

World Mortality 2015

Socioeconomic development raises living standards and reduces mortality. The last 65 years witnessed tremendous progress in improving health and survival around the world. Life expectancy at birth for the world population rose from 47 years in 1950-1955 to 70 years in 2010-2015. However, wide disparities remain in the levels of mortality across countries and regions. Those differences reflect inequalities in access to food, safe drinking water, improved sanitation, medical care and other basic human needs. They also reflect differences in risk factors, behavioural choices and societal contexts that affect the survival of individuals. The reduction of mortality, particularly child mortality and premature mortality, are part of the internationally agreed development goals, such as those contained in the 2030 Agenda for Sustainable Development. To fulfill the task of documenting trends and prospects in regard to mortality, the Population Division presents in this wall chart key indicators of mortality at the global, regional and country levels for the period 2010-2015, and for other selected years. The main findings regarding each indicator are described below.

Annual deaths. Worldwide, the average annual number of deaths during 2010-2015 was estimated to be 55.9 million, with 12.5 million occurring in the more developed regions and 43.4 million in the less developed regions.

Crude death rate. The crude death rate (CDR) is the average annual number of deaths divided by the overall population and expressed per 1,000 population. Worldwide, the crude death rate in 2010-2015 is estimated to be 7.8 deaths per 1,000 people.

Ukraine had the highest crude death rate in the world, at 15.3 deaths per 1,000, while Qatar had the lowest, at 1.5 deaths per 1,000. The more developed regions are estimated to have a crude death rate of 10 deaths per 1,000, compared to 7.4 deaths per 1,000 population in the less developed regions. The crude death rate was higher in the more developed regions because their population had a higher proportion of older persons than the less developed regions. For that reason, the crude death rate is not a commonly used indicator to compare mortality across populations with different age structures.

Life expectancy at birth. The life expectancy at birth is the average length of life in a population that subjects to the mortality risks prevalent during a given period. Because it is independent from the age structure of population, life expectancy is a commonly used indicator of mortality. In 2010-2015, the global life expectancy at birth is estimated to be 70 years. As expected, life expectancy was higher in the more developed regions (78 years) and much lower in the group of least developed countries (62 years), which were the most disadvantaged in terms of survival prospects. The average life expectancy in the rest of the countries in the less developed regions was 69 years. At the country level, life expectancy at birth is estimated to range from a low of 49 years in Swaziland to a high of 84 years in the Hong Kong Special Administrative Region (SAR) of China. In nearly all countries, women had a higher life expectancy at birth than men, and at the global level, female life expectancy exceeded that of males by 5 years (73 years as compared to 68 years).

Infant and under-five mortality. The 2030 Agenda for Sustainable Development identified the reduction of child mortality as a critical challenge. Every year millions of young children die from preventable causes. In 2010-2015, mortality in childhood was the highest in the least developed countries, where infant mortality and under-five mortality are estimated to be 57 and 86 deaths per 1,000 live births, respectively. Sub-Saharan Africa had particularly high levels of infant and child mortality, with 64 infant deaths per 1,000 live births and 99 deaths under five per 1,000 live births in 2010-2015. Both indicators have declined more slowly in sub-Saharan Africa than in other regions. Differences in the survival prospects of young children reflect major disparities among countries in terms of health and development. In 2010-2015, under-five mortality is estimated to be highest in Angola and Chad, where more than 155 out of every 1,000 children born alive are estimated to die before age five. In sharp contrast, the populations of Luxembourg, Singapore, Hong Kong SAR of China, Iceland, Italy and Finland had very low under-five mortality, with fewer than 3 out of every 1,000 children born alive died before their fifth birthdays.

Probability of dying. Another useful indicator of mortality across different parts of the age range is the probability of dying between specific ages, expressed per 1,000 individuals alive at the initial age. The probability of dying between birth and age 70 reflects the risk of premature death. In Northern America premature mortality was low: 102 out of every 1,000 births are expected to die before age 70 in 2010-2015. In contrast, premature mortality in Southern Africa was 628 per 1,000 births, six times higher than that of Northern America.

The probability of dying between ages 15 and 60 is a traditional summary measure of mortality in adulthood and reflects mortality risks experienced in the working and reproductive ages. This probability was particularly high in countries highly

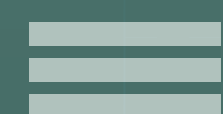
affected by HIV/AIDS, such as Lesotho where 584 out of every 1,000 persons who reach age 15 are expected to die before age 60. The probability of dying during the working ages was also high in countries where death rates due to external causes are high, such as in the Russian Federation, where 235 out of every 1,000 persons who reach age 15 are expected to die before age 60 in 2010-2015. In the more developed regions, the probability of dying between ages 15 and 60 was 112 per 1,000 in 2010-2015, while in the less developed regions it was 161 per 1,000.

Percentage of deaths by age. The distribution of deaths by age reflects a population's stage in the demographic transition. In pre-transition societies mortality rates are high at all ages, fertility rates are high and the population is young, resulting in a concentration of deaths among children and young adults. As the transition to lower fertility and mortality rates occurs, the population ages and the distribution of deaths shifts towards advanced ages. In 2010-2015, less than one per cent of deaths is estimated to occur among children under 5 years of age in the more developed regions, but in countries such as Niger and Angola where malaria, pneumonia and diarrhoeal diseases continued to pose great mortality risks to children, deaths at ages under 5 years accounted for more than half of all deaths. In Italy, Sweden, Japan, Greece, Spain and Switzerland, more than 85 per cent of all deaths took place among people over age 65. In contrast, in Niger and Angola, deaths over age 65 accounted for only 18 and 12 per cent, respectively.

AIDS-related deaths. Advances in the prevention and treatment of HIV/AIDS have resulted in a decline in the annual numbers of deaths due to AIDS, from the peak of 2.3 million in 2005 to 1.2 million in 2014. About 67 per cent of AIDS deaths in 2014 occurred in sub-Saharan Africa where the disease is the leading cause of death and the provision of antiretroviral treatment to all those who need it remains a formidable challenge.

Maternal mortality. The 2030 Agenda for Sustainable Development urged the international community to strive for a dramatic reduction in maternal mortality. The World Health Organization defines a maternal death as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes" (WHO et al., 2012; see the source of column 15 for a full reference). The usual indicator of maternal mortality is the maternal mortality ratio (MMR) defined as the number of maternal deaths per 100,000 live births. At the global level, the MMR in 2015 is estimated as 216 maternal deaths per 100,000 live births. Women in the least developed countries face the greatest risks of maternal death. In Sierra Leone and Central African Republic, the MMR is estimated as 1,360 and 882 maternal deaths per 100,000 live births, respectively.

A note on the data: The quality of the data available for estimating mortality varies widely from country to country. Data for countries with reliable vital registration systems are the most complete. For other countries, estimates of overall mortality are usually based on data gathered via special questions included in sample surveys or population censuses. Such sources can produce robust estimates of child mortality but often are less successful in producing adequate estimates of adult mortality. Therefore, estimates for those countries are frequently based on model mortality schedules that permit the extrapolation of the estimated mortality in childhood to the full age range. Data on mortality due to HIV/AIDS and maternal causes are less commonly available than data on overall mortality. Readers are encouraged to consult the references provided for columns (14) and (15), which discuss the issue of data quality and the uncertainty associated with the estimates of the number of deaths caused by AIDS and the maternal mortality ratios.



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