

Mortality from injuries

Injuries are a leading cause of death and disability for all age groups and took 2.1 million lives in 2019 in WPRO and SEARO, accounting for 7.8% of all deaths in these regions (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>). Injuries can result from traffic collisions, drowning, poisoning, falls or burns, and violence from assault, self-inflicted or acts of war. The magnitude of the problem varies considerably across countries and territories by cause, age, sex, and income group. However, injury deaths, both intentional and unintentional, are largely preventable events.

Age-standardised mortality from injuries was highest in Solomon Islands, Myanmar, and Fiji with greater than 70 deaths per 100 000 populations, while the rate was lowest in Singapore and Indonesia with less than 25 deaths per 100 000 population in 2019 (Figure 3.18). Upper-middle-income Asia-Pacific countries and territories had almost twice the injury mortality rate than OECD countries (60 versus 32 deaths per 100 000 population).

Injury deaths have declined in all Asia-Pacific countries and territories between 2000 and 2019. A large decrease in injury deaths observed in Sri Lanka was due to the end of armed conflict in 2009.

Deaths due to road traffic crashes represent 35.1% and 30.1% of all injuries-related deaths in upper-middle-, lower-middle- and low-income Asia-Pacific countries and territories respectively in 2019. However, this figure should be considered in the context of a corresponding global increase in the number of registered vehicles, suggesting that interventions to improve global road safety have mitigated the expected rise in the number of deaths (WHO, 2015a). With the support of Bloomberg Philanthropies, the WHO, the Global Road Safety Partnership and Johns Hopkins University have been implementing the Bloomberg Philanthropies Global Road Safety Programme (BP-GRSP) in ten countries and territories with high burden of fatal road traffic injuries, including China, Cambodia, India and Viet Nam. Commencing in 2010, this five-year programme focuses on saving lives and preventing injuries by scaling up enhanced enforcement of major risk factors like motorcycle helmet wearing, speed, alcohol or seatbelts, pertinent to each country (Peden, 2010^[1]). On 11 May 2011, the first ever Decade of Action for Road Safety 2011-20 was launched with great enthusiasm and optimism across the world. Mandated by the United Nations General Assembly, the Decade is a historic opportunity for countries and territories to stop and reverse the trend which – without action – would lead to the loss of around 1.9 million lives on the roads each year by 2020 (http://www.who.int/roadsafety/decade_of_action/en/). This policy message was strengthened by SDG 3.6, which targets halving the number of global deaths and injuries from road traffic accidents by 2030.

The main causes of injury deaths are different across countries and territories in the region (Figure 3.19). In Thailand, Mongolia, Viet Nam, and Bangladesh, 44% or more of all injury deaths were due to road traffic crashes, with Japan having one of the highest mortality rates for road traffic injuries amongst high-income countries and territories at 40.6% of all injury deaths. In Singapore, Lao PDR and Indonesia, self-inflicted injuries were the leading cause of injury mortality, accounting for over 50% of all injury deaths. Over 90% of people who had attempted or committed suicide were diagnosed with psychiatric disorders such as severe depression, bipolar disorder and schizophrenia (Turecki and Brent, 2016^[2]), but mental disorders are still under-treated or ineffectively treated (Hewlett and Moran, 2014^[3]). Interpersonal violence is the main cause of injury deaths for men in the Philippines.

Definition and comparability

See indicator “Mortality from all causes” in Chapter 3 for definition, source, and methodology underlying mortality rates.

Injury deaths where the intent is not determined are distributed proportionately to all causes below the group level for injuries.

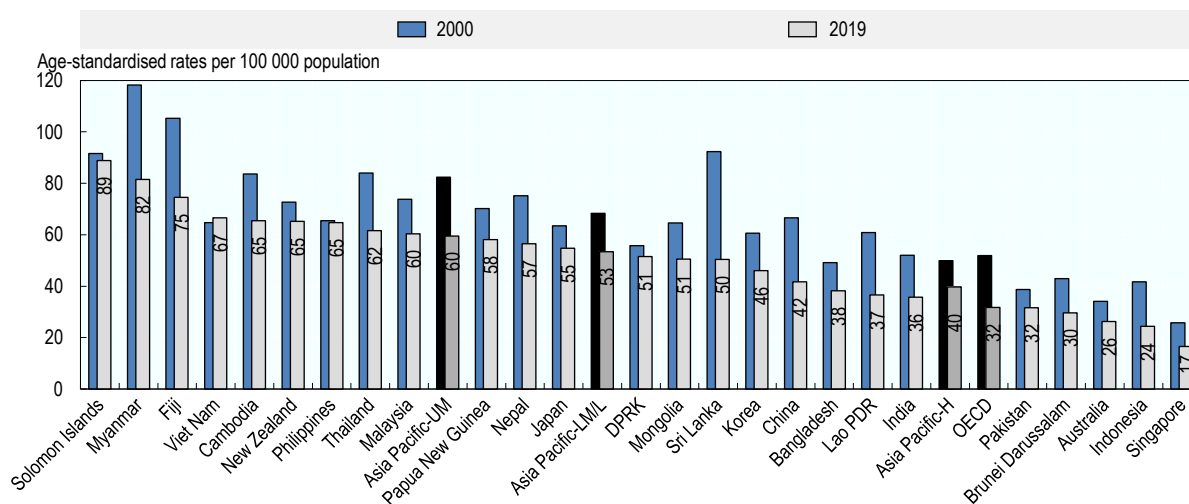
Estimates for road injury deaths drew on death registration data, reported road traffic deaths from official road traffic surveillance systems and revised regression model for countries and territories without usable death registration data (WHO, 2018^[4]).

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

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- Peden, M. (2010), "Road safety in 10 countries", *Injury Prevention*, Vol. 16/6, p. 433, <https://doi.org/10.1136/ip.2010.030155>. [1]
- Turecki, G. and D. Brent (2016), "Suicide and suicidal behaviour", *The Lancet*, Vol. 387/10024, pp. 1227-1239, [https://doi.org/10.1016/s0140-6736\(15\)00234-2](https://doi.org/10.1016/s0140-6736(15)00234-2). [2]
- WHO (2018), *Global status report on road safety 2018*, World Health Organization, <https://apps.who.int/iris/handle/10665/277370>. [4]

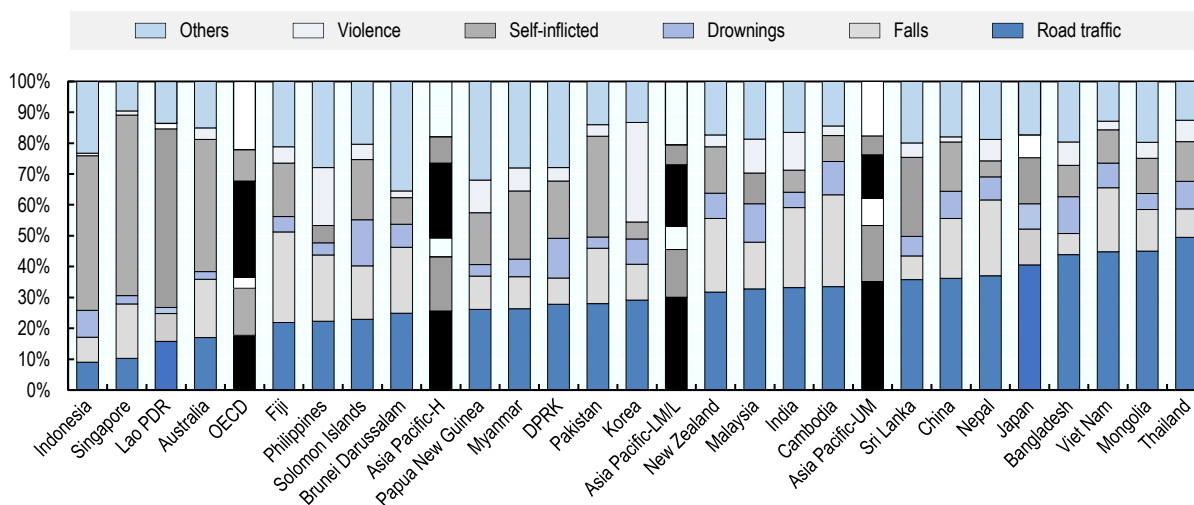
Figure 3.18. Injuries, estimated mortality rates, 2000 and 2019



Note: OECD is a simple average calculated with data from WHO 2019 GHE.
Source: WHO 2019 Global Health Estimates.

StatLink <https://stat.link/lv4s93>

Figure 3.19. Proportions of injury 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/42bkf3>



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