12.7	22.5	23.0
Brazil	50.1	75.9	78.0	196.6	14.4	10.4	360.1	139.5	118.5	14.7	22.3	23.5
Chile	53.9	80.2	82.2	161.8	7.5	5.4	318.7	82.9	68.9	15.6	23.9	25.3
Colombia	50.0	77.3	79.1	178.6	14.2	10.6	350.8	113.9	97.9	14.2	23.1	24.1
Ecuador	47.4	77.0	79.2	212.0	15.6	11.3	366.9	124.3	104.7	14.3	23.4	24.5
French Guiana*	52.3	80.0	82.0	156.9	9.8	7.8	354.2	59.0	46.0	14.6	22.8	24.3
Guyana	58.4	69.9	71.1	99.9	31.4	26.9	296.5	226.2	210.1	16.0	21.0	21.2
Paraguay	62.7	74.3	75.4	102.5	20.9	17.2	198.8	142.3	130.8	16.9	21.3	21.8
Peru	43.5	76.7	79.0	272.8	15.4	10.7	370.3	115.0	95.7	13.7	22.5	23.7
Suriname	54.7	71.7	73.1	120.5	18.8	14.7	339.1	170.1	153.5	14.8	18.8	19.4
Uruguay	65.8	77.9	79.5	65.3	10.0	7.7	207.9	107.1	92.5	16.9	22.6	23.6
Venezuela (Bolivarian Republic of)	54.3	72.1	74.1	149.5	31.5	22.4	346.6	152.1	135.5	15.1	20.0	20.8
NORTHERN AMERICA	**68.2**	**79.2**	**80.8**	**38.1**	**6.8**	**5.5**	**203.8**	**106.4**	**94.8**	**17.4**	**23.8**	**24.9**
Canada	68.5	82.4	84.1	47.5	5.0	4.0	175.5	60.6	49.2	17.7	25.2	26.3

Region, development group, country or area	Life expectancy at birth (years)			Under-five mortality (deaths under age 5 per 1,000 live births)			Probability of dying between ages 15 and 60 (per 1,000 live births)			Life expectancy at age 60 (years)		
	1950	2019	2030	1950	2019	2030	1950	2019	2030	1950	2019	2030
United States of America*	68.2	78.9	80.4	37.1	6.9	5.7	205.9	111.4	99.5	17.3	23.6	24.7
OCEANIA	**57.7**	**78.7**	**80.2**	**100.6**	**21.7**	**17.2**	**278.7**	**92.1**	**84.5**	**14.7**	**24.3**	**25.1**
Australia and New Zealand	**68.9**	**83.2**	**84.7**	**32.1**	**3.7**	**2.9**	**181.6**	**55.5**	**46.4**	**16.9**	**25.7**	**26.8**
Australia*	68.8	83.4	84.9	31.5	3.5	2.7	183.4	54.2	45.5	16.8	25.9	27.0
New Zealand*	69.3	82.3	83.9	34.6	4.5	3.6	174.5	60.6	49.6	17.5	25.0	26.2
Melanesia	34.8	65.7	67.7	244.1	45.4	34.4	605.5	207.9	186.0	6.2	15.5	16.0
Fiji	53.3	67.4	69.0	136.7	24.0	18.3	325.8	217.0	194.6	13.0	16.0	16.5
New Caledonia*	49.1	77.6	79.5	185.1	12.9	10.2	385.3	76.6	61.8	14.2	21.2	22.5
Papua New Guinea	32.5	64.5	66.6	262.2	50.8	38.2	637.8	218.8	195.5	5.4	14.9	15.2
Solomon Islands	40.3	73.0	74.3	273.5	19.4	15.5	442.3	142.9	129.7	12.0	19.2	19.9
Vanuatu	43.9	70.5	72.0	186.7	25.5	18.7	487.3	126.6	113.8	11.9	16.1	16.8
Micronesia	50.7	73.4	75.3	162.5	30.4	23.1	349.4	120.9	107.2	12.5	20.0	21.0
Guam*	56.1	80.1	82.1	123.4	9.7	7.7	315.2	59.3	45.9	15.3	23.0	24.5
Kiribati	42.7	68.4	70.7	237.2	52.1	37.5	420.2	192.1	169.9	11.0	18.9	19.3
Micronesia (Fed. States of)	50.5	67.9	69.1	156.0	30.7	24.8	337.8	161.4	148.6	10.7	14.8	15.2
Polynesia*	51.6	75.0	76.7	134.7	13.8	10.8	399.4	107.9	94.9	12.8	19.6	20.8
French Polynesia*	45.6	77.7	79.5	161.2	6.9	5.0	524.5	89.1	74.9	12.2	21.1	22.4

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Notes

The designations employed in this publication and the material presented in it do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term "country" as used in this publication also refers, as appropriate, to territories or areas.

In this table, data for countries or areas have been aggregated in six continental regions: Africa, Asia, Europe, Latin America and the Caribbean, Northern America, and Oceania. Further information on continental regions is available from https://unstats.un.org/unsd/methodology/m49/. Countries or areas are also grouped into geographic regions based on the classification being used to track progress towards the Sustainable Development Goals of the United Nations (see: https://unstats.un.org/sdgs/indicators/regional-groups/).

The designation of "more developed" and "less developed" regions is intended for statistical purposes and does not express a judgment about the stage reached by a particular country or area in the development process. More developed regions comprise all regions of Europe plus Northern America, Australia and New Zealand and Japan. Less developed regions comprise all regions of Africa, Asia (excluding Japan), and Latin America and the Caribbean as well as Oceania (excluding Australia and New Zealand).

The group of least developed countries includes 47 countries located in sub-Saharan Africa (32), Northern Africa and Western Asia (2), Central and Southern Asia (4), Eastern and South-Eastern Asia (4), Latin America and the Caribbean (1), and Oceania (4). Further information is available at http://unohrlls.org/about-ldcs/.

The group of Landlocked Developing Countries (LLDCs) includes 32 countries or territories located in sub-Saharan Africa (16), Northern Africa and Western Asia (2), Central and Southern Asia (8), Eastern and South-Eastern Asia (2), Latin America and the Caribbean (2), and Europe and Northern America (2). Further information is available at http://unohrlls.org/about-lldcs/.

The group of Small Island Developing States (SIDS) includes 58 countries or territories located in the Caribbean (29), the Pacific (20), and the Atlantic, Indian Ocean, Mediterranean and South China Sea (AIMS) (9). Further information is available at http://unohrlls.org/about-sids/.

The classification of countries or areas by income level is based on the gross national income (GNI) per capita as reported by the World Bank (June 2018). These income groups are not available for all countries or areas.

Countries or areas listed individually are only those with 90,000 inhabitants or more in 2019; the rest are included in the aggregates but are not listed separately.

* For country notes, please refer to: https://population.un.org/wpp/Download/Metadata/Documentation
The figures presented are from the medium variant of the *World Population Prospects 2019*, the official United Nations population estimates and projections prepared by the United Nations Population Division. Data are also available in digital form and can be consulted at the Population Division's web site at www.unpopulation.org.

A full stop (.) is used to indicate decimals.

Years given refer to 1 July.

Numbers and percentages in this table do not necessarily add to totals because of rounding.

Annex table 2: Country codes

The list of countries or areas contains the names of countries or areas in alphabetical order, their three-digit numerical codes used for statistical processing purposes by the Statistics Division of the United Nations Secretariat, and their three-digit alphabetical codes assigned by the International Organization for Standardization (ISO).

Location code	ISO3 Alpha-code	Country or Area	Location code	ISO3 Alpha-code	Country or Area
4	AFG	Afghanistan	446	MAC	China, Macao SAR
8	ALB	Albania	158	TWN	China, Taiwan Province of China
12	DZA	Algeria	170	COL	Colombia
24	AGO	Angola	174	COM	Comoros
28	ATG	Antigua and Barbuda	178	COG	Congo
32	ARG	Argentina	188	CRI	Costa Rica
51	ARM	Armenia	384	CIV	Côte d'Ivoire
533	ABW	Aruba	191	HRV	Croatia
36	AUS	Australia	192	CUB	Cuba
40	AUT	Austria	531	CUW	Curaçao
31	AZE	Azerbaijan	196	CYP	Cyprus
44	BHS	Bahamas	203	CZE	Czechia
48	BHR	Bahrain	408	PRK	Dem. People's Republic of Korea
50	BGD	Bangladesh	180	COD	Democratic Republic of the Congo
52	BRB	Barbados	208	DNK	Denmark
112	BLR	Belarus	262	DJI	Djibouti
56	BEL	Belgium	214	DOM	Dominican Republic
84	BLZ	Belize	218	ECU	Ecuador
204	BEN	Benin	818	EGY	Egypt
64	BTN	Bhutan	222	SLV	El Salvador
68	BOL	Bolivia (Plurinational State of)	226	GNQ	Equatorial Guinea
70	BIH	Bosnia and Herzegovina	232	ERI	Eritrea
72	BWA	Botswana	233	EST	Estonia
76	BRA	Brazil	748	SWZ	Eswatini
96	BRN	Brunei Darussalam	231	ETH	Ethiopia
100	BGR	Bulgaria	242	FJI	Fiji
854	BFA	Burkina Faso	246	FIN	Finland
108	BDI	Burundi	250	FRA	France
132	CPV	Cabo Verde	254	GUF	French Guiana
116	KHM	Cambodia	258	PYF	French Polynesia
120	CMR	Cameroon	266	GAB	Gabon
124	CAN	Canada	270	GMB	Gambia
140	CAF	Central African Republic	268	GEO	Georgia
148	TCD	Chad	276	DEU	Germany
830	CHI	Channel Islands	288	GHA	Ghana

Location code	ISO3 Alpha-code	Country or Area	Location code	ISO3 Alpha-code	Country or Area
152	CHL	Chile	300	GRC	Greece
156	CHN	China	308	GRD	Grenada
344	HKG	China, Hong Kong SAR	312	GLP	Guadeloupe
316	GUM	Guam	480	MUS	Mauritius
320	GTM	Guatemala	175	MYT	Mayotte
324	GIN	Guinea	484	MEX	Mexico
624	GNB	Guinea-Bissau	583	FSM	Micronesia (Fed. States of)
328	GUY	Guyana	496	MNG	Mongolia
332	HTI	Haiti	499	MNE	Montenegro
340	HND	Honduras	504	MAR	Morocco
348	HUN	Hungary	508	MOZ	Mozambique
352	ISL	Iceland	104	MMR	Myanmar
356	IND	India	516	NAM	Namibia
360	IDN	Indonesia	524	NPL	Nepal
364	IRN	Iran (Islamic Republic of)	528	NLD	Netherlands
368	IRQ	Iraq	540	NCL	New Caledonia
372	IRL	Ireland	554	NZL	New Zealand
376	ISR	Israel	558	NIC	Nicaragua
380	ITA	Italy	562	NER	Niger
388	JAM	Jamaica	566	NGA	Nigeria
392	JPN	Japan	807	MKD	North Macedonia
400	JOR	Jordan	578	NOR	Norway
398	KAZ	Kazakhstan	512	OMN	Oman
404	KEN	Kenya	586	PAK	Pakistan
296	KIR	Kiribati	591	PAN	Panama
414	KWT	Kuwait	598	PNG	Papua New Guinea
417	KGZ	Kyrgyzstan	600	PRY	Paraguay
418	LAO	Lao People's Democratic Republic	604	PER	Peru
428	LVA	Latvia	608	PHL	Philippines
422	LBN	Lebanon	616	POL	Poland
426	LSO	Lesotho	620	PRT	Portugal
430	LBR	Liberia	630	PRI	Puerto Rico
434	LBY	Libya	634	QAT	Qatar
440	LTU	Lithuania	410	KOR	Republic of Korea
442	LUX	Luxembourg	498	MDA	Republic of Moldova
450	MDG	Madagascar	638	REU	Réunion
454	MWI	Malawi	642	ROU	Romania
458	MYS	Malaysia	643	RUS	Russian Federation
462	MDV	Maldives	646	RWA	Rwanda
466	MLI	Mali	662	LCA	Saint Lucia
470	MLT	Malta	670	VCT	Saint Vincent and the Grenadines
474	MTQ	Martinique	882	WSM	Samoa
478	MRT	Mauritania	678	STP	Sao Tome and Principe
682	SAU	Saudi Arabia	768	TGO	Togo
686	SEN	Senegal	776	TON	Tonga

Location code	ISO3 Alpha-code	Country or Area	Location code	ISO3 Alpha-code	Country or Area
688	SRB	Serbia	780	TTO	Trinidad and Tobago
690	SYC	Seychelles	788	TUN	Tunisia
694	SLE	Sierra Leone	792	TUR	Turkey
702	SGP	Singapore	795	TKM	Turkmenistan
703	SVK	Slovakia	800	UGA	Uganda
705	SVN	Slovenia	804	UKR	Ukraine
90	SLB	Solomon Islands	784	ARE	United Arab Emirates
706	SOM	Somalia	826	GBR	United Kingdom
710	ZAF	South Africa	834	TZA	United Republic of Tanzania
728	SSD	South Sudan	840	USA	United States of America
724	ESP	Spain	850	VIR	United States Virgin Islands
144	LKA	Sri Lanka	858	URY	Uruguay
275	PSE	State of Palestine	860	UZB	Uzbekistan
729	SDN	Sudan	548	VUT	Vanuatu
740	SUR	Suriname	862	VEN	Venezuela (Bolivarian Republic of)
752	SWE	Sweden	704	VNM	Viet Nam
756	CHE	Switzerland	732	ESH	Western Sahara
760	SYR	Syrian Arab Republic	887	YEM	Yemen
762	TJK	Tajikistan	894	ZMB	Zambia
764	THA	Thailand	716	ZWE	Zimbabwe
626	TLS	Timor-Leste			

Source: Standard country or area codes for statistical use (M49), available from: https://unstats.un.org/unsd/methodology/m49.

This publication presents the highlights of the *World Mortality 2019: Report*. It summarizes the patterns, levels and trends in mortality drawn from the latest demographic estimates and projections for the world and regions, and for the 201 countries and areas with 90,000 inhabitants or more in 2019, as published in the *World Population Prospects 2019*. It assesses the extent of improvements in survival over the 25 years that have passed since the International Conference on Population and Development (ICPD) and monitors progress towards the achievement of the related goals and targets of the Programme of Action and its contribution to the 2030 Agenda for Sustainable Development.