

Mortality from all causes

Cumulative development in countries is leading to an “epidemiological transition”, whereby early deaths are replaced by late deaths, and communicable diseases are substituted by non-communicable diseases (Omran, 2005^[1]). This is also the case in LAC, where the burden from non-communicable diseases amongst adults – the most economically productive age group – is rapidly increasing. In fact, higher levels of education, access to clean water and sanitation, as well as lower levels of overcrowding are linked to lower levels of communicable diseases and higher levels of mortality due to cancer, cardiovascular disease, and other non-communicable diseases (The SALURBAL group, 2021^[2]).

There are wide disparities in adult mortality in the LAC region. For men in 2020, the probability of dying between ages 15 and 60 ranged from a low of 104 per 1 000 population in Chile to 267 per 1 000 in Guyana (Figure 3.13). It also exceeded 250 per 1 000 population in El Salvador and Haiti. Amongst women, the probability ranged from 55 per 1 000 population in Costa Rica to 192 in Haiti. Mortality was higher amongst men than women across all countries, and the ratio was higher in countries with overall lower mortality rates. Mortality rates for men were one and a half times the rates for women or higher in most countries. Across LAC31, the average probability of dying was 176 per 1 000 population for adult men and 102 per 1 000 population for adult women, still much higher than the average adult mortality in OECD countries (101 per 1 000 population for men and 52 per 1 000 population for women).

All-cause mortality for the entire population ranged from less than 500 per 100 000 population in Colombia, Peru, Panama, Costa Rica and Chile, to over 1 000 in Haiti and Guyana (Figure 3.14). The average all-cause mortality rate in the LAC region was more than 50% higher than the average amongst OECD member countries. Nonetheless, mortality for the entire population declined by an average of 14% in the LAC region between 2000 and 2019. The largest declines were in Colombia, Peru and Guatemala (over 30% decrease). Overall mortality for all populations is highly related with adult mortality across countries in the region; Haiti having the highest adult mortality for women and the second highest for men, 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 almost 77% of all deaths, on average, across 31 LAC countries (Figure 3.15; see also section “Mortality from cardiovascular diseases” and section “Mortality from cancer” in Chapter 3). In OECD member countries, the average was higher at 86%, 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 many countries in the LAC region, accounting for more than 11% of deaths in 2019. The remaining 12% of deaths are attributed to injuries and violence.

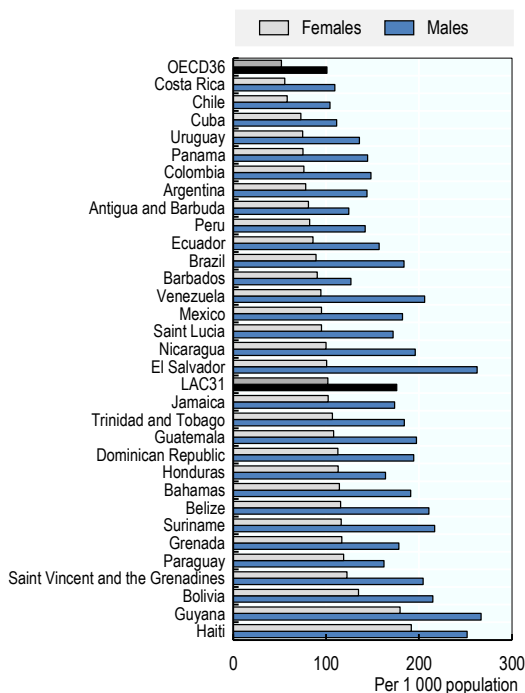
Definition and comparability

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

- Omran, A. (2005), “The epidemiologic transition: a theory of the epidemiology of population change”, *The Milbank quarterly*, Vol. 83/4, pp. 731-57, <https://doi.org/10.1111/j.1468-0009.2005.00398.x>. [1]
- The SALURBAL group (2021), “Life expectancy and mortality in 363 cities of Latin America”, *Nature Medicine*, Vol. 27/3, pp. 463-470, <https://doi.org/10.1038/s41591-020-01214-4>. [2]

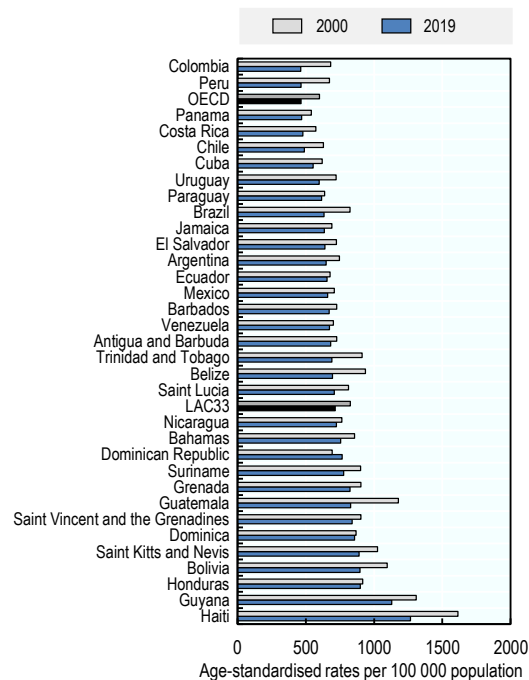
Figure 3.13. Adult mortality rate (probability of dying between 15 and 60 years per 1 000 population), 2020 (or nearest year)



Source: The World Bank World Development Indicators Online 2022.

StatLink  <https://stat.link/uzoa6c>

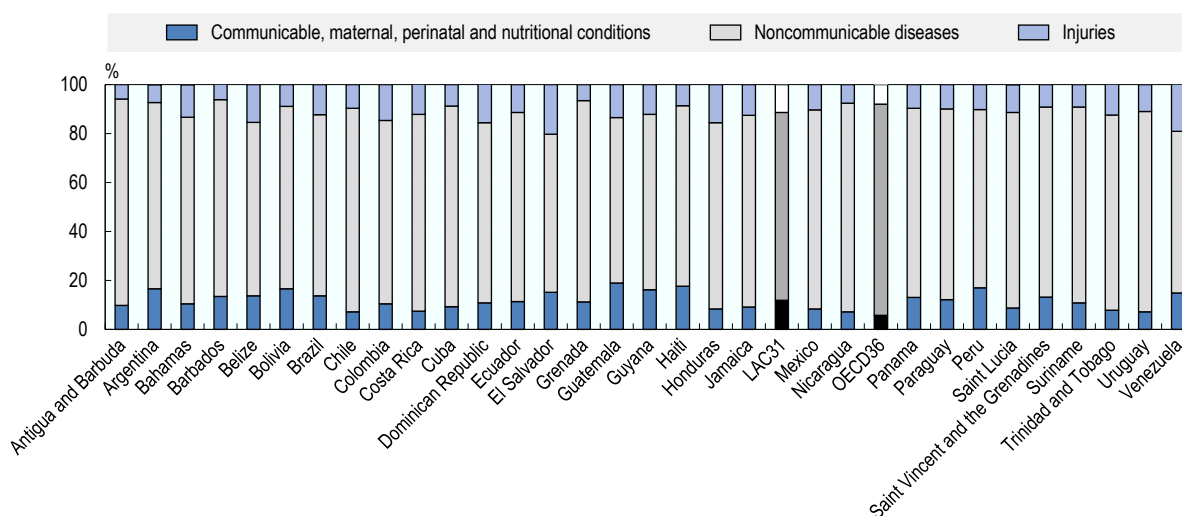
Figure 3.14. All cause-mortality rates for all populations, 2000 and 2019 (or nearest year)



Source: Global Burden of Disease (2022), IHME.

StatLink  <https://stat.link/dkg5ht>

Figure 3.15. Proportions of all cause deaths, 2019 (or nearest year)



Source: Global Burden of Disease (2022), IHME.

StatLink  <https://stat.link/216wc0>



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