

Mortality from all causes

The burden from non-communicable diseases amongst adults – the most economically productive age group – is rapidly increasing in Asia-Pacific. Increasing development in countries and territories is bringing an “epidemiological transition”, whereby early deaths are replaced by late deaths, and communicable diseases by non-communicable diseases (Omran AR, 2005^[11]). The level of adult mortality, all-cause mortality for the population and cause of death are important for identifying the country’s public health priorities and assessing the effectiveness of a country’s health system.

There are wide disparities in mortality in the region. For males in 2019, age-standardised all-cause mortality ranged from less than 400 per 100 000 population in Japan, Australia, and Singapore, to 1 400 or more per 100 000 in Mongolia and the Solomon Islands (Figure 3.11). Amongst females, age-standardised all-cause mortality ranged from less than 250 per 100 000 population in Japan, Korea and Singapore, to over 900 per 100 000 population in the Solomon Islands, Papua New Guinea and Pakistan. All-cause mortality was higher amongst men than women across countries and territories in 2019, while in Viet Nam, Korea, Mongolia and Japan, rates for men were almost twice as high as those for females. Across lower-middle- and low-income Asia-Pacific countries and territories, all-cause mortality, on average, was 1 058 per 100 000 population for adult men and 749 per 100 000 population for adult women. Figures still much higher than the average mortality in OECD member countries (511 per 100 000 population for men and 317 per 100 000 population for women), and higher than the average mortality in upper-middle-income Asia-Pacific countries and territories (846 per 100 000 population for men and 565 per 100 000 population for women).

Age-standardised all-cause mortality for the entire population ranged from less than 320 per 100 000 population in Japan, Korea and Singapore, to over 1 000 in Solomon Islands, Papua New Guinea, Mongolia, Fiji and Pakistan (Figure 3.12). The average rate in lower-middle- and low-income Asia-Pacific countries and territories was 877 per 100 000 population, more than twice that of the OECD. Nonetheless, mortality for the entire population has declined in all reporting Asia-Pacific countries and territories (except for the Philippines) between 2000 and 2019, and the gap with OECD countries has narrowed.

The share of deaths due to non-communicable diseases is increasing in Asia-Pacific. Non-communicable diseases such as cardiovascular diseases and cancers were the most common causes of death, being responsible for over 82% and 81% of all deaths, on average, across high- and upper-middle-income Asia-Pacific countries and territories, respectively (Figure 3.13; see also indicator “Mortality from cardiovascular diseases” and indicator “Mortality from cancer” in Chapter 3). In OECD countries, the average was at 87% and the share was also increasing. However, communicable diseases such as respiratory infections, diarrhoeal diseases, and tuberculosis, along with maternal and perinatal conditions, also remained major causes of death amongst lower-middle- and low-income countries and territories in Asia-Pacific accounting for 17% of all deaths.

Definition and comparability

Mortality rates are calculated by dividing annual numbers of deaths by mid-year population estimates. Rates have been age-standardised to the World Standard Population to remove variations arising from differences in age structures across countries and territories.

Complete vital registration systems do not exist in many developing countries and territories, and about one-third of countries and territories in the region do not have recent data. Misclassification of causes of death is also an issue. A general assessment of the coverage, completeness, and reliability of causes of death data has been published by WHO (Mathers et al., 2005^[21]).

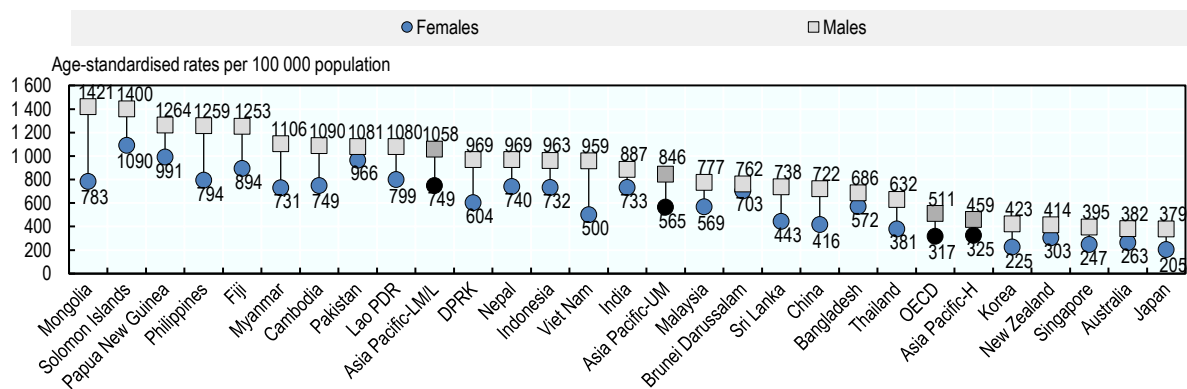
The WHO Global Health Estimates (GHE) project draws on a wide range of data sources to quantify global and regional effects of diseases, injuries, and risk factors on population health. WHO has also developed life tables for all member states, based on a systematic review of all available evidence on mortality levels and trends. The probability of dying between 15 and 60 years of age (adult mortality rate) derive from these life tables.

OECD averages are calculated as simple averages using WHO data for all 38 member countries, to improve comparability with Asia-Pacific countries and territories by using the same standardisation process.

References

- Mathers, C. et al. (2005), "Counting the dead and what they died from: an assessment of the global status of cause of death data", *Bulletin of the World Health Organization*, No. 83(3), World Health Organization, <https://apps.who.int/iris/handle/10665/269355>. [2]
- Omran AR (2005), "The Epidemiologic Transition: A Theory of the Epidemiology of Population Change", *The Milbank Quarterly*, Vol. 83/4, pp. 731-757. [1]

Figure 3.11. All-cause mortality for all population by sex, age-standardised, per 100 000 population, 2019

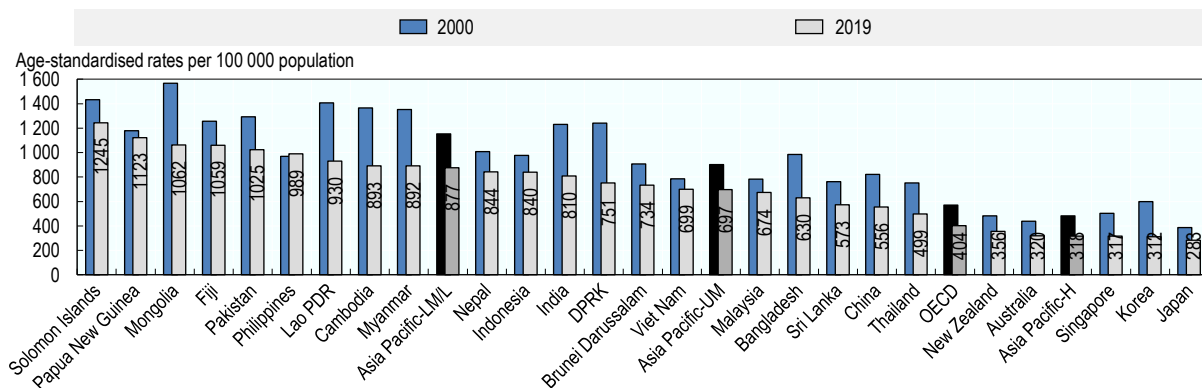


Note: OECD is a simple average calculated with data from WHO 2019 GHE.

Source: WHO 2019 Global Health Estimates.

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Figure 3.12. All-cause mortality rates for all populations, age-standardised, 2000 and 2019

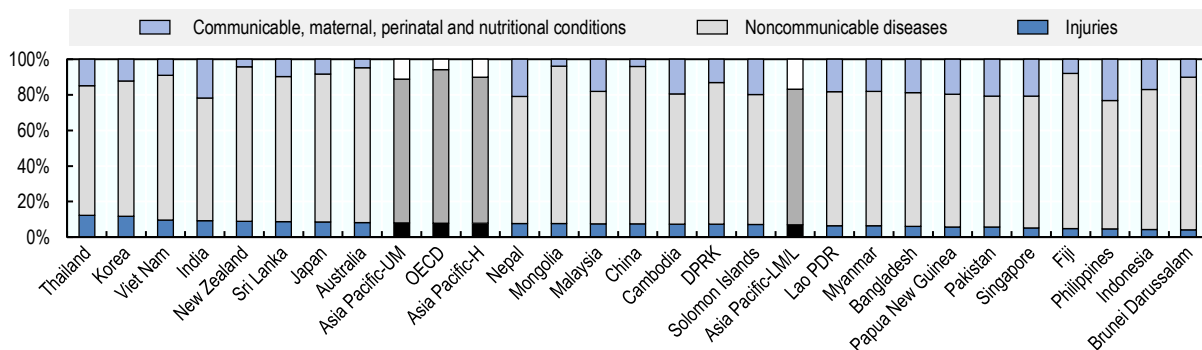


Note: OECD is a simple average calculated with data from WHO 2019 GHE.

Source: WHO 2019 Global Health Estimates.

StatLink <https://stat.link/umn02p>

Figure 3.13. Proportions of age-standardised all-cause mortality rate by causes of deaths, 2019



Note: OECD is a simple average calculated with data from WHO 2019 GHE.

Source: WHO 2019 Global Health Estimates.

StatLink <https://stat.link/kpovhy>



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