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# World Mortality 2019

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*The promotion of health and survival has been a central focus of the internationally agreed development goals, including those contained in the Programme of Action of the International Conference on Population and Development (ICPD), the United Nations Millennium Declaration, and the 2030 Agenda for Sustainable Development.*

*The following key messages are based on the report **World Mortality 2019** prepared by the Population Division of the United Nations Department of Economic and Social Affairs (UN DESA).*

## Ten 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%).

## **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.



Prepared by the Population Division of the United Nations Department of Economic and Social Affairs. These key messages are based on the report *World Mortality 2019*, which provides a global overview of trends in mortality and reviews the status of implementation of internationally agreed goals and targets on health and survival. More work of the Population Division is available at [www.unpopulation.org](http://www.unpopulation.org).