

The burden from non-communicable diseases among adults – the most economically productive age group – is rapidly increasing in the Asia/Pacific region. Increasing development in countries is bringing an “epidemiological transition”, whereby early deaths are replaced by late deaths, and communicable diseases by non-communicable diseases (WHO, 2008a). 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 adult mortality in the region. For males in 2012, the probability of dying between ages 15 and 60 ranged from a low of 68 per 1 000 population in Singapore to 321 per 1 000 in Papua New Guinea (Figure 1.4.1). It also exceeded 300 per 1 000 population in Mongolia, and was less than 100 also in Australia, New Zealand, Japan and the Republic of Korea. Among females, the probability ranged from 40 per 1 000 population in the Republic of Korea to a high of 245 in Papua New Guinea. Probabilities were also less than 50 in Singapore, Japan and Australia. Mortality was higher among men than women across countries and in Vietnam, Sri Lanka, the Republic of Korea, Mongolia and Thailand, rates for men were more than twice as high as those for females. Across 20 Asian countries, the average probability of dying was 179 per 1 000 population for adult men and 112 per 1 000 population for adult women, still much higher than the average adult mortality in OECD countries (107 per 1 000 population for men and 54 per 1 000 population for women).

All-cause mortality for the entire population ranged from less than 400 per 100 000 population in Macau, China; Hong Kong, China; Japan; Singapore; the Republic of Korea and Australia, to over 1 000 in Papua New Guinea, Myanmar, Mongolia and the Lao PDR (Figure 1.4.2). The average rate in 20 Asian countries was 745, one and a half times higher than that of the OECD. Nonetheless, mortality for the entire population had declined in the Asia/Pacific region with a notable exception of the Philippines, Brunei Darussalam and Viet Nam in recent years, and the gap with OECD countries had narrowed.

Overall mortality for all populations is highly related with adult mortality across countries in the region. Singapore, Australia, New Zealand, Japan and the Republic of Korea,

with the lowest adult mortality, also had the lowest all-cause mortality, while Papua New Guinea and Mongolia had the highest mortality for both adults and the entire population.

The share of deaths due to non-communicable diseases is increasing in the Asia/Pacific region. Non-communicable diseases such as cardiovascular diseases and cancers were the most common causes of death, being responsible for over 70% of all deaths, on average, across 20 Asian countries (Figure 1.4.3; see also Indicator 1.5, “Mortality from cardiovascular diseases”, and Indicator 1.6, “Mortality from cancer”). In OECD countries, the average was higher at 87% and the share was also increasing. But 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 Asia/Pacific region, and injuries were responsible for about 9% of all deaths, on average in the region (see Indicator 1.7, “Mortality from injuries”).

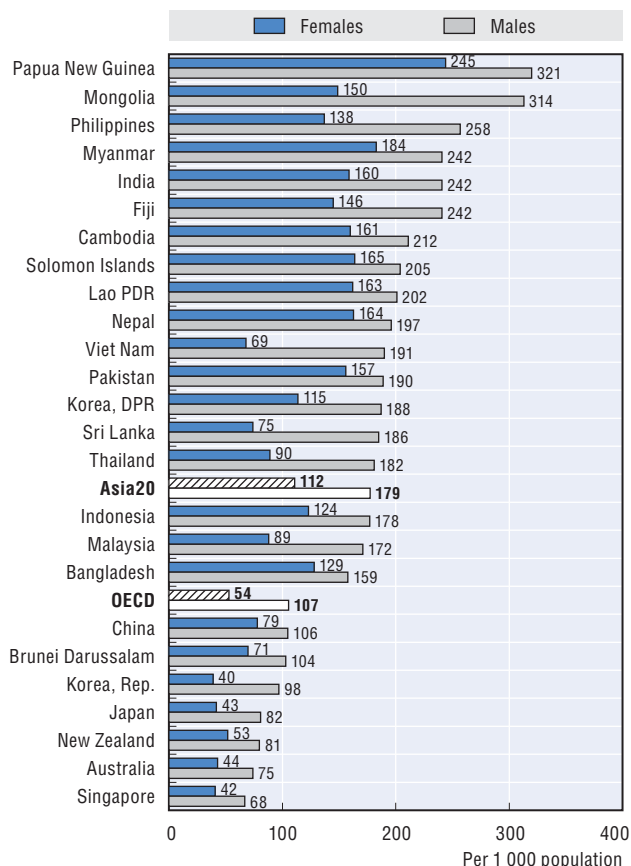
Definition and comparability

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.

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 (WHO, 2008a). 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).

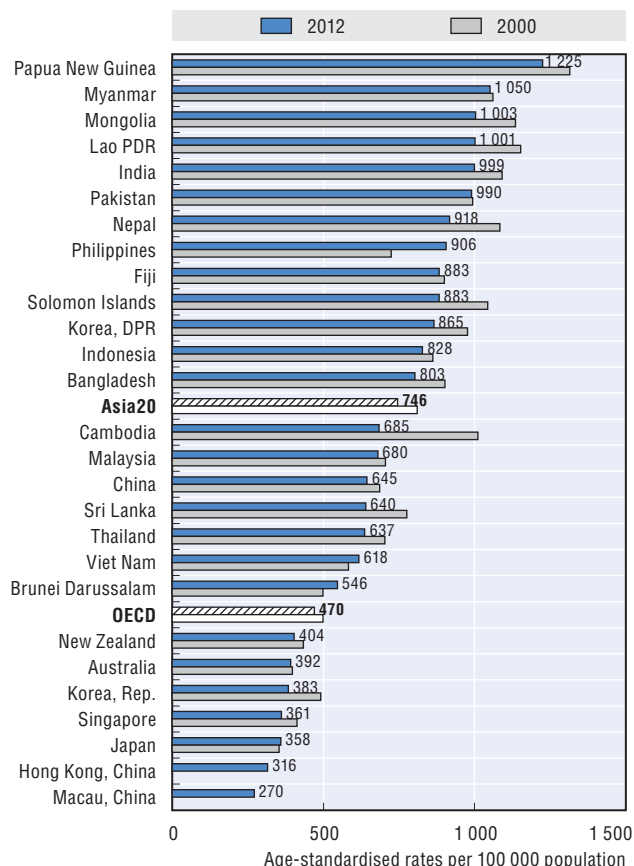
The WHO Global Burden of Disease (GBD) project draws on a wide range of data sources to quantify global and regional effects of diseases, injuries and risk factors on population health. WHO has also developed life tables for all member states, based on a systematic review of all available evidence on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

1.4.1. Adult mortality rate, 2012 (probability of dying between 15 and 60 years per 1 000 population)



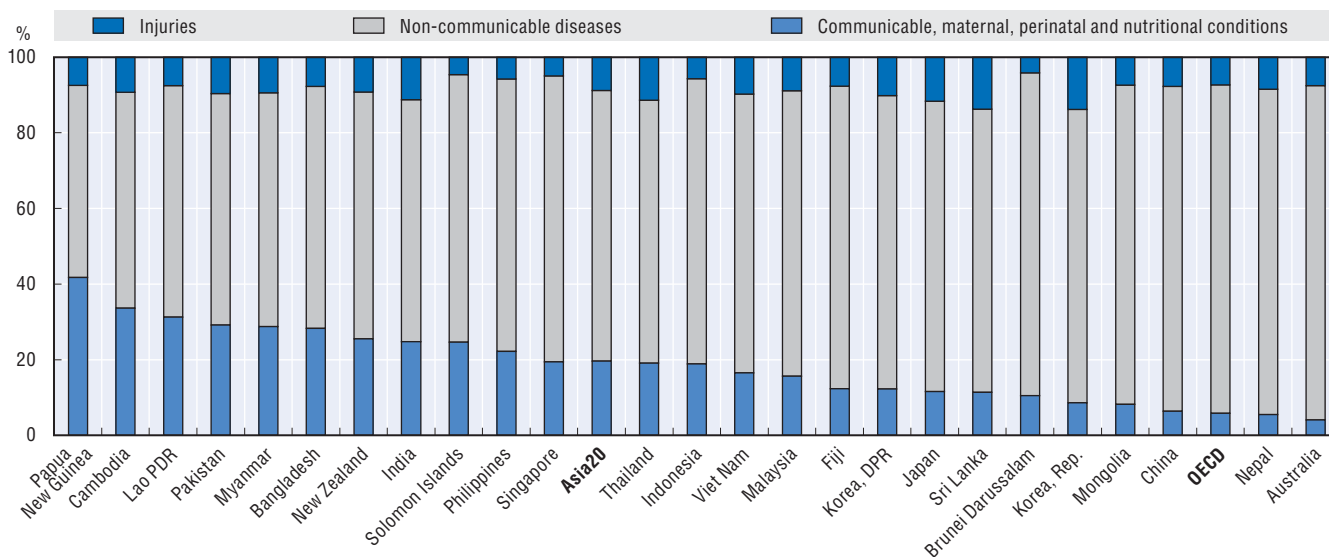
Source: WHO Global Health Observatory (GHO) 2014.

1.4.2. All cause-mortality rates for all populations, 2000 and 2012



Source: WHO Global Burden of Disease, 2014; Department of Health, Hong Kong, China, 2014; Statistics and Census Service, Macau, China, 2014.

1.4.3. Proportions of all cause deaths, 2012



Source: WHO Global Burden of Disease, 2014.



From:

Health at a Glance: Asia/Pacific 2014

Measuring Progress towards Universal Health Coverage

Access the complete publication at:

https://doi.org/10.1787/health_glance_ap-2014-en

Please cite this chapter as:

OECD/World Health Organization (2014), "Mortality from all causes", in *Health at a Glance: Asia/Pacific 2014: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_ap-2014-8-en

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