Cumulative development in countries is bringing an "epidemiological transition", whereby early deaths are replaced by late deaths, and communicable diseases are substituted by non-communicable diseases (Omran, 2005[7]). This is also the case in LAC, where the burden from non-communicable diseases among adults – the most economically productive age group – is rapidly increasing.

There are wide disparities in adult mortality in the LAC region. For men in 2016, the probability of dying between ages 15 and 60 ranged from a low of 114 per 100 000 population in Chile to 311 per 100 000 in Guyana (Figure 3.8). It also exceeded 260 per 100 000 population in Haiti and El Salvador. Among women, the probability ranged from 60 per 100 000 population in Chile to 211 in Haiti. Mortality was higher among men than women across all countries, and the ratio was higher in countries with overall lower mortality rates. Mortality rates for men were two times the rates for women or higher in most countries. Across LAC31, the average probability of dying was 184 per 100 000 population for adult men and 108 per 100 000 population for adult women, still much higher than the average adult mortality in OECD countries (104 per 100 000 population for men and 53 per 1 000 population for women).

All-cause mortality for the entire population ranged from less than 700 per 100 000 population in The Bahamas, Chile and Barbados, to over 1 000 in Honduras and Haiti (Figure 3.9). The average all-cause mortality rate in the LAC region was nearly double the average among OECD-countries. Nonetheless, mortality for the entire population declined by an average of 13% in the LAC region between 2000 and 2017. The largest declines were in Guatemala, Honduras, El Salvador, Nicaragua, Chile and Dominican Republic (over 15% decrease). Overall mortality for all populations is highly related with adult mortality across countries in the region; Haiti having the highest adult mortality for both men and women, as well as the highest all-cause mortality.

The share of deaths due to non-communicable diseases is increasing in LAC countries. Non-communicable diseases such as cardiovascular diseases and cancers were the most common causes of death, being responsible for over 82% of all deaths, on average, across 32 LAC countries (Figure 3.10; see also section "Mortality from cardiovascular diseases" and section "Mortality from cancer" in Chapter 3). In OECD countries, the average was higher at 85% 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 among many countries in the LAC region, accounting for 10% of deaths in 2017. The remaining 8% of deaths are attributed to injuries and violence.

The level of all-cause mortality and the causes of death are important for identifying the country's public health priorities and assessing the effectiveness of a country's health system. This can be complemented with multiple data to understand the relationships with other factors and also forecast future health scenarios, which can guide decision making about funding and actions in health systems (Foreman et al., 2018[8]).

Definition and comparability

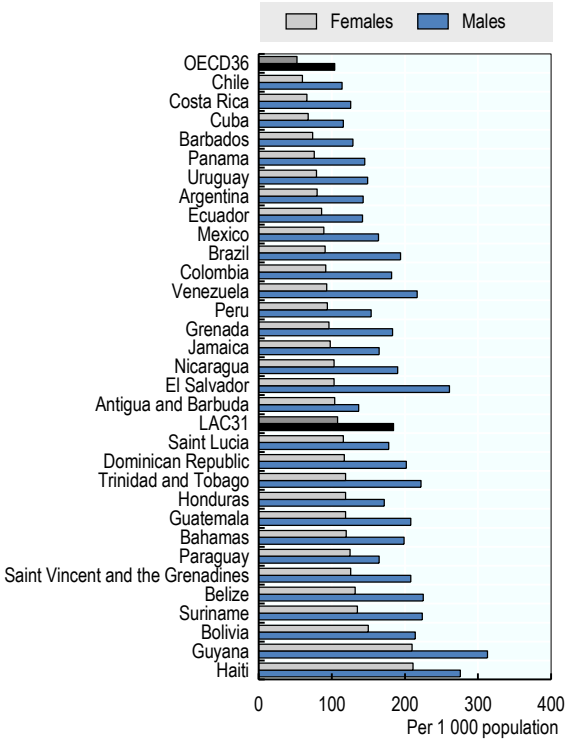
Mortality rates are calculated by dividing annual numbers of deaths by mid-year population estimates. Rates have been age-standardised to the UN World Population Prospects to remove variations arising from differences in age structures across countries. Complete vital registration systems do not exist in many developing countries, and about one-third of countries in the region do not have recent data. Misclassification of causes of death is also an issue. 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.

References

[8] Foreman, K. et al. (2018), "Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016-40 for 195 countries and territories.", *Lancet (London, England)*, Vol. 392/10159, pp. 2052-2090, *http://dx.doi.org/10.1016/S0140-6736(18)31694-5*.

[7] Omran, A. (2005), "The epidemiologic transition: a theory of the epidemiology of population change", *The Milbank quarterly*, Vol. 83/4, pp. 731-57, *http://dx.doi.org/10.1111/j.1468-0009.2005.00398.x*.

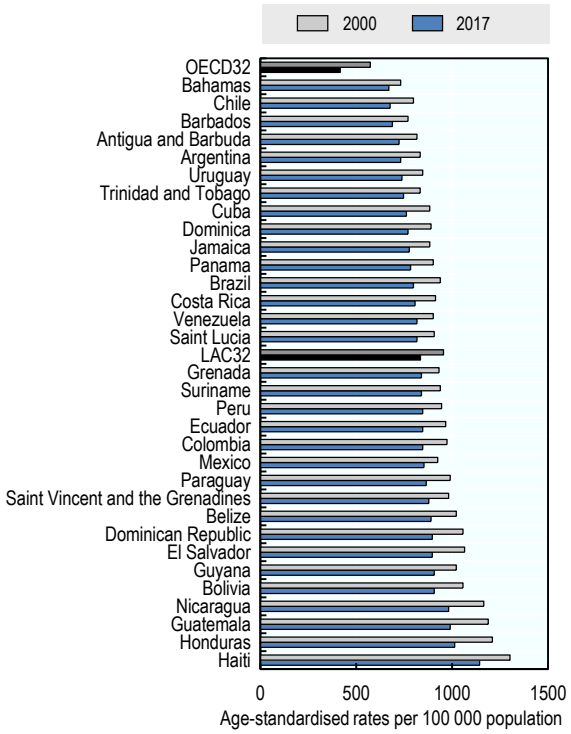
Figure 3.8. **Adult mortality rate (probability of dying between 15 and 60 years per 1 000 population), 2016**



Source: WHO GHO 2018.

StatLink https://stat.link/bkuzwt

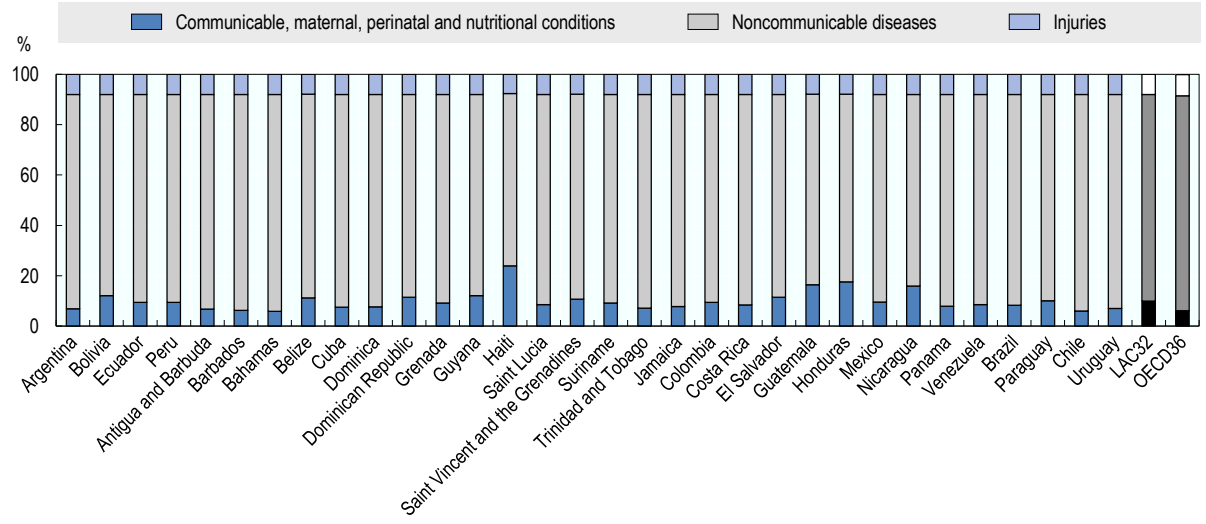
Figure 3.9. **All cause-mortality rates for all populations, 2000 and 2017 (or nearest year)**



Source: Global Burden of Disease (2019), IHME.

StatLink https://stat.link/yeku1g

Figure 3.10. **Proportions of all cause deaths, 2015 (or nearest year)**



Source: Global Burden of Disease (2019), IHME.

StatLink https://stat.link/wto79j