

Levels & Trends in  
**Child  
Mortality**

**Report 2025**

Estimates developed by the  
United Nations Inter-agency Group  
for Child Mortality Estimation



This report was prepared at the United Nations Children’s Fund (UNICEF) headquarters by David Sharrow, Lucia Hug, Yang Liu, Graeme Wilson Fell and Danzhen You on behalf of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Danzhen You and Lucia Hug provided strategic and technical guidance. Special thanks to Gagan Gupta and Naomi Lindt from UNICEF and Kathleen Strong from the World Health Organization (WHO) for providing critical inputs and support to the report. Thanks also go to the following colleagues for their valuable inputs and comments: Anne Detjen, Ida-Marie Ameda, Maureen Kerubo Momanyi, Shaimaa Ibrahim, Tomomi Kitamura, Fakhriddin Nizamov, Chandrasegarar Soloman, Minjoon Kim, Vivian Lopez, Ulrike Gilbert and Rory Nefdt from UNICEF; Patrick Gerland and Thomas Spoorenberg from the United Nations Department of Economic and Social Affairs, Population Division; Emi Suzuki from the World Bank Group; and Per Ashorn and Bochen Cao from WHO.

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The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) constitutes representatives of the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the World Bank Group and the United Nations Department of Economic and Social Affairs, Population Division. Differences between the estimates presented in this report and those in forthcoming publications by UN IGME members may arise because of differences in reporting periods or in the availability of data during the production process of each publication and other evidence. UN IGME estimates were reviewed by countries through a country consultation process but are not necessarily the official statistics of United Nations Member States, which may use a single data source or alternative rigorous methods.

The estimates presented in this report supersede previous rounds of UN IGME estimates and are not comparable with them due to changes in underlying data and other inputs as well as periodic methodological improvements.

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# Levels & Trends in **Child Mortality**

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## **Report 2025**

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## KEY FACTS AND FINDINGS

### NEWBORN, CHILD, ADOLESCENT AND YOUTH MORTALITY IN 2024:

Supporting vulnerable populations and targeting the causes of deaths to accelerate progress

1

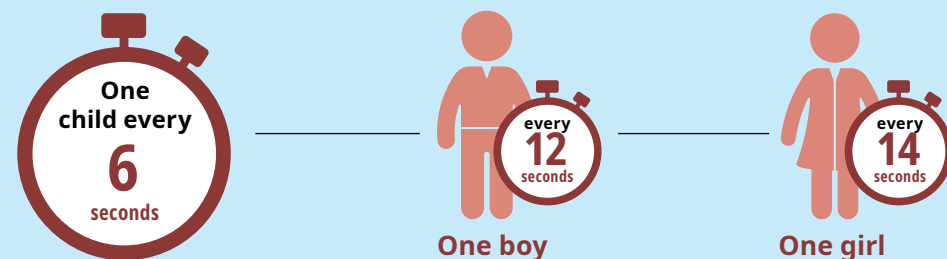
In 2024, millions of children, adolescents and youth died before age 25, a sobering reminder of the continuing burden of preventable deaths.



Millions of children's lives are being tragically cut short.

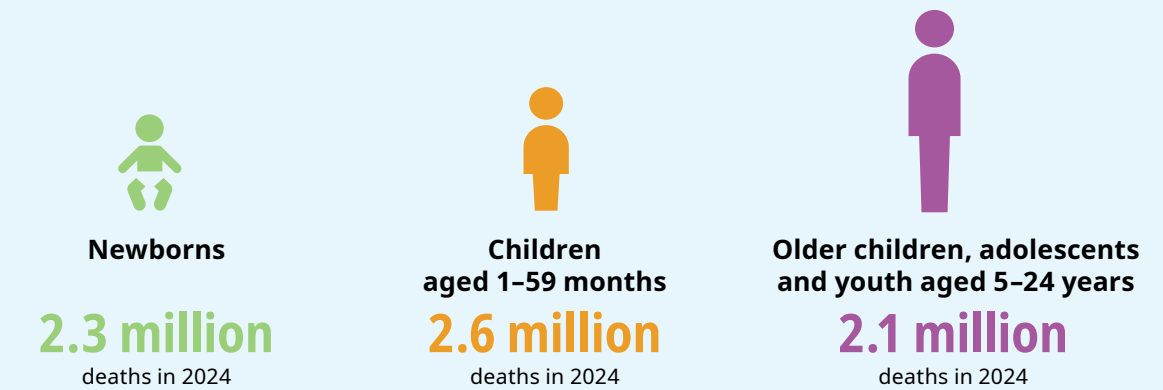
	Both sexes	Boys	Girls
Every	9 minutes	5 minutes	4 minutes
Day	13,000	7,000	6,000
Month	405,000	221,000	184,000
Year	4.9 million	2.7 million	2.2 million

die before their fifth birthday

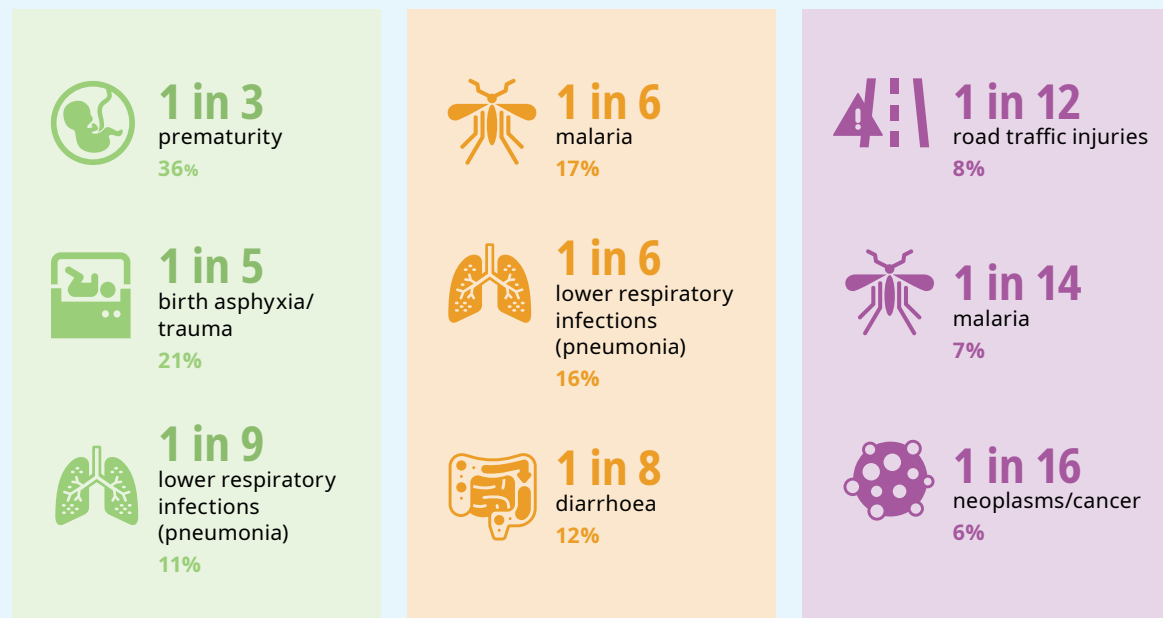


2

Deaths due to preventable or treatable causes remain concerningly high.



Die due to



Most deaths that occur before age 25 are linked to causes that could be prevented or treated.

3

### The global burden of child, adolescent and youth deaths is shifting heavily to sub-Saharan Africa.

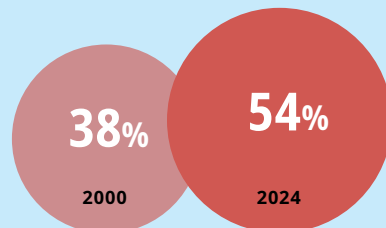
Nearly **8 in 10** global deaths among those aged 0-24 years take place in sub-Saharan Africa or Southern Asia.



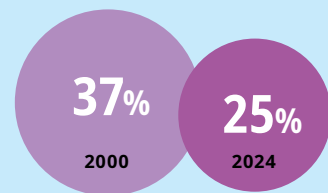
Population growth is driving sub-Saharan Africa's increasing burden, alongside slower mortality reductions and the continued prevalence of preventable causes of death.

#### Share of death among children, adolescents and youth in two regions (2000-2024)

##### Sub-Saharan Africa



##### Southern Asia



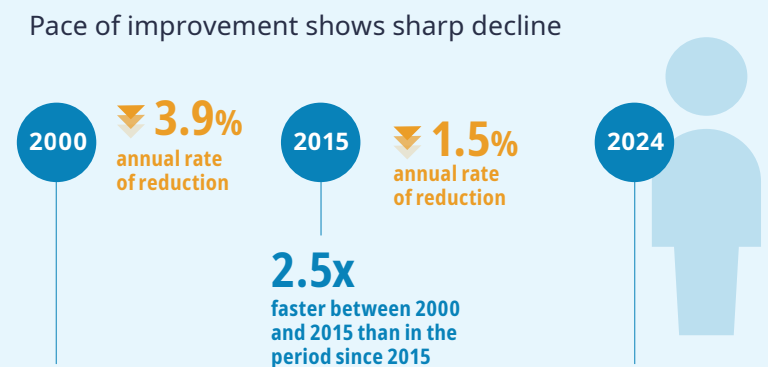
### Snapshot

### Levels, trends and causes of death among children younger than 5

4

### Progress in reducing under-five mortality has slowed.

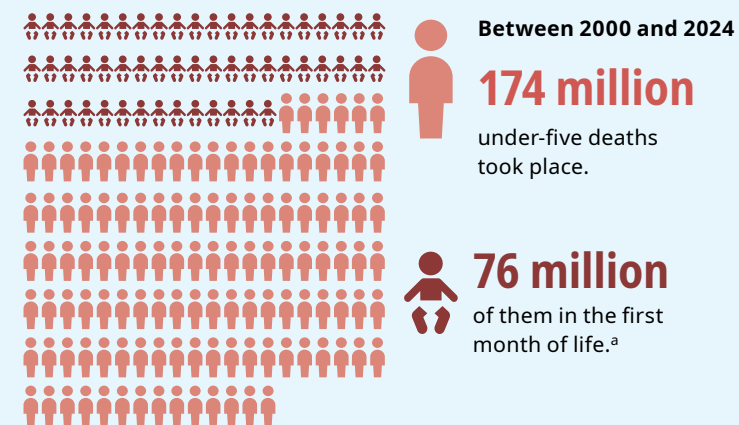
At the global level, child survival has made remarkable gains, declining 60% since 1990 – but **most progress occurred before 2015.**



This slowdown is particularly concerning given the large number of deaths due to preventable causes.

5

### Since 2000, the number of children who have not reached their fifth birthday is alarmingly high.



The total number of under-five deaths since 2000 approaches the entire population of Bangladesh.

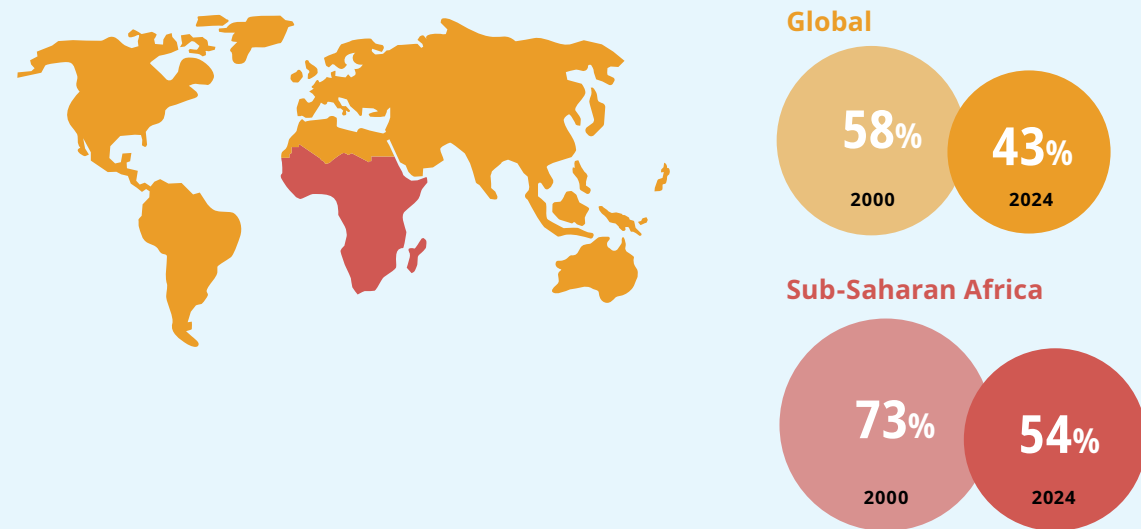
More newborns have died since 2000 than there are people in Thailand today.

<sup>a</sup> Calculation based on unrounded numbers. Unrounded rates are available at <<https://childmortality.org>>.

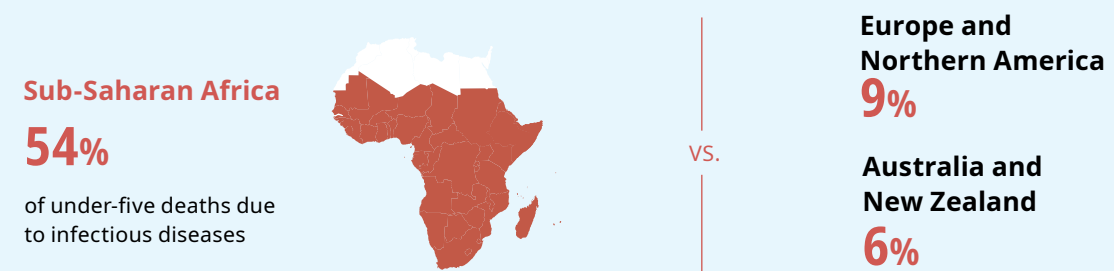


## Infectious diseases remain a major cause of under-five deaths, especially in sub-Saharan Africa.

Share of under-five deaths caused by the nine leading infectious diseases<sup>b</sup>



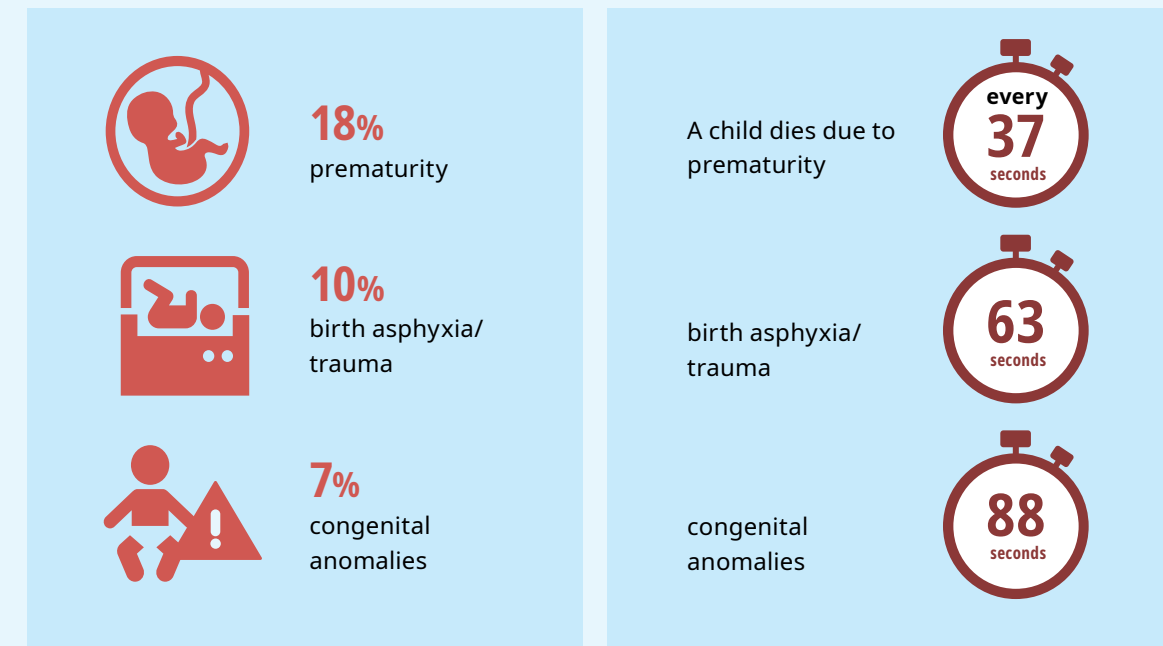
The decline was most pronounced in sub-Saharan Africa – but the region still carries a disproportionate burden:



<sup>b</sup> Lower respiratory infections (pneumonia), malaria, diarrhoea, sepsis, meningitis/encephalitis, tuberculosis, measles, HIV/AIDS and tetanus.

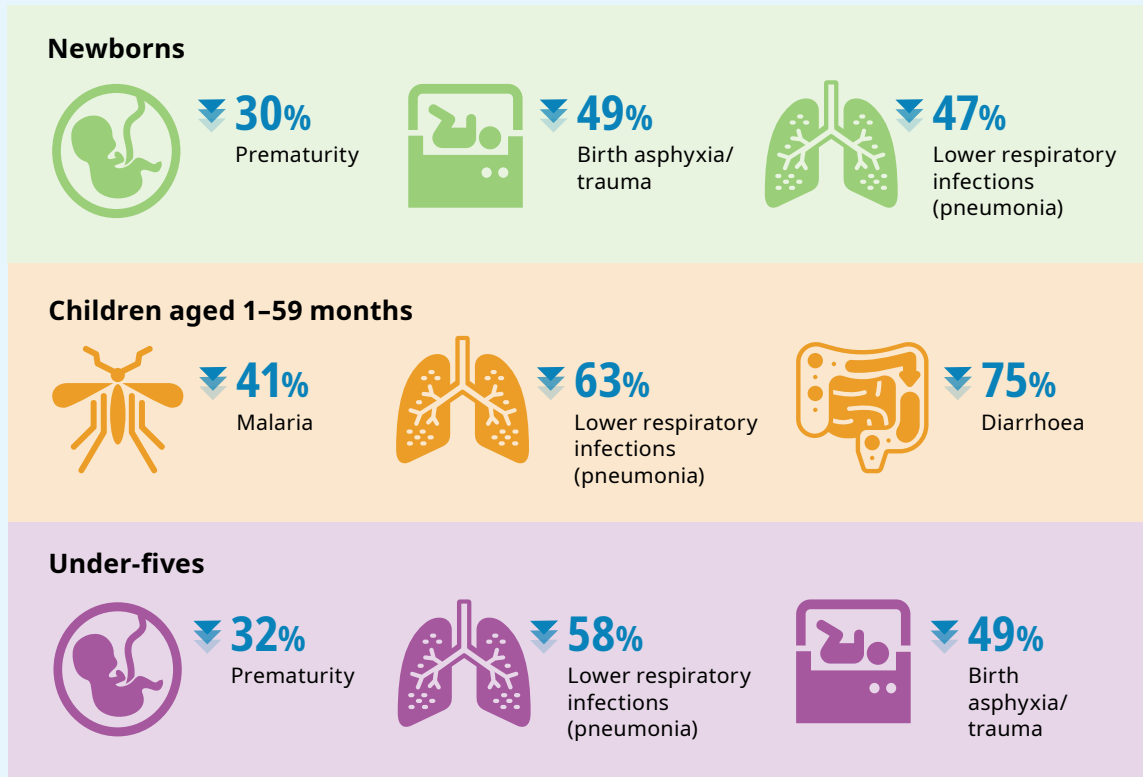
## Neonatal conditions account for a disproportionate share of under-five deaths.

More than **1 in 3** (35%) global under-five deaths caused by:



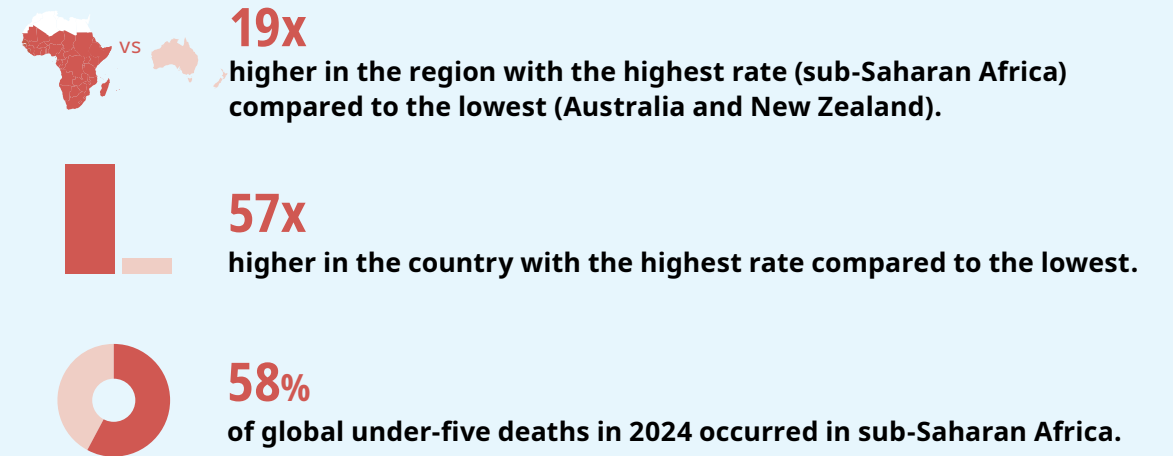
### Cause-specific under-five mortality rates since 2000 show uneven progress.

% decline in mortality rates since 2000 by top three causes in various age groups



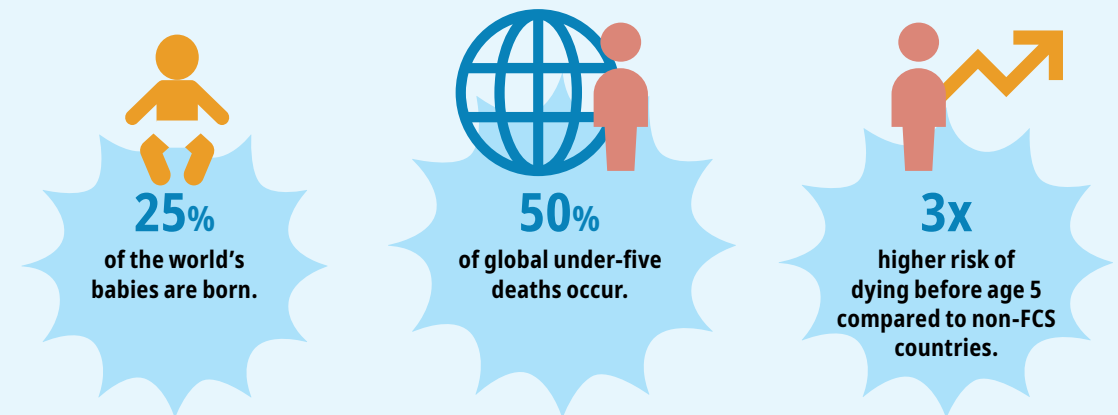
### A child's chance of survival is strongly determined by where they are born.

Under-five mortality is:



### Fragility and conflict amplify under-five mortality risk.

In countries classified as 'fragile- and conflict-affected situations' (FCS):<sup>c</sup>



<sup>c</sup> World Bank Group, 'Classification of Fragile and Conflict-Affected Situations', World Bank Group, Washington, D.C., 08 July 2025, <[www.worldbank.org/en/topic/fragilityconflictviolence/brief/classification-of-fragile-and-conflict-affected-situations](http://www.worldbank.org/en/topic/fragilityconflictviolence/brief/classification-of-fragile-and-conflict-affected-situations)>, accessed 6 March 2026.

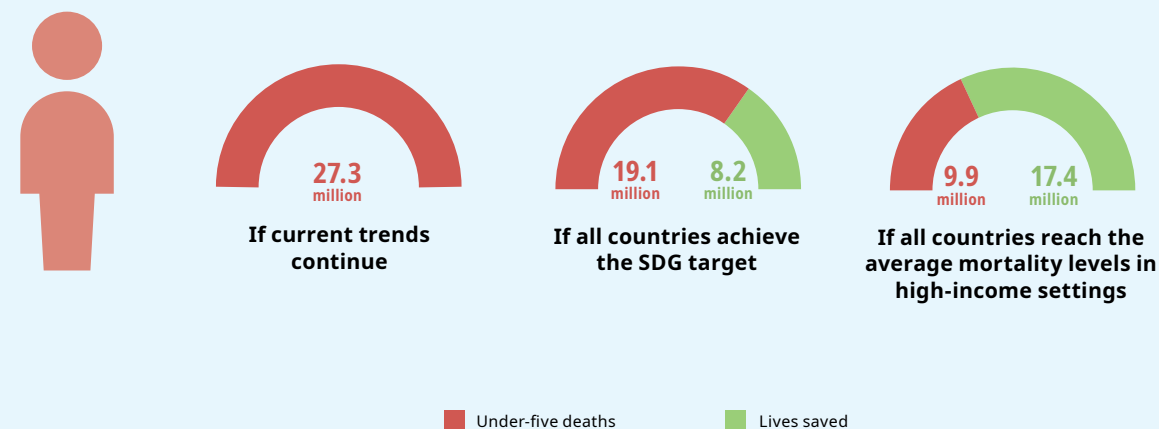
11

Many countries are off track to reach SDG targets, reflecting the persistent impact of preventable deaths.



12

Millions more children are projected to die before 2030 unless action is taken to accelerate progress.

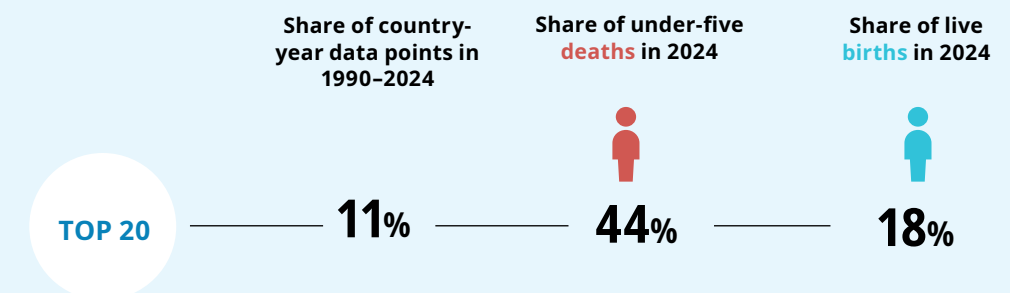


13

Data gaps persist where mortality and preventable causes are most concentrated.

	Share of country-year data points in 1990–2024	Share of under-five deaths in 2024	Share of live births in 2024
High-income countries	22%	1%	10%
Low-income countries	14%	31%	17%
Sub-Saharan Africa	28%	58%	31%
Southern Asia	7%	25%	28%
Europe and Northern America	15%	1%	8%

Top 20 countries with an under-five mortality rate higher than 60 in 2024



These data gaps limit the ability to identify cause-specific mortality patterns and prioritize interventions for preventable deaths among children younger than 5.

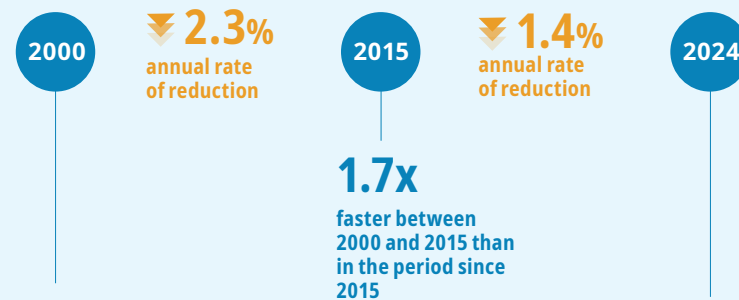
## Snapshot

Levels, trends and causes of death among children, adolescents and youth ages 5–24

### 14

Progress in reducing mortality among 5–24-year-olds has been uneven and slowed – several low-mortality regions have even recorded increases.

Mortality among older children, adolescents and youth declined globally by 47% since 1990, with **most gains occurring before 2015.**

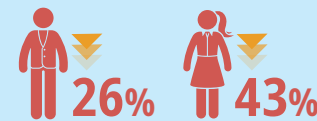


**Gender disparities persist:** Mortality among males is declining more slowly than among females, especially among youth.

Female survival declined more than male



Widest gender gap in mortality decline at ages 20–24



Males aged 20–24 years face nearly **2X the risk** of dying compared to females.

Reductions in mortality rates by sex, 1990–2024

These patterns are closely linked to shifting causes of death across ages and regions.

### 15

Millions of older children, adolescents and youth continue to die from preventable or treatable causes.



Between 2000 and 2024

63.1 million

5–24-year-olds died.

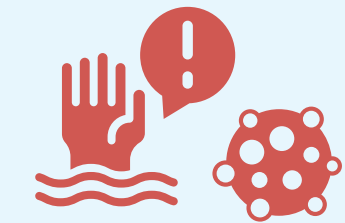


That's roughly the entire population of South Africa.

In 2024 drowning and neoplasms/cancers together accounted for about

**1 in 8**

of the 1.4 million deaths among those aged 5–19 years.



### 16

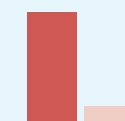
Older children, adolescents and youth face drastically different chances of survival depending on where and how they grow up.

Mortality among 5–24-year-olds is:



**8x**

higher in the region with the highest rate (sub-Saharan Africa) compared to the lowest (Australia and New Zealand).



**46x**

higher in the country with the highest rate compared to the lowest.



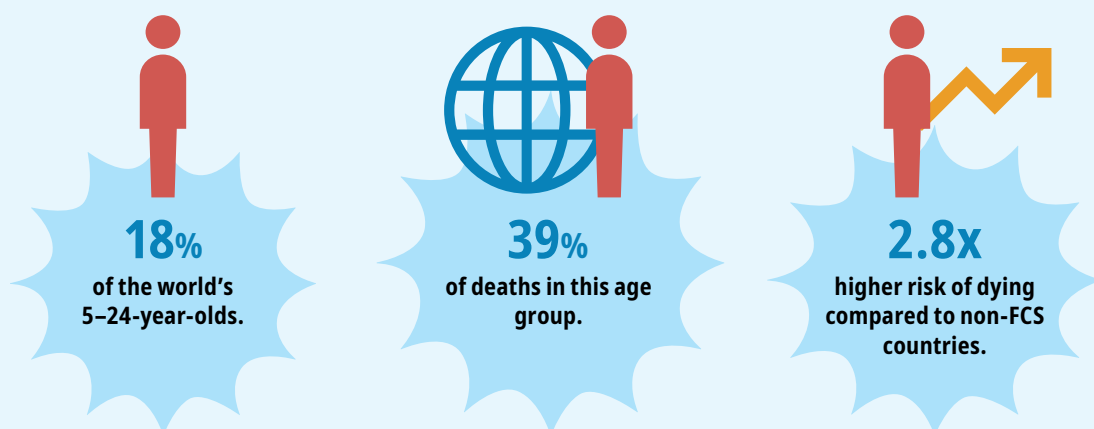
**44%**

of global deaths among 5–24-year-olds in 2024 occurred in sub-Saharan Africa.

17

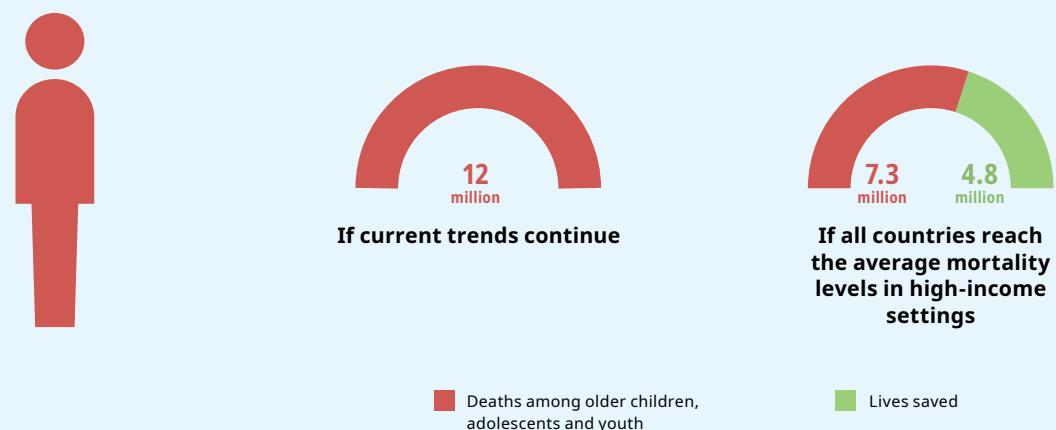
### Fragility and conflict are closely linked to higher mortality risks among older children, adolescents and youth.

Countries classified as 'fragile- and conflict-affected situations' (FCS) account for:



18

### Under current trends, millions of older children, adolescents and youth are likely to die before 2030.



Millions of young lives can still be saved. Safeguarding every child's future is possible with sustained and strategic action.

Renewed efforts are urgently needed to end preventable deaths and deliver proven interventions for newborns, children, adolescents and youth.



# Introduction

In 2024, an estimated 4.9 (4.7–5.2)<sup>1</sup> million children died before reaching their fifth birthday, with an additional 2.1 (2.1–2.4) million deaths among older children, adolescents and youth aged 5–24 years. Each of these deaths represents a profound loss to families and communities and a loss of human potential for societies as a whole. These losses are made even more tragic by the fact that most of them were caused by conditions that are preventable or treatable with well-established, cost-effective interventions. Moreover, progress in reducing child mortality has slowed<sup>2, 3</sup> – or, for certain causes, begun to stall<sup>4, 5</sup> – and the risk of death remains concentrated in the same regions – sub-Saharan Africa and Southern Asia<sup>6</sup> – and communities documented in this report year after year.

## Understanding the causes of childhood death

Under-five mortality is driven by a distinct set of causes that vary by age. Neonatal deaths, which account for a disproportionate share of under-five deaths globally, are largely due to complications of prematurity, intrapartum-related events and neonatal infections – conditions that can be substantially reduced through timely access to quality antenatal, intrapartum and postnatal care, including skilled health personnel at birth, essential newborn care<sup>7, 8</sup> and care for small and sick newborns. Among children aged 1–59 months, infectious diseases including pneumonia, diarrhoea and malaria remain leading causes of death, with malnutrition acting as a risk factor. In particular, mortality rates from preventable conditions, such as malaria and pneumonia, remain unacceptably high<sup>9</sup> in some regions, underscoring persistent gaps in access to timely prevention, diagnosis and treatment. In contexts where overall under-five survival is improving, noncommunicable diseases, such as congenital

anomalies, account for a higher proportion of under-five deaths, requiring new solutions to sustain under-five mortality reductions.

Beyond the under-five period, mortality among older children, adolescents and youth aged 5–24 years remains an overlooked challenge. Deaths at these ages are driven by a combination of infectious diseases, noncommunicable diseases and injuries, and they disproportionately affect young people living in the same regions that bear the highest burden of under-five mortality. Unintentional injuries, such as road traffic injuries, as well as intentional injuries related to mental health challenges and certain noncommunicable diseases become increasingly prominent with age,<sup>10</sup> highlighting the need for a life-course approach that safeguards health and well-being through interventions tailored to the epidemiological context and to age- and development-specific needs. The right to survival and health does not end at age 5.<sup>11</sup> Renewed attention is needed to ensure that all children are able to survive and thrive through adolescence, into young adulthood and beyond.

## Uneven levels and slowing trends

Child deaths are not evenly distributed across the globe, nor are their causes. Mortality remains heavily concentrated in regions where access to quality health care and other essential services is most limited. These patterns reflect deep and persistent inequities – both within and between countries – in access to preventive and curative health interventions, nutrition, clean water and sanitation, education, and broader social and economic protections against early death.

Despite these stark realities, remarkable progress in child survival has been achieved. Since 1990, the global under-five mortality rate (U5MR)



has declined by approximately 60 per cent, and the global neonatal mortality rate (NMR) has declined by 45 per cent,<sup>12</sup> translating into millions of children's lives saved. This progress was driven by the scale-up of high-impact interventions to prevent, diagnose and treat the leading causes of child death, many of which are well known and within reach: uninterrupted and timely access to essential health services, immunization and nutritional support, and integrated management of newborn and childhood illnesses (IMNCI),<sup>13</sup> among others.

The pace of improvement, however, has slowed in recent years. While mortality levels today are far lower than in past decades, the current rate of

decline will leave millions of newborns, children, adolescents and young people at risk of early and preventable death. If current trends continue,<sup>14</sup> an estimated 27.3 million children are projected to die before their fifth birthday between 2025 and 2030, with almost 13 million of those deaths occurring in the neonatal period. These deaths will be concentrated in the same regions and countries where children face elevated risks today, particularly in sub-Saharan Africa and Southern Asia. At a time when the world's children confront compounding challenges, including poverty, conflict, climate shocks and fragile health systems, there is an urgent need to expand and strengthen efforts to end preventable child deaths everywhere.

### Acceleration to save lives

The Sustainable Development Goals (SDGs)<sup>15</sup> call for the end of preventable child deaths globally and for all countries to reduce the U5MR to 25 deaths per 1,000 live births or lower and the NMR to 12 deaths per 1,000 live births or lower by 2030. Nevertheless, according to the latest estimates presented in this report, 60 countries are at risk of missing the U5MR target and 66 are at risk of missing the NMR target. That's more than 400 million children under age 5 living in countries that are at risk of missing either one or both targets. If all countries were to meet the SDG targets,<sup>16</sup> an estimated 8 million additional children would survive through their fifth birthday between 2025 and 2030 compared to the current trends scenario.

Accelerating progress will require a deliberate geographic- and cause-specific approach to mortality reduction. The observed declines in deaths and shifts in causes across countries demonstrate that solutions exist. The challenge is not a lack of effective interventions, but insufficient resources, uneven implementation, persistent inequities and limited political commitment to deploy these solutions at scale and where they are needed most. Targeting the leading causes of death in the highest-burden settings remains essential to achieving further gains.

These challenges are unfolding amid increasing pressure on global funding for child health and survival. Reductions and uncertainties in development assistance threaten to undermine progress at a particularly vulnerable moment. Several studies suggest that cuts to child health financing could translate into millions of additional preventable deaths.<sup>17, 18, 19, 20</sup> Coming on top of an already slowing decline in mortality, these funding constraints highlight the need for rapid shifts in the financing landscape away from a handful of large global donors and towards a combination of national government support and donor aid in line with the Lusaka Agenda.<sup>21</sup> This report calls attention to this shifting landscape and the possible implications for child survival.

### Evidence into action

Reliable, timely and disaggregated data are critical to guiding effective action and targeting limited resources where they can have the greatest impact. The estimates of all-cause mortality developed by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), alongside the cause-specific mortality estimates produced by the Child and Adolescent Causes of Death Estimation (CA CODE) group presented in this report, provide a robust empirical foundation for understanding not only how many children are dying and where, but also what they are dying from. Improvements in data quality and availability strengthen both all-cause and cause-specific mortality estimates, enabling more precise identification of priorities and more effective policy responses. Sustained and expanded investment to close data gaps will be essential to making further progress in child survival.

The estimates presented in this report represent the first fully synchronized outputs of the UN IGME and CA CODE, highlighting both the cause-specific nature of child and adolescent mortality and, critically, the preventability of many of these deaths. By identifying where deaths are occurring and which causes are responsible, these estimates aim to support governments, partners and the global community in directing resources and interventions to save children's lives now and in the years ahead.



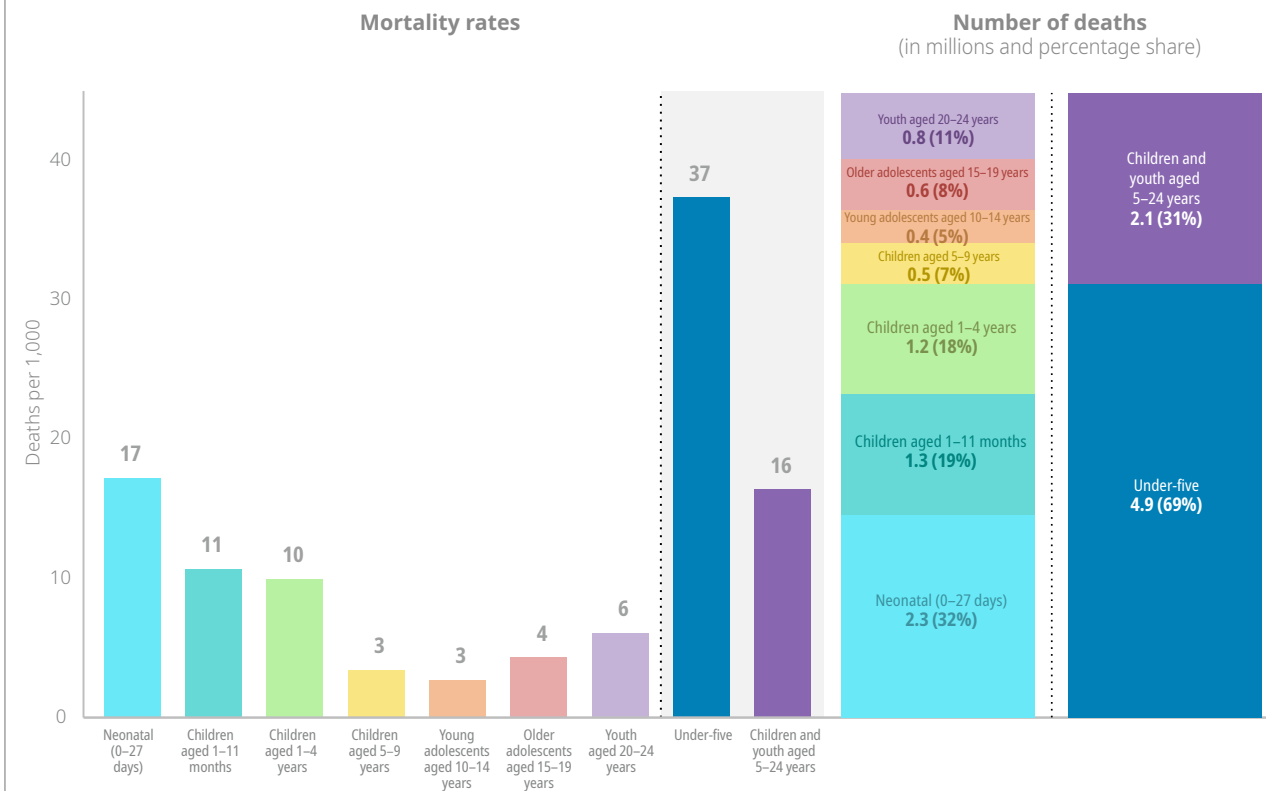
# Levels, trends and causes of under-five mortality

## Levels and trends in all-cause under-five mortality

Despite substantial decline, under-five deaths remained intolerably high in 2024. The number of global under-five deaths was 4.9 (4.7–5.2) million in 2024 (Figure 1 and Table 1), less than half the number recorded in 2000, when an estimated 10.1 (9.9–10.2) million children died before age 5, and nearly two-thirds lower than the 1990 estimate of 13.0 (12.8–13.2) million under-five deaths (Table 1).



FIGURE 1 Global mortality rates<sup>22</sup> and number of deaths, by age, 2024



Note: All figures are based on unrounded numbers.

TABLE 1 Levels and trends in the number of deaths of children under age 5, by Sustainable Development Goal region, 1990–2024

Region	Number of under-five deaths (thousands)					Decline (per cent)				Share of global under-five deaths (per cent)				
	1990	2000	2010	2015	2024	1990–2024	2000–2024	2000–2015	2015–2024	1990	2000	2010	2015	2024
<b>Sub-Saharan Africa</b>	3,811	3,981	3,199	3,035	2,830	26	29	24	7	29.4	39.6	45.2	49.8	58.3
<b>Northern Africa and Western Asia</b>	732	483	367	355	306	58	37	26	14	5.6	4.8	5.2	5.8	6.3
Northern Africa	403	272	220	208	188	53	31	24	9	3.1	2.7	3.1	3.4	3.9
Western Asia	328	211	147	147	117	64	44	30	20	2.5	2.1	2.1	2.4	2.4
<b>Central and Southern Asia</b>	5,211	3,860	2,496	1,901	1,242	76	68	51	35	40.2	38.4	35.3	31.2	25.6
Central Asia	109	72	46	38	33	70	55	47	15	0.8	0.7	0.6	0.6	0.7
Southern Asia	5,102	3,788	2,450	1,862	1,209	76	68	51	35	39.3	37.6	34.6	30.6	24.9
<b>Eastern and South-Eastern Asia</b>	2,354	1,233	670	522	270	89	78	58	48	18.2	12.3	9.5	8.6	5.6
Eastern Asia	1,504	687	297	208	63	96	91	70	70	11.6	6.8	4.2	3.4	1.3
South-Eastern Asia	850	546	374	314	207	76	62	43	34	6.6	5.4	5.3	5.1	4.3
<b>Latin America and the Caribbean</b>	644	377	243	192	143	78	62	49	26	5.0	3.7	3.4	3.2	2.9
<b>Oceania</b>	17	17	17	17	13	24	24	-1	25	0.1	0.2	0.2	0.3	0.3
Australia and New Zealand	3	2	2	2	1	54	30	23	9	0	0	0	0	0
Oceania (exc. Australia and New Zealand)	14	15	15	16	11	18	23	-4	26	0.1	0.1	0.2	0.3	0.2
<b>Europe and Northern America</b>	201	112	87	74	54	73	52	33	27	1.5	1.1	1.2	1.2	1.1
Europe	152	77	55	46	28	81	63	41	38	1.2	0.8	0.8	0.7	0.6
Northern America	49	35	32	29	26	48	27	18	11	0.4	0.3	0.4	0.5	0.5
<b>World</b>	<b>12,970</b>	<b>10,063</b>	<b>7,078</b>	<b>6,096</b>	<b>4,858</b>	<b>63</b>	<b>52</b>	<b>39</b>	<b>20</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Note: All calculations are based on unrounded numbers. Values 0 in the table are less than 0.05 before rounding.

More than 80 per cent of all under-five deaths occurred in just two regions. In 2024, more than four in five under-five deaths worldwide occurred in sub-Saharan Africa (2.8 million, 58 per cent of under-five deaths) and Southern Asia<sup>23</sup> (1.2 million, 25 per cent of under-five deaths), underscoring the geographic concentration of the global child mortality burden (Table 1).

The reduction in under-five deaths has been uneven by age group and nearly half of all deaths in the first five years of life now occur in just the first 28 days of life. While neonatal deaths declined by 45 per cent between 2000 and 2024 (Table 2), deaths among children aged 1–59 months fell by 57 per cent over the same period (Table 3). The number of neonatal deaths decreased from 4.1 (4.0–4.2) million in 2000 – accounting for 41 per cent of under-five deaths – to 2.3 (2.1–2.5) million in 2024, representing 47 per cent of under-five deaths (Table 2). By comparison, deaths among children aged 1–59 months declined from 6.0 (5.8–6.1) million to 2.6 (2.4–2.8) million (Table 3).



**TABLE 2** Levels and trends in the number of neonatal deaths, by Sustainable Development Goal region, 1990–2024

Region	Number of neonatal deaths (thousands)					Decline (per cent)				Neonatal deaths as a share of under-five deaths (per cent)				
	1990	2000	2010	2015	2024	1990–2024	2000–2024	2000–2015	2015–2024	1990	2000	2010	2015	2024
<b>Sub-Saharan Africa</b>	998	1,073	1,058	1,061	1,084	-9	-1	1	-2	26	27	33	35	38
<b>Northern Africa and Western Asia</b>	293	224	193	185	158	46	30	17	15	40	46	53	52	52
Northern Africa	160	123	115	112	94	41	24	9	16	40	45	52	54	50
Western Asia	133	101	78	73	63	53	37	27	14	41	48	53	50	54
<b>Central and Southern Asia</b>	2,375	1,920	1,396	1,136	781	67	59	41	31	46	50	56	60	63
Central Asia	43	31	25	20	17	61	46	36	16	40	43	55	52	51
Southern Asia	2,332	1,889	1,371	1,116	765	67	60	41	31	46	50	56	60	63
<b>Eastern and South-Eastern Asia</b>	1,179	627	342	257	134	89	79	59	48	50	51	51	49	50
Eastern Asia	850	389	158	100	27	97	93	74	73	56	57	53	48	43
South-Eastern Asia	329	238	184	157	107	68	55	34	32	39	44	49	50	52
<b>Latin America and the Caribbean</b>	267	183	118	105	77	71	58	43	27	41	48	49	55	54
<b>Oceania</b>	7	8	8	8	7	4	13	1	12	41	45	47	45	52
Australia and New Zealand	1	1	1	1	1	42	21	15	6	49	55	57	60	62
Oceania (exc. Australia and New Zealand)	5	7	7	7	6	-6	12	-2	13	39	44	46	43	51
<b>Europe and Northern America</b>	102	60	47	42	30	70	49	29	29	51	53	54	57	56
Europe	76	40	29	25	16	80	61	36	39	50	52	53	56	55
Northern America	26	20	18	17	15	44	25	14	13	52	56	56	58	57
<b>World</b>	<b>5,220</b>	<b>4,095</b>	<b>3,162</b>	<b>2,793</b>	<b>2,271</b>	<b>56</b>	<b>45</b>	<b>32</b>	<b>19</b>	<b>40</b>	<b>41</b>	<b>45</b>	<b>46</b>	<b>47</b>

Note: All calculations are based on unrounded numbers.

The global under-five mortality rate is less than half of what it was in 2000. The global U5MR was estimated at 37.4 (36.0–40.2) deaths per 1,000 live births in 2024 (Figure 1, Figure 2 and Table 4), representing a 51 per cent decline from 2000, when the rate was 76.7 (75.7–77.9) deaths per 1,000 live births (Figure 2 and Table 4).

The first 28 days of life remain the riskiest period for child survival, with slower decline in neonatal mortality than among children aged 1–59 months. Reductions in under-five mortality were driven primarily by declines among children aged 1–59 months rather than in the neonatal period. Globally, the NMR declined by 43 per cent between 2000 and 2024, from 30.3 (29.5–31.2) to 17.2 (16.3–18.8) deaths per 1,000 live births (Figure 2 and Table 5). Over the same period, the mortality rate among children aged 1–59 months declined by 57 per cent, from 47.8 (46.9–48.9) to 20.5 (19.3–22.6) deaths per 1,000 children aged 28 days (Figure 2 and Table 6).

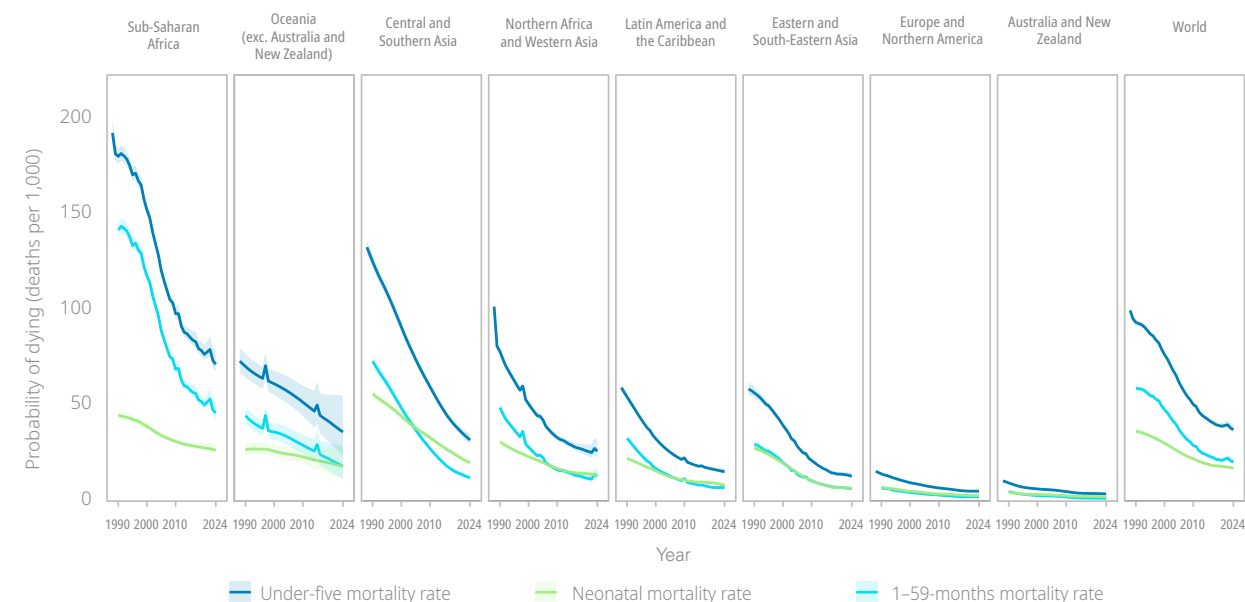


**TABLE 3** Levels and trends in the number of 1–59-months deaths, by Sustainable Development Goal region, 1990–2024

Region	Number of 1–59-months deaths (thousands)					Decline (per cent)				1–59-months deaths as a share of under-five deaths (per cent)				
	1990	2000	2010	2015	2024	1990–2024	2000–2024	2000–2015	2015–2024	1990	2000	2010	2015	2024
<b>Sub-Saharan Africa</b>	2,813	2,908	2,140	1,974	1,746	38	40	32	12	74	73	67	65	62
<b>Northern Africa and Western Asia</b>	439	259	174	170	148	66	43	34	13	60	54	47	48	48
Northern Africa	244	149	105	96	94	61	37	36	2	60	55	48	46	50
Western Asia	195	110	69	74	54	72	51	33	27	59	52	47	50	46
<b>Central and Southern Asia</b>	2,836	1,940	1,099	765	461	84	76	61	40	54	50	44	40	37
Central Asia	66	41	20	18	16	76	61	55	13	60	57	45	48	49
Southern Asia	2,770	1,899	1,079	747	445	84	77	61	40	54	50	44	40	37
<b>Eastern and South-Eastern Asia</b>	1,175	606	329	265	136	88	78	56	49	50	49	49	51	50
Eastern Asia	655	298	139	108	36	95	88	64	67	44	43	47	52	57
South-Eastern Asia	520	308	190	157	100	81	67	49	36	61	56	51	50	48
<b>Latin America and the Caribbean</b>	377	194	125	87	66	83	66	55	25	59	52	51	45	46
<b>Oceania</b>	10	9	9	9	6	38	33	-3	35	59	55	53	55	48
Australia and New Zealand	2	1	1	1	1	65	41	33	12	51	45	43	40	38
Oceania (exc. Australia and New Zealand)	9	8	8	9	6	33	32	-6	36	61	56	54	57	49
<b>Europe and Northern America</b>	99	52	40	32	24	76	54	38	26	49	47	46	43	44
Europe	76	37	26	20	13	83	65	45	36	50	48	47	44	45
Northern America	23	15	14	12	11	53	29	22	8	48	44	44	42	43
<b>World</b>	<b>7,750</b>	<b>5,968</b>	<b>3,916</b>	<b>3,303</b>	<b>2,587</b>	<b>67</b>	<b>57</b>	<b>45</b>	<b>22</b>	<b>60</b>	<b>59</b>	<b>55</b>	<b>54</b>	<b>53</b>

Note: All calculations are based on unrounded numbers.

**FIGURE 2** Under-five mortality rate, neonatal mortality rate and mortality rate among children aged 1–59 months, by Sustainable Development Goal region, 1990–2024



Note: All calculations are based on unrounded numbers. Central Asia's U5MR was 69.6 in 1990, 59.5 in 2000 and 17.0 in 2024; Southern Asia's U5MR was 127.5 in 1990, 92.1 in 2000 and 32.8 in 2024. Central Asia's NMR was 27.3 in 1990, 26.3 in 2000 and 8.8 in 2024; Southern Asia's NMR was 57.2 in 1990, 45.0 in 2000 and 20.6 in 2024. Central Asia's mortality rate among children aged 1–59 months was 43.5 in 1990, 34.1 in 2000 and 8.3 in 2024; Southern Asia's mortality rate among children aged 1–59 months was 74.5 in 1990, 49.3 in 2000 and 12.4 in 2024.

TABLE 4 Levels and trends in the under-five mortality rate, by Sustainable Development Goal region, 1990–2024

Region	Under-five mortality rate (deaths per 1,000 live births)					Decline (per cent)				Annual rate of reduction (per cent)		
	1990	2000	2010	2015	2024	1990–2024	2000–2024	2000–2015	2015–2024	2000–2024	2000–2015	2015–2024
<b>Sub-Saharan Africa</b>	180.5	152.4	98.1	85.8	71.6	60	53	44	17	3.1	3.8	2.0
<b>Northern Africa and Western Asia</b>	78.4	50.9	33.3	29.3	26.1	67	49	42	11	2.8	3.7	1.3
Northern Africa	86.2	59.5	39.5	33.6	32.1	63	46	43	4	2.6	3.8	0.5
Western Asia	70.4	42.9	26.9	24.7	20.1	71	53	42	19	3.2	3.7	2.3
<b>Central and Southern Asia</b>	125.3	91.2	59.8	47.0	32.0	74	65	48	32	4.4	4.4	4.3
Central Asia	69.6	59.5	30.0	22.4	17.0	76	71	62	24	5.2	6.5	3.1
Southern Asia	127.5	92.1	61.0	48.1	32.8	74	64	48	32	4.3	4.3	4.2
<b>Eastern and South-Eastern Asia</b>	56.7	39.7	21.3	16.5	13.0	77	67	59	21	4.6	5.9	2.6
Eastern Asia	50.8	35.3	15.1	10.4	5.8	89	83	71	44	7.5	8.1	6.4
South-Eastern Asia	71.4	47.3	31.5	26.5	20.2	72	57	44	24	3.5	3.9	3.0
<b>Latin America and the Caribbean</b>	54.6	32.7	22.7	18.3	15.4	72	53	44	16	3.1	3.9	1.9
<b>Oceania</b>	33.2	31.1	26.0	25.5	18.9	43	39	18	26	2.1	1.3	3.3
Australia and New Zealand	9.6	6.4	5.0	4.2	3.8	60	41	35	9	2.2	2.9	1.1
Oceania (exc. Australia and New Zealand)	70.5	61.4	51.8	50.3	36.2	49	41	18	28	2.2	1.3	3.7
<b>Europe and Northern America</b>	14.2	9.7	6.9	6.0	5.2	63	46	38	14	2.6	3.1	1.6
Europe	15.8	10.5	6.8	5.7	4.5	72	57	46	22	3.6	4.0	2.7
Northern America	11.0	8.3	7.2	6.6	6.4	42	23	20	4	1.1	1.5	0.4
<b>World</b>	<b>93.5</b>	<b>76.7</b>	<b>50.6</b>	<b>42.9</b>	<b>37.4</b>	<b>60</b>	<b>51</b>	<b>44</b>	<b>13</b>	<b>3.0</b>	<b>3.9</b>	<b>1.5</b>

Note: All calculations are based on unrounded numbers.

TABLE 6 Levels and trends in the 1–59-months mortality rate, by Sustainable Development Goal region, 1990–2024

Region	1–59-months mortality rate (deaths per 1,000 children aged 28 days)					Decline (per cent)				Annual rate of reduction (per cent)		
	1990	2000	2010	2015	2024	1990–2024	2000–2024	2000–2015	2015–2024	2000–2024	2000–2015	2015–2024
<b>Sub-Saharan Africa</b>	141.9	117.9	69	58.3	46.1	67	61	51	21	3.9	4.7	2.6
<b>Northern Africa and Western Asia</b>	49.0	28.3	16.4	14.4	13.0	74	54	49	10	3.2	4.5	1.2
Northern Africa	54.4	33.9	19.8	16.1	16.4	70	52	52	-2	3.0	5.0	-0.2
Western Asia	43.6	23.1	13.0	12.6	9.5	78	59	45	24	3.7	4.0	3.1
<b>Central and Southern Asia</b>	73.3	48.8	27.5	19.6	12.2	83	75	60	38	5.8	6.1	5.2
Central Asia	43.5	34.0	14.1	11.0	8.3	81	76	68	25	5.9	7.5	3.2
Southern Asia	74.5	49.3	28	19.9	12.4	83	75	60	38	5.7	6.0	5.3
<b>Eastern and South-Eastern Asia</b>	29.8	20.1	10.6	8.3	6.5	78	68	59	22	4.7	5.9	2.7
Eastern Asia	23.6	15.9	7.2	5.3	3.2	87	80	67	40	6.7	7.4	5.7
South-Eastern Asia	45.3	27.3	16.4	13.4	9.9	78	64	51	26	4.2	4.8	3.4
<b>Latin America and the Caribbean</b>	32.9	17.1	11.8	8.4	7.1	78	59	51	15	3.7	4.8	1.8
<b>Oceania</b>	20.3	17.6	14.2	14.5	9.3	54	48	18	36	2.7	1.3	5.0
Australia and New Zealand	5.0	2.9	2.2	1.7	1.5	71	50	42	13	2.9	3.7	1.6
Oceania (exc. Australia and New Zealand)	44.7	36.1	29.3	29.6	18.3	59	49	18	38	2.8	1.3	5.3
<b>Europe and Northern America</b>	7.0	4.5	3.2	2.6	2.3	67	50	43	12	2.9	3.7	1.5
Europe	7.7	5.0	3.2	2.5	2.0	74	60	50	21	3.9	4.6	2.6
Northern America	5.4	3.7	3.1	2.8	2.8	49	26	25	1	1.3	1.9	0.1
<b>World</b>	<b>59.1</b>	<b>47.8</b>	<b>29.1</b>	<b>23.9</b>	<b>20.5</b>	<b>65</b>	<b>57</b>	<b>50</b>	<b>14</b>	<b>3.5</b>	<b>4.6</b>	<b>1.7</b>

Note: All calculations are based on unrounded numbers.

TABLE 5 Levels and trends in the neonatal mortality rate, by Sustainable Development Goal region, 1990–2024

Region	Neonatal mortality rate (deaths per 1,000 live births)					Decline (per cent)				Annual rate of reduction (per cent)		
	1990	2000	2010	2015	2024	1990–2024	2000–2024	2000–2015	2015–2024	2000–2024	2000–2015	2015–2024
<b>Sub-Saharan Africa</b>	45.0	39.1	31.2	29.2	26.7	41	32	25	9	1.6	1.9	1.0
<b>Northern Africa and Western Asia</b>	30.9	23.3	17.1	15.1	13.3	57	43	35	12	2.3	2.9	1.4
Northern Africa	33.7	26.5	20.1	17.8	16.0	53	40	33	10	2.1	2.6	1.2
Western Asia	28.1	20.3	14	12.3	10.7	62	47	39	13	2.7	3.3	1.6
<b>Central and Southern Asia</b>	56.1	44.5	33.3	27.9	20.0	64	55	37	28	3.3	3.1	3.7
Central Asia	27.3	26.3	16.1	11.5	8.8	68	67	56	23	4.6	5.5	3.0
Southern Asia	57.2	45.0	33.9	28.7	20.6	64	54	36	28	3.3	3.0	3.7
<b>Eastern and South-Eastern Asia</b>	27.8	20.0	10.7	8.2	6.6	76	67	59	20	4.6	5.9	2.5
Eastern Asia	27.9	19.7	7.9	5.1	2.7	90	86	74	48	8.3	8.9	7.3
South-Eastern Asia	27.4	20.6	15.4	13.3	10.5	62	49	36	21	2.8	2.9	2.6
<b>Latin America and the Caribbean</b>	22.4	15.8	11.0	10.0	8.3	63	48	37	17	2.7	3.1	2.1
<b>Oceania</b>	13.2	13.7	12.0	11.2	9.8	26	29	19	13	1.4	1.4	1.5
Australia and New Zealand	4.6	3.5	2.8	2.5	2.3	49	33	29	6	1.7	2.3	0.7
Oceania (exc. Australia and New Zealand)	27.0	26.2	23.2	21.3	18.2	32	31	19	15	1.5	1.4	1.8
<b>Europe and Northern America</b>	7.3	5.1	3.7	3.4	2.9	60	43	33	15	2.3	2.7	1.8
Europe	8.2	5.5	3.5	3.2	2.5	70	55	42	22	3.3	3.6	2.8
Northern America	5.6	4.6	4.1	3.9	3.6	36	20	16	6	1.0	1.1	0.7
<b>World</b>	<b>36.6</b>	<b>30.3</b>	<b>22.1</b>	<b>19.4</b>	<b>17.2</b>	<b>53</b>	<b>43</b>	<b>36</b>	<b>11</b>	<b>2.4</b>	<b>3.0</b>	<b>1.3</b>

Note: All calculations are based on unrounded numbers.

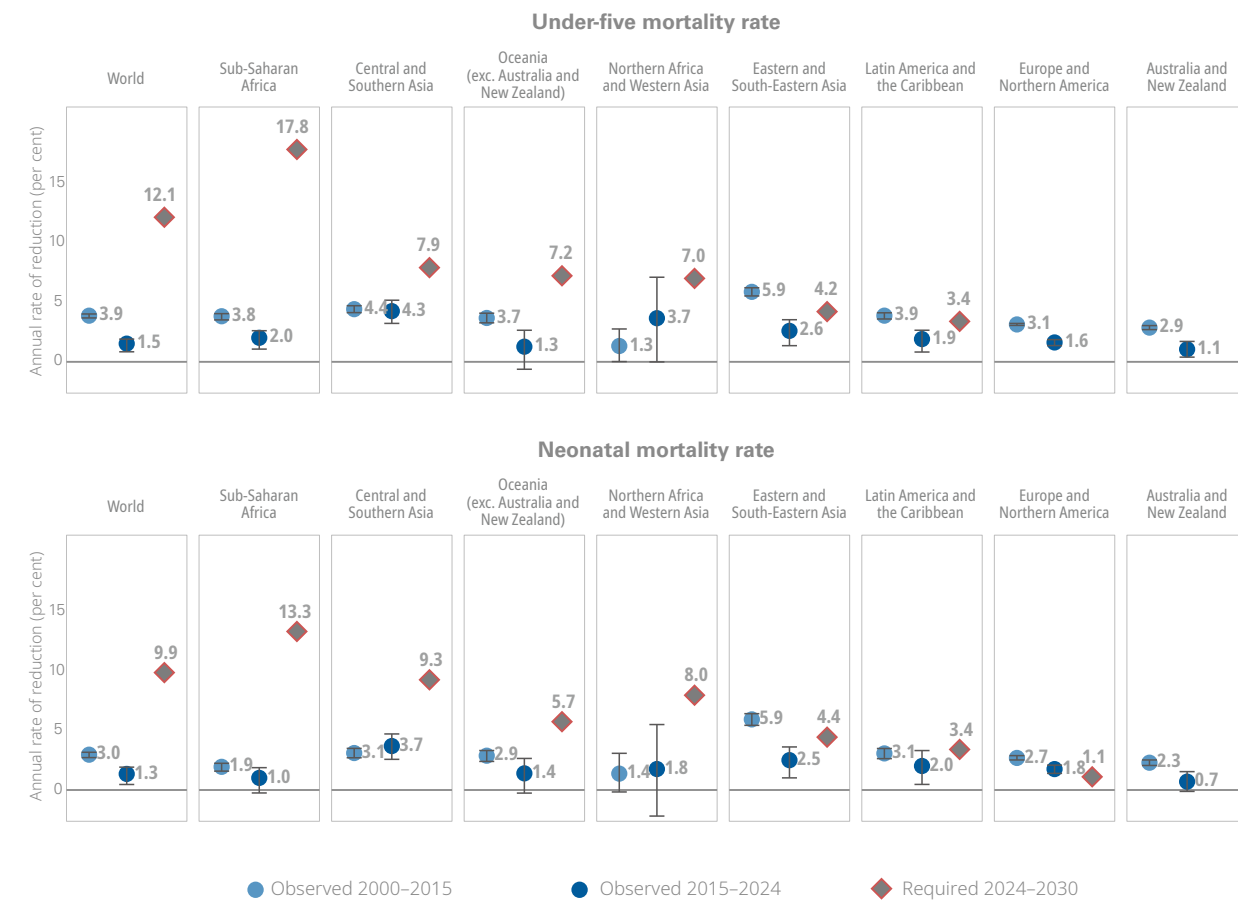
As under-five mortality overall declines, deaths become more concentrated in the neonatal period. Gains in neonatal mortality have lagged behind those among children aged 1–59 months, leading to a larger share of under-five deaths occurring in the first 28 days of life – from 41 per cent in 2000 to 45 per cent in 2010 and 47 per cent in 2024 (Table 2).

Slower progress in reducing neonatal deaths reflects region-specific demographic changes and cause-specific challenges. The slower decline in neonatal deaths compared to deaths among children aged 1–59 months is influenced by rising numbers of births in high-mortality regions, particularly sub-Saharan Africa, as well as differences in cause-of-death patterns by age. While infectious causes dominate mortality among children aged 1–59 months and are addressed by a relatively well-defined set of interventions, neonatal deaths are more often due to causes such as prematurity and intrapartum-related complications, which are multifactorial and more complex to prevent and treat.

Global progress in reducing under-five mortality has slowed in the SDG era. The global annual rate of reduction (ARR)<sup>24</sup> in under-five mortality declined from 3.9 (3.7–4.0) per cent during 2000–2015 to 1.5 (0.8–1.9) per cent during 2015–2024 (Figure 3 and Table 4), a 61 per cent reduction in the pace of decline.

The slowdown has been observed for mortality both in the first month of life and among those aged 1–59 months. Globally, the NMR fell by 3.0 (2.7–3.2) per cent per year during 2000–2015, but this rate dropped to 1.3 (0.5–1.9) per cent annually during 2015–2024 (Figure 3 and Table 5) – a 54 per cent decline. Meanwhile, mortality among children aged 1–59 months declined by 4.6 (4.4–4.8) per cent annually during 2000–2015 but slowed to 1.7 (0.8–2.3) per cent per year during 2015–2024 (Table 6), a 63 per cent reduction.

**FIGURE 3** Observed annual rates of reduction during the MDG era (2000–2015) and SDG era (2015–2024) and required annual rate of reduction for all countries in the region to meet the SDG targets (2024–2030), by Sustainable Development Goal region



Note: Observed ARR are shown with vertical bars representing the 90 per cent uncertainty interval. The required ARR was derived based on the assumption that all countries in the region need to achieve the SDG target by 2030. If countries have already reached the target or are on track to do so before 2030, they should continue the observed 2015–2024 trend (as measured by ARR). There is no required ARR in regions where all countries in the region have achieved the SDG target by 2024. The observed ARR of U5MR in Central Asia was 6.5 per cent in 2000–2015 and 3.1 per cent in 2015–2024; in Southern Asia, it was 4.3 per cent in 2000–2015 and 4.2 per cent in 2015–2024. The required ARR to meet the SDG target on under-five mortality is 4.6 per cent for Central Asia and 8.0 per cent for Southern Asia. The observed ARR in the NMR in Central Asia was 5.5 per cent in 2000–2015 and 3.0 per cent in 2015–2024; in Southern Asia, it was 3.0 per cent in 2000–2015 and 3.7 per cent in 2015–2024. The required ARR to meet the SDG target on neonatal mortality is 4.5 per cent for Central Asia and 9.4 per cent for Southern Asia.



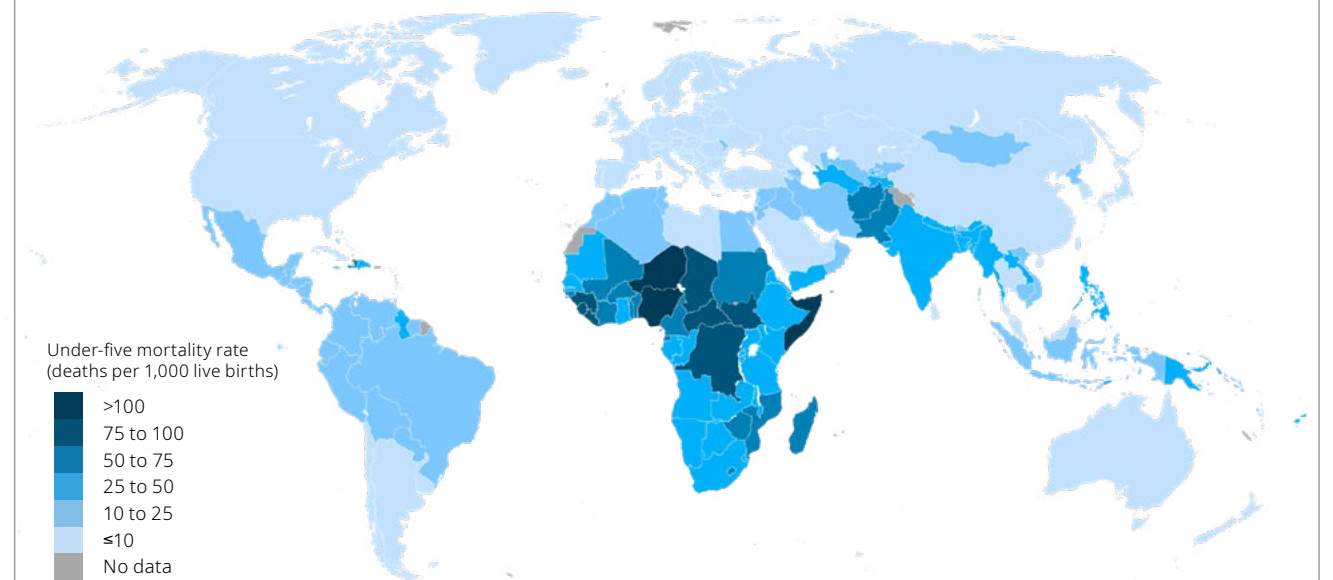
**Stark geographic disparities in under-five mortality persist across countries and regions.** In 2024, a child born in the country with the highest U5MR (115.6 deaths per 1,000 live births) was 57 times more likely to die before age 5 than a child born in the country with the lowest U5MR (2.0 deaths per 1,000 live births) (Map 1).\*

**Sub-Saharan Africa continues to record the highest U5MR of any region.** The region had a U5MR of 71.6 (67.8–79.3) deaths per 1,000 live births in 2024 (Figure 2 and Table 4), a level 19 times higher than in the region of Australia and New Zealand, which had the lowest regional U5MR of 3.8 (3.6–4.0), and 14 times higher than Europe and Northern America, which had the second-lowest regional U5MR of 5.2 (5.1–5.3). Oceania (excluding Australia and New Zealand) had the next-highest regional U5MR in 2024 at 36.2 (24.0–55.2), followed by Southern Asia at 32.8 (30.1–36.2) deaths per 1,000 live births.

**The global slowdown in under-five mortality decline was observed across regions with few exceptions.**

The slowdown during 2015–2024 compared to 2000–2015 was observed in all regions for under-five mortality except Oceania (excluding Australia and New Zealand), and in all regions for neonatal mortality except for Southern Asia and Oceania (excluding Australia and New Zealand) (Figure 3). Of particular concern is sub-Saharan Africa – the region with the highest mortality risk – where gains in reducing neonatal and under-five mortality have decelerated. In contrast, Southern Asia has sustained progress in reducing under-five mortality and accelerated reductions in neonatal mortality.<sup>25</sup> Nevertheless, further acceleration is required for Southern Asia to achieve the SDG targets. No region saw a significant increase in its neonatal or under-five ARR between the two periods. Additionally, uncertainty around the ARR for both U5MR and NMR was greater, to varying degrees, for 2015–2024 than for 2000–2015, reflecting the more limited availability of recent data.

**MAP 1** Under-five mortality rate, by country, 2024



Note: Categories are based on unrounded numbers; value ranges are greater than the lower bound number and less than or equal to the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

\* Excluding countries with less than 10,000 estimated live births in 2024.

**There are fewer countries with extremely high under-five mortality, but they are primarily located in sub-Saharan Africa.** In 2024, only three countries – the Niger, Nigeria and Somalia – had U5MRs above 100 deaths per 1,000 live births, down from 41 countries in 2000. All three are in sub-Saharan Africa, which also contained 19 of the top 20 countries with the highest U5MRs globally in 2024, each exceeding 60 deaths per 1,000 live births (Map 1).

**In 2024, the risk of dying in the first 28 days of life was 53 times higher in the country with the highest NMR than in the country with the lowest.** Country-level NMRs ranged from 0.7 to 39.5 deaths per 1,000 live births (Map 2). The

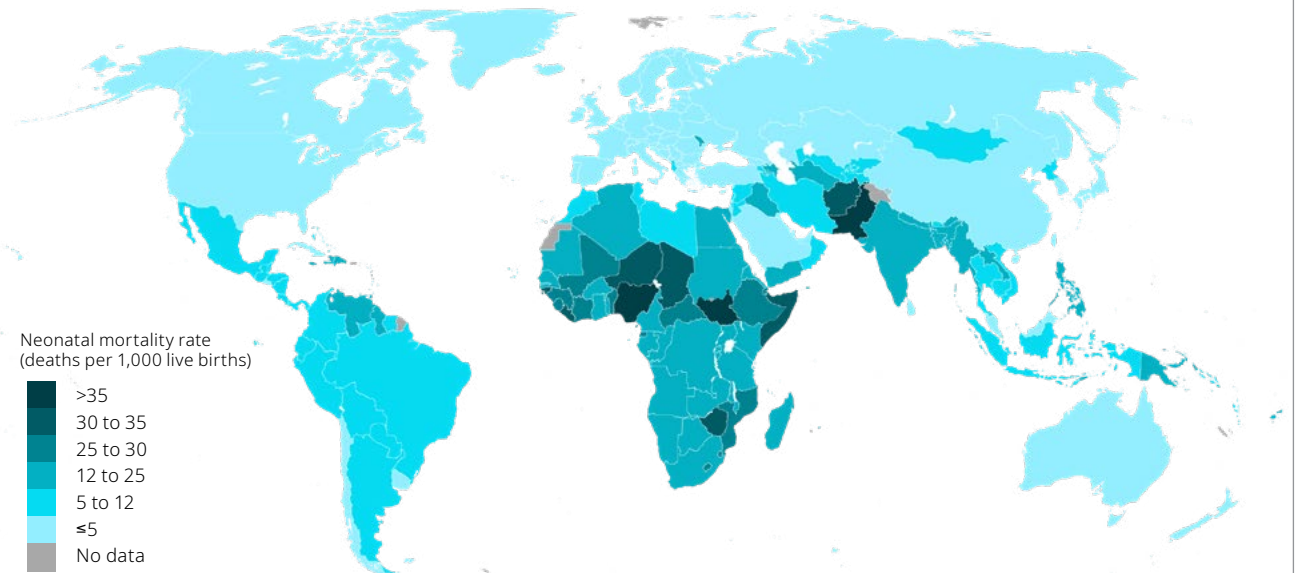
gap between high and low countries was even starker for children aged 1–59 months, where rates ranged from 0.9 to 80.2 deaths per 1,000 children aged 28 days, a 89-fold disparity (Map 3)\*.

**Sub-Saharan Africa and Southern Asia had the highest NMRs globally.** Sub-Saharan Africa recorded a regional NMR of 26.7 (24.5–30.6) deaths per 1,000 live births in 2024 – 11 times higher than the lowest regional NMR (Australia and New Zealand) and just a 32 per cent decline since 2000 (Figure 2 and Table 5). Southern Asia had the second-highest regional NMR at 20.6 (18.7–23.0) deaths per 1,000 live births, following a steeper decline since 2000 (54 per cent) than in sub-Saharan Africa.



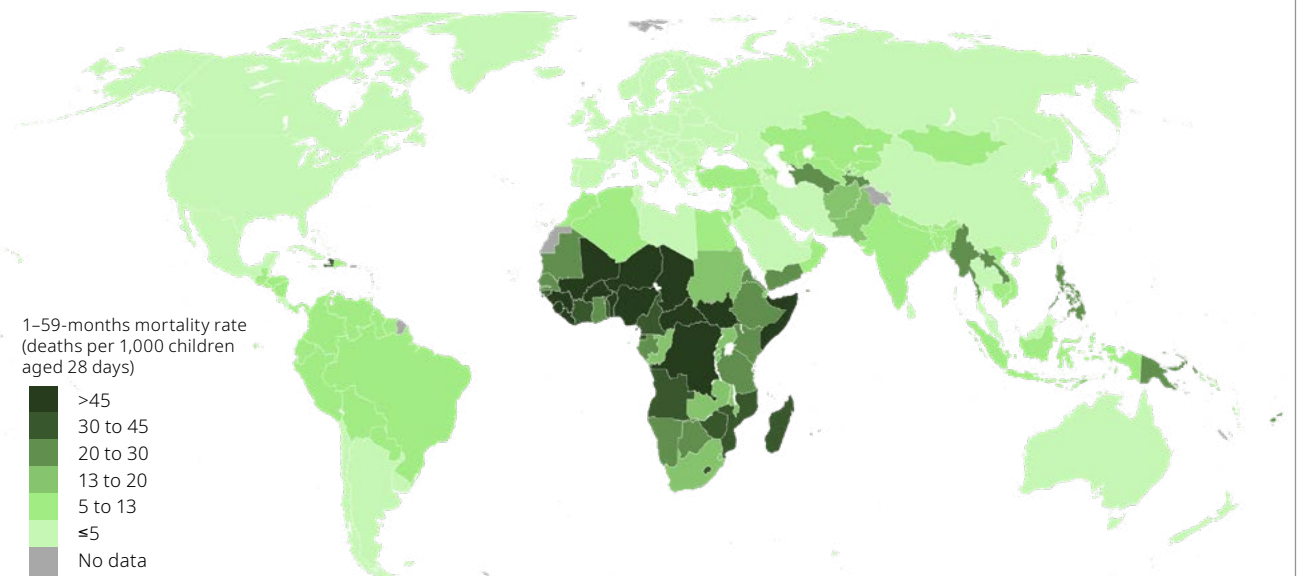
\* Excluding countries with less than 10,000 estimated live births in 2024.

MAP 2 Neonatal mortality rate, by country, 2024



Note: Categories are based on unrounded numbers; value ranges are greater than the lower bound number and less than or equal to the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

MAP 3 1–59-months mortality rate, by country, 2024



Note: Categories are based on unrounded numbers; value ranges are greater than the lower bound number and less than or equal to the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

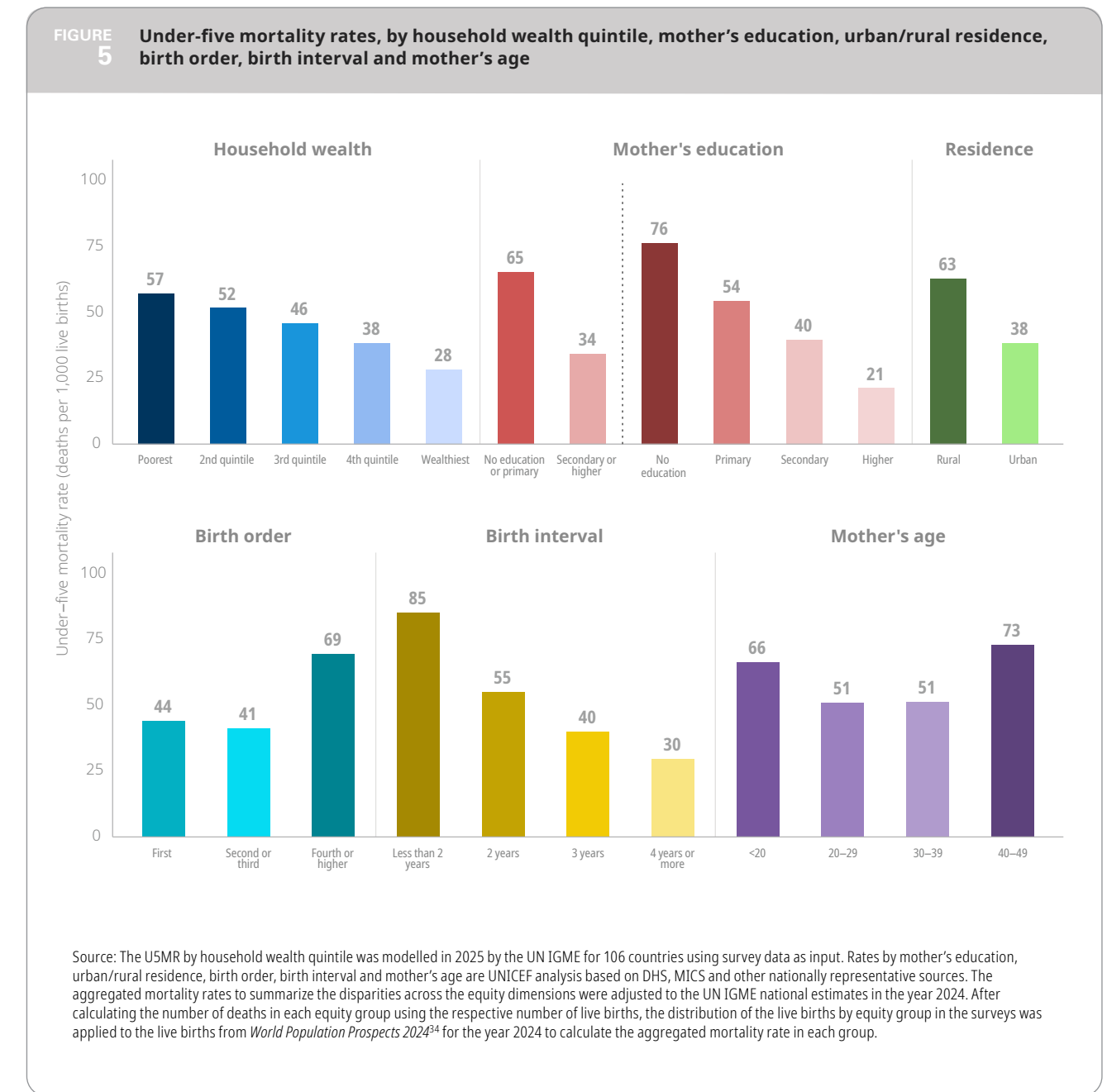
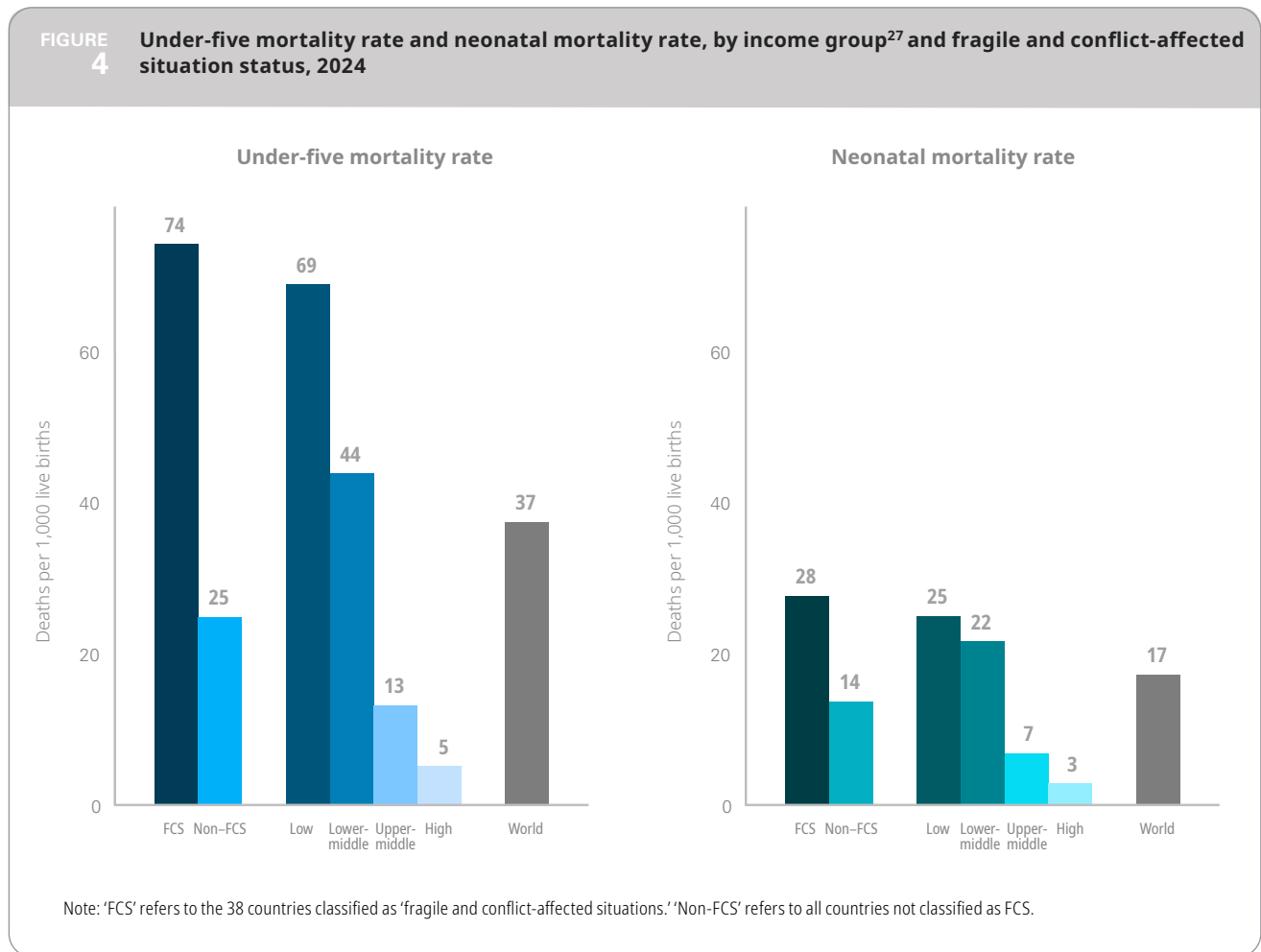
**Children living in fragile and conflict-affected settings face substantially higher mortality rates.** The World Bank Group classification of fragile and conflict-affected situations (FCS) provides a list of countries with either high levels of institutional and social fragility – based on indicators that measure manifestations of fragility and the quality of policy and institutions – or violent conflict, identified by a threshold number of conflict-related deaths relative to population.<sup>26</sup> In 2024, children in FCS countries faced a U5MR of 74.1 (69.4–83.3) deaths per 1,000 live births, nearly three times higher than children in non-FCS countries (Figure 4). These children also faced outsized risk of neonatal death: the NMR for FCS countries was 27.6 (25.1–32.0) deaths per 1,000 live births, twice the NMR in non-FCS countries (Figure 4).

**The probability of death was markedly higher for children born in low- and lower-middle-income countries than for those born in high-income countries.** Children born in low- and lower-middle-income countries faced U5MRs of 68.8 (63.7–79.6) and 43.8 (41.4–47.3) deaths per 1,000 live births, respectively, in 2024. In contrast, the average U5MR among high-income countries was just 5.1 (5.0–5.3) – almost 14 times lower than in low-income countries. Neonatal survival also sees large differences by income classification. The NMR in low-income countries of 24.9 (22.6–29.6) deaths per 1,000 live births was nine times higher than the average NMR across high-income countries of 2.8 (2.7–2.9) (Figure 4).

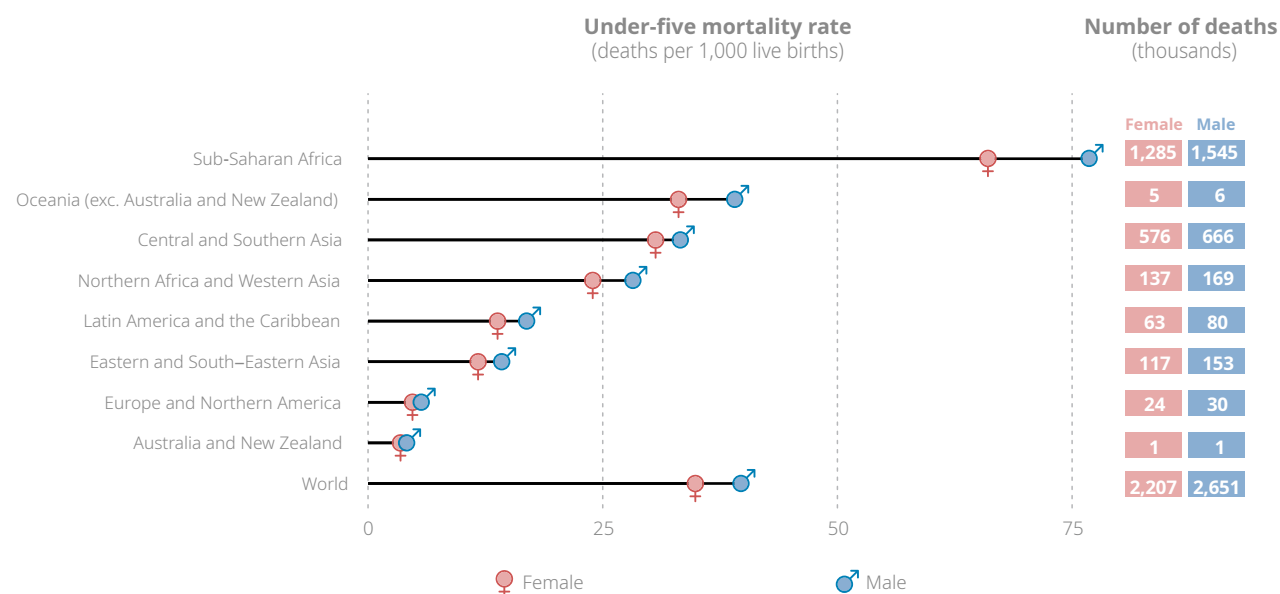
**Household demographics and maternal factors are associated with under-five mortality risk.** Children in the poorest households were about

twice as likely to die before age 5 as those in the wealthiest households.<sup>28</sup> Mortality risks were similarly elevated among children whose mothers had no education or only primary education compared with those whose mothers had secondary or higher education.<sup>29</sup> Under-five mortality was approximately 1.5 times higher in rural than urban areas,<sup>30</sup> and higher risks were associated with young maternal age,<sup>31</sup> shorter birth intervals<sup>32</sup> and high birth order<sup>33</sup> (Figure 5). These births require additional attention to avoid preventable death.

**Sex differentials in under-five mortality persist but have narrowed over time.** Globally, under-five mortality remains higher among boys than girls, reflecting biological vulnerability in early life (Figure 6). While boys generally have a higher U5MR than girls, in some countries the U5MR for girls is significantly higher than what would be expected based on global sex-ratio patterns (see ‘Estimation of under-five and infant mortality rates by sex’ in ‘Annex: Estimating child mortality’ below). The number of countries with higher-than-expected mortality among girls declined from 22 in 2000 to 9 in 2024.



**FIGURE 6 Under-five mortality rate and number of under-five deaths, by sex and Sustainable Development Goal region, 2024**



Note: All calculations are based on unrounded numbers. In 2024, Central Asia's female U5MR was 14.9 and male U5MR was 19.1; Southern Asia's female U5MR was 31.5 and male U5MR was 34.0. In 2024, Central Asia's number of female under-five deaths (in thousand) was 14 and the number of male under-five deaths was 19; Southern Asia's number of female under-five deaths (in thousands) was 563 and the number of male under-five deaths was 647.

### Levels and trends in cause-specific under-five mortality

Most under-five deaths are caused by neonatal conditions and infectious diseases. In 2024, the most prevalent causes of under-five deaths were prematurity (18 per cent), lower respiratory infections (pneumonia) (13 per cent) and birth asphyxia/trauma (10 per cent), which together accounted for more than 40 per cent of under-five deaths globally (Figure 7 and Table 7).

Causes of death differ between neonates and children aged 1–59 months, with infectious diseases dominating in the latter group. While prematurity, intrapartum events (birth asphyxia/trauma), lower respiratory infections (pneumonia) and sepsis were the most common causes of mortality among neonates – accounting for almost 8 in 10 neonatal deaths (Table 8) – malaria, lower respiratory infections (pneumonia) and diarrhoea were the leading causes of mortality among 1–59-month-old children, causing almost half of the deaths in this age group globally in 2024 (Table 9).

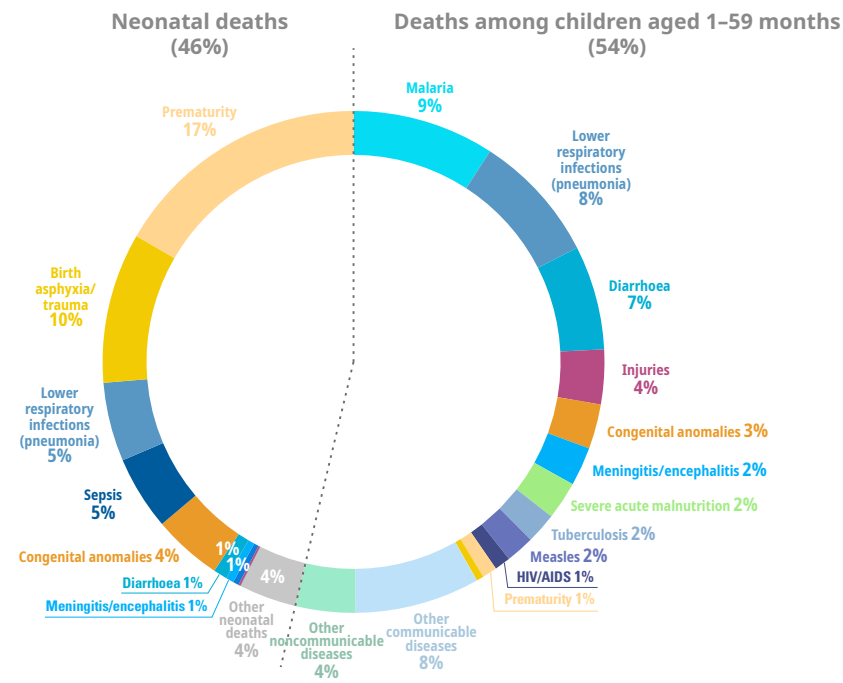


**TABLE 7 Distribution of under-five deaths (percentage), by cause and Sustainable Development Goal region, 2024**

Region	Prematurity	Lower respiratory infections (pneumonia)	Birth asphyxia/trauma	Malaria	Diarrhoea	Congenital anomalies	Sepsis	Injuries	Meningitis/encephalitis	Severe acute malnutrition	Tuberculosis	Measles	HIV/AIDS	Tetanus	Other under-five deaths
<b>Sub-Saharan Africa</b>	12.3	15.0	9.1	15.3	9.7	3.6	5.0	2.5	3.8	3.0	0.9	2.5	1.5	0.5	15.3
<b>Northern Africa and Western Asia</b>	24.3	13.3	7.7	1.6	5.1	14.8	2.6	7.4	1.3	2.5	0.5	2.7	0.2	0.2	15.6
Northern Africa	24.5	12.7	7.0	2.2	5.1	14.1	2.5	6.6	1.4	3.3	0.5	4.3	0.3	0.1	15.4
Western Asia	24.0	14.4	8.9	0.6	5.2	16.0	2.7	8.9	1.2	1.3	0.4	0.2	0.1	0.3	15.8
<b>Central and Southern Asia</b>	26.1	11.7	13.8	0.2	5.0	8.9	5.4	3.5	2.4	1.8	4.0	0.6	0.1	0.3	16.2
Central Asia	28.1	12.7	8.6	0.0	4.7	21.0	1.2	7.6	1.1	0.6	0.9	0.0	0.9	0.0	12.4
Southern Asia	26.0	11.7	14.0	0.2	5.0	8.6	5.5	3.4	2.4	1.8	4.0	0.7	0.1	0.3	16.3
<b>Eastern and South-Eastern Asia</b>	23.5	8.3	9.3	0.2	3.6	19.3	1.9	9.7	1.2	0.6	7.2	0.5	0.9	0.1	13.7
Eastern Asia	15.0	6.4	10.5	0.0	2.7	19.3	1.2	16.8	1.4	0.0	6.8	0.2	0.4	0.0	19.4
South-Eastern Asia	26.0	8.9	8.9	0.3	3.9	19.4	2.1	7.5	1.1	0.7	7.3	0.5	1.1	0.1	12.0
<b>Latin America and the Caribbean</b>	21.6	10.8	8.8	0.0	3.6	21.6	5.6	7.0	1.1	0.5	0.4	0.1	0.7	0.1	18.0
<b>Oceania</b>	19.1	9.8	10.2	11.3	4.4	9.4	3.3	2.4	1.6	1.6	4.4	0.1	10.0	1.0	11.3
Australia and New Zealand	25.6	2.8	10.7	0.0	0.6	27.4	1.7	5.6	0.6	0.0	0.0	0.0	0.0	0.0	24.8
Oceania (exc. Australia and New Zealand)	18.3	10.6	10.1	12.7	4.9	7.3	3.5	2.0	1.7	1.9	4.9	0.1	11.2	1.1	9.7
<b>Europe and Northern America</b>	26.6	3.9	7.0	0.0	1.0	27.8	2.6	8.8	0.6	0.0	0.2	0.1	0.4	0.0	20.9
Europe	26.9	4.9	8.0	0.0	0.7	30.0	2.5	5.8	0.7	0.0	0.4	0.1	0.8	0.0	19.2
Northern America	26.2	2.8	5.9	0.0	1.4	25.4	2.8	12.1	0.5	0.0	0.0	0.0	0.0	0.0	22.8
<b>World</b>	<b>17.6</b>	<b>13.4</b>	<b>10.2</b>	<b>9.2</b>	<b>7.6</b>	<b>7.3</b>	<b>4.8</b>	<b>3.6</b>	<b>3.0</b>	<b>2.5</b>	<b>2.0</b>	<b>1.8</b>	<b>1.0</b>	<b>0.4</b>	<b>15.6</b>

Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.

**FIGURE 7** Global distribution of under-five deaths, by cause, 2024



Source: Child and Adolescent Causes of Death Estimation project (2026).

**TABLE 8** Distribution of neonatal deaths (percentage), by cause and Sustainable Development Goal region, 2024

Region	Prematurity	Birth asphyxia/trauma	Lower respiratory infections (pneumonia)	Sepsis	Congenital anomalies	Diarrhoea	Meningitis/encephalitis	Tetanus	Injuries	HIV/AIDS	Other neonatal deaths
<b>Sub-Saharan Africa</b>	30.4	22.9	13.9	13.3	6.2	2.4	1.4	1.3	0.0	0.1	8.2
<b>Northern Africa and Western Asia</b>	45.9	14.5	7.1	5.1	18.9	1.0	0.2	0.3	0.6	0.0	6.4
Northern Africa	48.9	13.6	6.3	5.1	19.4	0.9	0.2	0.2	0.6	0.0	4.7
Western Asia	41.4	15.8	8.3	5.0	18.2	1.1	0.1	0.5	0.7	0.0	8.9
<b>Central and Southern Asia</b>	39.8	21.1	10.0	8.5	9.0	2.0	1.2	0.5	0.1	0.0	7.9
Central Asia	51.6	14.7	3.6	2.4	21.8	0.3	0.3	0.0	1.7	0.0	3.5
Southern Asia	39.6	21.2	10.1	8.7	8.7	2.0	1.2	0.5	0.1	0.0	8.0
<b>Eastern and South-Eastern Asia</b>	45.0	17.7	4.3	3.8	19.9	0.4	0.2	0.2	2.1	0.0	6.3
Eastern Asia	31.7	23.5	5.0	2.3	20.3	0.0	0.3	0.0	4.3	0.0	12.6
South-Eastern Asia	48.4	16.2	4.2	4.2	19.8	0.5	0.1	0.2	1.6	0.0	4.7
<b>Latin America and the Caribbean</b>	36.9	15.0	4.0	10.4	21.5	0.3	0.1	0.2	0.8	0.0	10.8
<b>Oceania</b>	35.1	19.0	9.4	6.4	13.8	1.9	0.8	1.9	0.2	0.3	11.3
Australia and New Zealand	34.5	16.2	1.4	2.7	29.4	0.0	0.0	0.0	0.5	0.0	15.3
Oceania (exc. Australia and New Zealand)	35.2	19.4	10.6	6.9	11.4	2.1	0.9	2.1	0.1	0.4	10.8
<b>Europe and Northern America</b>	42.7	11.0	0.9	4.7	27.1	0.0	0.0	0.0	1.1	0.0	12.3
Europe	42.6	12.3	1.3	4.5	28.6	0.0	0.1	0.0	0.9	0.0	9.7
Northern America	42.9	9.7	0.4	5.0	25.6	0.0	0.0	0.0	1.3	0.0	15.1
<b>World</b>	<b>36.0</b>	<b>21.0</b>	<b>11.0</b>	<b>10.3</b>	<b>9.6</b>	<b>1.9</b>	<b>1.1</b>	<b>0.8</b>	<b>0.3</b>	<b>0.0</b>	<b>8.0</b>

Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.

**TABLE 9** Distribution of 1-59-months deaths (percentage), by cause and Sustainable Development Goal region, 2024

Region	Malaria	Lower respiratory infections (pneumonia)	Diarrhoea	Injuries	Congenital anomalies	Meningitis/encephalitis	Severe acute malnutrition	Tuberculosis	Measles	HIV/AIDS	Prematurity	Birth asphyxia/trauma	Sepsis	Other communicable diseases	Other non-communicable diseases
<b>Sub-Saharan Africa</b>	24.6	15.6	14.1	3.9	2.1	5.2	4.9	1.4	4.0	2.4	1.4	0.7	0.0	14.7	5.0
<b>Northern Africa and Western Asia</b>	3.3	19.7	9.3	14.4	10.6	2.5	5.2	0.9	5.5	0.5	2.4	0.8	0.0	14.5	10.4
Northern Africa	4.3	18.8	9.1	12.3	9.0	2.4	6.4	0.9	8.3	0.6	1.7	0.7	0.0	15.6	9.9
Western Asia	1.4	21.4	9.8	18.4	13.4	2.5	2.8	1.0	0.4	0.2	3.7	1.1	0.0	12.6	11.3
<b>Central and Southern Asia</b>	0.4	14.6	10.2	9.3	8.8	4.5	4.9	10.8	1.7	0.4	2.5	1.5	0.0	20.4	10.0
Central Asia	0.0	22.3	9.4	13.9	20.1	2.0	1.3	1.9	0.0	1.8	3.2	2.2	0.0	7.1	14.7
Southern Asia	0.4	14.3	10.2	9.2	8.4	4.6	5.0	11.1	1.8	0.3	2.5	1.4	0.0	20.9	9.9
<b>Eastern and South-Eastern Asia</b>	0.4	12.2	6.8	17.1	18.8	2.1	1.1	14.3	0.9	1.8	2.4	1.1	0.1	6.4	14.6
Eastern Asia	0.0	7.4	4.7	26.3	18.5	2.2	0.0	12.0	0.4	0.6	2.3	0.5	0.3	4.6	20.0
South-Eastern Asia	0.6	13.9	7.5	13.8	18.9	2.1	1.5	15.1	1.1	2.2	2.4	1.3	0.0	7.0	12.7
<b>Latin America and the Caribbean</b>	0.1	18.7	7.5	14.4	21.7	2.3	1.1	0.8	0.2	1.4	3.7	1.6	0.0	9.1	17.2
<b>Oceania</b>	23.5	10.2	7.2	4.8	4.8	2.5	3.4	9.2	0.2	20.5	1.8	0.6	0.0	5.1	6.2
Australia and New Zealand	0.0	5.2	1.7	13.9	24.3	1.6	0.0	0.1	0.0	0.0	11.1	1.9	0.0	7.7	32.6
Oceania (exc. Australia and New Zealand)	25.7	10.6	7.7	4.0	3.0	2.6	3.8	10.0	0.2	22.4	0.9	0.5	0.0	4.8	3.7
<b>Europe and Northern America</b>	0.0	7.7	2.4	18.5	28.7	1.3	0.0	0.5	0.1	0.9	6.3	2.0	0.0	4.6	27.1
Europe	0.0	9.3	1.6	11.8	31.6	1.5	0.0	0.9	0.3	1.6	7.9	2.9	0.0	4.7	26.0
Northern America	0.0	5.8	3.2	26.3	25.3	1.1	0.0	0.0	0.0	0.0	4.4	0.9	0.0	4.5	28.4
<b>World</b>	<b>17.0</b>	<b>15.5</b>	<b>12.5</b>	<b>6.6</b>	<b>5.4</b>	<b>4.7</b>	<b>4.6</b>	<b>3.7</b>	<b>3.4</b>	<b>1.9</b>	<b>1.8</b>	<b>0.9</b>	<b>0.0</b>	<b>15.0</b>	<b>7.2</b>

Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.



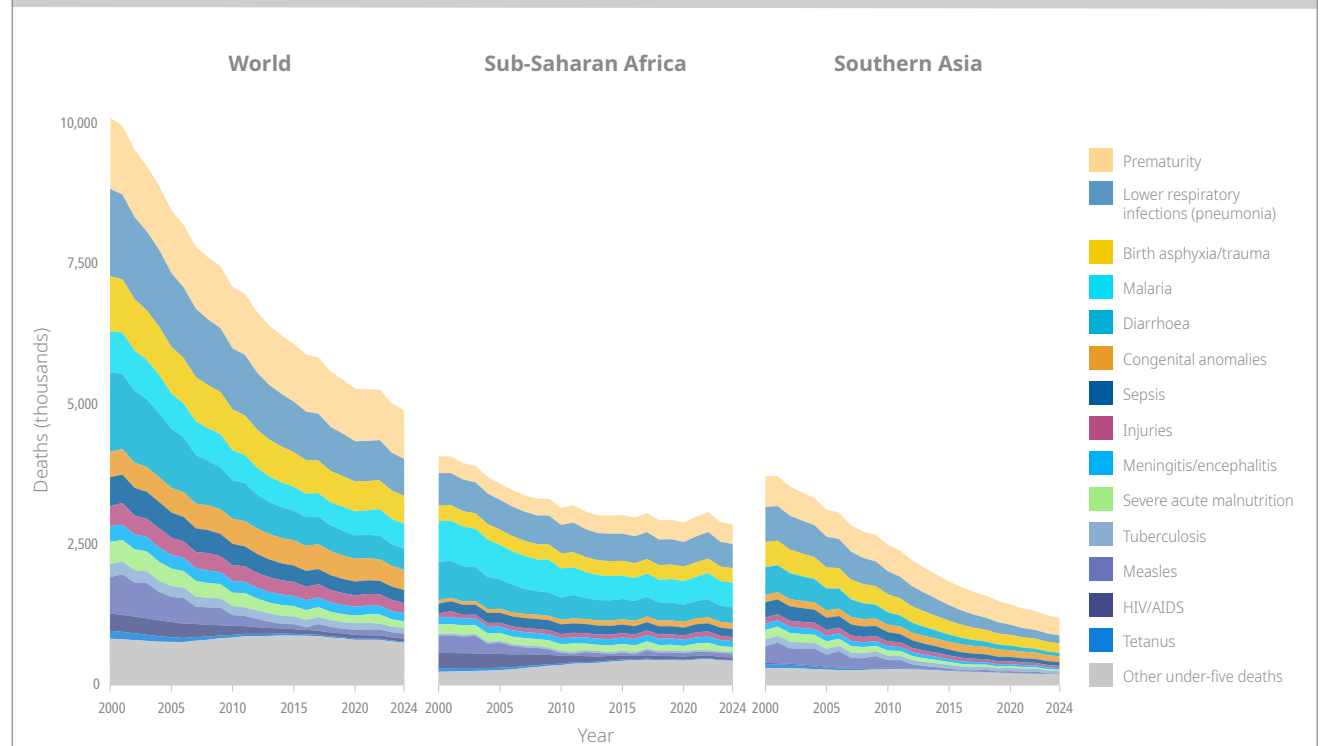
**Severe acute malnutrition is an important cause of death among 1–59-month-old children.** More than 100,000 deaths in this age group in 2024 had severe acute malnutrition as a direct underlying cause. These direct deaths do not account for the indirect impact of malnutrition on under-five mortality.\*

**While most cause-specific mortality rates and deaths have declined since 2000, reductions have been greater for leading infectious diseases than**

**for causes of death around the time of birth.** These different declines in cause-specific deaths (Figure 8) and rates (Figure 9) have shifted the leading causes from infectious disease to birth-related conditions: in 2000 the leading causes of under-five deaths were lower respiratory infections (pneumonia) (15 per cent), diarrhoea (14 per cent) and prematurity (12 per cent), while in 2024 the leading causes were prematurity (18 per cent), lower respiratory infections (pneumonia) (13 per cent) and birth asphyxia/trauma (10 per cent).

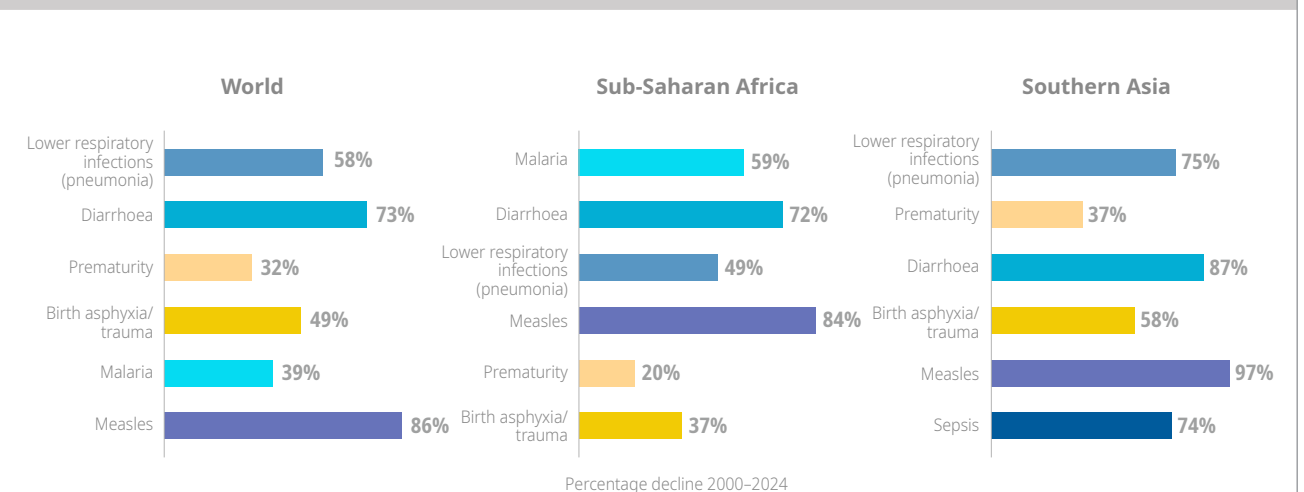


**FIGURE 8 Cause-of-death distribution for under-five deaths for the world, sub-Saharan Africa and Southern Asia, 2000–2024**



Source: Child and Adolescent Causes of Death Estimation project (2026).

**FIGURE 9 Percentage decline 2000–2024 in the cause-specific under-five mortality rate for six leading causes of under-five deaths in 2000 for the world, sub-Saharan Africa and Southern Asia**



Source: Child and Adolescent Causes of Death Estimation project (2026). Causes are ordered by number of deaths in 2000.

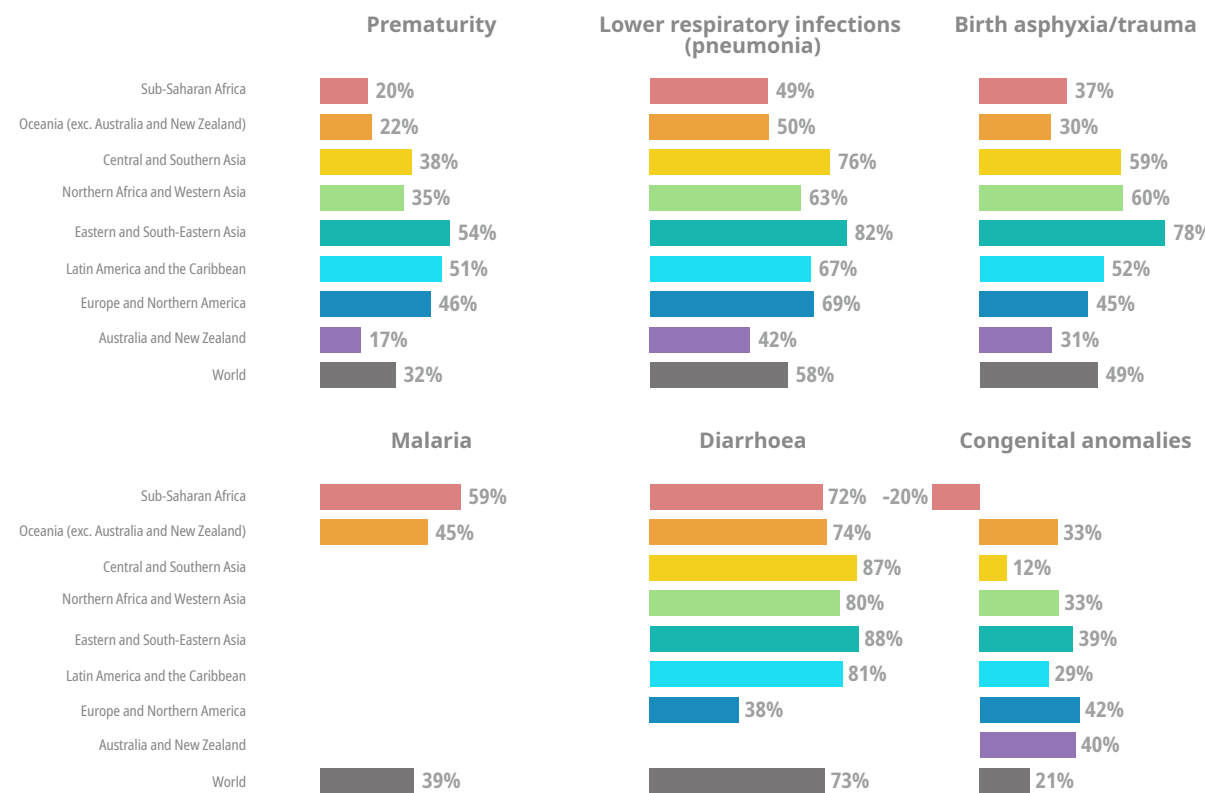
\* An estimated 45 per cent of deaths in children under five are associated with undernutrition. Black et al. 2013. "Maternal and child undernutrition and overweight in low-income and middle-income countries". *Lancet*. Aug 3;382(9890):427–451. doi: 10.1016/S0140-6736(13)60937-X.

**Declines in the leading causes of death have differed in the high-burden regions.** The cause-specific mortality rate for lower respiratory infections (pneumonia) declined by 75 per cent in Southern Asia, compared with a 49 per cent reduction in sub-Saharan Africa. Likewise, the cause-specific mortality rate for prematurity decreased by 37 per cent in Southern Asia and just 20 per cent in sub-Saharan Africa (Figure 10).

**The proportion of deaths caused by leading infectious diseases has shrunk since 2000, particularly in high-burden regions.** The faster decline in mortality among children aged 1–59 months compared to neonates since 2000 is mirrored in the shifting cause-of-death structure globally and in high-burden regions, with an increasing proportion of under-five deaths caused

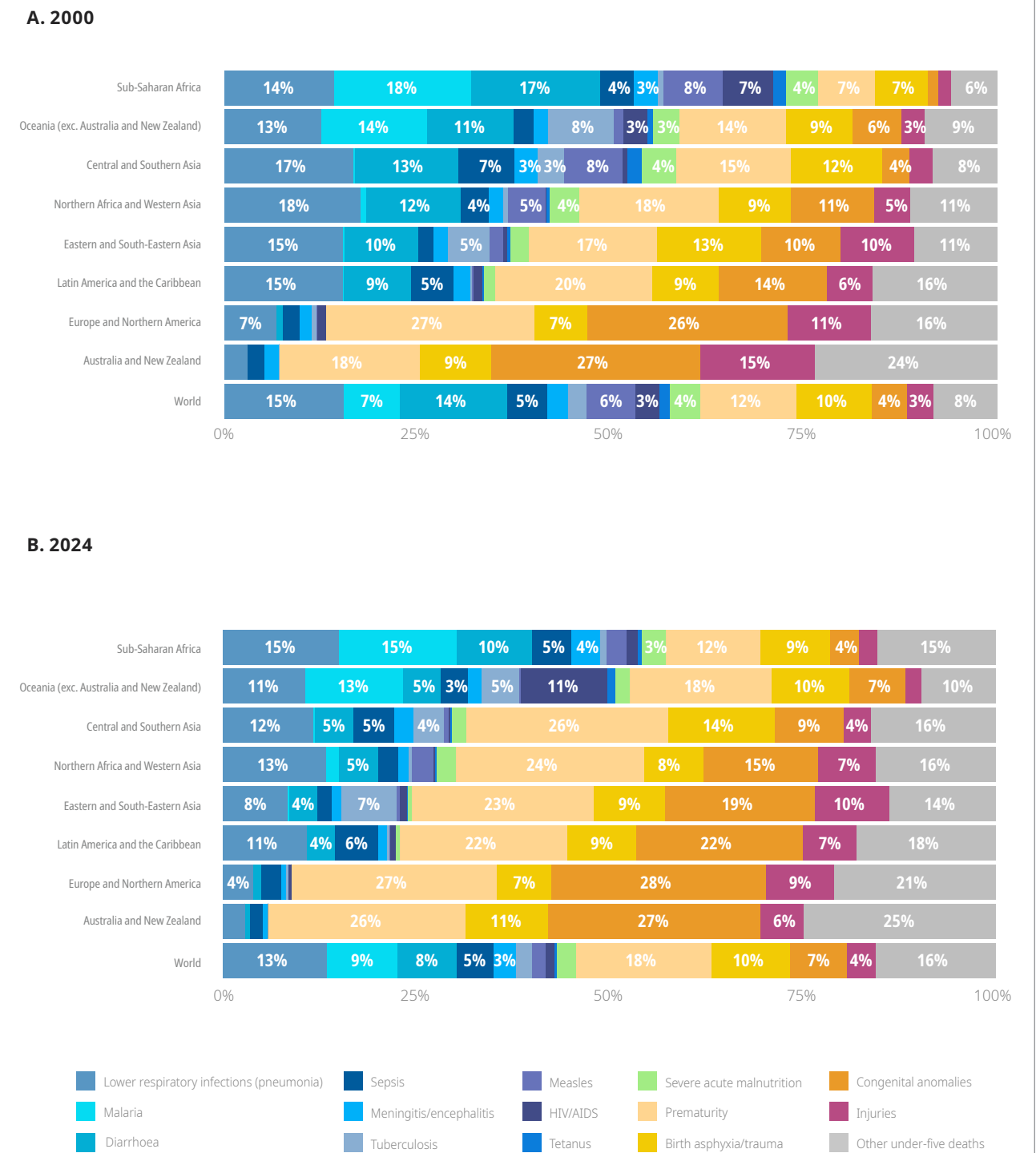
by neonatal-related conditions and a shrinking proportion caused by infectious diseases. The proportion of under-five deaths caused by the nine leading infectious diseases – lower respiratory infections (pneumonia), malaria, diarrhoea, sepsis, meningitis/encephalitis, tuberculosis, measles, HIV/AIDS and tetanus – declined from 58 per cent in 2000 to 43 per cent globally in 2024. The reduction was most pronounced in sub-Saharan Africa, where the share fell from 73 per cent (3.0 million deaths) to 54 per cent (1.6 million deaths) over the same period. In contrast, in Europe and Northern America and in Australia and New Zealand, these nine infectious diseases accounted for only 9 per cent and 6 per cent of under-five deaths in 2024, respectively – representing fewer than 5,000 deaths combined.

**FIGURE 10** Percentage decline 2000–2024 in the cause-specific under-five mortality rate for six leading causes of under-five deaths in 2024, by region



Source: Child and Adolescent Causes of Death Estimation project (2026).  
 Note: Calculations are based on unrounded numbers. The percentage decline in cause-specific rates is not shown in cases where the deaths from that cause are 0 or near-0 in 2000 and 2024. In Central Asia, and Southern Asia, declines in USMR were, respectively: prematurity, 58 per cent and 37 per cent; lower respiratory infections (pneumonia), 79 per cent and 75 per cent; birth asphyxia/trauma, 75 per cent and 58 per cent; diarrhoea, 92 per cent and 87 per cent; and congenital anomalies, 40 per cent and 10 per cent.

**FIGURE 11** Percentage of under-five deaths, by cause and Sustainable Development Goal region, 2000 and 2024



Source: Child and Adolescent Causes of Death Estimation project (2026).

**Cause-of-death patterns vary markedly between high-burden regions.** In sub-Saharan Africa, where 62 per cent of under-five deaths occur amongst children aged 1–59 months, infectious diseases predominate, with pneumonia and malaria together accounting for nearly one third of under-five deaths. In Southern Asia, where neonatal mortality remains high, deaths are driven largely by complications around birth – prematurity, birth asphyxia/trauma and congenital anomalies combined account for approximately half of all under-five deaths in the region. As survival improves and other cause-specific mortality rates decline, congenital anomalies account for a growing share of under-five deaths globally, particularly in regions with persistently high neonatal mortality (Figure 8 and Figure 11). Meanwhile, in low-mortality regions like Australia and New Zealand and Europe and Northern America, most under-five deaths occur in the neonatal period and are caused by congenital anomalies, prematurity and birth asphyxia/trauma (Figure 11).

**Across nearly all major causes, sub-Saharan Africa accounted for a larger share of global under-five deaths in 2024 than in 2000.** For example, the region accounted for 37 per cent of lower respiratory infection (pneumonia) deaths in 2000, rising to 65 per cent of deaths from that cause in 2024 (Figure 12). Similarly, sub-Saharan Africa’s share of diarrhoea deaths rose from 49 per cent in 2000 to 75 per cent in 2024, and its share of deaths from prematurity increased from 24 per cent to 41 per cent over the same period. This shift reflects both the region’s growing share of the global under-five population – increasing from 18 per cent in 2000 to nearly 30 per cent in 2024 – and the relatively slower pace of decline in under-five mortality compared with other populous regions, such as Southern Asia (Figure 3).

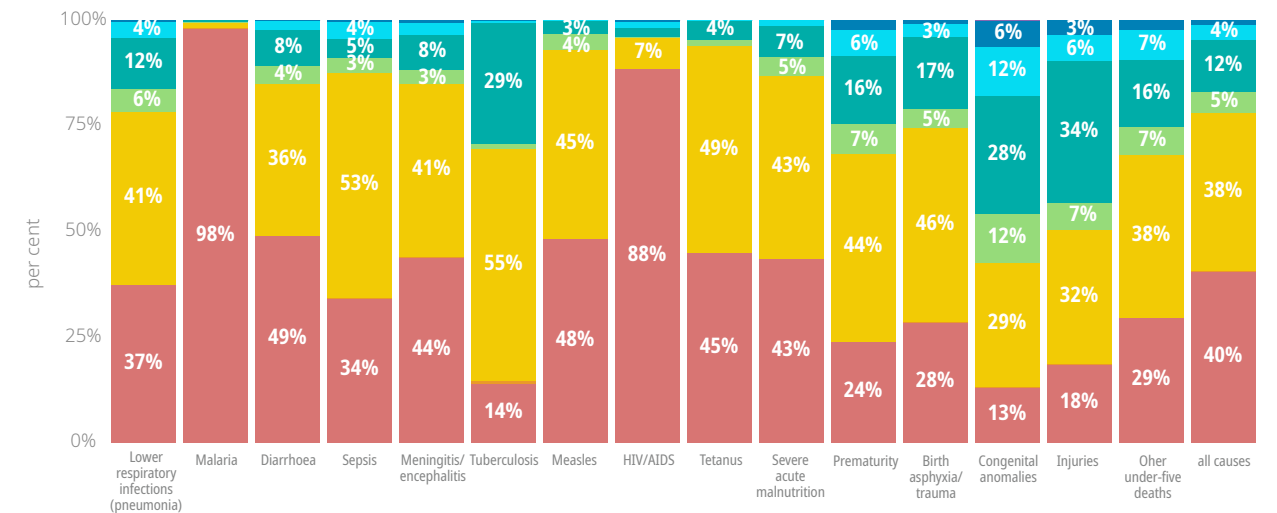
**Cause-specific mortality declines among children have slowed markedly in recent years.** Consistent with the global slowdown in all-cause under-five mortality in the period 2015–2024 compared with 2000–2015, progress in reducing mortality from many specific causes has also stalled. Among neonates, nearly all cause-specific mortality rates declined during 2000–2015 but have shown little

change since 2015, with the notable exception of congenital anomalies, for which mortality rates have remained relatively stable since 2000. Among children aged 1–59 months, substantial reductions were observed during 2000–2015 – particularly for diarrhoea, malaria, lower respiratory infections (pneumonia) and severe acute malnutrition – but progress has slowed considerably since 2015.

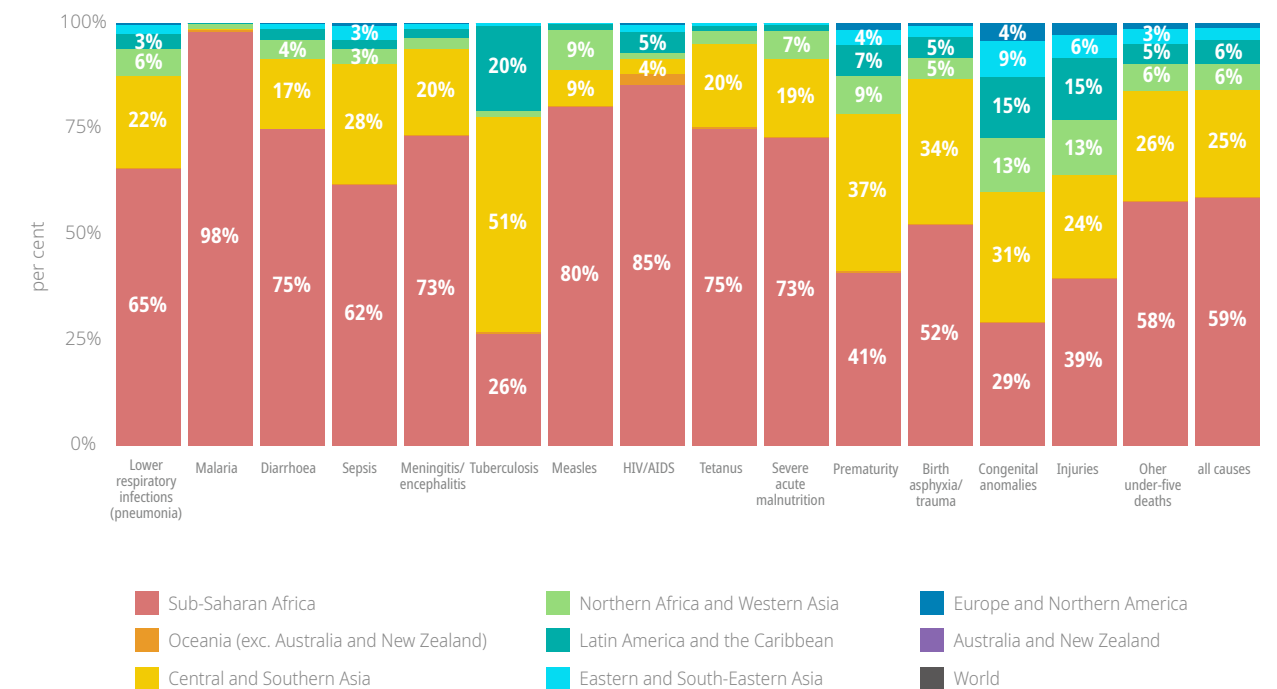
**Regional trends in causes of death can mask important country-level dynamics.** The cause-specific mortality rate for malaria among children aged 1–59 months in sub-Saharan Africa decreased slightly (4 per cent) between 2015 and 2024 despite an increase in the number of malaria deaths in the region and the region accounting for 98 per cent of malaria deaths in this age group worldwide in 2024. This finding reflects demographic change: while the number of malaria deaths increased in sub-Saharan Africa over this period, that increase was outpaced by growth in live births (6 per cent increase in malaria deaths versus 12 per cent increase in live births), resulting in a lower regional malaria mortality rate in 2024 than in 2015. At the country level, almost all sub-Saharan African countries recorded declines in malaria mortality rates during 2000–2015, but several countries with sizable under-five populations have seen substantial increases in the malaria mortality rate since 2015. These more localized findings in conjunction with the geographic dependence of malaria infection point to the need to focus on sub-Saharan Africa, particularly high-burden countries with increasing malaria deaths, to reduce this major cause of under-five deaths. In contrast, several countries made substantial progress in combating some of the leading causes of under-five mortality: Kazakhstan, Türkiye, Brazil and Georgia saw the greatest decreases in the prematurity mortality rate, all with declines greater than 70 per cent; Guatemala, the Plurinational State of Bolivia, Nepal and Cambodia were some of the best performers in reducing the diarrhoea mortality rate since 2000, all with at least 97 per cent decline; and Cambodia, Albania, Azerbaijan, Indonesia and Georgia had some of the largest reductions in the lower respiratory infections (pneumonia) mortality rate, all with greater than 90 per cent declines.

FIGURE 12 Distribution of under-five deaths by cause and Sustainable Development Goal region, 2000 and 2024

A. 2000



B. 2024



Source: Child and Adolescent Causes of Death Estimation project (2026).

### SDG progress assessment

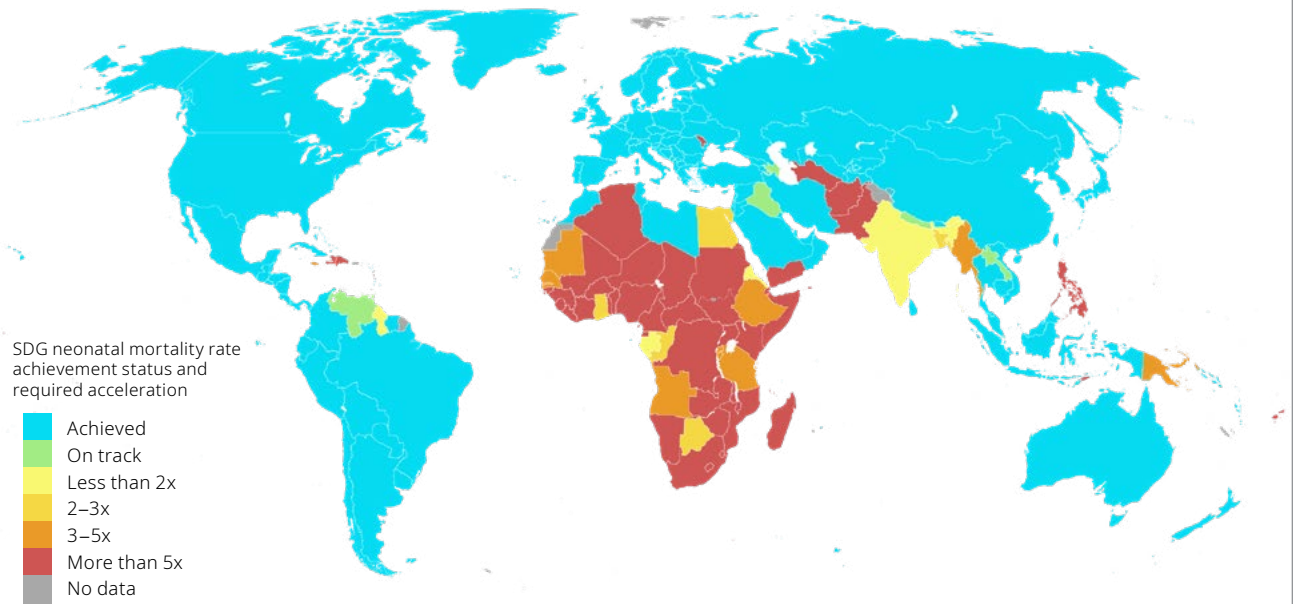
**Sixty countries are not on track to meet the SDG under-five mortality target by 2030.** By 2024, 134 of the 200 countries and territories analysed have met the SDG under-five target, and 6 more are projected to do so by 2030 (Map 4). That leaves 60 countries – home to approximately 42 per cent of the global under-five population in 2024 – off track and at risk of missing the target if current trends continue.<sup>35</sup> Among the 60 countries off track, 50 would need to at least double their current rate of decline – or reverse increasing trends and then accelerate progress – to achieve the target on time.



**Progress towards the neonatal mortality target is even more concerning, given the slower pace of decline in NMR.** While 126 countries have already met the neonatal target and 8 are on track to do so by 2030, 66 countries must accelerate progress to meet the target on time. Of these, 62 would need to more than double their current rate of decline to meet the target on time (Map 5).

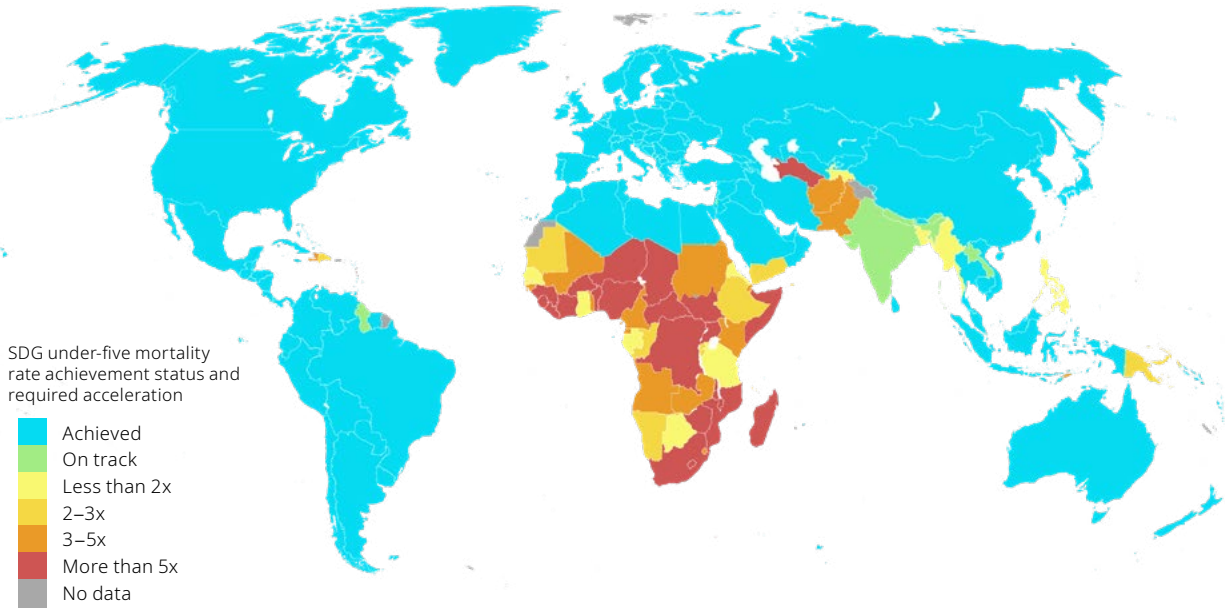
**Progress assessments differ when examining mortality among children aged 1–59 months separately.** Based on an implied 2030 target of approximately 13 deaths per 1,000 children aged 28 days,<sup>36</sup> 141 countries have already met this benchmark and 8 are on track, while 51 remain at risk of missing it (Map 6).

MAP 5 SDG neonatal mortality rate target achievement status and required acceleration for countries at risk of missing the target



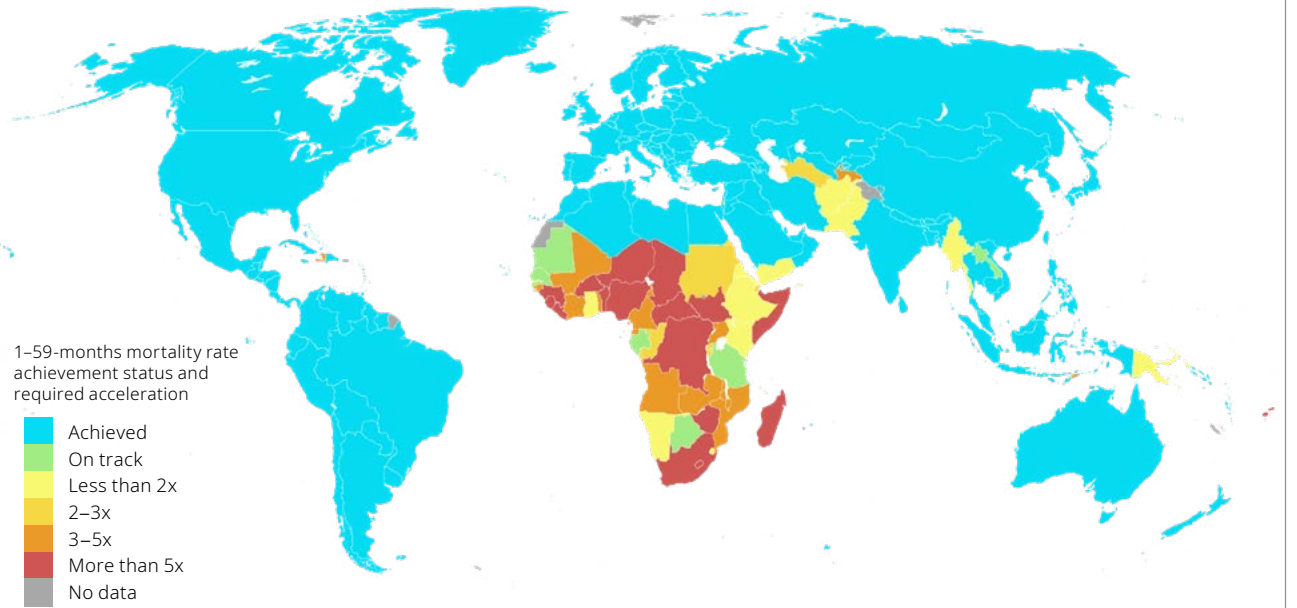
Note: Categories are based on unrounded numbers; value ranges are greater than or equal to the lower bound number and less than the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

MAP 4 SDG under-five mortality rate target achievement status and required acceleration for countries at risk of missing the target



Note: Categories are based on unrounded numbers; value ranges are greater than or equal to the lower bound number and less than the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

MAP 6 1–59-months mortality rate target achievement status and required acceleration for countries at risk of missing the target



Note: Categories are based on unrounded numbers; value ranges are greater than or equal to the lower bound number and less than the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

**Fragility, conflict and economic disadvantage are major barriers to child survival.** Nearly three quarters of the countries off track for the SDG under-five mortality target are in sub-Saharan Africa, and 85 per cent are low- or lower-middle-income countries. Among countries off track for the SDG neonatal target, two thirds are in sub-Saharan Africa and 79 per cent are low- or lower-middle-income. Countries designated as FCS account for almost 43 per cent of countries off track for the under-five target and 39 per cent of those off track for the neonatal target.

**Millions of under-five deaths could be averted by accelerating progress to meet the SDG targets.** If current trends continue,<sup>37</sup> approximately 27.3 million children are projected to die before age 5 between 2025 and 2030, with 62 per cent (16.8 million) of these deaths occurring in sub-Saharan

Africa and 23 per cent (6.3 million) in Southern Asia (Figure 13). If countries currently off track were to meet the SDG targets,<sup>38</sup> the under-five deaths between 2025 and 2030 would be reduced to 19.1 million, saving more than 8 million lives with almost 40 per cent of those lives saved in the neonatal period (Figure 13).

**If mortality rates were to stall, continued population growth could lead to an increase in the absolute number of deaths.** If U5MRs and NMRs were to remain at 2024 levels, the number of under-five deaths would rise to 5.0 million in 2030 alone, with 29.7 million deaths over the total projection period (Figure 13), driven largely by increasing births in sub-Saharan Africa. Under constant 2024 rates, sub-Saharan Africa would have 3.0 million under-five deaths in 2030 alone – 0.2 million more than in 2024.

**Millions more deaths could be averted if all countries reached the average U5MR and NMR of high-income countries.** The very low mortality rates observed in several countries and regions demonstrate what is possible in terms of eliminating preventable child deaths. If all countries were to reach the average U5MR and NMR of high-income countries in 2024 (5.1 and 2.8 deaths per 1,000 live births, respectively), under-five deaths during 2025–2030 would be reduced to 9.9 million – with just 0.6 million under-five deaths in 2030, including 0.4 million neonatal deaths (Figure 13). Under this ambitious scenario, 17.4 million under-five deaths would be averted compared to the current trends scenario.



### Neglected tropical diseases: Ending preventable child deaths from all causes

Neglected tropical diseases (NTDs) comprise a diverse group of conditions caused by a range of pathogens and predominantly concentrated among impoverished and marginalized communities in tropical and subtropical regions. They include diseases such as dengue and rabies, among others, and are associated with severe health, social and economic consequences. Together, these diseases affect more than 1 billion people worldwide and were responsible for an estimated 120,000 deaths across all ages in 2021, according to the latest World Health Organization (WHO) estimates.<sup>40</sup> A report on age-specific analysis of NTD data shows that children accounted for a significant proportion of deaths due to dengue, rabies and leishmaniasis, among others.<sup>41</sup>

NTDs impose a substantial burden through chronic illness and disability, contributing to direct health-care costs, loss of productivity and reduced socio-economic and educational attainment. Children are often disproportionately affected, both through direct infection and through the long-term consequences of illness experienced during early life. These impacts reinforce cycles of poverty and

inequality and undermine broader gains in child survival and development, particularly in settings already facing high mortality risks and constrained health system capacity.

Although long underprioritized, NTDs are explicitly addressed under SDG 3, alongside targets to end preventable deaths of newborns and children under age 5. Achieving these goals will require substantial reductions in the number of people needing treatment for NTDs and sustained progress towards elimination. Moreover, gaps in research and data mean that the actual child-related morbidity and mortality may be underestimated and therefore neglected.<sup>42</sup> As articulated in the WHO NTD Road Map 2021–2030,<sup>43</sup> fighting these diseases will depend on integrated, cross-cutting approaches that combine disease-specific interventions with strengthened health systems, multisectoral coordination and progress towards universal health coverage. Reducing deaths and other deleterious outcomes from NTDs is therefore an essential component of the broader effort to ensure that all children survive and thrive, regardless of where they are born.

FIGURE 13 Scenario-based projections of under-five deaths and neonatal deaths 2025–2030 with 2024 baseline



Source: UN IGME analysis based on latest UN IGME estimates and live births data from *World Population Prospects 2024*.<sup>39</sup>

## Practices from exemplary countries in child mortality reduction

### India

India, with its wide demographic and sociocultural diversity, has shown an upward trajectory in its newborn and child health outcomes. This underscores the strength of a strong Central and State steered, standards-driven public health system, wherein the country has demonstrated resolute efforts to translate National vision into measurable last-mile impact. India's progress is supported by a strong governance framework that brings within its fold integrated planning, innovation-led implementation and measurable indices.

A central pillar of this progressive gradient has been a continuum-of-care strategy that has integrated sustained strengthening of a vibrant health system with commensurate expansion of its health infrastructure and demand-driven programmatic interventions such as Janani Shishu Suraksha Karyakram (JSSK) and Janani Suraksha Yojana (JSY), all of which are striving towards reducing preventable maternal and newborn mortality. The establishment and strengthening of dedicated Maternal and Child Health (MCH) wings, Maternity Waiting Homes, Special Newborn Care Units (SNCUs), Newborn Stabilization Units (NBSUs), and District Early Intervention Centres (DEICs) have simultaneously contributed towards equitable access to quality maternal and newborn services.

India's commitment to improving newborn and child survival has also been reflected in continuous quality improvement initiatives supported by contemporaneous, evidence-based guidelines and enabling financial norms. The recently released guidelines on Facility-Based Newborn Care (FBNC) have envisaged operational strategy and field-level implementation through enhanced infrastructure such as establishment of

Mother Newborn Care Units (MNCUs) to ensure zero separation of mother and newborn with the provision of advanced equipment. It also includes digital innovations such as Tele-SNCU (HUB & SPOKE model) to provide specialized care for remote and hard-to-reach vulnerable populations. These efforts are complemented by hybrid skill-based learning modules on the safe and rational use of oxygen (including CPAP) and by the empowerment of mothers and caregivers to provide nurturing care to small and sick newborns.

India is among the first few countries to set targets and release operational guidelines on Stillbirth Surveillance and response. This surveillance will strengthen systematic reporting to enable corrective actions in the public health system.

India's experience shows that sustained leadership, strategic investments and strong collaboration with committed stakeholders have enabled a robust, scalable and effective implementation framework targeted towards the achievement of the SDGs.

### Bangladesh

Bangladesh has achieved remarkable progress in child survival over the past two decades. The U5MR declined from 85.5 (82.6–88.4) deaths per 1,000 live births in 2000 to 30.5 (28.6–33.1) in 2024, while neonatal mortality fell from 43.4 (41.2–45.6) to 17.9 (16.3–19.8) deaths per 1,000 live births over the same period.

A cornerstone of this progress has been the national scale-up of special care newborn units (SCANUs), designed to address the leading causes of neonatal mortality: prematurity (and low birth weight), birth asphyxia/trauma and sepsis. Recognizing that neonatal deaths accounted

for nearly 60 per cent of under-five deaths, the Ministry of Health and Family Welfare prioritized newborn health through the National Neonatal Health Strategy (2009) and the establishment of a dedicated National Newborn Health Program aligned with the SDGs. Standard operating procedures, clinical protocols and facility design standards were developed to ensure consistent quality of care nationwide.

Strategic partnerships supported rapid and sustained expansion of SCANUs. With financial and technical assistance from UNICEF and other development partners, the Directorate General of Health Services expanded the network from 16 operational units in 2011 to 62 SCANUs across 51 districts by 2025. Investments focused not only on infrastructure but also on functionality. National guidelines mandate dedicated nursing staff per shift, and specialized training is provided through national medical institutions. SCANUs are part of a broader continuum of care that includes kangaroo mother care, now available in more than 450 facilities, and newborn stabilization units at subdistrict level. Integration with DHIS2 and a web-based individual case tracking system has strengthened real-time monitoring, with early data showing a declining case fatality rate in SCANUs as admissions increased.

To address persistent inequities in access to primary health care and address resulting high indicator rates such as high neonatal and maternal mortality<sup>44</sup> and stillbirth rates,<sup>45</sup> Bangladesh launched the Reaching Every Mother and Newborn (REMNs) strategy in 2023, adapting the WHO Reaching Every District Strategy for immunisation. REMNs focuses on microplanning, supportive supervision, community engagement and data-driven action to increase coverage of quality antenatal care, facility delivery, essential newborn care and postnatal services. By 2025, the



initiative had expanded to 56 subdistricts across 10 districts, equipping more than 1,500 facilities to provide integrated maternal and newborn health services.

Together, the SCANU expansion and REMNs strategy demonstrate how sustained leadership, system-wide quality improvement and data-informed primary care reforms support reductions in neonatal mortality and move Bangladesh closer to ending preventable newborn deaths.

### Pakistan

Pakistan has made steady progress in reducing under-five mortality, with a 48 per cent decline in U5MR since 2000, yet neonatal mortality remains a persistent challenge. In 2024, 65 per cent of under-five deaths occurred in the first month of life, largely due to preventable or treatable causes such as prematurity, birth asphyxia/trauma and sepsis, underscoring the need for focused action on newborn survival.

In response to gaps identified under the Every Newborn Action Plan (ENAP), Pakistan launched a National Newborn Survival Strategy (NNSS) and costed action plan 2023–2028, alongside national



guidelines and a training package for small and sick newborn care, and introduced standardized tools for recording and reporting newborn data.

The NNSS provides a unified national framework, tailored to province-specific needs, to reduce neonatal mortality and stillbirths by guaranteeing universal access to affordable, equitable, quality and respectful maternal and newborn health services across the continuum of care. By aligning planning and budgeting at national and provincial levels, the strategy strengthens accountability and supports more equitable scale-up of high-impact services.

Consistent with its commitments under the ENAP, and with technical assistance from UNICEF, Pakistan has scaled up evidence-based interventions targeting leading causes of neonatal deaths. Home-based newborn care, adopted from the WHO–UNICEF Caring for Newborns and Children in the Community package, has expanded to 68 districts, equipping community health workers to promote essential newborn care and follow up with vulnerable infants. By 2024–2025, the programme reached more than 33 million pregnant and lactating women and 32 million newborns. In parallel, kangaroo mother care expanded from a single pilot site in 2017 to 75 facilities nationwide, providing life-saving care to over 12,000 premature babies in 2024 alone.

Quality of care has been further strengthened through investments in monitoring and data systems. Standardized registers, individual health records for newborns and stronger links with community systems were piloted in 22 facilities and are being scaled up and linked to DHIS2, improving reporting consistency and enabling more timely, evidence-based decision making.

Together, these coordinated actions demonstrate how national leadership, strengthened data

systems and evidence-based interventions are advancing newborn survival in Pakistan.

### Sri Lanka

Sri Lanka has made steady progress in child survival, with a 64 per cent decline in the U5MR and a nearly 60 per cent reduction in neonatal mortality since 2000. This progress reflects long-standing investments in universal access to maternal and newborn health services and the expansion of high-impact, cost-effective interventions.

Near-universal skilled birth attendance underpins this success. Through a nationwide network of medical officer of health areas and professionally trained public health midwives, every pregnancy and child is linked to routine antenatal and postnatal care. Skilled attendance at birth has remained at 99.9 per cent coverage for the past two decades, with over 90 per cent of deliveries occurring in hospitals with specialist services.<sup>46</sup> Early initiation of breastfeeding – another evidence-based intervention critical to newborn survival – has also maintained high coverage, reaching 90 per cent in 2024.<sup>47</sup>

Sri Lanka's life-cycle approach delivers evidence-based interventions at each stage of life through service packages, ensuring a continuum of care across the health system.<sup>48</sup> Sustained policy commitment, including the Maternal and Child Health Policy 2012<sup>49</sup> and the Maternal and Newborn Health Strategic Plan 2017–2025,<sup>50</sup> reinforces this approach. Likewise, investments in pre-service and in-service training in emergency obstetric care and essential newborn care alongside the introduction of maternal and newborn care standards and guidelines<sup>51, 52, 53, 54</sup> have supported the maintenance of high coverage and quality. Broader social investments in areas such as free education, equal opportunities

for girls and boys, a high female literacy rate (92.3 per cent),<sup>55</sup> strong health literacy and good transportation availability further support equitable access and service use.

Recent efforts have focused on further strengthening quality and family-centred care, including the introduction of companionship during delivery and enhanced quality improvement initiatives. While challenges remain such as the slow reduction of maternal mortality,<sup>56</sup> Sri Lanka's experience demonstrates how strong public policy, universal access and continuous quality improvement can save children's lives.

### Burkina Faso

Burkina Faso's U5MR has declined by 26 per cent since 2015 – going from 100.8 (83.6–122.2) per 1,000 live births in that year to 74.9 (46.8–119.1) in 2024 – while the NMR fell by just 15 per cent over the same period, from 28.1 (25.1–45.6) to 23.8 (13.4–41.0) deaths per 1,000 live births.

These modest gains have been realized amidst mounting humanitarian and security challenges. The Ministry of Health and Hygiene reported that in the month of January 2024 – the most recent month of data availability – 426 health facilities (12 per cent of all health facilities) were closed and an additional 363 (9 per cent) were operating at minimum functions due to various crises in the country, including armed conflict, floods, drought and epidemics.<sup>57, 58</sup> These disruptions have constrained access to essential health-care services for children and newborns.

To mitigate these challenges, the Ministry of Health and Hygiene has strengthened community-based service delivery by mobilizing community-based health workers (l'agent de santé à base communautaire (ASBC)) to provide essential health care for children since 2016. ASBCs are trained and equipped to provide essential newborn care through home visits, beginning in pregnancy and continuing after birth on days 1, 3 and 7, with additional follow-up for low birthweight infants on days 4 and 14. During these visits, ASBCs promote essential care for newborns, including early and



exclusive breastfeeding, thermal control, cord care, use of bed nets, recognition of danger signs and timely referral to health facilities, as well as support for kangaroo mother care.

To date, 10,000 ASBCs have been trained, covering 7 of the country's 13 regions, including hard-to-reach and humanitarian context areas. In 2024 alone, nearly 67,000 newborns were visited and over 5,800 referred to facility-based care, reducing delays in care-seeking and accessing appropriate services. By bringing essential services closer to households, Burkina Faso has saved lives – even amid protracted crises – demonstrating the critical role of home-based intervention delivery systems.

### Sierra Leone

Sierra Leone is a striking example of how high-level political commitment, paired with coordinated action across the health system, can accelerate gains in child survival. Since 1990, the U5MR has fallen by 65 per cent, from 258.0 (238.5–278.5) deaths per 1,000 live births in that year to 90.5 (68.0–120.2) in 2024, while the NMR has almost halved from 52.0 (45.1–60.1) deaths per 1,000 live births in 1990 to 28.3 (20.0–39.2) in 2024. Despite this progress, preventable deaths remain unacceptably high. In response, the Government declared child mortality a national emergency in 2022, galvanizing partners around a national Child Survival Action (CSA) agenda and becoming the first country to officially launch a CSA Plan in 2023.

The CSA agenda provides a unifying framework linking community, primary and secondary care, with measurable milestones and sustained engagement across the health workforce. The country has played a catalytic leadership role internationally, convening and engaging governments at intergovernmental forums to share national experience and accelerate progress

on the CSA agenda to improve child survival outcomes. In addition, the CSA agenda is tracked regularly across milestones and landmarks, enhanced by DHIS2 data disaggregated by age, sex and disability, for evidence-based and equity-focused programming and budgeting.

The scale of implementation of the child survival framework in Sierra Leone is evident across prevention and treatment platforms. Routine immunization coverage was more than 90 per cent for pentavalent vaccine and measles-rubella in 2025, while targeted outreach reduced the number of zero-dose children from about 15,000 in 2024 to approximately 9,000 in 2025. Cold chain capacity now reaches 91 per cent of health facilities, and the introduction of the malaria vaccine for children under 2 reflects strong political commitment in a context where malaria accounts for roughly one quarter of under-five deaths.

Community systems have been strengthened, with nearly 7,900 community health workers screening over 940,000 children for malnutrition and reaching over 150,000 postnatal care clients; providing immunization counselling to more than 400,000 households; identifying over 5,000 zero-dose children; and giving immunization support to over 33,000 immunization defaulters (children aged 0–15 months). Community scorecards have reinforced local accountability and dialogue between families and providers, and front-line care has improved through revision of IMNCI packages in 2025. Facility-based care for small and sick newborns has expanded rapidly, with special care baby units increasing from 4 in 2017 to 17 in 2025. Annual admissions increased from about 1,000 in 2017 to over 14,000 in 2025, while survival among admitted newborns improved from 78 per cent to 90 per cent. Complementary investments in a range of areas including human resources, oxygen systems and

solar power have strengthened service resilience and sustainability, ensuring reliable access to life-saving care at both primary and secondary levels.

Sierra Leone's experience demonstrates that when political drive and partnerships translate into system strengthening – from communities to hospitals – remarkable progress can be achieved in protecting the youngest lives.

### Cameroon

Cameroon has made notable progress in improving child survival, with the U5MR declining by 55 per cent and the NMR declining by 30 per cent since 2000. This progress reflects sustained political commitment and leadership, including the establishment in 2013 of the National Multisectoral Program to Combat Maternal, Newborn and Child Mortality, which coordinates high impact interventions across the health system and related sectors to address preventable deaths.

Cameroon's experience highlights the critical role of integrated, evidence based interventions, particularly kangaroo mother care (KMC) and community based health care, in improving neonatal outcomes. The scale up of facility- and community based KMC in referral and district hospitals has strengthened the continuum of care for premature and low birth weight infants through standardized skin to skin care, improved thermal regulation, support for exclusive breastfeeding and structured post discharge follow up. Access to essential maternal and newborn services has also expanded through improvements in emergency obstetric and newborn care, including a stronger emphasis on newborn resuscitation and more structured referral systems.

In parallel, efforts to professionalize and expand the polyvalent community health worker model have enhanced adherence to essential newborn

care practices at household level. Through home visits and health promotion from pregnancy through early childhood, community health workers support integrated community case management and encourage key family practices that improve child survival.

Additionally, Cameroon has strengthened its national immunization programme by expanding coverage of essential vaccines, introducing new antigens, and reaching underserved populations through intensified outreach and community-based strategies. Broader health system improvements - including investments in oxygen systems, more reliable supply chains and the progressive digitalization of health information systems - along with multisectoral investments in nutrition, HIV, water and sanitation, and adolescent health have further expanded service delivery and enabled data driven targeting of vulnerable groups.

This combined approach has contributed to improved linkages between communities and health facilities, reduced delays in accessing care, and strengthened coverage of high impact interventions, contributing to continued progress in improving newborn and child survival.



## North Macedonia

Since 2015, North Macedonia has achieved exceptional gains in child survival, with the NMR reduced by 87 per cent from 8.1 (7.5–8.7) to 1.1 (0.8–1.4) deaths per 1,000 live births and the U5MR reduced by 75 per cent from 11.1 (10.5–11.8) to 2.8 (2.3–3.4) deaths per 1,000 live births. These results place the country among the top performers globally in under-five mortality reduction as enshrined in SDG 3.2 and the Every Newborn Action Plan.

The sharp decline in neonatal and under-five mortality between 2015 and 2024 reflects a two-phase transformation of maternal and newborn care. The first phase (2015–2018) followed a spike in neonatal mortality in 2015, which prompted decisive leadership from the Ministry of Health and coordinated support from WHO, UNICEF and the United Nations Population Fund. Rapid corrective measures focused on strengthening emergency obstetric and newborn care, updating clinical protocols, improving neonatal resuscitation and infection prevention practices, and reinforcing referral pathways and transport readiness. Combined with near-universal facility-based skilled birth attendance, these quality-of-care improvements translated quickly into substantial mortality reductions.

The second phase (2019–2024) focused on sustaining and institutionalizing these gains. Routine perinatal mortality audits were introduced, and the Perinatal Care Masterplan 2020–2030 was implemented to operationalize a risk-stratified perinatal network and embed continuous quality improvement across levels of care. Together, these reforms have made further progress and ensured improvements in newborn and child survival.

## Kosovo<sup>59</sup>

Strong government commitment to evidence-based policymaking and strategic programming has underpinned Kosovo's progress towards the SDG 3.2 goal of ending all preventable deaths of children under age 5. Since 2015, the NMR has declined by 36 per cent, from 10.3 (8.9–11.8) deaths per 1,000 live births in that year to 6.6 (5.0–8.5) in 2024, and the U5MR declined by 39 per cent over the same period, from 14.3 (12.6–16.1) deaths per 1,000 live births to 8.7 (6.8–11.2), reflecting sustained investments in primary health care and expansion of access to high-quality maternal and child health services.

Central to this progress has been the scale up of the Home Visiting Programme. Initially piloted in two municipalities in 2014, the programme was expanded Kosovo-wide by 2022, supported by a robust policy and legal foundation. Its integration into the Law on Child Protection, prioritization within the Health Sector Strategy 2017–2021 and inclusion in the Government Programme 2015–2018 ensured both political ownership and financial sustainability. Implemented across the whole of Kosovo, the Home Visiting Programme provides targeted outreach to pregnant women, newborns and young children – particularly those in vulnerable situations. By providing tailored in-home support, the programme strengthens maternal health, supports neonatal care and promotes early childhood development. These coordinated actions have played a critical role in improving child survival outcomes.

## Belarus

Belarus has achieved marked, further reductions in child mortality – even from initially low levels

– since 2015, including the decline of the NMR by 53 per cent from 1.6 (1.2–1.9) deaths per 1,000 live births in that year to 0.7 (0.4–1.3) in 2024, and the decline of the U5MR by 43 per cent over the same period, from 4.1 (3.9–4.2) deaths per 1,000 live births to 2.3 (1.8–3.0). These gains were achieved through strong national leadership, sustained public financing and consistent implementation of high-impact interventions. Over the past two decades, the government has prioritized maternal and child health within national social standards, guaranteeing free access to essential services and ensuring accountability through high-level oversight.

Sustainable investment has enabled the development of a tiered maternal and newborn care system, equitable access to antenatal and postnatal services, and universal coverage of evidence-based interventions. All pregnant women receive routine medical observation at women's health clinics, with pregnancy management led by obstetrician-gynaecologists from the first consultation to childbirth. Comprehensive prenatal care includes at least eight clinic visits, universal ultrasound screening and medical genetic testing,

facilitating early detection of congenital and hereditary diseases. Effective partnerships across the health and social protection sectors, as well as with civil society, have strengthened psychosocial support for pregnant women and families in vulnerable situations.

All births occur in the presence of qualified medical personnel, including obstetrician-gynaecologists and neonatologists, enabling immediate access to high-quality, specialized neonatal care. The scale up of modern neonatal technologies – such as surfactant therapy, non-invasive respiratory support, therapeutic hypothermia and specialized care for very low birthweight newborns – has markedly improved survival outcomes.

These service delivery advances are reinforced by robust data systems, systematic clinical audits, continuous quality improvement mechanisms and telemedicine-supported expert consultations. Together, these measures have driven child mortality to historically low levels and sustained progress towards the elimination of preventable deaths.



## A new funding landscape to save lives: The impact of funding cuts on child mortality and health

Official development assistance (ODA) experienced major contractions in 2025, driven by funding freezes, contract cancellations and cuts to urgently needed public health programmes. These reductions have largely impacted low- and middle-income countries, putting essential services – many of which were already facing reduced coverage – at heightened risk. Affected programmes include antenatal and other maternal care services, newborn care, childhood immunization, HIV treatment, malaria prevention, diagnosis and treatment, and nutrition programmes. While the full implications of the evolving funding situation remain unclear, a growing body of empirical evidence indicates that substantial reductions in ODA are likely to result in increased child mortality and other poor health outcomes in countries most in need.

Overall, the Organisation for Economic Co-operation and Development projects a 9 to 17 per cent reduction in ODA in 2025 from 2024, including a 14 to 29 per cent reduction for health and population services. This comes after a 9 per cent reduction in 2024.<sup>60</sup> Given the critical role ODA plays in supporting essential health services in many low- and middle-income countries, these reductions raise serious concerns about potential setbacks in child survival and broader global health gains.

Several recent analyses illustrate the potential scale of these impacts. The Gates Foundation's 2025 Goalkeepers Report presented work examining the impacts of ODA cuts on development assistance for health and related SDG indicators. According to these estimates, a 20 per cent reduction in development assistance for health funding from 2024 levels would result in approximately 1.2 million additional under-five deaths occurring by 2030 – about 200,000 per year.<sup>61</sup> Other studies report comparable or larger

impacts. Cavalcanti et al. estimate that eliminating substantial funding across 133 countries could lead to 4.5 million additional under-five deaths by 2030.<sup>62</sup> Similarly, Stover et al. applied disease-specific simulation models in 25 countries covering maternal and child health, HIV/AIDS, tuberculosis and family planning and projected 2.5 million additional under-five deaths by 2030 if these programmes went unfunded.<sup>63</sup>

Gibson et al. studied historical aid sanctions in 67 countries and estimated that the average aid disruptions raise infant and under-five mortality by 3–4 per cent per year.<sup>64</sup> Likewise, a report from the Joint United Nations Programme on HIV/AIDS, UNICEF and Avenir Health found that a 50 per cent reduction in intervention coverage for prevention and treatment programmes – a plausible outcome given recent funding cuts – would result in an additional 1.1 million children acquiring HIV and 820,000 additional AIDS-related deaths by 2040.<sup>65</sup> Together, this growing body of research supports the conclusion that significant cuts to ODA have the potential to halt and even reverse the substantial progress made in child survival since 1990.

Moreover, the capacity to monitor the mortality impacts of these funding reductions has itself been undermined by the cuts. A leading household survey programme – which was found in a United Nations Population Division analysis to contribute more than half of all child mortality data points since 1950 and to be the primary data source for tracking SDGs related to maternal and child mortality, adolescent childbearing and family planning in sub-Saharan Africa and in the least developed countries<sup>66</sup> – faced devastating funding cuts at the start of 2025 and experienced significant disruption to ongoing and planned data collection efforts. These sources of internationally comparable data on a broad range of indicators

are still urgently needed and funding for them must be strengthened and diversified to maintain accurate and timely monitoring of child health and survival. Beyond household survey programmes, other administrative data systems like health management information systems (HMIS), which collect, maintain and transmit routine health data from health facilities that are used to improve care, planning and decision making around maternal and child survival, are also heavily reliant on ODA and global health donors. HMIS will require alternative funding sources, specifically from national governments, to avoid service disruptions and continue to provide this information critical for managing health facilities and patient care.

Reduced ODA funding also threatens efforts to strengthen country civil and vital registration

systems, which are essential for planning and monitoring key programmes including for child health and survival. Given this reality, filling the data gaps and strengthening mortality monitoring systems becomes even more important to accurately assess and respond to the consequences of the new funding landscape.

Lack of alternative funding and the sharp contraction in ODA observed in 2025, as well as the steady declines before that, will result in substantially higher levels of preventable and treatable illness and, consequently, deaths among children and mothers. Moreover, the weakening of country data systems will make it more difficult to monitor progress in maternal and child health in the future.



# Levels, trends and causes of older child, adolescent and youth mortality

The probability of dying is generally lower in children, adolescents and youth aged 5–24 years than among children under 5 years of age. Globally, the risk of dying before age five is 2.3 times higher than the risk of dying for ages 5–24, although this gap has narrowed since 1990. In 2024, the global probability of dying for the 5–24-year age group (20q5) was estimated at 16.4 (16.1–18.4) deaths per 1,000 children aged 5 years (Figure 1 and Table 10). While mortality risk remains highest in the first five years of life compared to ages 5–24, the narrowing gap reflects slower decline at older ages, and in several low-mortality regions the probability of dying in the age group 20–24 is now approaching the under-five mortality risk.

Deaths among older children, adolescents and youth are concentrated in the older age groups. In 2024, an estimated 2.1 (2.1–2.4) million deaths occurred among those aged 5–24 years (Table 11). Youth aged 20–24 accounted for more than a third of these deaths – 0.8 (0.7–1.0) million – followed by older adolescents aged 15–19 years with 0.6 (0.5–0.6) million deaths, older children aged 5–9 years with 0.5 (0.4–0.5) million deaths, and young adolescents aged 10–14 years with 0.4 (0.3–0.5) million deaths. Across most regions, older adolescents and youth aged 15–24 years account for the largest share of deaths, with male deaths exceeding female deaths.

Within the 5–24-year age group, older adolescents and youth face higher risks of dying than children and adolescents under 15 years of age. In 2024, the probability of dying for the age group 5–9 years ( ${}_5q_5$ ) was 3.4 (3.2–3.6) deaths per 1,000 children aged 5; the probability of dying for the age group 10–14 years ( ${}_5q_{10}$ ) was 2.7 (2.5–3.3) deaths per 1,000 adolescents aged 10; the probability of dying for the age group 15–19 years ( ${}_5q_{15}$ ) was 4.3 (4.1–4.6) deaths per 1,000 adolescents aged 15; and the probability of dying for the age group 20–24 years ( ${}_5q_{20}$ ) was 6.1 (5.7–7.7) deaths per 1,000 youths aged 20. While the absolute levels of mortality vary across regions, this age pattern holds true at the regional level (Figure 14).

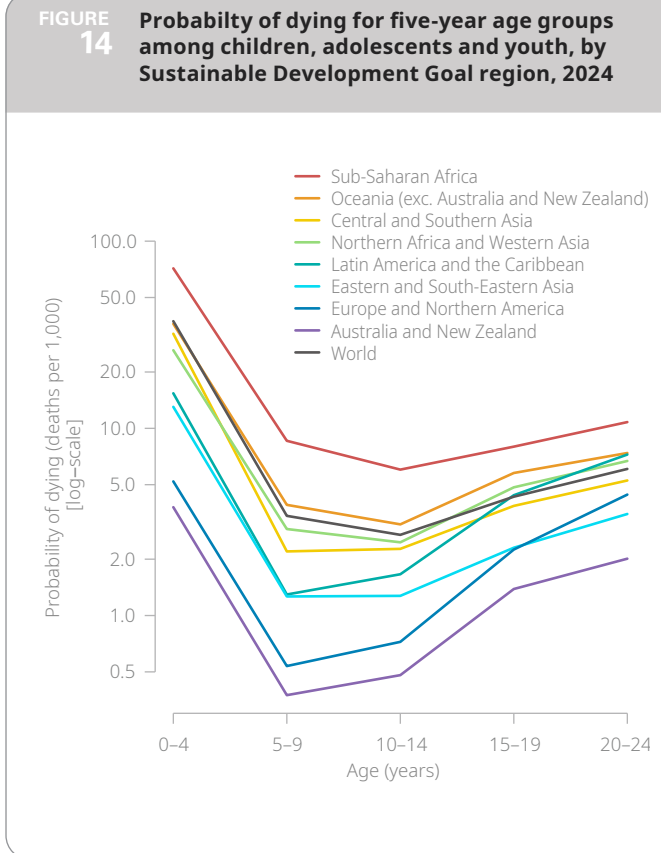


TABLE 10 Levels and trends in the number of neonatal deaths, by Sustainable Development Goal region, 1990–2024

Region	Mortality rates (deaths per 1,000)										Annual rate of reduction 1990–2024 (per cent)				
	Age 5–9		Age 10–14		Age 15–19		Age 20–24		Age 5–24		Age 5–9	Age 10–14	Age 15–19	Age 20–24	Age 5–24
	1990	2024	1990	2024	1990	2024	1990	2024	1990	2024					
<b>Sub-Saharan Africa</b>	25.6	8.6	12.9	6.0	18.2	8.0	24.7	10.8	79.1	33.0	3.2	2.2	2.4	2.4	2.6
<b>Northern Africa and Western Asia</b>	7.2	2.9	4.4	2.5	8.2	4.8	9.2	6.7	28.7	16.8	2.7	1.7	1.5	0.9	1.6
Northern Africa	7.7	3.2	4.9	2.3	7.6	5.9	9.4	9.2	29.3	20.3	2.6	2.3	0.8	0.1	1.1
Western Asia	6.7	2.6	4.0	2.6	8.8	3.9	9.0	4.6	28.1	13.7	2.7	1.2	2.4	2.0	2.1
<b>Central and Southern Asia</b>	12.6	2.2	6.9	2.3	10.1	3.9	12.8	5.3	41.8	13.5	5.1	3.2	2.8	2.6	3.3
Central Asia	3.4	1.9	2.8	2.0	4.5	3.3	7.2	3.8	17.8	11.0	1.6	1.0	1.0	1.8	1.4
Southern Asia	13.0	2.2	7.0	2.3	10.3	3.9	13.1	5.3	42.7	13.6	5.2	3.3	2.9	2.6	3.4
<b>Eastern and South-Eastern Asia</b>	5.6	1.3	3.1	1.3	5.4	2.3	4.6	3.5	18.6	8.3	4.4	2.6	2.5	0.8	2.4
Eastern Asia	4.2	0.8	2.6	0.9	4.8	1.3	3.7	2.4	15.1	5.3	4.8	3.2	3.9	1.2	3.1
South-Eastern Asia	8.9	2.0	4.4	2.0	7.1	4.0	7.7	5.3	27.9	13.2	4.4	2.3	1.7	1.1	2.2
<b>Latin America and the Caribbean</b>	3.0	1.3	2.7	1.7	5.9	4.4	8.6	7.2	20.0	14.5	2.4	1.4	0.9	0.5	0.9
<b>Oceania</b>	3.3	1.9	2.4	1.6	4.9	3.2	6.3	4.1	16.7	10.7	1.6	1.2	1.3	1.3	1.3
Australia and New Zealand	1.0	0.4	1.0	0.5	3.6	1.4	4.8	2.0	10.3	4.2	2.8	2.3	2.8	2.6	2.6
Oceania (exc. Australia and New Zealand)	7.7	3.9	5.2	3.1	8.6	5.8	10.9	7.4	32.0	20.0	2.0	1.5	1.2	1.1	1.4
<b>Europe and Northern America</b>	1.6	0.5	1.5	0.7	3.8	2.3	5.3	4.4	12.1	7.9	3.1	2.1	1.6	0.5	1.3
Europe	1.7	0.5	1.6	0.7	3.7	2.1	5.3	4.5	12.2	7.8	3.7	2.5	1.7	0.4	1.3
Northern America	1.1	0.6	1.3	0.8	4.3	2.5	5.4	4.3	12.0	8.2	1.8	1.3	1.5	0.7	1.1
<b>World</b>	9.6	3.4	5.1	2.7	7.8	4.3	9.0	6.1	31.2	16.4	3.0	1.9	1.8	1.2	1.9

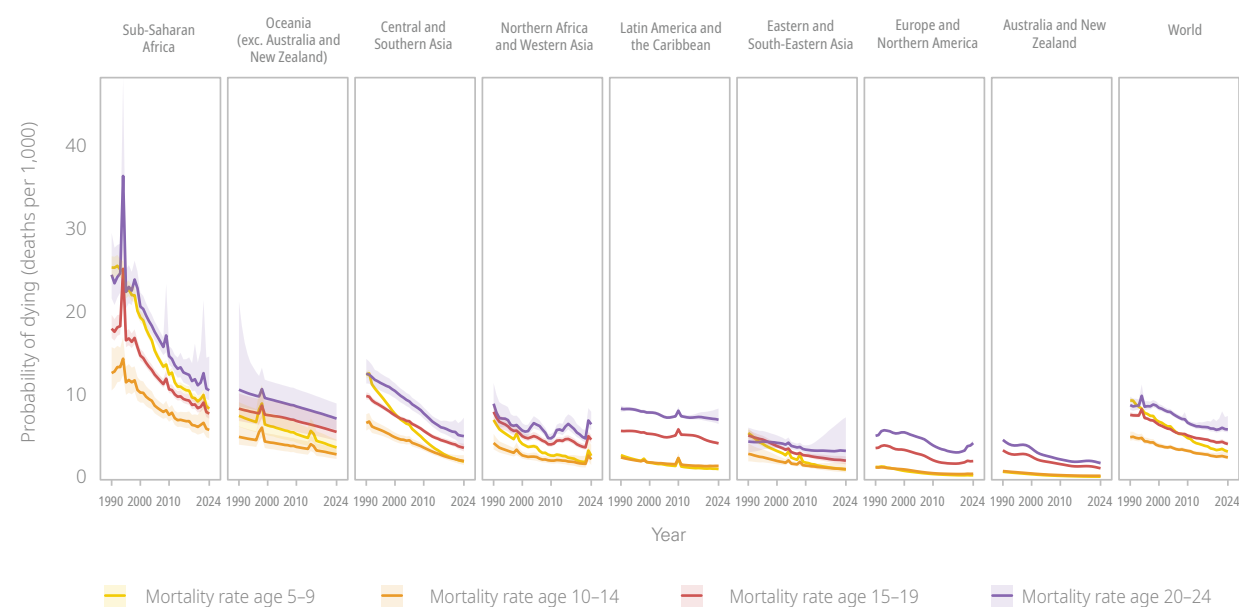
Note: All calculations are based on unrounded numbers.

TABLE 11 Levels and trends in number of deaths among children, adolescents and youth aged 5–24 years and among adolescents aged 10–19 years, by Sustainable Development Goal region, 1990–2024

Region	Number of deaths age 5–24 (thousands)					Decline (per cent) 1990–2024	Number of deaths age 10–19 (thousands)					Decline (per cent) 1990–2024
	1990	2000	2010	2015	2024		1990	2000	2010	2015	2024	
<b>Sub-Saharan Africa</b>	955	1016	921	925	940	2	353	389	367	379	401	-14
<b>Northern Africa and Western Asia</b>	187	145	128	151	174	7	81	66	58	65	77	4
Northern Africa	96	80	71	71	100	-5	40	36	31	31	42	-4
Western Asia	91	64	57	80	74	18	40	31	27	34	36	12
<b>Central and Southern Asia</b>	1,163	1,038	838	687	523	55	454	438	366	311	238	48
Central Asia	18	21	16	14	15	18	8	9	7	6	7	4
Southern Asia	1,145	1,017	822	673	508	56	447	429	359	305	231	48
<b>Eastern and South-Eastern Asia</b>	674	491	349	293	248	63	303	229	151	125	109	64
Eastern Asia	398	255	166	128	99	75	192	126	65	49	40	79
South-Eastern Asia	276	236	183	166	149	46	112	104	85	76	69	38
<b>Latin America and the Caribbean</b>	183	182	211	172	153	16	81	81	95	77	63	22
<b>Oceania</b>	8	7	7	8	7	8	3	3	3	3	3	5
Australia and New Zealand	3	3	2	2	2	51	2	1	1	1	1	52
Oceania (exc. Australia and New Zealand)	4	5	5	6	5	-28	2	2	2	3	2	-36
<b>Europe and Northern America</b>	177	167	112	89	103	42	75	71	41	33	39	48
Europe	127	125	74	51	62	51	54	51	26	19	22	58
Northern America	49	42	38	38	41	17	21	19	15	14	16	23
<b>World</b>	3,347	3,046	2,568	2,326	2,148	36	1,350	1,278	1,082	992	931	31

Note: All calculations are based on unrounded numbers.

**FIGURE 15 Mortality rates for ages 5–9, 10–14, 15–19 and 20–24, by Sustainable Development Goal region, 1990–2024**



Note: All calculations are based on unrounded numbers. Shaded areas represent 90 per cent uncertainty intervals. For Central Asia, and Southern Asia, respectively, the 5–9-years mortality rates were 3.4 and 13.0 in 1990, 2.6 and 8.1 in 2000, 1.9 and 2.2 in 2024. The 10–14-years mortality rates were 2.8 and 7.0 in 1990, 2.4 and 5.2 in 2000, 2.0 and 2.3 in 2024. The 15–19-years mortality rates were 4.5 and 10.3 in 1990, 4.6 and 7.9 in 2000, 3.3 and 3.9 in 2024. The 20–24-years mortality rates were 7.2 and 13.1 in 1990, 8.3 and 10.8 in 2000, 3.8 and 5.3 in 2024.

**Across all age groups, male mortality risk was higher than female mortality risk, with sex differentials widening with age.** Globally, the male probability of dying in the age group 5–24 years was estimated at 19.6 (19.1–22.2) deaths per 1,000 male children aged 5, 1.5 times higher than the corresponding female probability of 13.0 (12.7–14.6) deaths per 1,000 female children aged 5 (Figure 16). This ratio in sex-specific mortality increases with age. Among children aged 5–9 years, male mortality was 1.2 times as high as female mortality (3.6 (3.5–3.8) vs. 3.2 (3.0–3.3) deaths per 1,000) and 1.2 times as high among those aged 10–14 years (3.0 (2.7–3.7) vs. 2.4 (2.2–3.0) deaths per 1,000). The differential widened to 1.6 times as high among those aged 15–19 years (5.3 (5.0–5.6) vs. 3.3 (3.1–3.6) deaths per 1,000) and peaked at 1.9 times as high among youth aged 20–24 years (7.9 (7.4–10.0) vs. 4.1 (3.8–5.4) deaths per 1,000). Consistent with this pattern, the proportion of deaths that were male increased with age.

**Regional disparities in child, adolescent and youth mortality are stark.** In 2024, the highest probability of dying for the age group 5–24 years was estimated for sub-Saharan Africa at 33.0 (31.9–38.0) deaths per 1,000 children aged 5, followed by Oceania (excluding Australia and New Zealand) at 20.0 (16.3–24.8) deaths per 1,000 children aged 5 and Northern Africa and Western Asia at 16.8 (15.5–19.6) deaths per 1,000 children aged 5 (Table 10 and Figure 15). The lowest probability was estimated for Australia and New Zealand at 4.2 (4.0–4.6) deaths per 1,000 children aged 5. The probability of a five-year-old dying before reaching age 25 was almost eight times higher in sub-Saharan Africa than in Australia and New Zealand. Across all four 5-year age groups, sub-Saharan Africa and Oceania (excluding Australia and New Zealand) consistently had the highest and second-highest regional mortality rates in 2024.

**Deaths among older children, adolescents and youth are concentrated in the regions of sub-Saharan Africa and Central and Southern Asia.** In 2024, an estimated 1.5 (1.4–1.6) million deaths among those aged 5–24 years occurred in these two regions, representing 68 per cent of all global deaths in this age group. Among adolescents aged 10–19 years, these two regions accounted for 69 per cent of global deaths, with an estimated 0.6 (0.6–0.7) million deaths.

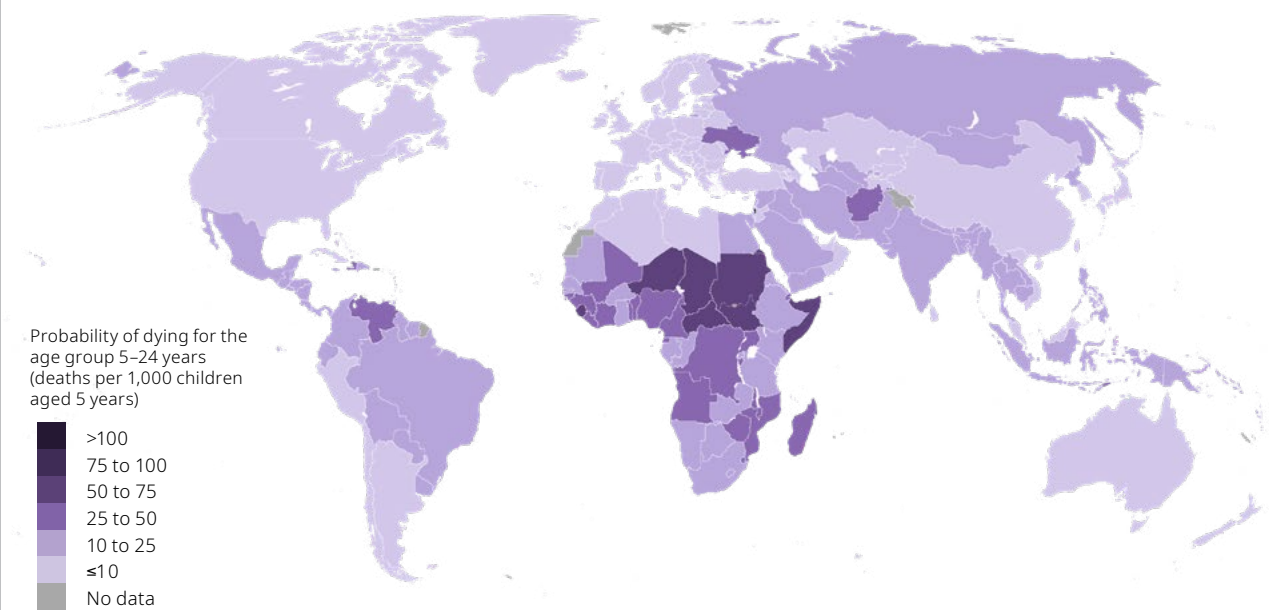
**Older children, adolescents and youth living in lower-income or fragile and conflict-affected settings face elevated mortality risks.** In 2024, individuals aged 5–24 years in low- and lower-middle-income countries faced mortality risks that were 5.4 and 2.6 times as high, respectively, as those in high-income countries. Similarly, children and youth living in FCS countries faced a risk of death nearly 2.8 times as high as their peers in non-FCS countries.

**Mortality risks of older children, adolescents and youth differ widely across countries.** In 2024, those aged 5–24 years in the country with

the highest mortality risk – 130.4 deaths per 1,000 children aged 5 – faced a risk of death 46 times as high as those in the lowest-risk country, where the probability of death was just 2.8 deaths per 1,000 children aged 5 (Map 7).<sup>\*</sup> Among the 25 countries with the highest mortality risks at ages 5–9 ( ${}_5q_5$ ) and 10–14 ( ${}_5q_{10}$ ) in 2024, 23 were in sub-Saharan Africa. For older adolescents and youth aged 15–24 years, high probabilities of dying are not only found in sub-Saharan Africa but also in countries in Latin America and the Caribbean.

**Substantial progress has been made in reducing global mortality among older children, adolescents and youth aged 5–24 years, with the greatest declines observed among children aged 5–9 years.** Since 1990, the overall probability of dying for ages 5–24 declined by 47 per cent globally, with larger reductions in female mortality (54 per cent) than male mortality (43 per cent). Mortality declined most sharply among older children aged 5–9 years (64 per cent), followed by younger adolescents aged 10–14 years (47 per cent), older adolescents aged 15–19 years (45 per cent) and youth aged 20–24 years (33 per cent),

**MAP 7 Probability of dying for the age group 5–24 years, by country, 2024**



Note: Categories are based on unrounded numbers; value ranges are greater than the lower bound number and less than or equal to the upper bound number. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

<sup>\*</sup> Excluding countries with less than 10,000 estimated live births in 2024.

with notable variation by geographic context and sex. As a result of these differential trends, children aged 5–9 years now face a lower mortality risk than older adolescents aged 15–19 years and youth aged 20–24 years. Male mortality declined less than female mortality, particularly among youth aged 20–24, with 26 per cent and 43 per cent declines, respectively, from 1990 to 2024.

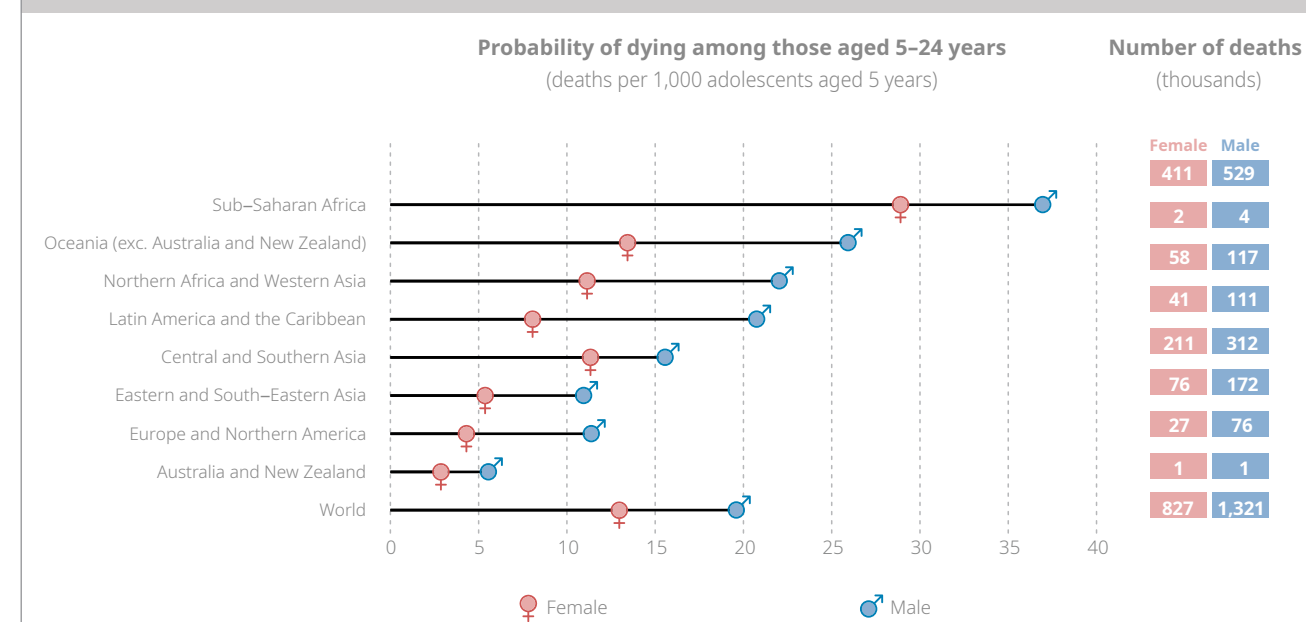
**Despite long-term progress, reductions in mortality among older children, adolescents and youth aged 5–24 have not accelerated globally and have slowed in several regions in recent years.** Globally, the ARR during 2015–2024 was 1.4 (0.3–1.6) per cent, representing a nearly 40 per cent slowdown compared to the 2000–2015 period, when the ARR reached 2.3 (2.1–2.5) per cent. This deceleration was observed across all age groups and almost all regions. In Northern America, the ARR was negative for the age groups 15–19 and 20–24 during 2015–2024, indicating increasing mortality.

**Although the probability of dying declined across all age groups since 1990, population growth has offset reductions in the absolute number of deaths in some regions.** While the

mortality risk between ages 5 and 24 declined by 58 per cent for sub-Saharan Africa since 1990, the number of deaths only declined by 1.6 per cent during that time. As a result, deaths among older children, adolescents and youth in the region have stagnated around 0.9 million annually since the 2000s.

**The population of older children, adolescents and youth is projected to grow in high-mortality regions, putting upward pressure on the global number of deaths in this age group.** If age-specific probabilities of dying were to remain at their 2024 levels, the annual number of deaths would increase slightly through 2030. Even if current trends were to continue, an estimated 12 million older children, adolescents and youth would die between 2025 and 2030. Most of these deaths would occur in the high-burden regions of sub-Saharan Africa (5.6 million) and Southern Asia (2.7 million). Under a more ambitious scenario in which all countries achieve the average probabilities of dying observed in high-income countries by 2030, estimated deaths among older children, adolescents and youth would be reduced to 7.3 million – 4.8 million fewer than under the current trends scenario.

**FIGURE 16** Probability of dying and number of deaths among children, adolescents and youth aged 5–24 years, by sex and Sustainable Development Goal region, 2024

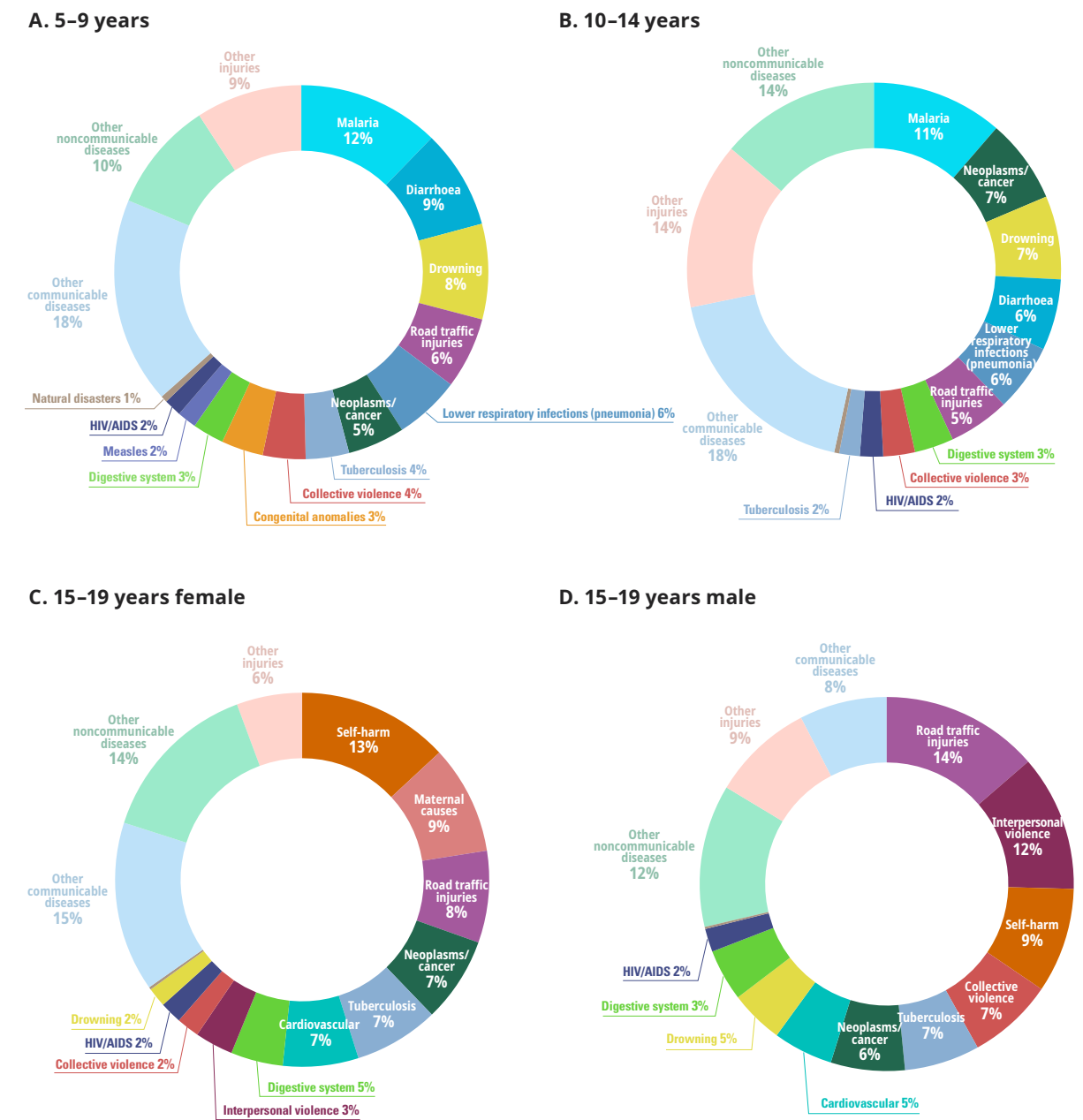


Note: All calculations are based on unrounded numbers. In 2024, Central Asia's 5–24-years mortality rate was 8.4 for females and 13.5 for males; Southern Asia's 5–24-years mortality rate was 11.4 for females and 15.6 for males. Central Asia's deaths in the 5–24-year age group (in thousands) was 6 for females and 9 for males; Southern Asia's deaths in the 5–24-year age group (in thousands) was 206 for females and 302 for males.

**Levels and trends in cause-specific mortality among 5–19-year-olds**  
**Injuries, violence and noncommunicable diseases remain leading causes of death among 5–19-year-olds.** The relative importance of specific causes,

however, varies substantially by five-year age group. Marked differences in cause-specific mortality rates are also observed by sex among older adolescents aged 15–19 years.

**FIGURE 17** Distribution of causes of death among children aged 5–9 years, adolescents aged 10–14 years and adolescents aged 15–19 years by sex, 2024



Source: Child and Adolescent Causes of Death Estimation project (2026).

Among children aged 5–9 years, malaria, diarrhoea, drowning, road traffic injuries and lower respiratory infections (pneumonia) were the leading causes of death. In 2024, these causes together accounted for more than 40 per cent of all deaths in this age group (Figure 17 and Table 12).

For young adolescents aged 10–14 years, the leading causes of death included malaria, neoplasms/cancer, drowning, diarrhoea, lower respiratory infections (pneumonia), and road traffic injuries. As children age into adolescence, the relative contributions of road traffic injuries, drowning, neoplasms and other noncommunicable diseases increase. For example, neoplasms accounted for 7 per cent of deaths among young adolescents aged 10–14 years, compared to 5 per cent among children aged 5–9 years (Figure 17 and Table 13).

Among older adolescents aged 15–19 years, road traffic injuries, self-harm, interpersonal violence, tuberculosis, neoplasms/cancer, cardiovascular

diseases and maternal causes (pregnancy and childbirth) were among the leading causes of death, with marked differences by sex. In 2024, 15–19-year-old male mortality risk was significantly higher from road traffic injuries, which was the leading cause of male deaths, while self-harm was the leading cause of 15–19-year-old female deaths. Additionally, maternal causes related to pregnancy and childbirth were the second-leading cause of female deaths in this age group, whereas interpersonal violence was the second-leading cause of male deaths (Figure 17, Table 14 and Table 15).



TABLE 13 Distribution of deaths (percentage) among those aged 10–14 years, by cause and Sustainable Development Goal region, 2024

Region	Malaria	Neoplasms/cancer	Drowning	Diarrhoea	Lower respiratory infections (pneumonia)	Road traffic injuries	Digestive system	Collective violence	HIV/AIDS	Tuberculosis	Natural disasters	Other communicable diseases	Other injuries	Other non-communicable diseases
<b>Sub-Saharan Africa</b>	21.1	2.2	5.1	9.2	9.0	3.9	2.7	0.7	3.7	1.1	0.6	25.2	5.9	9.5
<b>Northern Africa and Western Asia</b>	1.9	9.1	7.1	2.9	3.5	3.8	2.0	29.9	0.1	0.3	0.1	7.7	13.5	18.1
Northern Africa	1.5	10.7	5.8	1.9	3.5	3.7	1.8	31.7	0.1	0.5	0.0	5.4	11.6	21.8
Western Asia	2.2	7.7	8.2	3.7	3.6	3.8	2.2	28.3	0.1	0.2	0.2	9.7	15.2	14.9
<b>Central and Southern Asia</b>	2.7	7.6	11.8	4.7	2.2	6.3	5.5	0.1	0.1	3.8	0.2	16.6	26.6	11.8
Central Asia	0.0	21.0	11.2	1.2	4.4	9.8	2.0	0.0	0.8	0.9	0.0	2.6	16.0	30.1
Southern Asia	2.8	7.1	11.8	4.8	2.1	6.2	5.7	0.1	0.1	3.9	0.2	17.1	27.0	11.1
<b>Eastern and South-Eastern Asia</b>	0.1	21.1	9.1	1.2	2.9	7.7	3.0	0.5	0.6	2.2	0.2	5.8	20.9	24.6
Eastern Asia	0.0	18.7	16.0	0.9	2.1	12.7	1.2	0.0	0.0	0.7	0.1	2.8	18.2	26.5
South-Eastern Asia	0.2	22.8	4.1	1.4	3.5	4.0	4.3	0.8	1.0	3.4	0.3	7.9	22.9	23.2
<b>Latin America and the Caribbean</b>	0.3	16.9	4.4	1.2	3.7	8.5	3.3	0.2	0.8	0.4	0.2	10.0	22.1	28.1
<b>Oceania</b>	1.7	17.2	1.3	2.4	3.0	6.0	4.8	0.7	5.9	3.6	5.8	2.4	22.8	22.6
Australia and New Zealand	0.0	19.6	3.9	0.0	0.6	13.7	0.6	0.0	0.0	0.0	2.6	1.3	30.4	27.3
Oceania (exc. Australia and New Zealand)	2.1	16.7	0.7	2.9	3.5	4.3	5.7	0.8	7.2	4.4	6.5	2.6	21.1	21.6
<b>Europe and Northern America</b>	0.0	19.6	3.6	0.3	2.0	10.7	1.6	1.8	0.1	0.2	0.2	3.8	24.8	31.2
Europe	0.0	23.2	4.4	0.2	2.9	8.3	1.6	3.2	0.2	0.3	0.2	3.0	18.6	33.8
Northern America	0.0	14.7	2.7	0.3	0.8	14.1	1.6	0.0	0.0	0.1	0.1	4.9	33.1	27.7
<b>World</b>	<b>11.3</b>	<b>7.3</b>	<b>7.2</b>	<b>6.2</b>	<b>5.8</b>	<b>5.3</b>	<b>3.4</b>	<b>2.7</b>	<b>2.0</b>	<b>1.8</b>	<b>0.4</b>	<b>18.3</b>	<b>14.4</b>	<b>13.8</b>

Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.

TABLE 12 Distribution of deaths (percentage) among those aged 5–9 years, by cause and Sustainable Development Goal region, 2024

Region	Malaria	Diarrhoea	Drowning	Road traffic injuries	Lower respiratory infections (pneumonia)	Neoplasms/cancer	Tuberculosis	Collective violence	Congenital anomalies	Digestive system	Measles	HIV/AIDS	Natural disasters	Other communicable diseases	Other non-communicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	18.3	11.2	4.6	4.6	7.7	2.0	2.6	1.0	3.0	2.2	1.5	2.2	0.7	23.1	8.7	6.6
<b>Northern Africa and Western Asia</b>	1.9	2.1	7.6	7.4	3.5	5.0	0.9	39.3	3.0	1.3	0.9	0.1	0.1	5.2	10.2	11.5
Northern Africa	1.6	1.3	5.8	6.7	3.2	5.7	0.9	46.9	3.6	0.9	1.4	0.1	0.1	3.5	9.2	8.9
Western Asia	2.1	3.0	9.8	8.2	3.9	4.2	0.8	29.7	2.3	1.8	0.3	0.1	0.2	7.3	11.5	14.7
<b>Central and Southern Asia</b>	3.1	6.8	20.0	8.7	1.6	6.4	9.6	0.3	4.2	5.1	3.4	0.1	0.3	11.9	5.3	13.2
Central Asia	0.0	0.3	17.8	34.3	1.9	11.1	1.5	0.0	4.7	0.5	0.1	0.4	0.0	1.8	9.6	16.1
Southern Asia	3.2	7.0	20.1	7.6	1.6	6.2	9.9	0.3	4.1	5.3	3.5	0.1	0.3	12.3	5.2	13.0
<b>Eastern and South-Eastern Asia</b>	1.4	2.1	12.7	9.6	2.8	15.5	3.9	0.9	5.6	2.4	0.8	0.5	0.4	7.5	18.0	15.8
Eastern Asia	0.0	1.0	14.6	14.5	3.8	19.4	1.0	0.0	6.8	1.3	0.0	0.1	0.2	5.3	18.4	13.5
South-Eastern Asia	2.3	2.8	11.5	6.3	2.1	12.8	5.9	1.5	4.8	3.2	1.3	0.8	0.5	9.0	17.8	17.4
<b>Latin America and the Caribbean</b>	0.9	2.1	5.4	8.3	4.4	20.4	0.5	1.0	7.3	3.5	0.1	0.9	0.2	10.6	22.1	12.3
<b>Oceania</b>	8.2	8.0	5.6	4.3	2.0	10.2	12.5	1.1	2.0	6.3	0.5	9.6	5.3	4.0	12.8	7.3
Australia and New Zealand	0.0	1.4	6.3	11.0	1.7	32.9	0.0	0.0	8.2	1.9	0.0	0.0	0.0	4.3	22.8	9.5
Oceania (exc. Australia and New Zealand)	9.2	8.8	5.5	3.5	2.1	7.4	14.0	1.3	1.2	6.8	0.6	10.8	6.0	4.0	11.7	7.0
<b>Europe and Northern America</b>	0.0	0.4	5.6	12.8	2.5	23.6	0.4	1.2	9.3	1.3	0.2	0.3	0.3	4.9	22.1	15.2
Europe	0.0	0.4	5.4	10.6	3.3	27.9	0.6	2.1	10.2	1.2	0.4	0.6	0.3	3.3	22.6	11.2
Northern America	0.0	0.3	5.9	16.0	1.2	17.3	0.0	0.0	8.1	1.3	0.0	0.0	0.3	7.2	21.3	21.0
<b>World</b>	<b>12.3</b>	<b>8.6</b>	<b>8.2</b>	<b>6.2</b>	<b>5.7</b>	<b>4.9</b>	<b>3.8</b>	<b>3.7</b>	<b>3.6</b>	<b>2.7</b>	<b>1.7</b>	<b>1.5</b>	<b>0.6</b>	<b>17.9</b>	<b>9.6</b>	<b>9.2</b>

Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.

TABLE 14 Distribution of female deaths (percentage) among those aged 15–19 years, by cause and Sustainable Development Goal region, 2024

Region	Self-harm	Maternal causes	Road traffic injuries	Neoplasms/cancer	Tuberculosis	Cardiovascular	Digestive system	Interpersonal violence	Collective violence	HIV/AIDS	Drowning	Natural disasters	Other communicable diseases	Other non-communicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	9.6	12.5	3.8	5.9	7.5	7.3	5.2	2.6	0.7	4.2	1.3	0.3	23.1	11.0	5.0
<b>Northern Africa and Western Asia</b>	13.0	7.0	5.0	7.1	1.6	4.8	2.8	5.8	21.0	0.1	1.1	0.1	11.0	15.6	4.2
Northern Africa	14.2	7.5	4.8	6.5	1.4	4.7	2.8	4.9	19.9	0.1	1.3	0.0	12.0	15.7	4.2
Western Asia	11.1	6.0	5.3	7.9	1.7	5.0	2.9	7.1	22.7	0.0	0.9	0.2	9.5	15.4	4.2
<b>Central and Southern Asia</b>	17.6	8.5	11.4	7.1	11.4	5.7	4.9	2.5	0.1	0.0	2.2	0.1	7.5	14.1	6.9
Central Asia	21.5	6.3	7.0	12.6	1.2	8.2	2.5	4.8	0.0	0.3	1.5	0.0	9.2	22.3	2.6
Southern Asia	17.4	8.6	11.5	6.9	11.7	5.6	4.9	2.5	0.1	0.0	2.2	0.1	7.4	13.9	7.0
<b>Eastern and South-Eastern Asia</b>	13.8	4.9	13.1	11.2	4.7	7.8	3.4	2.0	0.6	0.1	2.9	0.2	6.2	22.5	6.5
Eastern Asia	17.2	0.8	13.3	17.6	1.5	8.3	1.6	1.3	0.0	0.0	5.3	0.1	3.5	20.1	9.2
South-Eastern Asia	12.2	6.9	9.0	8.2	6.2	7.6	4.2	2.4	0.9	0.2	1.7	0.2	7.5	23.7	5.1
<b>Latin America and the Caribbean</b>	11.8	7.0	13.8	11.0	0.9	5.8	3.1	10.1	0.3	0.4	1.0	0.1	13.8	19.6	5.2
<b>Oceania</b>	17.6	10.1	8.9	9.1	7.6	5.9	6.4	1.2	0.4	0.9	1.4	4.2	2.5	18.4	5.3
Australia and New Zealand	33.8	0.0	18.1	17.3	0.0	3.7	0.6	1.7	0.0	0.0	0.5	0.0	1.2	20.2	2.9
Oceania (exc. Australia and New Zealand)	11.7	13.8	5.5	6.1	10.3	6.7	8.5	1.1	0.6	1.3	1.8	5.8	3.0	17.7	6.2
<b>Europe and Northern America</b>	17.0	1.0	17.1	11.7	0.3	5.3	1.7	6.1	2.4	0.1	1.0	0.1	7.2	23.9	5.1
Europe	17.5	1.1	10.7	15.5	0.5	6.1	2.4	3.0	4.3	0.2	1.4	0.2	8.5	21.9	6.6
Northern America	16.3	0.9	25.0	7.0	0.0	4.3	0.9	9.9	0.0	0.0	0.5	0.1	5.6	26.3	3.2
<b>World</b>	<b>13.1</b>	<b>9.4</b>	<b>7.9</b>	<b>7.4</b>	<b>7.3</b>	<b>6.5</b>	<b>4.5</b>	<b>3.3</b>	<b>2.0</b>	<b>1.9</b>	<b>1.7</b>	<b>0.2</b>	<b>14.7</b>	<b>14.4</b>	<b>5.7</b>

Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.



## Data gaps in child, adolescent and youth mortality

Accurate and up-to-date information regarding Gaps in the availability and timeliness of empirical data on child mortality result in wider statistical uncertainty around national and global estimates. On average, the most recent high-quality data point included in the UN IGME estimation model for the U5MR is 4.5 years old across all countries, with only about half of countries having a data point from the past three years. Moreover, the most recent data collection effort, i.e., the last available data point whether it was included in the estimation model or not, is on average 3.2 years old, suggesting that some data collection activities do not generate data with sufficient coverage or completeness to accurately reflect mortality levels for the period in which they were collected. In 32 per cent of countries, the most recent available data point on under-five mortality is more than five years old. Likewise, in 35 countries and areas for ages 5–14 and 39 countries and areas for ages 15–24 – accounting for 5 and 9 per cent of the total burden of deaths in 2024, respectively – mortality trends could not

be estimated from the usual statistical model due to insufficient data, meaning these countries had fewer than four data points or the data points covered less than 10 years between 1990 and 2024. Mortality for these ages is estimated based on the relationship between U5MR and the probability of dying for these age groups (see ‘Annex: Estimating child mortality’). In the absence of sufficient and timely empirical data, uncertainty intervals around estimated mortality levels and numbers of deaths widen.

**Timely and reliable child mortality data are less available in lower-income settings.** The average age of the most recent high-quality data point is 8 years in low-income countries, compared with 4.9 years in middle-income countries and 2.1 years in high-income countries. As a result, 39 per cent of low- and middle-income countries lack reliable data on child mortality from the past five years, compared with only 12 per cent of high-income countries.

TABLE 15 Distribution of male deaths (percentage) among those aged 15–19 years, by cause and Sustainable Development Goal region, 2024

Region	Road traffic injuries	Interpersonal violence	Self-harm	Collective violence	Tuberculosis	Neoplasms/cancer	Cardiovascular	Drowning	Digestive system	HIV/AIDS	Natural disasters	Other non-communicable diseases	Other injuries	Other communicable diseases
<b>Sub-Saharan Africa</b>	12.3	9.2	8.2	5.0	7.9	5.5	5.2	4.4	5.7	5.0	0.2	11.3	9.0	10.9
<b>Northern Africa and Western Asia</b>	9.1	10.8	7.2	37.0	0.7	5.7	3.3	3.1	1.8	0.2	0.1	10.8	5.8	4.4
Northern Africa	8.6	7.5	6.3	43.4	0.8	5.5	3.1	2.8	1.8	0.2	0.0	11.2	5.2	3.8
Western Asia	9.9	15.2	8.4	28.3	0.7	5.9	3.7	3.5	1.9	0.2	0.2	10.3	6.6	5.2
<b>Central and Southern Asia</b>	14.2	8.6	9.6	0.7	11.9	6.5	5.9	5.1	6.3	0.1	0.2	13.2	10.3	7.3
Central Asia	18.3	6.8	13.4	0.0	0.6	11.7	7.9	7.0	2.2	0.3	0.0	17.1	7.8	6.8
Southern Asia	14.1	8.6	9.5	0.8	12.3	6.4	5.8	5.1	6.4	0.1	0.2	13.1	10.4	7.3
<b>Eastern and South-Eastern Asia</b>	16.8	8.3	9.4	3.1	4.4	9.1	7.2	7.0	3.7	0.6	0.1	15.3	10.4	4.6
Eastern Asia	20.3	1.9	11.2	0.0	1.2	13.5	8.8	11.1	1.5	0.2	0.2	15.7	11.5	2.9
South-Eastern Asia	14.9	11.7	8.5	4.8	6.1	6.8	6.3	4.9	4.8	0.8	0.1	15.2	9.8	5.4
<b>Latin America and the Caribbean</b>	15.7	35.6	8.7	0.9	0.7	6.1	3.7	3.6	1.7	0.7	0.1	9.5	6.7	6.4
<b>Oceania</b>	18.5	6.7	16.5	1.0	4.0	7.4	5.1	4.9	5.3	1.8	1.5	14.4	10.7	2.2
Australia and New Zealand	26.2	4.5	33.1	0.0	0.0	8.2	1.9	2.7	0.3	0.0	0.0	15.0	7.7	0.5
Oceania (exc. Australia and New Zealand)	15.8	7.4	10.7	1.4	5.4	7.1	6.2	5.7	7.1	2.4	2.0	14.2	11.7	2.8
<b>Europe and Northern America</b>	15.7	11.7	14.4	21.5	0.1	6.4	3.1	2.5	0.8	0.1	0.2	14.6	5.8	3.1
Europe	12.6	2.7	11.2	37.1	0.2	7.5	3.4	3.0	0.8	0.2	0.2	11.1	7.0	3.0
Northern America	20.0	24.1	18.9	0.0	0.0	4.9	2.8	1.9	0.7	0.0	0.1	19.4	4.1	3.2
<b>World</b>	<b>13.7</b>	<b>11.8</b>	<b>9.1</b>	<b>7.4</b>	<b>6.5</b>	<b>6.4</b>	<b>5.2</b>	<b>4.6</b>	<b>4.5</b>	<b>2.0</b>	<b>0.2</b>	<b>12.3</b>	<b>8.8</b>	<b>7.6</b>

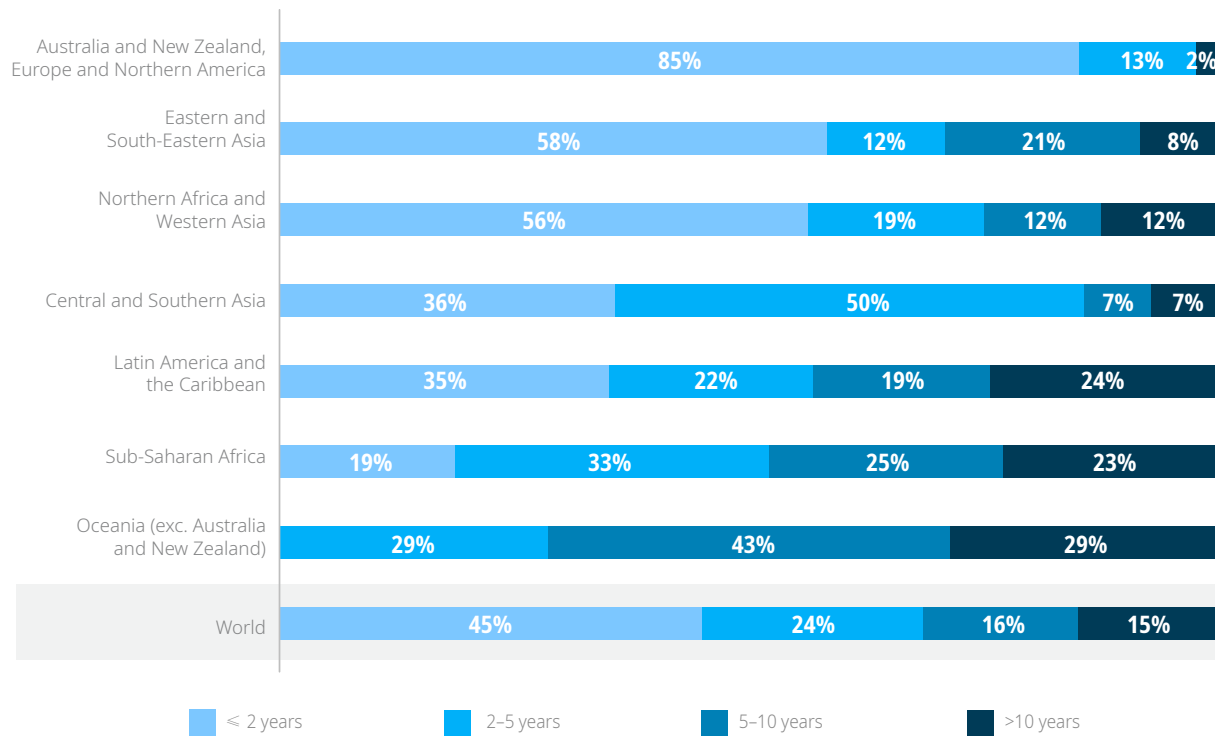
Note: All calculations are based on unrounded numbers. Values 0.0 in the table are less than 0.05 before rounding.

**Cause-of-death patterns among 5–19-year-olds vary by SDG region.** Communicable, maternal, perinatal and nutritional causes accounted for a large proportion of deaths in high-burden regions, such as sub-Saharan Africa and Southern Asia, particularly among those aged 5–9 and 10–14 years (Table 12, Table 13, Table 14 and Table 15). Cause-specific mortality rates from these conditions declined significantly in the

Millennium Development Goals (MDG) period (2000–2015), slowing somewhat in the SDG period (2015–2024). Conversely, injuries – both unintentional and intentional – were the leading cause of death in the regions of Latin America and the Caribbean and Europe and Northern America among 5–19-year-olds, driven by deaths related to interpersonal violence and road traffic injuries among older adolescents.



**FIGURE 18** Distribution of the country extrapolation periods (i.e., the age of the most recent high-quality U5MR data point) in the UN IGME 2025 estimation round, by Sustainable Development Goal region



Note: Categories are based on unrounded numbers; value ranges are greater than the lower bound number and less than or equal to the upper bound number.

**High-quality data on child survival are least available in regions with the highest estimated mortality.** In sub-Saharan Africa, approximately 48 per cent of countries have a most recent reliable, high-quality data point that is more than five years old, and 38 per cent have a gap of more than five years between their most recent available data point and the common reference year of 2024 (Map 8 and Figure 18). While the global average age of the most recent high-quality data point is 4.5 years, the corresponding average in sub-Saharan Africa is 6.5 years.

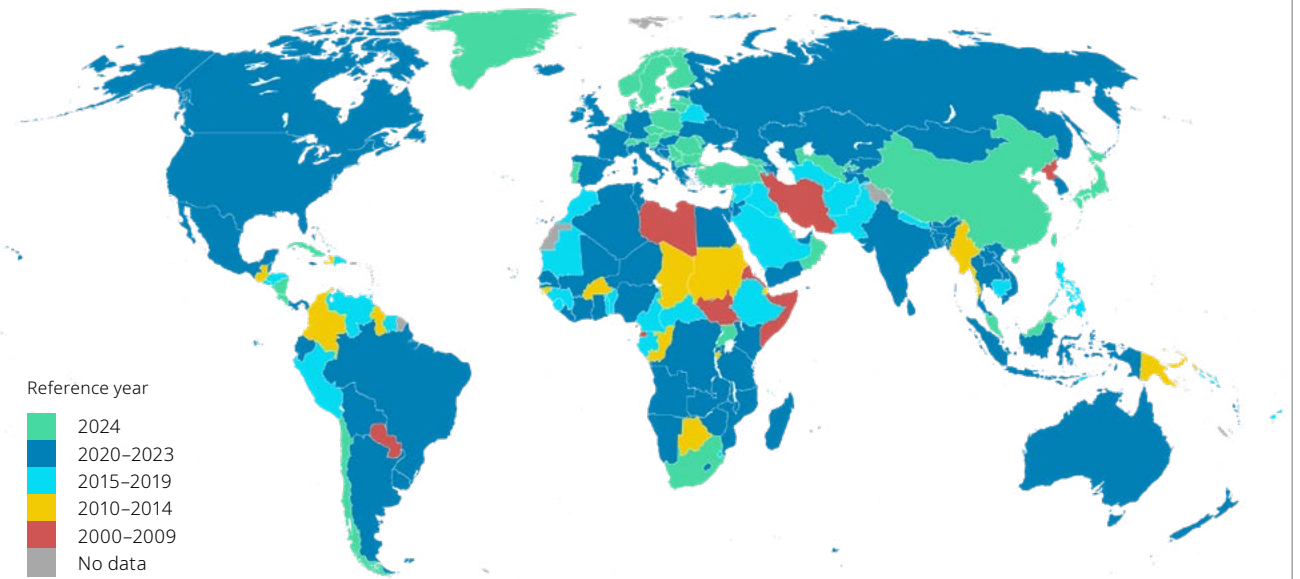
**Countries affected by fragility and conflict face severe limitations in child mortality data availability.** In FCS countries, the average age of the most recent available high-quality data point is 8.7 years. Only about half of FCS countries have a high-quality data point from the past eight years. By contrast, among non-FCS countries, the average age of the most recent high-quality data point is just 3.6 years, and half of countries have such data from within the past two years.

**Data gaps are larger in countries at risk of missing the SDG targets.** Among countries projected to miss the SDG target, the average age of the most recent high-quality data point is 6.7 years, compared with just 3.4 years among countries that have already met the target.

**Household surveys are the most prevalent source of empirical data for monitoring child survival globally.** Across the 200 countries covered in this report, household survey data, primarily coming from DHS and Multiple Indicator Cluster Surveys (MICS), account for 47 per cent of all empirical data points on child mortality since 1990. In 26 per cent of countries, no vital registration or sample vital registration data are available to monitor under-five mortality, leaving household surveys and, to a lesser extent, census data as the sole sources of empirical information on child survival.

**Reliance on household survey data is strongly associated with country income classification.**

**MAP 8** Reference year for the most recent included U5MR data point in UN IGME 2025 estimation round



Note: This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

Approximately 84 per cent of low-income countries rely entirely on household survey and census data. Between 1990 and 2024, household surveys accounted for 86 per cent of empirical child mortality data in low-income countries and 73 per cent in lower-middle-income countries (Figure 19).

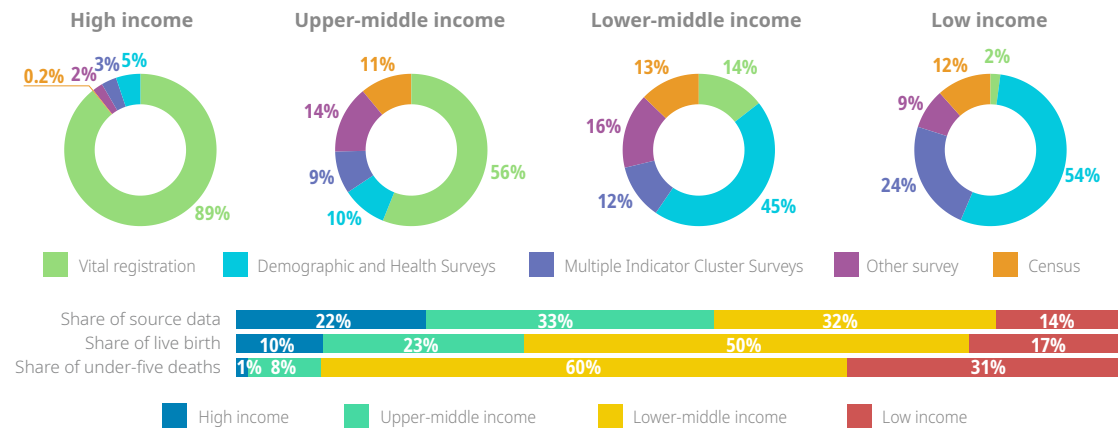
**Only a small number of countries have high-quality national data available for the most**

**recent estimation year.** Just 41 countries had a high-quality data point for 2024 included in the UN IGME estimation model (Map 8). Among these countries, 61 per cent were high-income countries and 32 per cent were upper-middle-income countries, underscoring the continued concentration of timely and reliable data in higher-income settings.

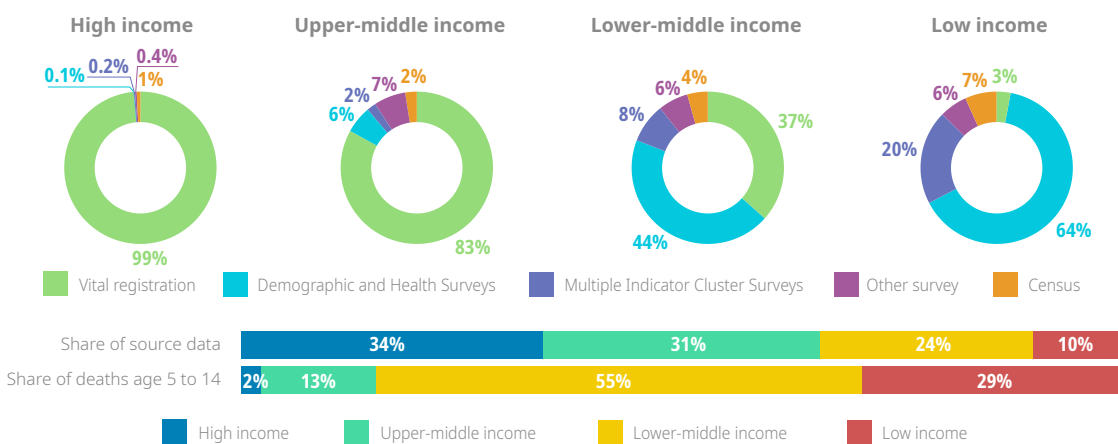


FIGURE 19 Data availability since 1990, by national income group

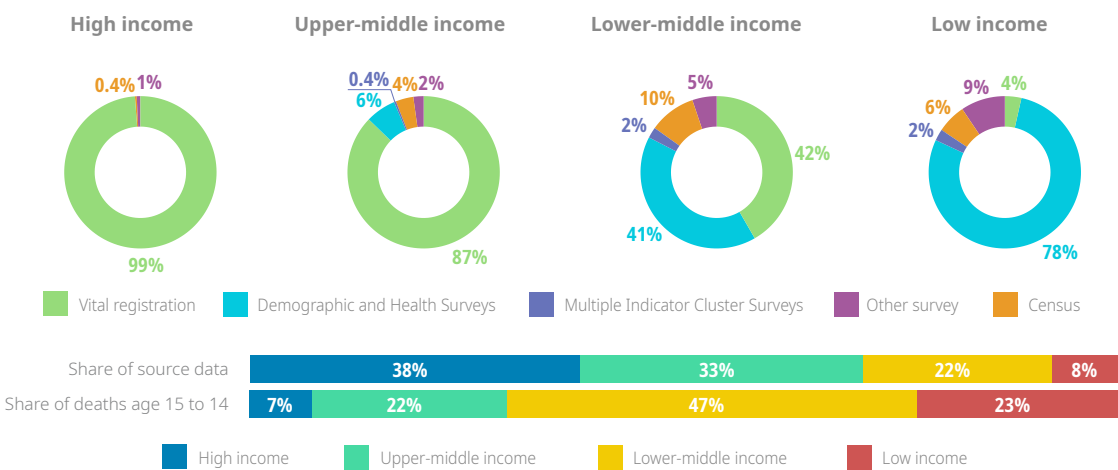
**A. Under-five mortality**



**B. Mortality among older children and young adolescents aged 5–14 years**



**C. Mortality among older adolescents and youth aged 15–24 years**



Note: Based on data points per country year. Percentages in donuts refer to the share of data points available as input data to estimate mortality indicators. First bars refer to the share of data points by income classification. Second or third bar refers to datapoints in population or deaths by income classification in 2024.

# Conclusion

## Slowed progress, unacceptable loss

This report documents both the extraordinary progress achieved in reducing child, adolescent and youth mortality over recent decades and the urgent challenges that have slowed and now threaten to stall or even reverse, these gains. Since 2000, the global U5MR has declined by 51 per cent, reflecting sustained investments, coordinated action and the scale-up of proven, cost-effective interventions across countries and regions. Despite this progress, the burden of child, adolescent and youth deaths remains unacceptably high. In 2024 alone, an estimated 4.9 million mostly preventable and treatable deaths occurred among children under age 5, with an additional 2.1 million deaths among older children, adolescents and youth aged 5–24. At the same time, several concerning trends are emerging, including the global slowdown in mortality reduction. Global progress in reducing under-five mortality has slowed in the SDG era, with the pace of decline 61 per cent lower than during the MDG era. The deceleration has been more pronounced for the neonatal period than among ages 1–59 months. Moreover, mortality reductions among older children, adolescents and youth aged 5–24 have not accelerated globally and have even slowed in several regions during the SDG period. This loss of momentum is deeply concerning and highlights that continued progress cannot be assumed without renewed commitment, sustained investment and targeted interventions.

Much of the progress achieved to date has been hard-won. It reflects decades of commitment to maternal, newborn and child health, expanded access to essential services and targeted action against the leading causes of death. Today, however, children face a convergence of threats to health and survival, including conflict and fragility, economic instability, climate-related shocks, weak health systems and growing uncertainty in global financing for child health and survival. Together, these pressures risk undermining past achievements and could

lead to stagnation – or even reversal – in child survival gains if not addressed with urgent and comprehensive action.

## Ending preventable deaths: A cause-specific approach

The causes of child, adolescent and youth mortality identified in this report highlight both the preventability of these deaths and the need for age-specific responses. Children continue to die from many of the same leading causes observed 25 years ago: prematurity, birth complications and noncommunicable diseases around the time of birth; infectious diseases and related conditions such as pneumonia, diarrhoea and malaria among children aged 1–59 months; and injuries and noncommunicable conditions among adolescents and youth. Effective strategies to end preventable deaths must therefore be tailored to the distinct risks faced at each stage of the life-course. Without renewed and targeted action, millions of newborns, children and young people will continue to die from causes that are well understood and largely preventable and treatable. A particularly troubling finding of this report is the pronounced slowdown in the decline of both all-cause and various cause-specific mortality rates in recent years. Following substantial progress during 2000–2015, mortality declines have decelerated across many causes. Slower declines in cause-specific mortality rates mean slower reduction in overall mortality and millions of additional lives lost to preventable and treatable conditions.

## The child survival gap: Lingering disparities in mortality

Persistent and profound disparities in child survival continue to impede global progress. The same progress that demonstrates the effectiveness of quality, cost-effective interventions also exposes the consequences of unequal access to them. In 2024, a child born in the country with the highest U5MR was more than 57 times more likely to die before reaching age 5 than a child

born in the country with the lowest U5MR.\* Sub-Saharan Africa and Southern Asia continued to bear a disproportionate burden of global under-five deaths, accounting for more than 80 per cent of all under-five deaths worldwide despite representing only 59 per cent of global live births in 2024. FCS countries remain among the riskiest environments for child survival: on average, a child born in an FCS country was three times as likely to die before age 5 than a child born elsewhere. Stark disparities also persist by country income classification, with the probability of under-five death in low-income countries 14 times that of high-income countries. Disparities persist within countries as well: in low- and middle-income countries, children from the poorest households, those living in rural areas and those born to mothers with lower levels of education face substantially higher risks of early death. These inequities reflect unequal access to life-saving interventions and services and demand targeted policy and investment responses.

Importantly, the causes of child death are also highly dependent on where a child is born. High-burden regions such as sub-Saharan Africa and Southern Asia face distinct cause-of-death profiles, including persistently high mortality from malaria in sub-Saharan Africa and continued elevated mortality from prematurity and birth-related causes in Southern Asia. Achieving further reductions in child mortality will therefore require a deliberate cause- and place-specific approach that combats the deadliest causes in the settings where children face the greatest risk.

### Renewing efforts to meet targets

The SDGs call for the end of preventable deaths of children under age 5, but stubbornly high mortality rates concentrated in high-burden regions threaten global achievement of these goals. According to the latest estimates presented in this report, 60 countries are at risk of missing the under-five mortality target and 66 are at risk of missing the neonatal mortality target. For many of these countries, achieving the SDG targets by 2030 would require at least a doubling of their current rate of mortality decline.

### What comes next depends on what we do today

Looking ahead, the consequences of inaction are stark. If current trends continue, an estimated 27.3 million children will die by 2030 before reaching their fifth birthday, nearly half of them in the first month of life. Sub-Saharan Africa alone would account for 16.8 million of these deaths, with Southern Asia contributing an additional 6.3 million. Under a scenario of stalled progress in which 2024 mortality rates remain constant, even more children – 29.7 million – would die by 2030 before reaching age 5. These outcomes reflect the scale of the challenge ahead, but they are not inevitable.

If all countries were to achieve the SDG targets for under-five and neonatal mortality, 8.2 million deaths could be averted by 2030 compared with the current trends scenario. Moreover, the low mortality rates and substantial declines already achieved in many settings demonstrate what is possible with targeted investment and greater access to care. If all countries were to reach the average U5MRs and NMRs observed in high-income countries, for example, an additional 17.4 million children would survive to their fifth birthday between now and 2030 over the current trends scenario.

### Towards the elimination of preventable child mortality

The path forward is clear. The knowledge and tools needed to reduce child mortality are well known and widely available. Countries that have achieved low mortality or rapid declines have done so through investments in maternal, newborn and child health as well as primary health care systems; strong emphasis on prevention through nutrition, immunization, and water and sanitation; and expansion of high-quality care at birth – including care of small and sick babies, especially those born too soon or too small – and throughout early childhood.

To maximize impact, efforts must focus on the ages and causes where deaths are most concentrated. The slow decline in neonatal mortality, coupled with the fact that nearly half

of all under-five deaths occur in the first month of life, demands urgent and sustained investment in preventing and treating the causes of newborn death. Concurrently, interventions for children aged 1–59 months must be strengthened and expanded, particularly in low- and lower-middle-income countries where most of these deaths occur. Notably, the reduction in mortality among children aged 1–59 months is due in part to improved access to front-line – such as immunization, IMNCI and integrated community case management of childhood illness<sup>67</sup> – which continue to represent critical gaps in countries with persistently high under-five mortality and a substantial proportion of childhood deaths occurring at 1–59 months of age.

While prioritizing the leading causes of death is essential, eliminating all preventable deaths must remain the ultimate goal. This includes addressing NTDs, which affect over a billion people worldwide<sup>68</sup> and continue to claim lives among children in some of the poorest and most marginalized communities.

Sub-Saharan Africa and Southern Asia must remain at the centre of global child survival efforts. In sub-Saharan Africa, neonatal deaths have stagnated at roughly one million per year, and demographic trends indicate increasing pressure on health systems as the under-five population is projected to surpass 200 million by 2030.<sup>69</sup> In Southern Asia, substantial progress among children aged 1–59 months must now be matched by greater investment in preventing deaths around the time of birth.

Progress can be further accelerated by targeting actions and interventions using subnational data or estimates, where available. The UN IGME has produced such estimates for a subset of countries. These disaggregated data enable more localized responses to child mortality, helping to direct interventions to areas of greatest need. Tracking for 2025–2026 conducted by Every Woman Every Newborn Everywhere and Child Survival Action revealed that 95 per cent of countries (88 out of 93) reported having a national target for neonatal mortality and 88 per cent of countries (82 out of 93) reported having a national target

for under-five mortality, yet only one in four countries reported having a subnational target for either neonatal or under-five mortality. Similarly, 94 per cent of countries (87 out of 93) reported having a maternal, newborn, child and adolescent health strategy or a national health plan that has a specific section on addressing maternal, newborn and child health and preventing stillbirths, but only 46 per cent of countries (43 out of 93) reported having a subnational plan at regional or provincial level. Persistent subnational disparities within countries call for tailored, adequately financed maternal, newborn and child health strategies that reach the most vulnerable populations.

### Data gaps hinder effective action

Further gains will also depend on improving the availability and use of data. Significant gaps in the timeliness and quality of child mortality data continue to hinder our full understanding of the level and trends in child mortality, particularly in high-burden regions, FCS countries and countries at risk of missing the SDG targets. Without better data, millions of children risk being overlooked, uncertainty in estimates increases and timely identification of emerging risks is inhibited. Household surveys remain an essential source of information, especially in low- and middle-income settings, but stronger vital registration systems and more frequent, high-quality data collection are needed to support precise targeting and accountability.

The progress documented in this report demonstrates that child, adolescent and youth mortality is not an intractable problem. With the right investments, policies and political commitment focused on the most vulnerable populations and the leading causes of death, dramatic further reductions are possible. The evidence presented here must now be translated into action. Governments must prioritize child health and survival in national budgets; data systems must be strengthened and sustained; and donors and humanitarian organizations must maintain and expand their commitments. Without such coordinated and decisive efforts, the world risks losing years of progress and millions of young lives.

\* Excluding countries with less than 10,000 estimated live births in 2024.

## Country consultation

In accordance with the decision by the Statistical Commission and the United Nations Economic and Social Council Resolution 2006/6, UN IGME child mortality estimates, which are used for the compilation of global indicators for SDG monitoring, are produced in consultation with countries.<sup>70</sup> UNICEF and WHO undertook joint country consultations in 2025. The country consultation process gave each country's ministry of health, national statistical office and/or relevant agency the opportunity to review all data inputs, the estimation methodology, and the draft estimates for under-five mortality and mortality among older children and young adolescents aged 5–14 years and older adolescents and youth

aged 15–24 years. The objective was to identify relevant data that were not included in the UN IGME database and to allow countries to review and provide feedback on estimates. In 2025, 82 of 200 countries sent comments or additional data. After the consultations, the UN IGME draft estimates for mortality among children under age 5 were revised for 106 countries using new or updated data, and the estimates for mortality among older children and young adolescents aged 5–14 years or older adolescents and youth aged 15–24 years were revised for 89 countries after receiving new or updated data. All countries were informed about changes in their estimates.

# Annex: Estimating child mortality

This chapter summarizes the methods the UN IGME uses to generate all-cause mortality estimates for children under age 5, older children and young adolescents aged 5–14 years, and older adolescents and youth aged 15–24 years. For the methods used to estimate cause-specific mortality, detailed explanations are available elsewhere.<sup>71</sup>

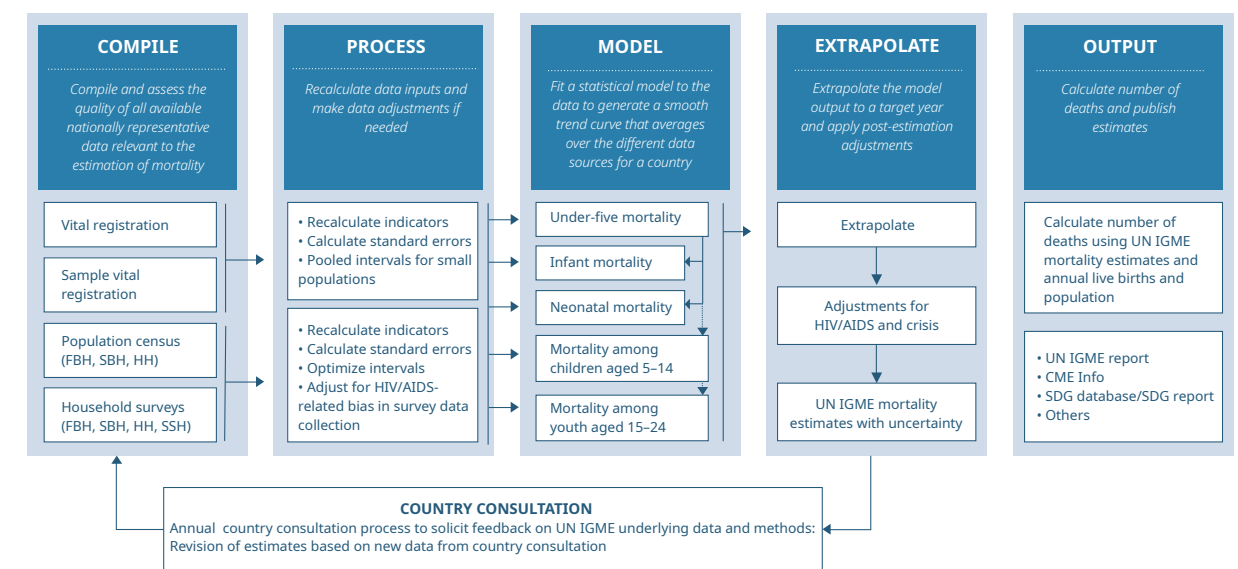
The UN IGME updates its estimates of under-five mortality – including neonatal and infant mortality – mortality among children aged 5–14 years and mortality among youth aged 15–24 years annually after reviewing newly available data and assessing their quality. These estimates are widely used in UNICEF flagship publications, the WHO global health estimates, the United Nations

Secretary-General's annual SDG report and publications by other United Nations agencies, governments and donors.

The UN IGME, which includes members from UNICEF, WHO, the World Bank Group and the United Nations Population Division, was established in 2004 to advance the work on monitoring progress towards the achievement of child survival goals. Its Technical Advisory Group (TAG), comprising leading academic scholars and independent experts in demography and biostatistics, provides guidance on estimation methods, technical issues and strategies for data analysis and data quality assessment.



FIGURE 20 UN IGME estimation strategy



Note: FBH: full birth histories; SBH: summary birth histories; HH: household deaths; SSH: sibling survival history

## Overview

The UN IGME employs the following broad strategy (Figure 20) to arrive at annual estimates of child mortality:

1. Compile and assess the quality of all available nationally representative data relevant to the estimation of child mortality, including data from vital registration systems, population censuses, household surveys and sample registration systems;
2. Recalculate data inputs and make adjustments as needed by applying standard methods;
3. Fit a statistical model to these data to generate a smooth trend curve that averages possibly disparate estimates from the different data sources for a country; and
4. Extrapolate the model to a target year (in this case, 2024).

To increase the transparency of the estimation process, the UN IGME has developed a child mortality web portal, Child Mortality Estimation (CME) Info, available at <[childmortality.org](http://childmortality.org)>. It includes all available data and shows estimates for each country as well as which data are currently officially used by the UN IGME. Once new estimates are finalized, CME Info is updated accordingly.

The UN IGME applies a common methodology across countries and uses empirical data from each country to produce comparable estimates. For example, country values are extrapolated to the same reference year using a common method. Applying a consistent methodology allows for comparisons between countries, despite the varied number and types of data sources. UN IGME estimates are based on nationally available data from censuses, surveys or vital registration systems. The UN IGME does not use covariates to derive its estimates, but rather applies a curve-fitting method to empirical data after a data quality assessment.

Countries may prefer to use a single data source for their official estimates or apply other valid methods different from those used by the UN IGME. The UN IGME does not report figures produced by individual countries using other methods, as these estimates would not be comparable across countries. The differences between UN IGME and national official estimates are usually not large if the empirical data are of good quality. The UN IGME aims to minimize errors for each estimate, harmonize trends over time and produce up-to-date and comparable estimates of child mortality. Because biases are inevitable in data, there will always be uncertainty around data and estimates. To allow for added comparability, the UN IGME generates all child mortality estimates with uncertainty bounds.

## Data sources

Nationally representative estimates of under-five mortality can be derived from several different sources, including civil registration and sample surveys. Demographic surveillance sites and hospital data are excluded as they are not nationally representative. The preferred source of data is a civil registration system that records births and deaths on a continuous basis. If registration is complete and this system functions efficiently, the resulting estimates will be accurate and timely. Many low- and middle-income countries, however, do not have well-functioning vital registration systems. Therefore, household surveys such as the UNICEF-supported Multiple Indicator Cluster Surveys (MICS), the Demographic and Health Surveys (DHS) and periodic population censuses have become the primary sources of data on mortality among children under age 5 and children, adolescents and youth aged 5–24 years. These surveys ask women about the survival of their children and about the survival of their siblings, and it is these reports (or microdata upon availability) that provide the basis for childhood, adolescent and youth mortality estimates for a majority of low- and middle-income countries.

The first step in the process of arriving at estimates of levels and recent trends of child mortality is to compile all newly available data and add the data to the UN IGME database. Newly available data will include recently released vital statistics from a civil registration system, results

from recent censuses and household surveys and, occasionally, results from older censuses or surveys not previously available.

The full set of empirical data used in this analysis is publicly available from the UN IGME web portal, CME Info <[childmortality.org](http://childmortality.org)>. In this round of estimation, a substantial amount of newly available data has been added to the underlying database for under-five, infant and neonatal mortality. Data from 41 new surveys or censuses were added for 32 countries and data from vital registration systems or sample vital registration systems were added or updated for 134 countries. In total, more than 5,300 country-year data points from about 230 series were added or updated. The database, as of January 2026, contains over 21,200 country-year data points from more than 2,400 series across 200 countries from 1990 (or earlier, back to 1911) to 2024. The database for mortality among children aged 5–14 years contains more than 7,700 data points and the database for mortality among youth aged 15–24 years contains more than 7,500 data points.

The increased empirical data have substantially changed the UN IGME estimates from previous editions, partly because the fitted trend line is based on the entire time series of data available for each country. The estimates presented in this report may differ from and are not comparable with previous sets of UN IGME estimates.

Whatever the method used to derive the estimates, data quality is critical. The UN IGME assesses data quality and does not include data sources with substantial non-sampling errors or omissions as underlying empirical data in its statistical model.

## Civil registration data

Data from civil registration systems are the preferred data source for child mortality estimation. The calculation of under-five mortality rates (U5MR, the probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births), infant mortality rates (IMR, the probability of dying between birth and exactly one year of age, expressed per 1,000 live births), mortality rates among children aged 5–14 years (the probability a five-year-old would die before reaching age 15, expressed per 1,000 children aged 5 years) and mortality rates among youth aged 15–24 years (the probability a 15-year-old

would die before reaching age 25, expressed per 1,000 youths aged 15 years) are derived from a standard period abridged life table using the age-specific deaths and midyear population counts from civil registration data. The neonatal mortality rate (NMR, the probability of dying between birth and exactly 28 days of age, expressed per 1,000 live births) is calculated with the number of deaths of infants under 28 days of age and the number of live births in a given year. For civil registration data (with available data on the number of deaths and midyear populations), annual observations were initially constructed for all observation years in a country. For country-years in which the coefficient of variation exceeded 10 per cent for children under 5 years or 20 per cent for children aged 5–14 years, deaths and midyear populations were pooled over longer periods. Starting from the most recent years, deaths and population were combined with adjacent previous years to reduce spurious fluctuations in countries where small numbers of births and deaths were observed. The coefficient of variation is defined to be the stochastic standard error of the 5q0 ( $5q0 = U5MR/1,000$ ) or 1q0 ( $1q0 = IMR/1,000$ ) observation divided by the value of the 5q0 or 1q0 observation. The stochastic standard error of the observation is calculated with a Poisson approximation using live birth numbers, given by  $\sqrt{5q0/lb}$  or similarly  $\sqrt{1q0/lb}$ , where lb is the number of live births in the year of the observation.<sup>72</sup> After this recalculation of the civil registration data, the standard errors are set to a minimum of 2.5 per cent for input into the model. A similar approach was used for neonatal mortality and mortality among children and youth aged 5–24 years.

To select country-years for which vital registration data are included for older children, adolescents and youth aged 5–24 years and to compute adjustment factors in case of incomplete registration, a hybrid of the generalized growth balance method (GGB) and the synthetic extinct generation method (SEG), the GGBSEG method was used. The GGBSEG method is one of several demographic methods known as “death distribution methods”<sup>73</sup> and has been shown to perform better than the GGB and SEG methods in isolation. The GGBSEG method is implemented in the DDM package of the R statistical software.<sup>74</sup> Completeness was estimated for each country for periods between pairs of recent censuses for

which an age distribution of the population was available in the Demographic Yearbook.<sup>75</sup> The sex-specific completeness estimates were combined to obtain an estimate for both sexes. When the estimated completeness was less than 80 per cent, mortality rates derived from vital registration data were excluded from the model fit. When completeness was greater than or equal to 95 per cent, the registration was considered virtually complete, and no adjustment was used to adjust mortality estimates upwards. If completeness was between 80 and 95 per cent, the inverse of the completeness rate was multiplied by the number of deaths to obtain adjusted estimates. These adjustments are only applied to mortality data above age 5 as the death distribution methods cannot be applied to estimate completeness of registration of under-five deaths.

### Survey data

The majority of survey data on child mortality come in one of two forms: the full birth history (FBH), whereby women are asked for the date of birth of each of their children, whether the child is still alive, and if not, the child's age at death; and the summary birth history (SBH), whereby women are asked only about the number of children ever born to them and the number who have died (or equivalently, the number still alive).

FBH data, collected by all DHS and increasingly, by MICS and other nationally representative surveys, allow for the calculation of child mortality indicators for specific time periods in the past. This enables these survey programmes to publish under-five child mortality estimates for three 5-year periods before the survey; that is, 0 to 4, 5 to 9, and 10 to 14.<sup>76, 77, 78</sup> The UN IGME has recalculated estimates to refer to calendar year periods using single calendar years for periods shortly before the survey and gradually increasing the number of years for periods further in the past, whenever microdata from the survey are available. The cut-off points of a given survey for shifting from estimates for single calendar years to two years, or two years to three, etc., are based on the coefficients of variation of the estimates.<sup>79</sup>

Mortality estimates of children aged 5–14 years can also be derived from the FBH module, but the probability of dying among children in this age group (10q5) is estimated for the period 0–12 years before the survey and divided into periods

according to the coefficient of variation of the estimates (< 20 per cent).

In general, SBH data collected by censuses and many household surveys use the woman's age as an indicator of the age of her children and their exposure time to the risk of dying and employ models to estimate mortality indicators for periods in the past for women ages 25 to 29 through ages 45 to 49. This method is well known but has several shortcomings. Starting with the 2014 round of estimation, the UN IGME changed the method of estimation for SBHs to one based on classification of women by the time that had passed since their first birth. This method has several benefits over the previous one. Firstly, it generally has lower sampling errors and, secondly, it avoids the problematic assumption that the mortality estimates derived for each age group of women adequately represent the mortality of the whole population. As a result, it has less susceptibility to the selection effect of young women who give birth early, since all women who give birth necessarily must have a first birth. Thirdly, the method tends to show less fluctuation across time, particularly in countries with relatively low fertility and mortality. The UN IGME considers the improvements in estimates based on time since first birth worthwhile when compared to the estimates derived from the classification by age of mother. Hence, in cases where the microdata are available, the UN IGME has reanalysed the data using the new method. Due to known biases in the estimation for the 0–4-year period by time since first birth and for the 15–19 and 20–24 age groups of women, these data points are excluded in the estimation model.

Moreover, following advice from the UN IGME TAG, child mortality estimates from SBHs were not included if estimates from FBHs in the same survey were available.<sup>80</sup> SBH data are not used to derive neonatal mortality or mortality among children aged 5–14 years.

Mortality estimates of youth aged 15–24 years were derived from the sibling survival histories (SSHs). In SSHs, women aged 15–49 years are asked to list all their siblings born to the same mother by birth order and to report on each sibling's gender, survival status, current age, if alive, or age at death and years since death, if deceased. SSHs have been extensively used to model adult mortality in

countries lacking vital registration and to monitor trends in maternal mortality.<sup>81, 82, 83</sup> SSHs were used to estimate the probability of a 15-year-old dying before reaching age 25 (10q15) for a period of 0–12 years prior to each survey. This period was divided into intervals of various length (6, 4, 3, 2, 1 years) depending on the coefficient of variation of the estimates.

### Adjustment for missing mothers in high-HIV settings

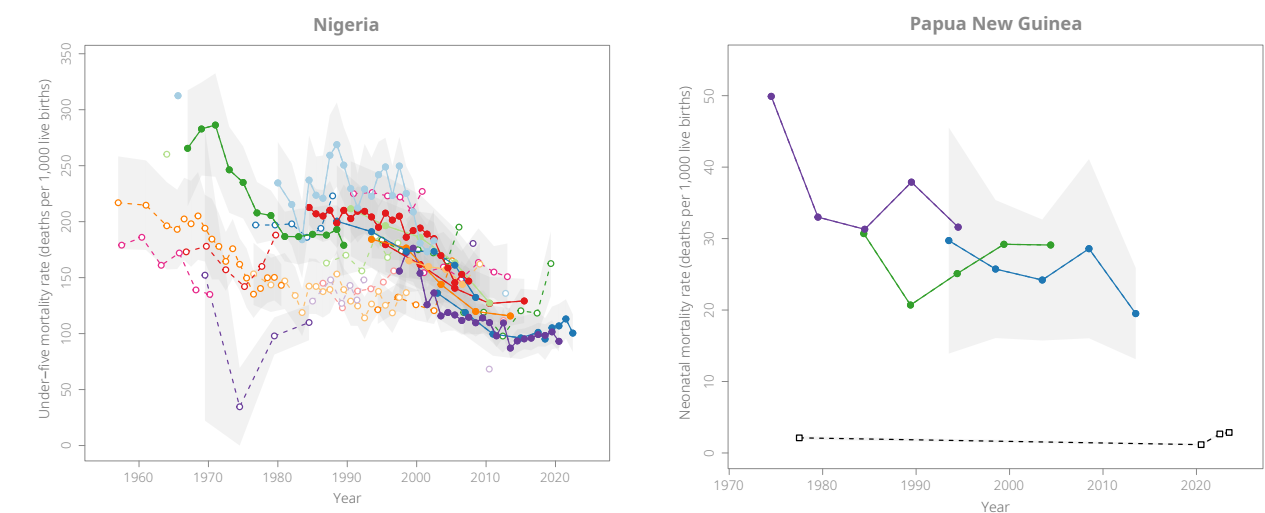
In populations severely affected by HIV/AIDS, HIV-positive children will be more likely to die than other children and will also be less likely to be reported since their mothers will also have been more likely to die. Child mortality estimates will thus be biased downwards. The magnitude of the bias will depend on the extent to which the elevated under-five mortality of HIV-positive children is not reported because of the deaths of their mothers. The TAG developed a method to adjust HIV/AIDS-related mortality for each survey data observation from FBHs during HIV/AIDS epidemics (1980–present) by adopting a set of simplified but reasonable assumptions about the distribution of births to HIV-positive women, primarily relating to the duration of their infection, vertical transmission rates and survival times of both mothers and children

from the time of the birth.<sup>84</sup> This method was applied to all direct estimates from FBHs. The model was improved to incorporate the impact of antiretroviral therapies and prevention of mother-to-child transmission.<sup>85</sup> No adjustment was included for HIV-related biases in the age group 5–14, since no method currently exists to estimate the magnitude of this bias in the probability 10q5. For mortality at ages 15–24, the vertical transmission of the virus is unlikely to introduce biases in the estimates, as mortality rates relate to the survival of the siblings of adult respondents.

### Systematic and random measurement error

Data from these different sources require varied calculation methods and may suffer from different errors, such as random errors in sample surveys or systematic errors due to misreporting. Thus, different surveys often yield widely divergent estimates of U5MR for a given period, as illustrated in Figure 21. To reconcile these differences and take better account of the systematic biases associated with the various types of data inputs, the TAG developed an estimation method to fit a smoothed trend curve to a set of observations and to extrapolate that trend to a defined time point, in this case, 2024. This method is described in the following section.

FIGURE 21 Empirical child mortality data in Nigeria and Papua New Guinea



Note: All data available for the country are shown as coloured points, with observations from the same data series joined by lines, and each colour identifying different data sources. Solid points and lines represent data series/observations that were included in the statistical model. Unfilled circles and dashed lines represent data series/observations that were excluded. Grey bands represent the standard errors of the observations where available or applicable.

## Estimation of under-five mortality rates

Estimation and projection of U5MRs was undertaken using the Bayesian B-splines bias-adjusted model, referred to as the B3 model. This model was developed, validated and used to produce previous rounds of UN IGME child mortality estimates, including the previously published round in 2025.<sup>86, 87</sup>

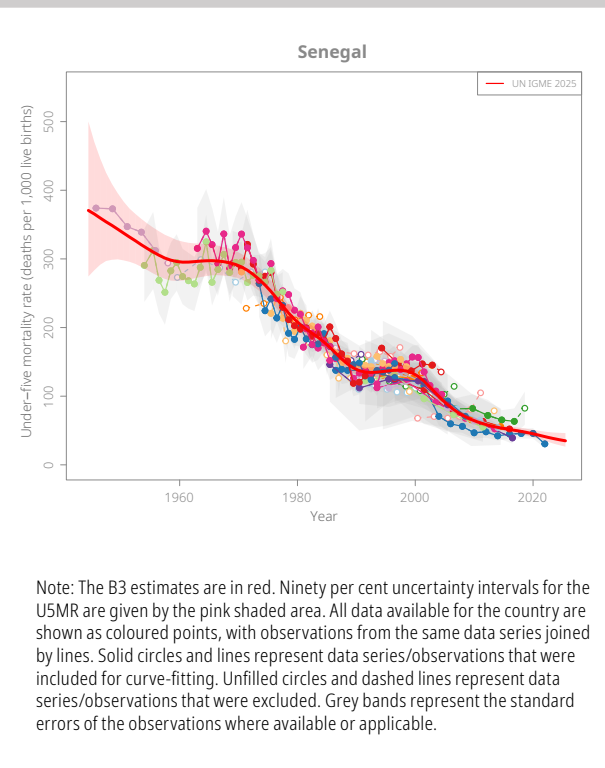
In the B3 model,  $\log(\text{U5MR})$  is estimated with a flexible splines regression model. The spline regression model is fitted to all U5MR observations in the country. An observed value for U5MR is considered to be the true value for U5MR multiplied by an error multiplier, i.e.,  $\text{observed U5MR} = \text{true U5MR} * \text{error multiplier}$ , or on the log scale,  $\log(\text{observed U5MR}) = \log(\text{true U5MR}) + \log(\text{error multiplier})$ . The error multiplier refers to the relative difference between an observation and the truth, with error multiplier equal to 1 (and  $\log(\text{error multiplier})$  equal to zero) meaning no error.

While estimating the true U5MR, properties of the errors that provide information about the quality of the observation – or in other words, the extent of error that we expect – are taken into account. These properties include: the standard error of the observation; its source type (e.g., DHS versus census); and whether the observation is part of a data series from a specific survey (and how far the data series is from other series with overlapping observation periods). These properties are summarized in the data model. When estimating the U5MR, the data model adjusts for errors in observations, including the average systematic biases associated with different types of data sources, using information on data quality for different source types from all countries.

Figure 22 displays the U5MR data and B3 model fit over time for Senegal, used here for illustrative purposes.

Compared with the previously applied LOESS (locally estimated scatterplot smoothing) estimation approach,<sup>88</sup> the B3 model better accounts for data errors, including biases and sampling and non-sampling errors in the data. It can more accurately capture short-term

FIGURE 22 Empirical under-five mortality data and estimates from the B3 model for Senegal



fluctuations in the U5MR and its annual rate of reduction and, thus, is better able to account for evidence of acceleration in the decline of under-five mortality from new surveys. Validation exercises show that the B3 model also performs better in short-term projections.

A more complete technical description of the B3 model is available elsewhere.<sup>89</sup> In general, the B3 model described above is applied to the U5MR for all countries (except the Democratic People's Republic of Korea where a non-standard method was employed).

## Estimation of infant mortality rates

The B3 model is also used to estimate the IMR but is fitted to the logit transform of  $r$ , i.e.,  $\log(r/1-r)$ , where  $r$  is the ratio of the IMR estimate to the median B3 estimate of U5MR in the corresponding country-year. This helps to restrict the IMR estimate to be lower than the U5MR estimate for any given year. Since 2024, the B3 method has been applied to all countries (except for the Democratic People's Republic of Korea). Previously, for countries lacking high-quality vital registration data, the IMR was

derived from the U5MR using model life tables that reflect known regularities in age patterns of child mortality.<sup>90</sup> Recent results, however, have shown that these model life tables were not able to correctly represent the age patterns of child mortality in sub-Saharan Africa and Southern Asia, introducing biases in the IMR estimates.<sup>91</sup>

To address this issue, a new method was introduced to derive the IMR from U5MR values in SBH data during the data processing stage before fitting the B3 model. This new method is based on the observation of log-quadratic relationships between cumulative probabilities of dying  $q(x)$  and the U5MR:

$$\ln[q(x)] = a_x + b_x * \ln[U5MR] + c_x * \ln[U5MR]^2 + v_x * k,$$

where  $x$  corresponds to 22 specific ages between 0 and 5, including 28 days and 12 months, allowing the prediction of the IMR based on U5MR.<sup>92</sup>

The coefficients of this log-quadratic model are based on high-quality vital registration data and were used to derive IMR from U5MR in SBH data in all countries except for those in sub-Saharan Africa and Southern Asia. In these two regions, the coefficients were updated based on DHS data collected between 1985 and 2022. The parameter  $k$  determines the shape of the age pattern of mortality between age 0 and 5, and thus the IMR for a given level of U5MR. The advantage of this model is that it allows for precise estimation of the parameter  $k$  for each country-year based on the NMR and U5MR estimated with the B3 model, thereby increasing accuracy for all countries. When only the U5MR is available, the  $k$  value is based on the earliest year when both NMR and U5MR were available. Then, each U5MR derived from SBH data is converted into an IMR using the corresponding  $k$  value for the given year.

## Adjustment for rapidly changing child mortality driven by HIV/AIDS

To capture the extraordinarily rapid changes in child mortality driven by HIV/AIDS over the epidemic period in some countries, the regression models were fitted to data points for the U5MR from all causes other than HIV/AIDS. UNAIDS estimates of HIV/AIDS under-five mortality were then added to estimates from the regression model. This method was used for 17 countries where the HIV prevalence rate exceeded 5 per

cent at any point in time since 1980. Steps were as follows:

1. Compile and assess the quality of all newly available nationally representative data relevant to the estimation of child mortality;
2. Adjust survey data to account for possible biases in data collection and in the HIV/AIDS epidemic;
3. Use UNAIDS estimates of HIV/AIDS child mortality<sup>93</sup> to adjust the data points from 1980 onwards to exclude HIV/AIDS deaths;
4. Fit the standard statistical model to the HIV-free data points;
5. Extrapolate the model to the target year, in this case 2024; and
6. Add back estimates of deaths due to HIV/AIDS (from UNAIDS).

## Estimation of under-five and infant mortality rates by sex

In 2012, the UN IGME produced estimates of U5MR for males and females separately for the first time.<sup>94</sup> In many countries, fewer sources have provided data by sex than for both sexes combined. For this reason, the UN IGME, rather than estimate U5MR trends by sex directly from reported mortality levels by sex, uses the available data by sex to estimate a time trend in the sex ratio (male/female ratio) of infant mortality and mortality for children aged 1-4 years (child mortality). Estimates of the sex ratio of under-five mortality are obtained from estimates of the sex ratios of infant and child mortality. The sex ratios for infant and child mortality are the product of an expected sex ratio for a given year  $t$  and country  $c$ ,  $W(c,t)$ , based on the level of U5MR and a country-year multiplier,  $P(c,t)$ , which is informed by data and represents the relative advantage or disadvantage of infant girls to boys compared to other countries at similar levels of infant mortality. Bayesian methods for the UN IGME estimation of sex ratios, with a focus on the estimation and identification of countries with outlying levels or trends, were used. A more complete technical description of the model is available elsewhere.<sup>95</sup>

### Estimation of neonatal mortality rates

The NMR is defined as the probability of dying between birth and exactly 28 days of age, expressed per 1,000 live births. In 2015, the UN IGME method for estimating NMR was updated to a Bayesian methodology similar to that used to estimate U5MR and derive estimates by sex. It has the advantage that, compared to the previous model, it can capture data-driven trends in NMR within countries and over time, for all countries. A more complete technical description of the model is available elsewhere.<sup>96</sup>

For neonatal mortality in HIV-affected and crisis-affected populations, the ratio is estimated initially for non-AIDS and non-crisis mortality. After estimation, crisis neonatal deaths are added back on to the neonatal deaths to compute the total estimated NMR. No AIDS deaths are added to the NMR, thereby assuming these deaths only affect child mortality after the first month of life.

### Estimation of mortality rates among children aged 5–14 years and youth aged 15–24 years

Since 2017, the UN IGME has generated country-specific trend estimates of the mortality in children aged 5–14 years – that is, the probability a five-year-old would die before reaching age 15 ( $_{10}q_5$ ). Since 2020, the UN IGME has also generated estimates of the mortality in youth aged 15–24 years – that is, the probability a 15-year-old would die before reaching age 25 ( $_{10}q_{15}$ ). The methods used are similar to those used to estimate the U5MR. The B3 statistical model was applied to the 5–14 and 15–24 age groups separately and used to obtain smooth trend curves in the probability of a five-year-old dying before age 15 ( $_{10}q_5$ ) and the probability of a 15-year-old dying before age 25 ( $_{10}q_{15}$ ).

There were not enough data inputs from vital registration, surveys or censuses to estimate the probability  $_{10}q_5$  in 35 countries and  $_{10}q_{15}$  in 39 countries. For these cases, the probability  $_{10}q_5$  or  $_{10}q_{15}$  was modelled on the draft estimates of U5MR and an expected relationship between mortality in the 0–4 and 5–14 or 15–24 age groups, as observed in countries with sufficient data series. A hierarchical linear regression was used to regress  $\log(_{10}q_5)$  or  $\log(_{10}q_{15})$  against  $\log(\text{U5MR})$ , and the coefficients of this regression were used to predict

the probability  $_{10}q_5$  and  $_{10}q_{15}$  between 1990 and 2024 for countries with insufficient data sources. The advantage of this approach is that no model life tables are used (such life tables are based on the historical experience of countries with high-quality vital registration data and do not always adequately reflect mortality age patterns in low- and middle-income countries). A more complete technical description of the model is available elsewhere.<sup>97</sup>

It is worth noting that for all non-vital registration data series, non-sampling biases specific to data series are estimated with the B3 model. We observed that FBHs from surveys tend to slightly underestimate mortality in the age group 5–14 when compared to other data series. SSHs used to model the probability  $_{10}q_{15}$  also tend to underestimate mortality in the age group 15–24, especially for reference periods that are located further in the past from the survey date. This is likely due to omissions of some deaths or systematic age misstatements. As a result, in countries where the trend in mortality is largely informed by survey data, the final estimates are adjusted upwards and therefore, the final estimated series may fall slightly above the original survey data points.

### Estimation of mortality rates among children aged 5–14 years and youth aged 15–24 years by sex

Since 2022, the UN IGME has produced estimates of mortality in children aged 5–14 years and youth aged 15–24 years by sex. The estimation model builds upon the main model structure of the sex ratio for under-five mortality but with reconsideration of model choices. In particular, the expected sex ratio (denoted as  $W(c,t)$ ), is modelled with a second-order random walk (RW2) model instead of a B-splines model. The within-country fluctuation time series  $P(c,t)$  is modelled with a first-order random walk (RW1) model rather than an AR(1) model. Furthermore, the statistical computing is carried out using integrated nested Laplace approximations (INLA) instead of Markov chain Monte Carlo (MCMC). A more complete technical description of the model is available elsewhere.<sup>98</sup>

### Estimation of child mortality due to conflict and natural disasters

Estimated deaths from major crises were derived from various data sources from 1950 to the present. Data on natural disasters were obtained from the Centre for Research on the Epidemiology of Disasters' International Disaster Database.<sup>99</sup> Conflict death data were taken from the Uppsala Conflict Data Program/Peace Research Institute Oslo data sets,<sup>100, 101</sup> the Armed Conflict Location & Event Data Project,<sup>102</sup> the Center for Systemic Peace/Integrated Network for Societal Conflict Research data set,<sup>103</sup> as well as from reports prepared by the United Nations and other organizations, and a review of the literature (especially for the direct and indirect impacts of droughts on famines).

For crises where deaths were adequately recorded in death registration data, age-specific deaths were obtained directly from the data. For many countries, age-sex-specific data on crisis deaths are not available, so UN IGME undertook a comprehensive analysis of more than 1,000 articles and books on crisis mortality compiled over the years by the United Nations Population Division and WHO to identify studies and data sets with age patterns for crisis deaths. Additionally, death registration data in the WHO Mortality Database, the Human Mortality Database, DHS, MICS and World Fertility Surveys for the period 1960 to 2017 were analysed for regions and years determined to have experienced crisis events. From all these sources, information on age-sex distributions was obtained for 174 events: 51 conflicts, 32 earthquakes, 35 famines, 30 epidemics, 10 floods, 9 tsunamis, 4 genocides and 3 cyclones. These data were analysed to prepare age-sex distributions by five-year age groups and for more detailed age groups under 5 for each of the event types, as described elsewhere.<sup>104</sup>

Estimated child and youth deaths due to major crises were included if they met the following criteria: (1) under-five crisis deaths, crisis deaths among children aged 5–14 years or crisis deaths among youth aged 15–24 years were greater than 10 per cent of non-crisis deaths in the age group; (2) crisis U5MR, crisis  $_{10}q_5$  or crisis  $_{10}q_{15}$  was  $>0.2$  deaths per 1,000; and (3) the number of crisis deaths among children under 5 years, children aged 5–14 years or youth aged 15–24 years was  $>10$  deaths.

These criteria resulted in 92 different crises for 56 countries being explicitly incorporated into UN IGME estimates for under-five mortality, 112 different crises for 69 countries being incorporated into the mortality estimates for children aged 5–14 years, and 128 different crises for 62 countries being incorporated into the mortality estimates for children aged 15–24 years. Because background mortality rates were relatively low in the older age groups, crisis deaths represented a larger share of deaths and thus, more crises met the criteria for inclusion than for under-five mortality. Crisis deaths were included in the estimates by first excluding data points from crisis years if the crisis were isolated to a few years, then fitting the B3 model to the remaining data and adding the crisis-specific mortality rate to the fitted B3 curve for short- and long-term crisis. Crisis death estimates are uncertain but, presently, no uncertainty around crisis deaths is included in the uncertainty intervals of the estimates. Instead, we assume the relative uncertainty in the adjusted estimates is equal to the relative uncertainty in the non-adjusted estimates; this assumption will be revisited in the future.

The UN IGME has assessed recent humanitarian crises and, based on the scarcity of currently available data and the difficulties of estimating the broader impact of these crises on health systems, decided to hold the estimates constant from the start of the crisis while increasing the uncertainty over the crisis time for two countries: South Sudan and the Bolivarian Republic of Venezuela. Where applicable, direct crisis deaths have been added to the constant trend estimate. The UN IGME will review new data, if available, in the next estimation round and revise estimates accordingly.

### COVID-19

The 2025 UN IGME estimates do not include any adjustment in the years 2020 to 2024 for COVID-19-related mortality as the evidence is insufficient to support an adjustment at this time. First, direct COVID-19 deaths in the age groups estimated in this report are rare, and thus unlikely to impact national-level estimates. Second, a UN IGME analysis of excess mortality using empirical data on deaths from civil registration and vital statistics systems and health management information systems (HMIS) found no evidence of systematic

excess mortality among children, adolescents or youth from 2020 to 2024. It should be noted that geographic and income variation in the data on excess deaths analysed by the UN IGME thus far is limited, and the pandemic continues to evolve in unpredictable ways. Thus, the UN IGME will continue to collect data for assessing excess deaths, revisiting this issue and generating adjustments where applicable and as needed based on evidence as it becomes available.

### Estimation of uncertainty intervals

Given the inherent uncertainty in child mortality estimates, 90 per cent uncertainty intervals are used by the UN IGME instead of the more conventional 95 per cent intervals. Reporting intervals based on higher levels of uncertainty (i.e., 95 per cent instead of 90 per cent) has the advantage that the chance of not having included the true value in the interval is smaller. The disadvantage of choosing higher uncertainty levels, however, is that intervals lose their utility to present meaningful summaries of a range of likely outcomes if the indicator of interest is highly uncertain. Given this trade-off and the substantial uncertainty associated with child mortality estimates, the UN IGME chose to report 90 per cent uncertainty intervals or in other words, intervals for which there is a 90 per cent chance that they contain the true value, to encourage wider use and interpretation of uncertainty intervals.

### Extrapolation to common reference year

If the underlying empirical data refer to an earlier reference period than the end year of the period the estimates are reported, the UN IGME extrapolates the estimates to the common end year; in this round, to 2024. The UN IGME does not use covariates to derive the estimates, but rather uses the past trend in a country and the global trend to extrapolate to the target year.

### Calculating number of deaths Under-five, infant and neonatal deaths

A birth-week cohort method is used to calculate the absolute number of deaths among neonates, infants and children under age 5. First, each annual birth cohort is divided into 52 equal birth-week cohorts. Then each birth-week cohort is exposed throughout the first five years of life to the appropriate calendar year- and age-specific

mortality rates depending on cohort age. For example, the 20th birth-week cohort of the year 2000 will be exposed to the infant mortality rates in both 2000 and 2001. All deaths from birth-week cohorts occurring as a result of exposure to the mortality rate for a given calendar year are allocated to that year and are summed by age group at death to get the total number of deaths for a given year and age group. Continuing with the above example, deaths from the 20th birth-week cohort of the year 2000 would contribute to infant deaths in year 2000 and 2001. Any deaths occurring among the 20th birth-week cohort of year 2000 after the 20th week in 2001 would contribute to under-five deaths for year 2001 and so forth. Under-five deaths in each calendar year are calculated by summing up all the deaths under age 5 across all age group cohorts in that year. The annual estimate of the number of live births in each country from the *World Population Prospects 2024*<sup>105</sup> 43 is used to calculate the number of deaths.

### Deaths among children aged 5–14 years and youth aged 15–24 years

The absolute number of deaths among children aged 5–14 years in a given year and country is calculated using the central death rates of age groups 5–9 and 10–14 years,  ${}_5M_5$  and  ${}_5M_{10}$ , computed from the estimated  ${}_5q_5$  and  ${}_5q_{10}$ . The central death rates are then multiplied by the country population estimates for the respective age groups from the *World Population Prospects 2024*<sup>106</sup> to calculate the number of deaths. A similar approach is used for calculating the number of deaths in the age group 15–24: the estimated  ${}_5q_{15}$  and  ${}_5q_{20}$  are converted into central death rates  ${}_5M_{15}$  and  ${}_5M_{20}$  and multiplied by the population estimates.

## Notes

- Values in parentheses indicate 90 per cent uncertainty intervals for the estimates. Rates greater than 10 are rounded to zero digits, and rates below 10 are rounded to one digit. Unrounded rates are available at <<https://childmortality.org>>.
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- Geographic regions in this report are based on the United Nations Statistics Division Sustainable Development Goal regional classification, available at <<https://unstats.un.org/unsd/methodology/m49>>. Any differences in spelling and capitalization are meant to comply with UNICEF style.
- World Health Organization, 'WHO. Essential Newborn Care', n.d., <<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/newborn-health/essential-newborn-care#:~:text=High%2Dquality%20universal%20newborn%20health,and%20safe%20referral%20when%20needed>>, accessed 24 February 2026.
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- All calculations are based on unrounded rates and deaths.
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- Under the 'current trends' scenario, the respective annual rates of reduction (ARR – see endnote 24 for ARR definition) from 2015 to 2024 for the NMR, the mortality rate for children aged 1–11 months and the mortality rate for children aged 1–4 years were used to project those mortality rates at the country level from 2025 to 2030. If a country had a negative ARR for any indicator in 2015–2024 (i.e., an increase in mortality rates in 2015–2024), the rate was held constant at the estimated 2024 value. If a country reached the current lowest observed mortality level among countries with more than 10,000 live births during the projection period, the mortality rate was held constant at that lowest observed level for the remainder of the projection period. The projected NMRs are combined with the projected rates for children aged 1–11 months to calculate the projected infant mortality rates, and those projected infant mortality rates are then combined with the projected rates for children aged 1–4 years to calculate the projected U5MRs. Regional aggregates were calculated based on the projected country-level estimates. Crisis mortality was removed from the estimates for the calculation of the ARR.
- Resolution adopted by the United Nations General Assembly, 'Transforming Our World: The 2030 Agenda for Sustainable Development' A/RES/70/1, 25 September 2015.
- These results are based on a scenario projection where all countries meet the SDG U5MR and NMR targets. For each country that has not already reached the SDG target, the rate in 2030 is equal to the SDG target and mortality rates between 2025 and 2030 are projected based on the required ARR to achieve the target, i.e., the ARR calculated for the country's current mortality rate and the SDG target. For countries that have already achieved the target or are on track to reach the target by 2030, the projections from the current trends scenario (see endnote 14) were used.
- Gates Foundation, '2025 Goalkeepers Report: We can't stop at almost', 2025. <<https://www.gatesfoundation.org/goalkeepers/report/2025-report/#WeCantStopAtAlmost>>, accessed 3 February 2026. Cavalcanti,
- Cavalcanti, Daniella Medeiros, et al., 'Evaluating the Impact of Two Decades of USAID Interventions and Projecting the Effects of Defunding on Mortality up to 2030: A retrospective impact evaluation and forecasting analysis', *Lancet*, vol. 406, no. 10500, 19 July 2025, pp. 283–294.
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- World Health Organization Regional Office for Africa, 'Roadmap for Implementation of the Lusaka Agenda in Africa', WHO, Brazzaville, 2024.
- The NMR is the probability a newborn will die before reaching age 28 days, expressed as deaths per 1,000 live births. The mortality rate for children aged 1–11 months is the probability a 28-day-old will die before reaching age 1 year, expressed as deaths per 1,000 children aged 28 days. The mortality rate for children aged 1–4 years is the probability a one-year-old will die before reaching age 5 years, expressed as deaths per 1,000 children aged 1 year. The U5MR is the probability a newborn will die before reaching age 5 years, expressed as deaths per 1,000 live births. The mortality rate for children aged 5–9 years is the probability a five-year-old will die before reaching age 10 years, expressed as deaths per 1,000 children aged 5 years. The mortality rate for adolescents aged 10–14 years is the probability a 10-year-old will die before reaching age 15 years, expressed as deaths per 1,000 adolescents aged 10 years. The mortality rate for adolescents aged 15–19 years is the probability a 15-year-old will die before reaching age 20 years, expressed as deaths per 1,000 adolescents aged 15 years. The mortality rate for youth aged 20–24 years is the probability a 20-year-old will die before reaching age 25 years, expressed as deaths per 1,000 youth aged 20 years.
- 'Southern Asia' is a subregion of Central and Southern Asia that experiences higher child, adolescent and youth mortality compared to Central Asia. Thus, it is discussed in isolation.
- The ARR in the mortality rates is defined as:  $ARR = \log(\text{mortality rate}_2 / \text{mortality rate}_1) / (t_1 - t_2)$ , where  $t_1$  and  $t_2$  refer to different years with  $t_1 < t_2$ .
- In some regions, the uncertainty intervals in the ARR for the two periods overlap, meaning we cannot be certain about the degree of the slowdown. Likewise, the model extrapolates country estimates to a common reference year in the absence of data (see 'Annex : Estimating child mortality'), thus changes in the pace of decline may be model driven rather than data driven.
- World Bank Group, 'Classification of Fragile and Conflict-Affected Situations', World Bank Group, Washington, D.C., 08 July 2025, <[www.worldbank.org/en/topic/fragilityconflictviolence/brief/classification-of-fragile-and-conflict-affected-situations](http://www.worldbank.org/en/topic/fragilityconflictviolence/brief/classification-of-fragile-and-conflict-affected-situations)>, accessed 3 February 2026.
- World Bank Group, 'World Bank Country and Lending Groups', World Bank Group, Washington, D.C., n.d., <<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lendinggroups>>, accessed 3 February 2026.
- The analysis for household wealth was based on UN IGME estimates (i.e., a smooth trend line was estimated from DHS, MICS and other nationally representative surveys) for 106 countries, which accounted for 96 per cent of global under-five deaths and 80 per cent of live births in 2024. This analysis refers to the most recent reference year, 2024. Surveys were not included in the analysis if they were deemed of insufficient quality for inclusion in the UN IGME annual national modelled estimates contained in this report.
- The analysis for mother's education was based on 67 surveys/countries dating from 2013 to 2024, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 75 per cent of global under-five deaths and 54 per cent of live births in 2024.
- The analysis for urban/rural residency was based on 75 surveys/countries dating from 2013 to 2024, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 93 per cent of global under-five deaths and 80 per cent of live births in 2024.
- The analysis for mother's age was based on 64 surveys/countries dating from 2013 to 2024, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 76 per cent of global under-five deaths and 53 per cent of live births in 2024.
- The analysis for birth interval was based on 70 surveys/countries dating from 2013 to 2024, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 78 per cent of global under-five deaths and 57 per cent of live births in 2024.
- Birth order is the order a child is born in their family, e.g., first-born, second-born, etc. The analysis for birth order was based on 70 surveys/countries dating from 2013 to 2024, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 78 per cent of global under-five deaths and 57 per cent of live births in 2024.

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36. The 1–59-months target of 13.15789 deaths per 1,000 children aged 28 days is determined using the SDG U5MR and NMR target values of 25 deaths and 12 deaths per 1,000 live births, respectively, in the following formula: 1–59-months rate (per 1,000) =  $1,000 * (1 - (1,000 - 25) / (1,000 - 12))$ . The target is rounded to 13 in the text but calculations as to number of countries achieving or on track to meet this target are performed using the rate with digits shown above. See also: World Health Organization, Acceleration towards the Sustainable Development Goal Targets for Maternal Health and Child Mortality: Report by the Director-General, EB154/12, WHO, Geneva, 20 December 2023.

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## Country, regional and global estimates of mortality among children under age 5

Country	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)				Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)			
	1990	2000	2024	1990-2024		1990	2000	2024	1990		2024	
									Male	Female	Male	Female
<b>Afghanistan</b>	181.4	131.7	53.0	3.6	110	131	78	186.1	176.4	57.0	48.9	
<b>Albania</b>	40.6	27.0	9.2	4.4	3	2	0	42.7	38.3	10.0	8.4	
<b>Algeria</b>	51.6	41.7	21.6	2.6	40	25	19	55.6	47.4	23.5	19.7	
<b>Andorra</b>	13.0	7.6	2.5	4.8	0	0	0	15.4	10.5	2.8	2.2	
<b>Angola</b>	212.7	185.0	49.0	4.3	117	132	67	223.4	201.6	53.4	44.4	
<b>Anguilla</b>	19.2	12.0	5.6	3.6	0	0	0	19.7	18.6	5.5	5.7	
<b>Antigua and Barbuda</b>	13.6	14.9	9.1	1.2	0	0	0	14.7	12.4	9.8	8.2	
<b>Argentina</b>	28.8	19.4	9.5	3.3	20	14	5	31.7	25.7	10.4	8.5	
<b>Armenia</b>	48.7	30.6	9.6	4.8	4	1	0	53.7	43.5	10.5	8.7	
<b>Australia</b>	9.2	6.2	3.6	2.8	2	2	1	10.3	8.1	3.9	3.3	
<b>Austria</b>	9.5	5.5	3.3	3.1	1	0	0	10.6	8.4	3.6	3.0	
<b>Azerbaijan</b>	95.4	74.3	17.9	4.9	20	9	2	100.4	90.3	18.9	16.7	
<b>Bahamas</b>	23.3	16.2	12.4	1.9	0	0	0	25.0	21.6	13.3	11.4	
<b>Bahrain</b>	23.0	12.5	8.8	2.8	0	0	0	23.5	22.5	9.0	8.6	
<b>Bangladesh</b>	146.5	85.5	30.5	4.6	572	332	105	149.2	143.7	32.6	28.3	
<b>Barbados</b>	18.1	14.4	9.8	1.8	0	0	0	19.8	16.4	10.5	9.0	
<b>Belarus</b>	15.2	12.8	2.3	5.5	2	1	0	18.4	15.2	6.4	5.5	
<b>Belgium</b>	10.0	5.9	3.7	2.9	1	1	0	11.3	8.6	4.1	3.3	
<b>Belize</b>	39.4	24.5	12.7	3.3	0	0	0	42.9	35.7	13.9	11.4	
<b>Benin</b>	171.2	135.0	74.7	2.4	39	39	35	177.9	164.3	79.9	69.3	
<b>Bhutan</b>	128.0	77.7	17.2	5.9	3	1	0	133.2	122.3	18.9	15.3	
<b>Bolivia (Plurinational State of)</b>	117.8	70.7	15.7	5.9	30	18	4	124.2	111.1	17.2	14.1	
<b>Bosnia and Herzegovina</b>	18.2	9.5	6.9	2.8	1	0	0	20.1	16.1	7.4	6.4	
<b>Botswana</b>	51.5	79.8	33.3	1.3	2	4	2	56.3	46.3	36.8	29.6	
<b>Brazil</b>	62.8	34.4	14.2	4.4	233	120	37	68.8	56.7	15.7	12.6	
<b>British Virgin Islands</b>	22.9	16.8	12.4	1.8	0	0	0	25.5	20.3	12.5	12.2	
<b>Brunei Darussalam</b>	13.3	10.3	9.9	0.9	0	0	0	14.3	12.2	10.7	9.2	
<b>Bulgaria</b>	18.4	17.5	5.7	3.4	2	1	0	20.5	16.2	6.2	5.2	
<b>Burkina Faso</b>	196.6	176.0	74.9	2.8	81	90	54	203.9	188.7	79.1	70.4	
<b>Burundi</b>	168.6	152.4	47.1	3.8	43	40	22	175.8	161.0	51.0	43.0	
<b>Cabo Verde</b>	56.4	36.0	11.1	4.8	1	0	0	59.9	52.7	12.1	10.1	
<b>Cambodia</b>	116.3	105.2	18.4	5.4	38	37	7	124.4	107.6	20.4	16.2	
<b>Cameroon</b>	137.4	143.9	64.8	2.2	65	84	62	145.3	129.2	69.9	59.5	
<b>Canada</b>	8.3	6.2	5.4	1.2	3	2	2	9.1	7.3	5.9	5.0	

## Country, regional and global estimates of mortality among children under age 5

Country	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
<b>Albania</b>	27.3	8.3	2	0	12.5	12.1	6.7	1.8	1	1	0	
<b>Algeria</b>	39.8	19.5	30	17	24.2	22.6	15.0	1.4	18	14	13	
<b>Andorra</b>	9.1	2.4	0	0	6.3	3.5	1.2	4.8	0	0	0	
<b>Angola</b>	118.1	32.1	67	45	45.8	39.1	18.1	2.7	27	30	25	
<b>Anguilla</b>	16.3	5.2	0	0	10.3	6.4	2.9	3.7	0	0	0	
<b>Antigua and Barbuda</b>	11.1	7.0	0	0	8.5	11.0	5.2	1.4	0	0	0	
<b>Argentina</b>	24.8	8.0	18	4	14.9	11.0	5.1	3.2	11	8	3	
<b>Armenia</b>	45.6	8.5	4	0	22.7	16.0	5.1	4.4	2	1	0	
<b>Australia</b>	7.6	3.1	2	1	4.6	3.5	2.3	2.1	1	1	1	
<b>Austria</b>	8.0	2.8	1	0	4.6	3.1	2.2	2.2	0	0	0	
<b>Azerbaijan</b>	75.1	12.5	16	2	29.5	34.7	12.4	2.5	6	4	2	
<b>Bahamas</b>	19.6	11.1	0	0	13.5	7.9	9.0	1.2	0	0	0	
<b>Bahrain</b>	20.0	7.3	0	0	15.4	5.0	4.4	3.7	0	0	0	
<b>Bangladesh</b>	96.3	24.4	373	85	65.7	43.4	17.9	3.8	258	173	62	
<b>Barbados</b>	16.2	9.1	0	0	11.8	9.0	6.6	1.7	0	0	0	
<b>Belarus</b>	12.1	1.8	2	0	10.9	12.8	8.1	9.0	0	0	0	
<b>Belgium</b>	8.3	3.1	1	0	4.6	3.0	2.2	2.1	1	0	0	
<b>Belize</b>	31.0	10.8	0	0	18.8	12.1	9.2	2.1	0	0	0	
<b>Benin</b>	98.1	45.2	23	22	44.5	38.2	27.2	1.5	11	12	13	
<b>Bhutan</b>	95.4	13.7	2	0	42.3	31.0	7.3	5.2	1	0	0	
<b>Bolivia (Plurinational State of)</b>	89.0	14.2	22	4	40.1	27.9	7.3	5.0	10	7	2	
<b>Bosnia and Herzegovina</b>	16.1	5.5	1	0	11.3	6.5	4.4	2.8	1	0	0	
<b>Botswana</b>	40.0	32.1	2	2	21.6	9.1	17.6	0.6	1	0	1	
<b>Brazil</b>	51.9	12.3	192	32	25.1	18.1	7.1	3.7	93	62	18	
<b>British Virgin Islands</b>	19.2	11.4	0	0	12.3	9.0	6.4	1.9	0	0	0	
<b>Brunei Darussalam</b>	10.3	8.6	0	0	6.0	5.0	5.7	0.1	0	0	0	
<b>Bulgaria</b>	14.6	4.6	2	0	8.0	7.9	2.6	3.3	1	1	0	
<b>Burkina Faso</b>	102.8	43.6	43	32	45.2	40.1	23.8	1.9	19	22	18	
<b>Burundi</b>	92.2	30.5	24	14	39.1	36.3	19.1	2.1	10	10	9	
<b>Cabo Verde</b>	42.0	10.6	1	0	18.7	18.1	8.0	2.5	0	0	0	
<b>Cambodia</b>	88.8	16.4	29	6	40.3	35.2	9.5	4.2	14	12	3	
<b>Cameroon</b>	81.5	40.2	39	39	40.4	35.4	24.8	1.4	20	22	24	
<b>Canada</b>	6.8	4.7	3	2	3.4	3.7	3.4	0.7	2	1	1	

## Country, regional and global estimates of mortality among children under age 5

Country	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
<b>Central African Republic</b>	178.6	165.5	89.7	2.0	23	26	21	185.6	171.1	95.2	83.9	
<b>Chad</b>	211.4	182.4	97.3	2.3	61	75	79	221.4	201.0	103.2	91.0	
<b>Chile</b>	19.0	10.9	6.8	3.0	6	3	1	20.9	17.1	7.3	6.2	
<b>China</b>	53.6	36.6	5.7	6.6	1,461	631	54	56.0	51.1	6.0	5.4	
<b>Colombia</b>	35.8	25.0	11.5	3.3	31	22	8	39.6	31.7	12.7	10.3	
<b>Comoros</b>	120.5	79.9	39.0	3.3	2	1	1	126.8	113.8	42.2	35.5	
<b>Congo</b>	91.5	112.5	39.1	2.5	8	12	7	96.8	85.9	42.4	35.5	
<b>Cook Islands</b>	23.8	18.7	13.3	1.7	0	0	0	24.7	22.7	13.8	12.9	
<b>Costa Rica</b>	16.9	13.1	10.4	1.4	1	1	1	18.9	14.9	11.2	9.5	
<b>Croatia</b>	12.9	8.3	5.6	2.4	1	0	0	14.5	11.2	6.0	5.3	
<b>Cuba</b>	13.5	8.6	8.6	1.3	2	1	1	15.2	11.6	9.5	7.6	
<b>Cyprus<sup>b</sup></b>	11.2	6.6	5.0	2.4	0	0	0	12.2	10.2	5.3	4.6	
<b>Czechia</b>	12.2	5.5	2.6	4.5	2	0	0	13.8	10.5	2.9	2.3	
<b>Côte d'Ivoire</b>	153.6	140.4	64.5	2.6	83	104	64	165.5	141.1	71.3	57.2	
<b>Democratic People's Republic of Korea<sup>a</sup></b>	40.7	100.2	16.7	2.6	17	43	6	44.6	36.7	18.4	14.9	
<b>Democratic Republic of the Congo</b>	180.0	184.6	89.7	2.0	286	400	385	187.7	171.8	97.3	81.8	
<b>Denmark</b>	8.9	5.6	4.0	2.4	1	0	0	10.0	7.8	4.3	3.6	
<b>Djibouti</b>	115.3	98.5	48.9	2.5	2	2	1	122.2	108.0	53.3	44.1	
<b>Dominica</b>	18.5	19.4	35.7	-1.9	0	0	0	19.8	17.2	38.0	33.2	
<b>Dominican Republic</b>	59.3	39.6	30.6	1.9	13	9	6	63.7	54.7	33.3	27.8	
<b>Ecuador</b>	53.7	29.6	12.9	4.2	17	10	3	59.7	47.5	14.5	11.2	
<b>Egypt</b>	86.0	47.3	22.4	4.0	167	93	54	86.2	85.8	23.9	20.7	
<b>El Salvador</b>	59.5	32.2	10.0	5.2	11	5	1	64.3	54.3	11.0	9.1	
<b>Equatorial Guinea</b>	176.7	154.5	68.0	2.8	4	4	4	185.5	167.2	73.4	62.4	
<b>Eritrea</b>	153.4	85.3	34.3	4.4	13	7	3	166.0	140.1	38.3	30.2	
<b>Estonia</b>	17.7	11.0	2.0	6.4	0	0	0	20.0	15.3	2.2	1.8	
<b>Eswatini</b>	66.3	112.5	45.1	1.1	2	4	1	72.9	59.3	49.7	40.2	
<b>Ethiopia</b>	202.0	140.1	44.5	4.4	456	416	181	215.4	188.0	50.2	38.5	
<b>Fiji</b>	28.8	22.6	29.1	0.0	1	0	0	30.8	26.8	31.7	26.3	
<b>Finland</b>	6.7	4.3	2.4	3.1	0	0	0	7.4	6.0	2.5	2.2	
<b>France</b>	9.0	5.4	4.3	2.1	7	4	3	10.3	7.6	4.7	4.0	
<b>Gabon</b>	84.3	73.3	32.6	2.8	3	3	2	91.2	77.0	36.2	28.9	
<b>Gambia</b>	166.2	112.8	42.4	4.0	8	7	3	175.8	156.2	46.8	37.7	
<b>Georgia</b>	47.3	35.8	8.6	5.0	5	2	0	51.9	42.4	9.3	7.0	

## Country, regional and global estimates of mortality among children under age 5

Country	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
<b>Chad</b>	116.8	56.3	35	47	51.6	43.7	30.4	1.6	16	19		
<b>Chile</b>	15.9	5.8	5	1	8.6	5.7	4.7	1.8	3	1		
<b>China</b>	43.3	4.1	1,189	36	29.6	21.4	2.6	7.2	830	374		
<b>Colombia</b>	29.6	10.5	26	7	18.1	13.5	6.3	3.1	16	12		
<b>Comoros</b>	93.5	35.0	2	1	48.7	34.8	22.1	2.3	1	1		
<b>Congo</b>	57.6	27.0	5	5	28.4	30.9	16.5	1.6	3	4		
<b>Cook Islands</b>	19.8	11.3	0	0	12.8	10.0	7.0	1.8	0	0		
<b>Costa Rica</b>	14.4	9.1	1	0	9.0	7.6	7.3	0.6	1	1		
<b>Croatia</b>	11.2	4.1	1	0	8.2	5.5	2.8	3.2	0	0		
<b>Cuba</b>	10.8	6.8	2	1	6.8	4.1	4.3	1.4	1	1		
<b>Cyprus<sup>b</sup></b>	10.0	4.1	0	0	6.2	3.6	2.7	2.4	0	0		
<b>Czechia</b>	10.4	2.1	1	0	7.3	2.7	1.4	4.8	1	0		
<b>Côte d'Ivoire</b>	101.2	44.8	55	45	47.6	40.7	27.4	1.6	27	32		
<b>Democratic People's Republic of Korea<sup>a</sup></b>	32.0	13.3	14	5	21.3	23.8	8.9	2.6	9	10		
<b>Democratic Republic of the Congo</b>	98.5	56.4	161	247	38.7	34.1	23.6	1.5	65	78		
<b>Denmark</b>	7.3	3.5	0	0	4.4	3.5	2.7	1.4	0	0		
<b>Djibouti</b>	87.9	43.0	2	1	48.0	42.6	27.1	1.7	1	1		
<b>Dominica</b>	14.9	33.3	0	0	10.8	12.5	31.1	-3.1	0	0		
<b>Dominican Republic</b>	48.0	27.7	10	6	24.3	22.9	21.2	0.4	5	4		
<b>Ecuador</b>	42.7	10.9	13	3	22.3	14.1	7.0	3.4	7	5		
<b>Egypt</b>	67.7	20.8	132	50	33.4	22.8	13.9	2.6	65	46		
<b>El Salvador</b>	47.2	8.8	9	1	22.4	14.5	4.3	4.8	4	2		
<b>Equatorial Guinea</b>	118.2	47.6	2	3	49.9	46.1	26.3	1.9	1	1		
<b>Eritrea</b>	80.8	24.7	7	2	34.7	26.1	15.6	2.4	3	2		
<b>Estonia</b>	14.0	1.5	0	0	9.9	5.3	0.9	6.9	0	0		
<b>Eswatini</b>	56.7	42.2	2	1	21.0	24.9	25.0	-0.5	1	1		
<b>Ethiopia</b>	127.2	64.5	296	142	59.5	48.1	25.2	2.5	144	148		
<b>Fiji</b>	21.5	23.5	0	0	13.2	10.0	15.0	-0.4	0	0		
<b>Finland</b>	5.6	1.9	0	0	3.9	2.5	1.4	3.1	0	0		
<b>France</b>	7.5	3.4	6	2	3.6	2.7	2.8	0.7	3	2		
<b>Gabon</b>	58.8	25.9	2	2	27.9	26.5	16.3	1.6	1	1		
<b>Gambia</b>	99.5	32.7	5	3	49.5	40.2	23.0	2.3	2	2		
<b>Georgia</b>	38.5	7.5	4	0	22.1	22.3	5.0	4.4	2	1		

### Country, regional and global estimates of mortality among children under age 5

Country	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
Germany	8.5 (8.4-8.7)	5.4 (5.3-5.5)	3.7 (3.6-3.9)	2.4 (2.3-2.6)	8 (7-8)	4 (4-4)	3 (3-3)	9.6 (9.4-9.8)	7.4 (7.3-7.6)	4.0 (3.8-4.1)	3.4 (3.3-3.6)	
Ghana	127.6 (120.4-135.6)	99.9 (94.1-105.8)	35.9 (27.6-46.7)	3.7 (2.9-4.5)	77 (73-82)	67 (63-71)	32 (24-41)	135.0 (127.1-143.7)	119.9 (112.7-127.5)	39.8 (30.6-51.7)	31.8 (24.4-41.4)	
Greece	10.5 (10.2-10.7)	6.4 (6.2-6.6)	3.8 (3.5-4.2)	3.0 (2.7-3.3)	1 (1-1)	1 (1-1)	0 (0-0)	11.3 (11.0-11.6)	9.6 (9.3-9.9)	4.1 (3.7-4.6)	3.5 (3.2-3.9)	
Grenada	22.4 (20.8-24.1)	15.5 (14.2-17.0)	18.0 (13.7-23.4)	0.6 (-0.2-1.5)	0 (0-0)	0 (0-0)	0 (0-0)	23.9 (22.1-25.9)	20.7 (19.1-22.5)	19.4 (14.8-25.5)	16.4 (12.5-21.5)	
Guatemala	80.0 (74.7-85.5)	51.8 (47.7-56.2)	20.5 (13.5-30.8)	4.0 (2.8-5.2)	28 (26-30)	21 (19-22)	8 (5-12)	85.8 (80.0-92.0)	73.9 (68.8-79.3)	22.6 (14.8-34.0)	18.3 (12.1-27.5)	
Guinea	233.4 (216.2-251.3)	165.7 (153.6-178.6)	92.1 (68.8-124.4)	2.7 (1.9-3.6)	65 (60-70)	57 (53-61)	44 (33-60)	240.8 (222.5-259.8)	225.6 (208.6-243.4)	98.8 (74.0-133.7)	85.1 (63.2-115.3)	
Guinea-Bissau	223.7 (199.4-249.3)	174.8 (156.8-194.6)	67.3 (36.8-117.5)	3.5 (1.9-5.3)	10 (9-11)	9 (8-10)	4 (2-8)	234.3 (208.8-261.8)	212.2 (189.1-236.9)	72.9 (39.7-127.5)	61.6 (33.5-107.4)	
Guyana	61.4 (55.4-68.2)	46.7 (41.9-52.2)	25.2 (13.9-46.5)	2.6 (0.8-4.4)	1 (1-2)	1 (1-1)	0 (0-1)	68.8 (61.7-76.5)	53.6 (48.1-59.9)	28.3 (15.5-52.1)	21.9 (12.0-40.6)	
Haiti	144.5 (134.1-156.0)	102.9 (94.3-111.9)	52.8 (34.2-82.6)	3.0 (1.7-4.3)	37 (34-40)	27 (25-29)	14 (9-21)	152.9 (141.6-165.7)	135.6 (125.4-146.6)	57.6 (37.1-90.3)	47.7 (30.7-75.2)	
Honduras	58.3 (53.7-63.1)	37.3 (34.2-40.7)	15.0 (10.4-21.5)	4.0 (2.9-5.1)	11 (10-12)	8 (8-9)	3 (2-5)	63.5 (58.2-69.1)	52.8 (48.3-57.6)	16.5 (11.5-23.7)	13.4 (9.3-19.2)	
Hungary	17.2 (16.8-17.6)	10.1 (9.8-10.4)	3.7 (3.3-4.2)	4.5 (4.2-4.9)	2 (2-2)	1 (1-1)	0 (0-0)	19.0 (18.5-19.5)	15.3 (14.9-15.7)	4.1 (3.6-4.6)	3.3 (3.0-3.8)	
Iceland	6.4 (5.9-7.1)	3.9 (3.5-4.4)	2.8 (2.2-3.7)	2.4 (1.6-3.3)	0 (0-0)	0 (0-0)	0 (0-0)	6.9 (6.3-7.6)	5.9 (5.4-6.6)	3.0 (2.3-4.0)	2.6 (2.0-3.4)	
India <sup>d</sup>	127.0 (122.5-131.6)	91.8 (88.3-95.4)	26.6 (24.1-29.4)	4.6 (4.3-4.9)	3,523 (3,399-3,647)	2,624 (2,526-2,726)	615 (557-680)	122.3 (117.7-126.8)	131.9 (127.1-136.9)	26.5 (23.9-29.4)	26.7 (24.0-29.6)	
Indonesia	83.2 (79.1-87.7)	51.4 (48.6-54.2)	17.7 (14.6-21.8)	4.6 (3.9-5.1)	393 (374-414)	241 (229-255)	79 (65-97)	89.7 (85.2-94.7)	76.3 (72.3-80.6)	19.4 (16.0-24.0)	15.8 (13.0-19.6)	
Iran (Islamic Republic of)	58.0 (53.0-63.4)	36.4 (32.9-40.6)	11.3 (6.1-20.9)	4.8 (2.9-6.7)	114 (104-125)	38 (35-43)	13 (7-24)	58.7 (53.5-64.4)	57.2 (52.1-62.7)	11.9 (6.3-22.0)	10.7 (5.8-19.9)	
Iraq	81.4 (74.0-89.4)	44.3 (40.3-48.9)	21.8 (14.8-31.9)	3.9 (2.7-5.1)	55 (50-61)	38 (35-42)	25 (17-37)	85.0 (77.0-93.6)	77.5 (70.1-85.6)	23.8 (16.1-34.9)	19.7 (13.3-29.0)	
Ireland	9.2 (8.9-9.5)	7.2 (6.9-7.5)	3.9 (3.3-4.6)	2.5 (2.0-3.0)	0 (0-1)	0 (0-0)	0 (0-0)	10.1 (9.8-10.6)	8.2 (7.8-8.5)	4.1 (3.5-4.9)	3.6 (3.0-4.3)	
Israel	11.5 (11.3-11.8)	6.9 (6.7-7.0)	3.3 (3.1-3.6)	3.6 (3.4-3.8)	1 (1-1)	1 (1-1)	1 (1-1)	12.3 (11.9-12.6)	10.8 (10.5-11.1)	3.6 (3.4-3.9)	3.1 (2.9-3.3)	
Italy	9.7 (9.5-9.8)	5.6 (5.5-5.7)	2.7 (2.5-2.9)	3.7 (3.6-3.9)	5 (5-6)	3 (3-3)	1 (1-1)	10.6 (10.3-10.8)	8.7 (8.5-8.9)	2.9 (2.7-3.1)	2.5 (2.3-2.6)	
Jamaica	28.0 (23.3-33.6)	20.5 (17.7-23.9)	1.8 (1.6-1.9)	1.3 (0.7-1.9)	2 (1-2)	1 (1-1)	1 (1-1)	31.4 (26.0-37.7)	24.4 (20.1-29.4)	19.9 (18.4-21.5)	15.6 (14.4-16.9)	
Japan	6.3 (6.2-6.4)	4.5 (4.4-4.6)	2.4 (2.4-2.5)	2.8 (2.7-2.9)	8 (8-8)	5 (5-5)	2 (2-2)	6.9 (6.7-7.0)	5.7 (5.6-5.9)	2.5 (2.4-2.6)	2.3 (2.3-2.4)	
Jordan	35.6 (33.1-38.2)	25.8 (23.8-28.0)	12.9 (9.5-18.7)	3.0 (1.9-3.9)	5 (4-5)	4 (4-4)	3 (2-4)	37.8 (35.0-40.7)	33.3 (30.8-36.0)	14.1 (10.3-20.4)	11.7 (8.5-16.9)	
Kazakhstan	51.1 (46.3-56.2)	42.1 (38.6-46.2)	9.4 (8.9-10.0)	5.0 (4.6-5.3)	21 (19-23)	10 (10-11)	4 (4-4)	57.6 (52.0-63.7)	44.1 (39.6-48.9)	10.5 (9.8-11.3)	8.3 (7.7-9.0)	
Kenya	101.4 (94.5-108.5)	95.2 (88.5-102.5)	38.8 (31.7-47.6)	2.8 (2.2-3.4)	99 (92-106)	112 (105-121)	58 (47-71)	107.3 (99.8-115.0)	95.2 (88.6-102.1)	42.7 (34.8-52.6)	34.7 (28.1-42.7)	
Kiribati	91.2 (80.6-103.1)	65.8 (58.3-74.4)	53.1 (33.0-85.3)	1.6 (0.1-3.1)	0 (0-0)	0 (0-0)	0 (0-0)	97.2 (85.7-110.2)	84.7 (74.6-96.1)	57.5 (35.8-92.5)	48.4 (30.0-78.1)	
Kosovo (UNSCR 1244) <sup>a</sup>	104.4 (80.1-139.8)	48.4 (40.0-58.2)	8.7 (6.8-11.2)	7.3 (6.2-8.5)	6 (5-8)	2 (1-2)	0 (0-0)	111.7 (85.3-150.3)	96.9 (74.0-130.4)	9.5 (7.4-12.3)	7.9 (6.1-10.1)	
Kuwait	17.2 (16.7-17.8)	12.7 (12.4-13.1)	8.1 (7.6-8.6)	2.2 (2.0-2.4)	1 (1-1)	1 (1-1)	0 (0-0)	18.6 (18.0-19.3)	15.8 (15.2-16.3)	8.7 (8.2-9.3)	7.4 (7.0-8.0)	
Kyrgyzstan	64.5 (56.3-73.4)	50.8 (45.9-55.6)	16.8 (15.4-18.4)	4.0 (3.5-4.4)	9 (8-10)	6 (5-6)	3 (2-3)	70.8 (61.6-80.7)	57.8 (50.2-66.3)	18.7 (17.0-20.7)	14.8 (13.4-16.4)	
Lao People's Democratic Republic	148.9 (136.2-162.8)	100.1 (91.7-109.7)	29.4 (21.6-39.4)	4.8 (3.9-5.7)	26 (24-29)	18 (16-20)	5 (4-6)	158.2 (144.2-173.2)	139.2 (126.6-153.0)	32.9 (24.2-44.4)	25.6 (18.7-34.5)	
Latvia	16.9 (16.4-17.5)	14.3 (13.6-15.0)	2.5 (2.1-3.0)	5.6 (5.1-6.2)	1 (1-1)	0 (0-0)	0 (0-0)	19.0 (18.3-19.7)	14.7 (14.2-15.3)	2.7 (2.2-3.2)	2.3 (1.9-2.8)	
Lebanon	31.9 (28.3-35.8)	20.0 (16.9-23.6)	17.6 (15.8-19.6)	1.7 (1.3-2.2)	3 (3-4)	2 (2-2)	2 (1-2)	34.0 (30.1-38.3)	29.6 (26.2-33.5)	19.1 (17.1-21.4)	16.0 (14.2-18.0)	
Lesotho	84.5 (76.1-94.1)	108.3 (99.2-118.5)	60.0 (42.3-82.9)	1.0 (0.0-2.1)	5 (5-6)	6 (6-7)	3 (2-5)	91.6 (82.1-102.3)	77.0 (69.0-86.3)	66.1 (46.5-91.9)	53.5 (37.7-74.2)	
Liberia	270.0 (246.2-295.0)	194.9 (180.4-210.9)	86.4 (66.1-108.4)	3.4 (2.6-4.2)	31 (28-33)	22 (21-24)	15 (11-18)	284.6 (258.5-311.8)	254.7 (232.0-279.1)	93.4 (71.5-117.3)	79.0 (60.5-99.2)	
Libya	42.1 (35.7-49.8)	28.1 (26.6-29.8)	9.8 (5.3-17.7)	4.3 (2.5-6.2)	5 (4-6)	3 (3-3)	1 (1-2)	45.2 (38.2-53.7)	38.9 (32.8-46.1)	10.6 (5.7-19.3)	8.9 (4.8-16.1)	

### Country, regional and global estimates of mortality among children under age 5

Country	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
Ghana	72.7 (68.6-77.3)	27.5 (21.2-35.8)	44 (42-47)	24 (19-32)	42.0 (38.4-46.0)	35.2 (32.0-38.4)	18.1 (13.4-24.0)	2.5 (1.6-3.4)	26 (24-29)	25 (23-27)	16 (12-21)	
Greece	9.2 (9.0-9.5)	3.2 (2.9-3.6)	1 (1-1)	0 (0-0)	6.5 (6.3-6.8)	3.9 (3.8-4.1)	2.2 (1.9-2.5)	3.2 (2.8-3.6)	1 (1-1)	0 (0-0)	0 (0-0)	
Grenada	18.5 (17.2-19.8)	16.4 (12.6-21.5)	0 (0-0)	0 (0-0)	12.3 (11.0-13.8)	7.8 (6.8-8.9)	12.3 (9.2-16.4)	0.0 (-0.9-0.9)	0 (0-0)	0 (0-0)	0 (0-0)	
Guatemala	60.6 (56.6-64.8)	17.2 (11.3-25.8)	21 (20-23)	6 (4-10)	28.6 (25.8-31.5)	21.1 (18.8-23.5)	9.5 (6.0-14.7)	3.3 (1.9-4.6)	10 (9-11)	9 (8-10)	4 (2-6)	
Guinea	134.5 (124.5-144.8)	59.8 (44.7-80.8)	38 (35-41)	29 (22-39)	61.6 (54.6-69.5)	46.1 (41.0-51.7)	29.8 (20.0-43.8)	2.1 (1.0-3.3)	18 (16-20)	16 (14-18)	15 (10-22)	
Guinea-Bissau	123.9 (110.4-138.0)	42.1 (23.0-73.4)	5 (5-6)	3 (1-5)	63.9 (54.3-74.9)	55.2 (47.0-63.9)	32.0 (16.7-58.8)	2.0 (0.2-4.0)	3 (2-3)	3 (2-3)	2 (1-4)	
Guyana	53.3 (48.1-59.2)	23.2 (12.8-42.8)	1 (1-1)	0 (0-1)	31.2 (27.1-35.8)	27.2 (23.7-31.2)	15.3 (8.0-28.8)	2.1 (0.2-4.0)	1 (1-1)	1 (0-1)	0 (0-0)	
Haiti	98.6 (91.5-106.4)	39.0 (25.2-61.1)	25 (23-27)	10 (6-16)	38.7 (33.9-43.9)	29.5 (25.8-33.5)	22.6 (13.4-38.1)	1.6 (0.0-3.2)	10 (9-12)	8 (7-9)	6 (3-10)	
Honduras	44.7 (41.1-48.4)	12.8 (8.9-18.3)	8 (8-9)	3 (2-4)	22.1 (19.2-25.1)	17.9 (15.8-20.2)	8.4 (5.6-12.5)	2.8 (1.6-4.1)	4 (4-5)	4 (4-5)	2 (1-3)	
Hungary	15.2 (14.8-15.5)	3.1 (2.7-3.5)	2 (2-2)	0 (0-0)	11.1 (10.8-11.5)	5.7 (5.5-6.0)	2.1 (1.8-2.4)	5.0 (4.5-5.4)	1 (1-1)	1 (1-1)	0 (0-0)	
Iceland	5.2 (4.7-5.7)	2.1 (1.6-2.8)	0 (0-0)	0 (0-0)	3.5 (3.1-3.9)	2.0 (1.8-2.4)	1.0 (1.0-1.9)	2.6 (1.6-3.6)	0 (0-0)	0 (0-0)	0 (0-0)	
India <sup>d</sup>	84.4 (81.4-87.4)	23.3 (21.1-25.8)	2,343 (2,261-2,425)	540 (489-596)	57.0 (53.9-60.4)	43.8 (41.3-46.5)	16.7 (14.9-18.6)	3.6 (3.2-4.0)	1,605 (1,517-1,700)	1,275 (1,200-1,351)	386 (346-431)	
Indonesia	64.4 (61.3-67.9)	15.2 (12.5-18.7)	304 (289-320)	68 (56-83)	30.1 (27.9-32.4)	22.5 (20.7-24.1)	9.2 (7.4-11.5)	3.5 (2.8-4.2)	143 (132-153)	105 (97-113)	41 (33-52)	
Iran (Islamic Republic of)	49.0 (44.8-53.6)	10.3 (5.5-19.1)	96 (88-105)	12 (6-22)	24.7 (16.3-32.6)	19.5 (15.9-23.2)	7.2 (3.0-14.6)	3.6 (1.1-6.3)	48 (32-64)	21 (17-25)	8 (3-17)	
Iraq	55.6 (50.6-61.1)	20.1 (13.6-29.4)	39 (35-42)	23 (16-34)	26.8 (23.8-30.0)	23.9 (21.4-26.8)	12.5 (8.3-18.5)	2.3 (1.0-3.5)	19 (17-21)	21 (19-24)	15 (10-22)	
Ireland	7.6 (7.3-7.9)	3.4 (2.9-4.1)	0 (0-0)	0 (0-0)	4.7 (4.5-5.0)	4.0 (3.8-4.2)	2.6 (2.2-3.1)	1.8 (1.2-2.3)	0 (0-0)	0 (0-0)	0 (0-0)	
Israel	9.6 (9.4-9.9)	2.7 (2.5-2.9)	1 (1-1)	0 (0-0)	6.2 (6.0-6.5)	3.6 (3.4-3.7)	1.7 (1.6-1.9)	3.8 (3.5-4.1)	1 (1-1)	0 (0-0)	0 (0-0)	
Italy	8.4 (8.2-8.5)	2.3 (2.2-2.4)	5 (5-5)	1 (1-1)	6.4 (6.3-6.6)	3.5 (3.4-3.6)	1.8 (1.7-2.0)	3.7 (3.5-4.0)	4 (4-4)	2 (2-2)	1 (1-1)	
Jamaica	24.7 (20.5-29.6)	16.4 (15.2-17.6)	2 (1-2)	1 (0-1)	18.4 (15.1-22.4)	16.0 (13.7-18.8)	13.7 (12.5-14.8)	0.9 (0.2-1.5)	1 (1-1)	1 (1-1)	0 (0-0)	
Japan	4.6 (4.5-4.7)	1.8 (1.8-1.9)	5 (5-6)	1 (1-1)	2.5 (2.5-2.6)	1.8 (1.7-1.8)	0.9 (0.8-0.9)	3.2 (3.0-3.3)	3 (3-3)	2 (2-2)	1 (1-1)	
Jordan	30.9 (28.8-33.2)	12.0 (8.7-17.2)	4 (4-4)	3 (2-4)</								

## Country, regional and global estimates of mortality among children under age 5

Country	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
Lithuania	15.0	10.7	3.4	4.4	1	0	0	16.6	13.2	3.7	3.1	
Luxembourg	8.8	4.7	2.2	4.1	0	0	0	9.7	7.8	2.4	2.0	
Madagascar	154.8	104.4	62.4	2.7	78	70	62	161.6	147.6	67.4	57.1	
Malawi	243.5	171.0	48.8	4.7	104	83	32	254.4	232.1	53.9	43.5	
Malaysia	16.6	9.9	8.3	2.0	8	5	4	18.2	15.0	9.0	7.6	
Maldives	87.0	39.5	5.4	8.2	1	0	0	93.6	79.9	5.9	5.0	
Mali	233.3	189.9	73.0	3.4	98	97	68	241.7	224.5	77.1	68.7	
Malta	11.4	7.6	5.3	2.2	0	0	0	12.4	10.3	5.7	4.9	
Marshall Islands	47.8	42.7	26.7	1.7	0	0	0	51.9	43.5	29.5	23.8	
Mauritania	116.5	98.0	36.9	3.4	9	9	6	124.1	108.2	40.7	33.0	
Mauritius	23.1	18.8	15.4	1.2	1	0	0	25.9	20.1	16.9	13.8	
Mexico	44.9	27.4	13.1	3.6	108	65	27	48.9	40.7	14.3	11.8	
Micronesia (Federated States of)	49.2	38.6	22.4	2.3	0	0	0	54.9	43.3	25.2	19.5	
Monaco	7.8	5.2	2.7	3.1	0	0	0	8.6	6.4	2.9	2.4	
Mongolia	106.1	62.5	13.4	6.1	8	3	1	118.5	93.1	14.8	12.0	
Montenegro	16.5	14.2	2.4	5.7	0	0	0	17.4	15.5	2.5	2.2	
Montserrat	20.5	14.0	6.4	3.4	0	0	0	19.1	21.9	6.1	6.6	
Morocco	81.1	52.4	15.7	4.8	59	34	10	86.0	75.9	17.3	14.1	
Mozambique	235.1	164.6	59.4	4.0	144	125	74	243.7	225.9	63.6	55.0	
Myanmar	114.6	88.9	36.9	3.3	123	92	33	122.4	106.5	40.5	33.0	
Namibia	73.6	78.2	39.5	1.8	4	4	3	79.1	67.9	43.4	35.4	
Nauru	66.9	41.1	8.3	6.2	0	0	0	72.4	61.2	9.0	7.4	
Nepal	138.4	78.7	25.1	5.0	99	60	14	139.9	136.9	27.0	23.1	
Netherlands (Kingdom of the)	8.3	6.2	3.9	2.2	2	1	1	9.4	7.2	4.2	3.5	
New Zealand	11.2	7.4	4.7	2.5	1	0	0	12.5	9.8	5.1	4.4	
Nicaragua <sup>f</sup>	68.6	37.1	11.2	5.3	10	5	1	74.5	62.4	12.4	10.0	
Niger	332.4	227.9	110.7	3.2	142	130	118	335.0	329.8	114.9	106.5	
Nigeria	207.6	177.3	115.6	1.7	855	924	856	216.8	197.7	121.4	109.5	
Niue	25.5	33.1	23.8	0.2	0	0	0	28.1	22.7	26.3	21.1	
North Macedonia	36.5	16.0	2.8	7.5	1	0	0	38.1	34.7	3.0	2.6	
Norway	8.7	4.9	2.5	3.7	1	0	0	9.7	7.6	2.7	2.2	
Oman	39.4	16.5	10.3	3.9	3	1	1	42.6	35.9	11.2	9.3	
Pakistan	140.4	107.9	56.0	2.7	673	596	382	144.6	136.0	60.8	50.8	
Palau	35.5	26.5	21.4	1.5	0	0	0	39.1	31.6	23.7	19.0	

## Country, regional and global estimates of mortality among children under age 5

Country	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
Luxembourg	7.3	1.9	0	0	4.2	2.4	1.5	3.1	0	0	0	
Madagascar	91.2	43.0	47	43	38.4	31.0	23.1	1.5	20	21	23	
Malawi	134.0	38.0	59	25	49.8	37.9	23.6	2.2	23	19	16	
Malaysia	12.4	7.0	6	3	7.5	4.9	4.3	1.7	4	3	2	
Maldives	72.8	4.7	1	0	42.9	22.2	3.7	7.2	0	0	0	
Mali	124.7	47.5	53	45	67.4	51.6	28.0	2.6	29	28	27	
Malta	10.0	4.7	0	0	7.6	5.1	3.6	2.2	0	0	0	
Marshall Islands	37.7	22.7	0	0	18.5	19.3	12.5	1.2	0	0	0	
Mauritania	73.5	30.2	6	5	44.0	38.9	20.8	2.2	4	4	4	
Mauritius	19.9	13.8	0	0	14.7	12.4	9.6	1.2	0	0	0	
Mexico	38.2	12.1	92	24	22.0	13.9	8.2	2.9	54	33	17	
Micronesia (Federated States of)	41.9	20.3	0	0	24.1	20.4	11.6	2.1	0	0	0	
Monaco	6.3	2.2	0	0	4.2	2.8	1.4	3.2	0	0	0	
Mongolia	73.5	11.2	5	1	29.2	23.2	7.2	4.1	2	1	0	
Montenegro	14.8	1.9	0	0	10.9	8.4	0.8	7.6	0	0	0	
Montserrat	18.6	6.1	0	0	11.0	7.4	3.3	3.5	0	0	0	
Morocco	65.5	14.7	47	9	36.9	28.4	9.6	3.9	27	18	6	
Mozambique	148.0	43.7	89	55	60.3	44.3	25.1	2.6	37	35	32	
Myanmar	90.5	32.8	97	29	46.4	36.8	19.6	2.5	50	39	18	
Namibia	56.2	36.4	3	3	28.4	24.0	21.4	0.8	2	1	2	
Nauru	58.8	7.7	0	0	32.0	24.1	4.5	5.8	0	0	0	
Nepal	101.8	22.2	74	13	57.8	39.7	15.3	3.9	43	30	9	
Netherlands (Kingdom of the)	6.8	3.4	1	1	4.6	3.8	2.6	1.7	1	1	0	
New Zealand	9.1	4.0	1	0	4.4	3.5	2.7	1.4	0	0	0	
Nicaragua <sup>f</sup>	56.8	9.4	9	1	23.5	16.4	5.3	4.4	4	2	1	
Niger	147.7	65.6	65	72	55.4	44.1	32.8	1.5	25	27	37	
Nigeria	104.7	69.8	440	520	49.5	46.1	39.0	0.7	214	255	295	
Niue	22.4	22.2	0	0	13.7	17.7	12.4	0.3	0	0	0	
North Macedonia	32.9	2.5	1	0	17.1	9.2	1.1	8.2	1	0	0	
Norway	7.0	2.0	0	0	4.0	2.7	1.4	3.0	0	0	0	
Oman	31.4	8.3	2	1	17.6	7.7	5.8	3.3	1	0	1	
Pakistan	113.0	48.2	546	329	65.1	57.1	36.1	1.7	324	323	249	
Palau	30.0	18.6	0	0	19.1	14.3	11.2	1.6	0	0	0	

# Country, regional and global estimates of mortality among children under age 5

Country	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)			
	1990	2000	2024	1990-2024	1990	2000	2024	1990		2024	
								Male	Female	Male	Female
Panama	30.4	25.7	15.3	2.0	2	2	1	33.1	27.5	16.6	13.9
Papua New Guinea	85.0	72.0	39.4	2.3	12	13	10	89.1	80.7	42.5	36.0
Paraguay	45.6	33.6	16.3	3.0	6	5	2	49.3	41.7	17.9	14.6
Peru	80.6	38.3	12.9	5.4	55	24	7	84.9	76.1	14.1	11.6
Philippines	55.8	36.8	26.5	2.2	118	85	49	61.2	50.2	29.2	23.6
Poland	17.4	9.3	4.2	4.2	10	4	1	19.5	15.2	4.6	3.8
Portugal	14.7	7.2	3.2	4.5	2	1	0	16.4	13.0	3.5	2.9
Qatar <sup>g</sup>	20.8	12.5	5.9	3.7	0	0	0	22.5	19.1	6.2	5.5
Republic of Korea	15.7	7.6	2.8	5.1	11	5	1	17.0	14.4	3.1	2.5
Republic of Moldova	33.5	31.4	16.5	2.1	3	2	1	37.3	29.5	18.2	14.6
Romania	30.9	21.4	7.3	4.2	11	5	1	34.1	27.6	7.9	6.7
Russian Federation	21.6	19.4	5.2	4.2	47	25	7	24.8	18.4	5.7	4.6
Rwanda	150.7	184.2	37.7	4.1	48	59	15	158.8	142.2	41.2	34.1
Saint Kitts and Nevis	30.3	23.9	15.9	1.9	0	0	0	33.4	27.0	17.4	14.2
Saint Lucia	20.8	18.5	17.2	0.6	0	0	0	22.9	18.7	18.8	15.6
Saint Vincent and the Grenadines	23.8	22.6	11.3	2.2	0	0	0	25.6	21.8	12.2	10.3
Samoa	29.6	21.0	14.9	2.0	0	0	0	32.3	26.8	16.3	13.3
San Marino	12.7	5.2	1.3	6.8	0	0	0	14.0	11.3	1.4	1.1
Sao Tome and Principe	108.7	82.2	13.6	6.1	1	0	0	114.6	102.6	14.8	12.2
Saudi Arabia	44.1	21.9	6.0	5.9	18	10	3	46.9	41.1	6.2	5.7
Senegal	137.2	128.9	36.5	3.9	43	48	19	144.5	129.6	40.5	32.3
Serbia	28.0	12.7	5.4	4.8	3	1	0	29.6	26.3	6.0	4.8
Seychelles	16.3	13.8	14.0	0.5	0	0	0	17.5	15.1	15.0	12.9
Sierra Leone	258.0	222.8	90.5	3.1	47	43	23	269.9	245.5	96.1	84.6
Singapore	7.7	3.9	2.7	3.1	0	0	0	8.2	7.1	2.8	2.5
Slovakia	14.7	9.6	6.3	2.5	1	1	0	16.5	12.9	6.9	5.6
Slovenia	10.4	5.4	2.3	4.5	0	0	0	11.5	9.2	2.4	2.1
Solomon Islands	38.1	30.5	20.0	1.9	0	0	0	40.8	35.2	21.7	18.2
Somalia	180.4	173.2	101.1	1.7	63	72	78	188.3	172.1	106.4	95.2
South Africa	58.1	71.4	35.1	1.5	69	75	41	63.2	52.7	37.6	32.4
South Sudan	301.3	180.1	96.7	3.3	68	51	32	306.5	295.4	102.1	91.5
Spain	9.2	5.4	3.2	3.1	4	2	1	10.1	8.2	3.5	2.9
Sri Lanka	23.3	16.3	5.9	4.0	8	6	2	25.1	21.4	6.5	5.3
State of Palestine	45.1	30.3	37.9	0.5	4	4	6	47.7	42.3	39.0	36.7

# Country, regional and global estimates of mortality among children under age 5

Country	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>		
	1990	2024	1990	2024	1990	2000	2024	1990-2024	1990	2000	2024
Papua New Guinea	65.6	31.3	9	8	31.6	30.5	20.1	1.3	5	6	5
Paraguay	37.8	14.5	5	2	22.1	18.0	8.6	2.8	3	2	1
Peru	60.0	11.0	41	6	28.0	16.1	6.5	4.3	19	10	4
Philippines	38.8	21.7	83	40	19.1	16.6	13.6	1.0	41	39	25
Poland	15.2	3.6	8	1	11.1	5.8	2.5	4.4	6	2	1
Portugal	11.5	2.7	1	0	7.2	3.3	1.7	4.3	1	0	0
Qatar <sup>g</sup>	17.4	4.8	0	0	11.4	6.6	3.8	3.2	0	0	0
Republic of Korea	12.0	2.3	8	1	7.4	3.4	1.2	5.4	5	2	0
Republic of Moldova	29.1	15.1	2	0	18.5	20.5	12.3	1.2	2	1	0
Romania	24.2	6.0	8	1	15.1	10.2	3.6	4.2	5	2	1
Russian Federation	17.5	4.1	37	5	10.8	9.0	2.0	5.0	22	11	3
Rwanda	86.9	29.4	28	12	41.0	43.1	17.4	2.5	13	15	7
Saint Kitts and Nevis	25.2	13.9	0	0	18.7	15.2	10.0	1.8	0	0	0
Saint Lucia	17.3	15.8	0	0	12.0	11.4	11.3	0.2	0	0	0
Saint Vincent and the Grenadines	19.5	10.2	0	0	12.6	13.3	9.0	1.0	0	0	0
Samoa	22.9	12.3	0	0	12.9	8.6	5.8	2.3	0	0	0
San Marino	11.0	1.2	0	0	6.7	2.5	0.5	7.4	0	0	0
Sao Tome and Principe	65.5	9.2	0	0	27.0	22.2	6.4	4.2	0	0	0
Saudi Arabia	40.6	4.7	16	3	22.0	11.5	2.9	6.0	9	5	2
Senegal	73.0	28.9	23	15	39.9	37.8	20.9	1.9	13	15	11
Serbia	24.2	4.6	2	0	17.0	7.7	3.0	5.1	2	1	0
Seychelles	13.2	12.9	0	0	10.9	8.7	8.3	0.8	0	0	0
Sierra Leone	135.4	54.6	25	14	52.0	48.0	28.3	1.8	10	10	7
Singapore	6.1	2.2	0	0	4.0	1.6	1.1	3.9	0	0	0
Slovakia	12.6	5.3	1	0	8.7	5.0	3.3	2.9	1	0	0
Slovenia	8.8	1.8	0	0	5.8	3.2	1.3	4.4	0	0	0
Solomon Islands	28.8	16.1	0	0	14.8	12.8	8.0	1.8	0	0	0
Somalia	106.3	65.4	37	52	45.5	44.7	34.2	0.8	16	20	28
South Africa	52.1	24.2	61	29	20.5	13.5	12.4	1.5	24	14	15
South Sudan	157.4	71.9	38	24	64.2	55.6	39.5	1.4	16	17	14
Spain	7.4	2.6	3	1	4.9	2.8	1.7	3.1	2	1	1
Sri Lanka	17.9	5.2	6	2	14.2	9.7	4.0	3.8	5	3	1
State of Palestine	39.2	17.0	4	2	22.5	17.1	8.9	2.7	2	2	1

### Country, regional and global estimates of mortality among children under age 5

Country	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
<b>Sudan</b>	130.9 (120.7 - 141.9)	102.0 (93.2 - 111.8)	61.6 (39.0 - 96.3)	2.2 (0.9 - 3.6)	121 (111 - 130)	112 (102 - 122)	102 (65 - 160)	138.9 (127.9 - 150.9)	122.4 (112.6 - 133.4)	66.4 (41.9 - 104.4)	56.6 (35.7 - 89.0)	
<b>Suriname</b>	44.8 (38.4 - 52.7)	31.0 (26.2 - 36.5)	15.8 (9.1 - 28.3)	3.1 (1.3 - 4.8)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	49.3 (42.2 - 58.2)	40.0 (34.0 - 47.3)	17.6 (10.2 - 31.6)	13.8 (8.0 - 25.0)	
<b>Sweden</b>	7.0 (6.8 - 7.2)	4.1 (4.0 - 4.3)	2.4 (2.2 - 2.6)	3.1 (2.9 - 3.4)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	7.7 (7.4 - 8.0)	6.2 (6.0 - 6.4)	2.6 (2.4 - 2.8)	2.2 (2.0 - 2.4)	
<b>Switzerland</b>	8.2 (7.9 - 8.4)	5.6 (5.5 - 5.8)	3.9 (3.6 - 4.1)	2.2 (2.0 - 2.4)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	9.1 (8.8 - 9.4)	7.2 (6.9 - 7.5)	4.2 (3.9 - 4.5)	3.5 (3.3 - 3.8)	
<b>Syrian Arab Republic</b>	36.9 (33.3 - 40.8)	23.1 (20.8 - 25.7)	18.4 (9.2 - 28.8)	2.0 (0.7 - 4.1)	17 (15 - 19)	12 (11 - 13)	10 (5 - 16)	39.4 (35.4 - 43.7)	34.3 (30.8 - 38.2)	20.2 (10.1 - 31.7)	16.6 (8.3 - 26.1)	
<b>Tajikistan</b>	99.2 (90.4 - 108.7)	78.4 (70.8 - 86.9)	28.1 (18.7 - 42.5)	3.7 (2.5 - 4.9)	22 (20 - 25)	15 (13 - 16)	8 (5 - 11)	106.7 (96.9 - 117.0)	91.5 (82.7 - 100.7)	31.5 (20.9 - 47.6)	24.7 (16.4 - 37.4)	
<b>Thailand</b>	36.9 (34.4 - 39.4)	21.7 (19.0 - 23.9)	9.0 (7.9 - 11.5)	4.2 (3.4 - 4.6)	40 (37 - 42)	21 (18 - 23)	5 (5 - 7)	41.0 (38.0 - 44.1)	32.6 (30.1 - 35.2)	9.9 (8.7 - 12.7)	8.0 (7.0 - 10.3)	
<b>Timor-Leste</b>	228.0 (204.7 - 254.4)	111.5 (100.9 - 122.7)	47.6 (32.5 - 72.4)	4.6 (3.3 - 5.8)	7 (6 - 8)	4 (3 - 4)	1 (1 - 2)	235.4 (210.4 - 263.7)	220.5 (196.9 - 246.9)	51.7 (35.4 - 79.0)	43.4 (29.5 - 65.9)	
<b>Togo</b>	147.3 (135.9 - 159.5)	119.2 (110.7 - 128.8)	56.1 (38.7 - 81.0)	2.8 (1.8 - 3.9)	24 (22 - 25)	22 (21 - 24)	16 (11 - 23)	155.9 (143.4 - 169.0)	138.3 (127.3 - 150.2)	60.4 (41.7 - 87.3)	51.7 (35.5 - 74.9)	
<b>Tonga</b>	22.1 (18.6 - 26.3)	16.9 (14.6 - 19.6)	9.5 (6.1 - 14.8)	2.5 (1.1 - 3.9)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	24.7 (20.7 - 29.5)	19.4 (16.2 - 23.2)	10.5 (6.7 - 16.3)	8.5 (5.4 - 13.2)	
<b>Trinidad and Tobago</b>	32.3 (27.6 - 37.0)	28.8 (24.9 - 33.9)	18.8 (11.7 - 30.3)	1.6 (0.1 - 3.0)	1 (1 - 1)	1 (0 - 1)	0 (0 - 0)	34.8 (29.6 - 40.1)	29.5 (25.1 - 34.2)	20.5 (12.7 - 33.0)	17.0 (10.5 - 27.6)	
<b>Tunisia</b>	54.9 (48.0 - 62.7)	29.2 (25.6 - 33.1)	12.1 (11.2 - 13.1)	4.5 (4.0 - 4.9)	12 (11 - 14)	5 (4 - 5)	2 (2 - 2)	57.6 (50.2 - 66.0)	52.0 (45.4 - 59.5)	12.8 (11.8 - 13.9)	11.3 (10.4 - 12.3)	
<b>Turkmenistan</b>	77.9 (68.7 - 89.5)	68.7 (59.8 - 79.8)	39.0 (23.1 - 65.7)	2.0 (0.5 - 3.6)	10 (9 - 12)	7 (6 - 9)	6 (4 - 10)	87.7 (77.1 - 101.5)	67.6 (58.9 - 78.2)	44.0 (26.1 - 73.7)	33.8 (19.9 - 57.2)	
<b>Turks and Caicos Islands</b>	20.8 (14.0 - 31.2)	11.7 (9.3 - 14.8)	4.7 (1.4 - 14.0)	4.4 (0.6 - 8.4)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	24.4 (16.4 - 36.5)	17.1 (11.5 - 25.6)	5.2 (1.6 - 15.4)	4.1 (1.3 - 12.4)	
<b>Tuvalu</b>	54.0 (45.5 - 64.2)	42.8 (38.7 - 47.4)	19.2 (10.0 - 36.3)	3.0 (1.1 - 5.0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	59.8 (50.3 - 71.5)	47.8 (39.9 - 57.0)	21.2 (11.1 - 40.3)	17.0 (8.9 - 32.2)	
<b>Türkiye</b>	73.9 (68.7 - 79.7)	37.2 (34.0 - 40.9)	9.6 (8.3 - 11.3)	6.0 (5.5 - 6.5)	107 (99 - 115)	53 (49 - 58)	10 (9 - 12)	77.0 (71.3 - 83.3)	70.6 (65.3 - 76.4)	10.3 (8.9 - 12.1)	8.9 (7.6 - 10.4)	
<b>Uganda</b>	182.2 (170.3 - 194.8)	143.9 (134.7 - 153.3)	48.7 (40.0 - 58.5)	3.9 (3.3 - 4.5)	153 (143 - 164)	159 (149 - 170)	83 (68 - 99)	193.9 (180.9 - 207.9)	169.9 (158.4 - 182.2)	53.7 (43.8 - 64.6)	43.5 (35.5 - 52.3)	
<b>Ukraine<sup>b</sup></b>	19.2 (17.3 - 21.9)	18.2 (16.7 - 20.2)	7.9 (6.9 - 9.1)	2.6 (2.1 - 3.2)	13 (12 - 15)	7 (7 - 8)	2 (1 - 2)	21.3 (19.0 - 24.5)	16.9 (15.0 - 19.6)	8.7 (7.5 - 10.1)	7.1 (6.1 - 8.3)	
<b>United Arab Emirates<sup>i</sup></b>	15.1 (14.0 - 16.4)	10.7 (10.2 - 11.4)	4.8 (4.1 - 5.6)	3.4 (2.9 - 3.9)	1 (1 - 1)	1 (1 - 1)	0 (0 - 1)	16.9 (15.5 - 18.4)	13.3 (12.2 - 14.5)	5.2 (4.4 - 6.1)	4.3 (3.7 - 5.1)	
<b>United Kingdom</b>	9.3 (9.1 - 9.5)	6.5 (6.4 - 6.7)	4.7 (4.4 - 4.9)	2.0 (1.9 - 2.2)	7 (7 - 7)	5 (4 - 5)	3 (3 - 3)	10.4 (10.2 - 10.7)	8.1 (7.9 - 8.3)	5.2 (4.9 - 5.5)	4.2 (3.9 - 4.4)	
<b>United Republic of Tanzania</b>	167.9 (156.9 - 179.1)	128.0 (119.8 - 136.8)	37.0 (28.5 - 47.8)	4.4 (3.7 - 5.2)	182 (170 - 194)	175 (163 - 186)	86 (67 - 111)	174.6 (163.0 - 186.3)	160.8 (150.0 - 172.2)	40.5 (31.2 - 52.5)	33.2 (25.6 - 42.9)	
<b>United States</b>	11.2 (11.0 - 11.4)	8.4 (8.3 - 8.6)	6.5 (6.2 - 6.7)	1.6 (1.5 - 1.8)	46 (45 - 47)	33 (32 - 33)	24 (23 - 25)	12.5 (12.2 - 12.7)	9.9 (9.8 - 10.1)	7.0 (6.7 - 7.3)	5.9 (5.7 - 6.2)	
<b>Uruguay</b>	23.6 (23.1 - 24.1)	17.0 (16.6 - 17.4)	7.4 (6.8 - 8.1)	3.4 (3.1 - 3.7)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	26.1 (25.5 - 26.7)	21.0 (20.4 - 21.6)	8.2 (7.5 - 9.1)	6.6 (6.0 - 7.3)	
<b>Uzbekistan<sup>j</sup></b>	69.8 (61.8 - 78.4)	60.7 (53.4 - 69.1)	13.4 (12.2 - 15.4)	4.9 (4.3 - 5.3)	47 (42 - 53)	33 (29 - 38)	12 (11 - 14)	78.1 (69.0 - 88.2)	60.9 (53.8 - 68.9)	15.0 (13.5 - 17.4)	11.6 (10.4 - 13.5)	
<b>Vanuatu</b>	35.1 (29.5 - 41.7)	26.6 (22.9 - 30.9)	17.1 (11.5 - 24.8)	2.1 (0.9 - 3.4)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	37.2 (31.1 - 44.5)	32.8 (27.5 - 39.2)	18.3 (12.2 - 26.5)	15.9 (10.6 - 23.1)	
<b>Venezuela (Bolivarian Republic of)</b>	29.6 (28.8 - 30.4)	21.5 (21.1 - 21.9)	24.2 (15.1 - 38.8)	0.6 (-0.8 - 2.0)	17 (16 - 17)	12 (12 - 13)	10 (6 - 17)	32.5 (31.5 - 33.4)	26.6 (25.8 - 27.4)	26.2 (16.3 - 42.1)	22.2 (13.7 - 35.6)	
<b>Viet Nam</b>	51.6 (47.2 - 56.4)	30.3 (25.5 - 34.8)	17.3 (15.2 - 19.7)	3.2 (2.7 - 3.7)	96 (88 - 105)	42 (35 - 48)	24 (21 - 28)	59.4 (54.3 - 65.2)	43.4 (39.5 - 47.6)	20.3 (17.8 - 23.2)	14.1 (12.3 - 16.2)	
<b>Yemen</b>	125.2 (116.7 - 134.3)	92.9 (85.4 - 101.0)	38.1 (29.5 - 49.6)	3.5 (2.7 - 4.3)	85 (79 - 91)	73 (67 - 79)	52 (41 - 68)	131.0 (121.9 - 141.0)	119.0 (110.8 - 128.0)	41.7 (32.2 - 54.4)	34.4 (26.5 - 45.1)	
<b>Zambia</b>	180.7 (168.7 - 193.6)	151.8 (141.1 - 163.2)	48.4 (39.0 - 60.7)	3.9 (3.2 - 4.5)	63 (59 - 68)	66 (62 - 71)	33 (27 - 41)	188.6 (175.8 - 202.6)	172.1 (160.6 - 184.9)	52.9 (42.5 - 66.3)	43.7 (35.1 - 54.9)	
<b>Zimbabwe</b>	84.0 (75.8 - 93.1)	99.4 (89.8 - 110.0)	64.7 (44.0 - 93.2)	0.8 (-0.4 - 1.9)	30 (27 - 33)	40 (36 - 44)	32 (22 - 46)	90.9 (81.8 - 100.9)	76.8 (69.0 - 85.4)	71.0 (48.1 - 102.5)	57.8 (39.2 - 83.8)	

### Country, regional and global estimates of mortality among children under age 5

Country	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
<b>Suriname</b>	37.3 (32.0 - 43.9)	14.8 (8.5 - 26.4)	0 (0 - 1)	0 (0 - 0)	20.5 (12.3 - 27.5)	16.9 (12.9 - 21.2)	9.7 (4.8 - 18.8)	2.2 (-0.4 - 4.5)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>Sweden</b>	5.9 (5.7 - 6.0)	2.0 (1.8 - 2.1)	1 (1 - 1)	0 (0 - 0)	3.5 (3.3 - 3.7)	2.3 (2.2 - 2.4)	1.4 (1.3 - 1.6)	1.4 (2.3 - 3.0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>Switzerland</b>	6.6 (6.4 - 6.8)	3.4 (3.2 - 3.6)	1 (1 - 1)	0 (0 - 0)	3.9 (3.7 - 4.1)	3.5 (3.3 - 3.6)	2.8 (2.6 - 3.0)	1.0 (0.7 - 1.3)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>Syrian Arab Republic</b>	31.6 (28.6 - 35.0)	17.7 (8.8 - 27.6)	15 (13 - 16)	10 (5 - 15)	16.7 (14.4 - 19.2)	12.2 (10.6 - 14.1)	9.5 (4.6 - 15.7)	1.7 (0.1 - 3.8)	8 (7 - 9)	6 (5 - 7)	5 (3 - 9)	
<b>Tajikistan</b>	76.7 (69.9 - 84.0)	23.5 (15.6 - 35.5)	18 (16 - 19)	6 (4 - 10)	29.7 (24.8 - 36.0)	26.2 (22.6 - 30.3)	11.1 (7.0 - 17.6)	2.9 (1.4 - 4.4)	7 (6 - 8)	5 (4 - 6)	3 (2 - 5)	
<b>Thailand</b>	30.9 (28.8 - 33.0)	7.7 (6.8 - 9.9)	33 (31 - 35)	5 (4 - 6)	20.7 (16.6 - 23.6)	12.2 (8.6 - 14.9)	5.1 (3.0 - 7.2)	4.1 (3.0 - 5.4)	22 (18 - 25)	12 (8 - 14)	3 (2 - 4)	
<b>Timor-Leste</b>	165.5 (148.6 - 184.7)	34.6 (23.6 - 52.6)	5 (5 - 6)	1 (1 - 2)	58.8 (50.2 - 69.4)	39.5 (34.0 - 45.4)	21.6 (12.8 - 35.4)	2.9 (1.4 - 4.6)	2 (2 - 2)	1 (1 - 1)	1 (0 - 1)	
<b>Togo</b>	85.4 (78.8 - 92.5)	34.8 (24.0 - 50.3)	14 (13 - 15)	10 (7 - 15)	43.7 (39.0 - 49.5)	36.5 (32.6 - 41.1)	22.6 (14.9 - 33.6)	1.9 (0.7 - 3.2)	7 (6 - 8)	7 (6 - 8)	7 (4 - 10)	
<b>Tonga</b>	18.0 (15.1 - 21.4)	7.8 (5.0 - 12.1)	0 (0 - 0)	0 (0 - 0)	9.8 (7.5 - 12.7)	7.2 (5.8 - 8.7)	4.1 (2.4 - 7.1)	2.5 (0.7 - 4.4)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>Trinidad and Tobago</b>	29.4 (25.2 - 33.8)	17.0 (10.6 - 27.4)	1 (1 - 1)	0 (0 - 0)	21.7 (18.3 - 25.3)	19.8 (16.8 - 23.5)	12.6 (7.8 - 20.7)	1.6 (0.0 - 3.1)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	
<b>Tunisia</b>	37.2 (32.5 - 42.5)	9.7 (9.0 - 10.6)	8 (7 - 9)	2 (1 - 2)	27.2 (23.3 - 31.8)	17.1 (14.7 - 19.7)	7.7 (6.7 - 8.8)	3.7 (3.1 - 4.3)	6 (5 - 7)	3 (2 - 3)	1 (1 - 1)	
<b>Turkmenistan</b>	68.1 (60.0 - 78.3)	30.4 (18.1 - 51.3)	9 (8 - 10)	5 (3 - 8)	25.9 (21.6 - 31.2)	29.4 (24.7 - 35.1)	22.3 (12.7 - 38.9)	0.4 (-1.3 - 2.2)	3 (3 - 4)	3 (3 - 4)	4 (2 - 6)	
<b>Turks and Caicos Islands</b>	15.4 (10.3 - 23.0)	3.0 (0.9 - 9.1)	0 (0 - 0)	0 (0 - 0)	11.1 (6.9 - 17.8)	6.3 (4.0 - 9.1)	2.4 (0.7 - 8.0)	4.5 (0.5 - 8.7)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>Tuvalu</b>	45.0 (38.0 - 53.5)	16.5 (8.6 - 31.2)	0 (0 - 0)	0 (0 - 0)	28.8 (22.8 - 36.1)	24.8 (21.4 - 28.6)	8.7 (4.2 - 17.1)	3.5 (1.4 - 5.8)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>Türkiye</b>	60.9 (56.6 - 65.7)	8.0 (6.9 - 9.4)	87 (81 - 94)	9 (7 - 10)	32.4 (29.3 - 35.9)	18.1 (16.1 - 20.3)	5.7 (4.0 - 5.5)	5.7 (5.2 - 6.3)	46 (42 - 51)	25 (23 - 28)	5 (4 - 6)	
<b>Uganda</b>	107.1 (100.1 - 114.5)	39.9 (29.5 - 43.2)	93 (87 - 99)	61 (50 - 74)	39.2 (34.9 - 43.7)	32.3 (28.9 - 36.1)	21.3 (16.6 - 26.7)	1.8 (1.0 - 2.6)	35 (31 - 39)	37 (33 - 42)	37 (28 - 46)	
<b>Ukraine<sup>b</sup></b>	18.3 (16.5 - 20.9)	7.6 (6.7 - 8.8)	13 (12 - 15)	2 (1 - 2)	11.8 (9.9 - 14.0)	10.9 (9.1 - 12.8)	4.5 (3.0 - 6.0)	2.8 (1.8 - 4.2)	8 (7 - 10)	4 (4 - 5)	1 (1 - 1)	
<b>United Arab Emirates<sup>i</sup></b>	11.8 (10.9 - 12.8)	3.8 (3.2 - 4.4)	1 (1 - 1)	0 (0 - 0)	7.9 (7.1 - 8.7)	5.9 (5.4 - 6.4)	2.4 (1.9 - 2.9)	3.5 (2.8 - 4.3)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
<b>United Kingdom</b>	7.9 (7.7 - 8.0)	4.1 (3.9 - 4.4)	6 (6 - 6)	3 (3 - 3)	4.5 (4.3 - 4.6)	3.8 (3.7 - 3.9)	3.0 (2.9 - 3.2)	1.1 (0.9 - 1.3)	4 (3 - 4)	3 (3 - 3)	2 (2 - 2)	
<b>United Republic of Tanzania</b>	106.2 (99.3 - 113.3)	28.7 (22.1 - 37.1)	116 (109 - 124)	68 (52 - 87)	40.0 (35.8 - 44.3)	32.6 (29.3 - 36.2)	19.9 (14.8 - 26.6)	2.1 (1.1 - 3.0)	45 (40 - 50)	46 (42 - 51)	47 (35 - 64)	
<b>United States</b>	9.4 (9.2 - 9.6)	5.5 (5.3 - 5.7)	39 (38 - 39)	20 (19 - 21)	5.8 (5.							

# Country, regional and global estimates of mortality among children under age 5

Estimates of mortality among children under age 5 by Sustainable Development Goal region<sup>k</sup>

Region	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
<b>Sub-Saharan Africa</b>	180.5 (176.5 - 184.7)	152.4 (149.3 - 155.9)	71.6 (67.8 - 79.3)	2.7 (2.4 - 2.9)	3,811 (3,731 - 3,898)	3,981 (3,903 - 4,072)	2,830 (2,681 - 3,127)	189.3 (185.1 - 193.9)	171.2 (167.5 - 175.4)	76.8 (72.7 - 85.1)	66.0 (62.5 - 73.2)	
<b>Northern Africa and Western Asia</b>	78.4 (76.5 - 80.5)	50.9 (49.4 - 52.6)	26.1 (22.6 - 31.8)	3.2 (2.6 - 3.7)	732 (714 - 751)	483 (469 - 499)	306 (265 - 372)	81.8 (79.7 - 84.0)	74.8 (72.9 - 76.9)	28.2 (24.4 - 34.4)	23.9 (20.7 - 29.3)	
<b>Northern Africa</b>	86.2 (83.3 - 89.5)	59.5 (56.9 - 62.3)	32.1 (25.2 - 42.7)	2.9 (2.1 - 3.6)	403 (390 - 418)	272 (260 - 285)	188 (148 - 249)	89.5 (86.2 - 93.0)	82.8 (79.8 - 86.1)	34.6 (27.1 - 46.0)	29.6 (23.2 - 39.5)	
<b>Western Asia</b>	70.4 (68.0 - 73.2)	42.9 (41.2 - 44.8)	20.1 (17.6 - 23.8)	3.7 (3.2 - 4.1)	328 (317 - 341)	211 (202 - 220)	117 (103 - 139)	74.0 (71.3 - 76.9)	66.7 (64.3 - 69.4)	18.3 (19.1 - 25.9)	18.3 (16.0 - 21.6)	
<b>Central and Southern Asia</b>	125.3 (122.2 - 128.5)	91.2 (88.7 - 93.7)	32.0 (29.4 - 35.3)	4.0 (3.7 - 4.3)	5,211 (5,085 - 5,344)	3,860 (3,758 - 3,969)	1,242 (1,142 - 1,367)	123.3 (120.2 - 126.6)	127.3 (124.0 - 130.8)	33.3 (30.5 - 36.8)	30.6 (28.1 - 33.8)	
<b>Central Asia</b>	69.6 (65.7 - 74.0)	59.5 (55.8 - 63.8)	17.0 (15.1 - 20.2)	4.1 (3.6 - 4.6)	109 (103 - 116)	72 (67 - 77)	33 (29 - 39)	77.4 (72.8 - 82.4)	19.1 (17.9 - 22.7)	14.9 (16.8 - 22.7)	17.9 (13.1 - 17.7)	
<b>Southern Asia</b>	127.5 (124.3 - 130.8)	92.1 (89.6 - 94.7)	32.8 (30.1 - 36.2)	4.0 (3.7 - 4.3)	5,102 (4,975 - 5,234)	3,788 (3,686 - 3,896)	1,209 (1,109 - 1,333)	125.1 (121.9 - 128.5)	129.8 (126.4 - 133.5)	34.0 (31.0 - 37.7)	31.5 (28.8 - 34.8)	
<b>Eastern and South-Eastern Asia</b>	56.7 (53.9 - 59.8)	39.7 (38.5 - 41.2)	13.0 (11.9 - 14.8)	4.3 (3.9 - 4.6)	2,354 (2,241 - 2,481)	1,233 (1,194 - 1,278)	270 (247 - 307)	60.1 (57.0 - 63.6)	53.1 (50.2 - 56.3)	14.2 (13.0 - 16.2)	11.7 (10.7 - 13.4)	
<b>Eastern Asia</b>	50.8 (47.1 - 55.0)	35.3 (33.5 - 37.4)	5.8 (5.3 - 6.4)	6.4 (6.0 - 6.7)	1,504 (1,393 - 1,627)	687 (653 - 728)	63 (58 - 69)	53.2 (49.0 - 57.9)	48.4 (44.4 - 52.7)	6.2 (5.6 - 6.8)	5.5 (5.0 - 6.1)	
<b>South-Eastern Asia</b>	71.4 (69.2 - 73.8)	47.3 (45.8 - 49.0)	20.2 (18.0 - 23.8)	3.7 (3.2 - 4.1)	850 (824 - 878)	546 (528 - 565)	207 (184 - 243)	77.7 (75.2 - 80.4)	64.8 (62.7 - 67.1)	22.4 (19.9 - 26.4)	17.9 (15.9 - 21.1)	
<b>Latin America and the Caribbean</b>	54.6 (53.0 - 56.3)	32.7 (31.9 - 33.6)	15.4 (14.3 - 17.2)	3.7 (3.4 - 4.0)	644 (626 - 665)	377 (367 - 388)	143 (133 - 159)	59.2 (57.4 - 61.2)	49.7 (48.1 - 51.5)	16.9 (15.6 - 18.8)	13.8 (12.8 - 15.4)	
<b>Oceania</b>	33.2 (31.0 - 35.7)	31.1 (28.5 - 34.2)	18.9 (13.3 - 27.8)	1.7 (0.5 - 2.7)	17 (16 - 18)	17 (15 - 19)	13 (9 - 19)	35.5 (33.0 - 38.2)	30.8 (28.6 - 33.3)	20.5 (14.4 - 30.2)	17.2 (12.1 - 25.6)	
<b>Australia and New Zealand</b>	9.6 (9.4 - 9.7)	6.4 (6.3 - 6.5)	3.8 (3.6 - 4.0)	2.7 (2.5 - 2.9)	3 (3 - 3)	2 (2 - 2)	1 (1 - 1)	10.7 (10.5 - 10.9)	8.4 (8.2 - 8.5)	4.1 (3.9 - 4.3)	3.5 (3.3 - 3.7)	
<b>Oceania (exc. Australia and New Zealand)</b>	70.5 (64.8 - 77.0)	61.4 (55.6 - 68.3)	36.2 (24.0 - 55.2)	2.0 (0.7 - 3.2)	14 (13 - 15)	15 (14 - 17)	11 (8 - 17)	74.2 (67.9 - 81.3)	66.6 (60.8 - 72.9)	39.0 (25.9 - 59.7)	33.1 (22.0 - 50.9)	
<b>Europe and Northern America</b>	14.2 (14.1 - 14.5)	9.7 (9.6 - 9.8)	5.2 (5.1 - 5.3)	3.0 (2.9 - 3.0)	201 (199 - 204)	112 (111 - 113)	54 (53 - 55)	15.9 (15.7 - 16.2)	12.5 (12.3 - 12.7)	5.7 (5.5 - 5.8)	4.7 (4.6 - 4.8)	
<b>Europe</b>	15.8 (15.6 - 16.1)	10.5 (10.3 - 10.6)	4.5 (4.4 - 4.5)	3.7 (3.7 - 3.8)	152 (150 - 155)	77 (76 - 78)	28 (28 - 29)	17.7 (17.5 - 18.1)	13.8 (13.6 - 14.1)	4.9 (4.8 - 5.0)	4.0 (4.0 - 4.1)	
<b>Northern America</b>	11.0 (10.8 - 11.2)	8.3 (8.1 - 8.4)	6.4 (6.1 - 6.6)	1.6 (1.5 - 1.7)	49 (48 - 50)	35 (34 - 36)	26 (25 - 27)	12.2 (12.0 - 12.4)	9.7 (9.5 - 9.9)	6.9 (6.6 - 7.2)	5.8 (5.6 - 6.1)	
<b>World</b>	<b>93.5</b> <b>(92.2 - 95.0)</b>	<b>76.7</b> <b>(75.7 - 77.9)</b>	<b>37.4</b> <b>(36.0 - 40.2)</b>	<b>2.7</b> <b>(2.5 - 2.8)</b>	<b>12,970</b> <b>(12,787 - 13,176)</b>	<b>10,063</b> <b>(9,930 - 10,217)</b>	<b>4,858</b> <b>(4,689 - 5,210)</b>	<b>95.8</b> <b>(94.4 - 97.5)</b>	<b>91.1</b> <b>(89.7 - 92.7)</b>	<b>39.7</b> <b>(38.3 - 42.7)</b>	<b>34.9</b> <b>(33.6 - 37.5)</b>	

# Country, regional and global estimates of mortality among children under age 5

Estimates of mortality among children under age 5 by Sustainable Development Goal region<sup>k</sup> (continued)

Region	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
<b>Sub-Saharan Africa</b>	102.8 (100.7 - 105.2)	47.3 (44.9 - 52.2)	2,220 (2,176 - 2,270)	1,894 (1,797 - 2,086)	45.0 (43.1 - 47.2)	39.1 (37.6 - 40.9)	26.7 (24.5 - 30.6)	1.5 (1.1 - 1.8)	998 (956 - 1,048)	1,073 (1,031 - 1,121)	1,084 (996 - 1,243)	
<b>Northern Africa and Western Asia</b>	60.0 (58.6 - 61.6)	21.5 (18.8 - 25.8)	563 (550 - 578)	253 (221 - 302)	30.9 (29.8 - 32.1)	23.3 (22.4 - 24.3)	13.3 (11.7 - 16.0)	2.5 (1.9 - 2.9)	293 (283 - 305)	224 (216 - 233)	158 (138 - 188)	
<b>Northern Africa</b>	64.1 (61.9 - 66.4)	25.6 (20.6 - 33.4)	301 (291 - 312)	151 (121 - 196)	33.7 (32.1 - 35.5)	26.5 (25.0 - 28.0)	16.0 (13.0 - 20.6)	2.2 (1.4 - 2.8)	160 (152 - 168)	123 (116 - 131)	94 (77 - 122)	
<b>Western Asia</b>	55.9 (54.0 - 58.1)	17.4 (15.2 - 20.8)	262 (253 - 272)	102 (89 - 121)	28.1 (26.7 - 29.7)	20.3 (19.3 - 21.4)	10.7 (9.2 - 12.8)	2.8 (2.3 - 3.3)	133 (127 - 141)	101 (96 - 106)	63 (54 - 76)	
<b>Central and Southern Asia</b>	87.0 (84.9 - 89.1)	27.8 (25.6 - 30.6)	3,623 (3,538 - 3,711)	1,079 (993 - 1,187)	56.1 (53.7 - 58.6)	44.5 (42.6 - 46.5)	20.0 (18.3 - 22.3)	3.0 (2.7 - 3.3)	2,375 (2,274 - 2,482)	1,920 (1,839 - 2,004)	781 (711 - 869)	
<b>Central Asia</b>	59.0 (55.6 - 62.7)	14.8 (13.2 - 17.4)	93 (87 - 98)	28 (25 - 33)	27.3 (25.1 - 29.9)	26.3 (24.3 - 28.7)	8.8 (7.5 - 10.7)	3.3 (2.7 - 3.9)	43 (40 - 48)	31 (29 - 34)	17 (14 - 21)	
<b>Southern Asia</b>	88.1 (85.9 - 90.3)	28.5 (26.1 - 31.4)	3,530 (3,445 - 3,618)	1,051 (964 - 1,158)	57.2 (54.7 - 59.8)	45.0 (43.1 - 47.0)	20.6 (18.7 - 23.0)	3.0 (2.7 - 3.3)	2,332 (2,230 - 2,438)	1,889 (1,808 - 1,973)	765 (694 - 851)	
<b>Eastern and South-Eastern Asia</b>	44.8 (42.5 - 47.3)	10.6 (9.6 - 12.1)	1,868 (1,777 - 1,971)	216 (196 - 247)	27.8 (25.7 - 30.1)	20.0 (19.0 - 21.1)	6.6 (5.9 - 7.6)	4.2 (3.7 - 4.7)	1,179 (1,089 - 1,278)	627 (595 - 662)	134 (120 - 156)	
<b>Eastern Asia</b>	41.0 (38.0 - 44.4)	4.2 (3.9 - 4.6)	1,222 (1,132 - 1,322)	43 (40 - 47)	27.9 (25.0 - 31.2)	19.7 (18.2 - 21.3)	2.7 (2.3 - 3.0)	6.9 (6.4 - 7.4)	850 (761 - 948)	389 (360 - 422)	27 (24 - 31)	
<b>South-Eastern Asia</b>	54.3 (52.6 - 56.1)	16.9 (15.0 - 19.9)	647 (627 - 668)	172 (153 - 203)	27.4 (26.1 - 28.8)	20.6 (19.6 - 21.6)	10.5 (9.1 - 12.6)	2.8 (2.3 - 3.3)	329 (314 - 346)	238 (226 - 250)	107 (93 - 128)	
<b>Latin America and the Caribbean</b>	44.1 (42.8 - 45.5)	13.3 (12.4 - 14.8)	520 (505 - 537)	123 (115 - 137)	22.4 (21.2 - 23.7)	15.8 (15.0 - 16.8)	8.3 (7.3 - 9.7)	2.9 (2.4 - 3.3)	267 (253 - 282)	183 (173 - 193)	77 (68 - 90)	
<b>Oceania</b>	25.8 (24.1 - 27.8)	15.2 (10.7 - 22.3)	13 (12 - 14)	10 (7 - 15)	13.2 (12.1 - 14.5)	13.7 (12.4 - 15.3)	9.8 (6.6 - 14.7)	0.9 (-0.3 - 2.1)	7 (6 - 8)	8 (7 - 9)	7 (5 - 10)	
<b>Australia and New Zealand</b>	7.9 (7.7 - 8.0)	3.2 (3.1 - 3.4)	2 (2 - 3)	1 (1 - 1)	4.6 (4.4 - 4.7)	3.5 (3.4 - 3.6)	2.3 (2.2 - 2.5)	2.0 (1.8 - 2.2)	1 (1 - 2)	1 (1 - 1)	1 (1 - 1)	
<b>Oceania (exc. Australia and New Zealand)</b>	54.4 (50.0 - 59.5)	28.8 (19.2 - 43.9)	11 (10 - 12)	9 (6 - 14)	27.0 (23.9 - 30.2)	26.2 (23.2 - 29.7)	18.2 (11.5 - 28.7)	1.2 (-0.2 - 2.5)	5 (5 - 6)	7 (6 - 7)	6 (4 - 9)	
<b>Europe and Northern America</b>	11.9 (11.7 - 12.0)	4.4 (4.3 - 4.5)	166 (164 - 169)	45 (44 - 46)	7.3 (6.9 - 7.8)	5.1 (5.0 - 5.3)	2.9 (2.8 - 3.0)	2.7 (2.5 - 2.9)	102 (96 - 109)	60 (58 - 61)	30 (29 - 31)	
<b>Europe</b>	13.2 (13.0 - 13.5)	3.7 (3.7 - 3.8)	125 (123 - 128)	24 (23 - 24)	8.2 (7.5 - 8.9)	5.5 (5.3 - 5.7)	2.5 (2.4 - 2.6)	3.5 (3.2 - 3.8)	76 (70 - 83)	40 (38 - 42)	16 (15 - 16)	
<b>Northern America</b>	9.2 (9.0 - 9.3)	5.4 (5.2 - 5.6)	41 (41 - 42)	22 (21 - 23)	5.6 (5.5 - 5.8)	4.6 (4.5 - 4.7)	3.6 (3.5 - 3.8)	1.3 (1.2 - 1.4)	26 (25 - 26)	20 (19 - 20)	15 (14 - 15)	
<b>World</b>	<b>64.0</b> <b>(63.1 - 65.1)</b>	<b>27.7</b> <b>(26.8 - 29.6)</b>	<b>8,975</b> <b>(8,846 - 9,123)</b>	<b>3,620</b> <b>(3,501 - 3,865)</b>	<b>36.6</b> <b>(35.4 - 37.8)</b>	<b>30.3</b> <b>(29.5 - 31.2)</b>	<b>17.2</b> <b>(16.3 - 18.8)</b>	<b>2.2</b> <b>(1.9 - 2.4)</b>	<b>5,220</b> <b>(5,059 - 5,401)</b>	<b>4,095</b> <b>(3,983 - 4,217)</b>	<b>2,271</b> <b>(2,148 - 2,488)</b>	

### Country, regional and global estimates of mortality among children under age 5

Estimates of mortality among children under age 5 by UNICEF region<sup>k</sup>

Region	Under-five mortality rate (USMR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
<b>Sub-Saharan Africa</b>	178.4 (174.7 - 182.5)	150.4 (147.5 - 153.8)	71.2 (67.5 - 78.8)	2.7 (2.4 - 2.9)	3,931 (3,850 - 4,019)	4,093 (4,014 - 4,185)	2,932 (2,782 - 3,240)	187.2 (183.2 - 191.7)	169.2 (165.7 - 173.2)	76.4 (72.4 - 84.6)	65.7 (62.2 - 72.7)	
West and Central Africa	194.9 (188.6 - 201.7)	169.5 (164.5 - 175.1)	91.0 (84.0 - 101.4)	2.2 (1.9 - 2.5)	2,062 (1,996 - 2,132)	2,275 (2,208 - 2,350)	1,918 (1,770 - 2,139)	203.5 (196.8 - 210.8)	185.9 (179.9 - 192.5)	96.8 (89.3 - 107.8)	84.9 (78.2 - 94.8)	
Eastern and Southern Africa	163.0 (158.9 - 167.6)	131.6 (128.4 - 135.4)	50.2 (46.1 - 59.7)	3.5 (3.0 - 3.7)	1,869 (1,823 - 1,919)	1,818 (1,775 - 1,870)	1,014 (931 - 1,200)	172.0 (167.4 - 177.0)	153.6 (149.8 - 158.1)	54.8 (50.3 - 65.2)	45.4 (41.6 - 54.0)	
Middle East and North Africa	69.0 (67.1 - 71.1)	44.0 (42.7 - 45.5)	20.5 (18.3 - 23.9)	3.6 (3.1 - 3.9)	590 (573 - 607)	344 (333 - 356)	204 (182 - 237)	71.3 (69.3 - 73.5)	66.5 (64.6 - 68.7)	22.1 (19.8 - 25.8)	18.7 (16.8 - 21.9)	
South Asia	131.0 (127.6 - 134.5)	93.5 (91.0 - 96.2)	33.5 (30.6 - 37.0)	4.0 (3.7 - 4.3)	4,988 (4,861 - 5,119)	3,750 (3,648 - 3,858)	1,196 (1,095 - 1,320)	128.4 (125.0 - 132.0)	133.6 (130.0 - 137.4)	34.7 (31.6 - 38.5)	32.1 (29.4 - 35.5)	
East Asia and Pacific	56.4 (53.7 - 59.5)	39.6 (38.4 - 41.0)	13.2 (12.1 - 15.0)	4.3 (3.9 - 4.6)	2,371 (2,258 - 2,498)	1,250 (1,211 - 1,296)	283 (260 - 320)	59.8 (56.7 - 63.2)	52.9 (50.0 - 56.0)	14.4 (13.2 - 16.4)	11.9 (10.9 - 13.5)	
Latin America and Caribbean	54.6 (53.0 - 56.3)	32.7 (31.9 - 33.6)	15.4 (14.3 - 17.2)	3.7 (3.4 - 4.0)	644 (626 - 665)	377 (367 - 388)	143 (133 - 159)	59.2 (57.4 - 61.2)	49.7 (48.1 - 51.5)	16.9 (15.6 - 18.8)	13.8 (12.8 - 15.4)	
North America	11.0 (10.8 - 11.2)	8.3 (8.1 - 8.4)	6.4 (6.1 - 6.6)	1.6 (1.5 - 1.7)	49 (48 - 50)	35 (34 - 36)	26 (25 - 27)	12.2 (12.0 - 12.4)	9.7 (9.5 - 9.9)	6.9 (6.6 - 7.2)	5.8 (5.6 - 6.1)	
Europe and Central Asia	30.8 (30.0 - 31.7)	20.9 (20.3 - 21.7)	7.8 (7.4 - 8.5)	4.0 (3.8 - 4.2)	397 (387 - 408)	214 (208 - 222)	74 (71 - 81)	33.7 (32.8 - 34.7)	27.8 (27.0 - 28.6)	8.6 (8.1 - 9.4)	6.9 (6.6 - 7.6)	
Eastern Europe and Central Asia	46.5 (45.1 - 48.1)	34.9 (33.7 - 36.4)	11.1 (10.3 - 12.4)	4.2 (3.9 - 4.5)	339 (329 - 350)	184 (177 - 191)	58 (54 - 65)	50.6 (49.1 - 52.4)	42.1 (40.8 - 43.7)	12.2 (11.4 - 13.7)	9.8 (9.1 - 11.0)	
Western Europe	10.4 (10.4 - 10.5)	6.2 (6.2 - 6.2)	3.8 (3.7 - 3.9)	3.0 (2.9 - 3.0)	58 (58 - 59)	31 (30 - 31)	16 (16 - 17)	11.7 (11.6 - 11.7)	9.1 (9.1 - 9.2)	4.1 (4.1 - 4.2)	3.4 (3.4 - 3.5)	
<b>World</b>	<b>93.5</b> <b>(92.2 - 95.0)</b>	<b>76.7</b> <b>(75.7 - 77.9)</b>	<b>37.4</b> <b>(36.0 - 40.2)</b>	<b>2.7</b> <b>(2.5 - 2.8)</b>	<b>12,970</b> <b>(12,787 - 13,176)</b>	<b>10,063</b> <b>(9,930 - 10,217)</b>	<b>4,858</b> <b>(4,689 - 5,210)</b>	<b>95.8</b> <b>(94.4 - 97.5)</b>	<b>91.1</b> <b>(89.7 - 92.7)</b>	<b>39.7</b> <b>(38.3 - 42.7)</b>	<b>34.9</b> <b>(33.6 - 37.5)</b>	

Estimates of mortality among children under age 5 by World Health Organization region<sup>k</sup>

Region	Under-five mortality rate (USMR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
<b>Africa</b>	176.2 (172.3 - 180.3)	149.7 (146.8 - 153.0)	69.9 (66.1 - 77.1)	2.7 (2.4 - 2.9)	3,785 (3,704 - 3,871)	3,932 (3,856 - 4,018)	2,770 (2,620 - 3,049)	184.8 (180.7 - 189.3)	167.0 (163.5 - 171.1)	75.0 (71.0 - 82.8)	64.5 (60.9 - 71.0)	
Americas	42.5 (41.4 - 43.8)	26.1 (25.5 - 26.8)	12.6 (11.9 - 13.9)	3.6 (3.3 - 3.8)	693 (675 - 714)	412 (402 - 423)	168 (158 - 185)	46.2 (44.8 - 47.6)	38.7 (37.5 - 39.9)	13.8 (13.0 - 15.2)	11.4 (10.7 - 12.5)	
Eastern Mediterranean	106.0 (103.6 - 108.7)	81.7 (79.4 - 84.4)	42.1 (37.0 - 50.6)	2.7 (2.2 - 3.1)	1,517 (1,483 - 1,556)	1,232 (1,198 - 1,271)	824 (724 - 986)	109.7 (107.0 - 112.7)	102.2 (99.7 - 105.0)	45.4 (39.9 - 54.6)	38.6 (33.8 - 46.5)	
Europe	30.6 (29.9 - 31.6)	20.8 (20.1 - 21.5)	7.7 (7.3 - 8.4)	4.1 (3.8 - 4.2)	398 (388 - 410)	215 (209 - 223)	75 (71 - 82)	33.5 (32.6 - 34.5)	27.6 (26.9 - 28.5)	8.5 (8.0 - 9.3)	6.9 (6.5 - 7.5)	
South-East Asia	124.4 (120.9 - 128.1)	88.3 (85.6 - 91.2)	26.7 (24.7 - 29.1)	4.5 (4.3 - 4.8)	4,392 (4,268 - 4,520)	3,183 (3,085 - 3,287)	782 (724 - 853)	121.4 (117.8 - 125.2)	127.5 (123.7 - 131.5)	27.0 (25.0 - 29.6)	26.2 (24.1 - 28.7)	
Western Pacific	55.4 (52.5 - 58.6)	37.4 (36.2 - 38.9)	12.1 (11.1 - 13.7)	4.5 (4.1 - 4.8)	2,184 (2,071 - 2,310)	1,090 (1,053 - 1,132)	237 (217 - 267)	58.6 (55.4 - 62.3)	52.0 (48.9 - 55.3)	13.2 (12.1 - 14.9)	10.9 (10.0 - 12.3)	
<b>World</b>	<b>93.5</b> <b>(92.2 - 95.0)</b>	<b>76.7</b> <b>(75.7 - 77.9)</b>	<b>37.4</b> <b>(36.0 - 40.2)</b>	<b>2.7</b> <b>(2.5 - 2.8)</b>	<b>12,970</b> <b>(12,787 - 13,176)</b>	<b>10,063</b> <b>(9,930 - 10,217)</b>	<b>4,858</b> <b>(4,689 - 5,210)</b>	<b>95.8</b> <b>(94.4 - 97.5)</b>	<b>91.1</b> <b>(89.7 - 92.7)</b>	<b>39.7</b> <b>(38.3 - 42.7)</b>	<b>34.9</b> <b>(33.6 - 37.5)</b>	

### Country, regional and global estimates of mortality among children under age 5

Estimates of mortality among children under age 5 by UNICEF region<sup>k</sup> (continued)

Region	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
West and Central Africa	103.5 (100.2 - 106.9)	56.4 (52.2 - 62.8)	1,120 (1,085 - 1,156)	1,206 (1,116 - 1,340)	47.5 (45.0 - 50.4)	41.9 (39.8 - 44.2)	30.2 (27.0 - 34.8)	1.3 (0.9 - 1.7)	529 (500 - 560)	595 (565 - 628)	656 (588 - 755)	
Eastern and Southern Africa	100.8 (98.2 - 103.6)	37.3 (34.3 - 44.0)	1,181 (1,151 - 1,213)	759 (698 - 891)	42.4 (40.4 - 44.8)	36.1 (34.5 - 38.1)	22.7 (20.3 - 27.6)	1.8 (1.3 - 2.2)	510 (486 - 539)	519 (496 - 547)	468 (417 - 568)	
Middle East and North Africa	54.7 (53.2 - 56.4)	18.4 (16.4 - 21.4)	468 (455 - 482)	183 (163 - 213)	28.2 (26.1 - 30.3)	21.7 (20.8 - 22.7)	11.9 (10.5 - 14.1)	2.5 (2.0 - 3.0)	244 (226 - 261)	172 (165 - 180)	119 (105 - 141)	
South Asia	90.0 (87.8 - 92.4)	29.1 (26.6 - 32.1)	3,434 (3,349 - 3,521)	1,039 (951 - 1,146)	58.9 (56.3 - 61.6)	45.7 (43.7 - 47.7)	21.1 (19.1 - 23.4)	3.0 (2.7 - 3.3)	2,283 (2,183 - 2,389)	1,868 (1,788 - 1,952)	756 (686 - 842)	
East Asia and Pacific	44.5 (42.3 - 47.0)	10.7 (9.8 - 12.2)	1,882 (1,790 - 1,984)	226 (206 - 257)	27.6 (25.5 - 29.9)	19.9 (18.9 - 21.0)	6.7 (6.0 - 7.7)	4.2 (3.7 - 4.6)	1,186 (1,096 - 1,285)	635 (603 - 670)	141 (126 - 163)	
Latin America and Caribbean	44.1 (42.8 - 45.5)	13.3 (12.4 - 14.8)	520 (505 - 537)	123 (115 - 137)	22.4 (21.2 - 23.7)	15.8 (15.0 - 16.8)	8.3 (7.3 - 9.7)	2.9 (2.4 - 3.3)	267 (253 - 282)	183 (173 - 193)	77 (68 - 90)	
North America	9.2 (9.0 - 9.3)	5.4 (5.2 - 5.6)	41 (41 - 42)	22 (21 - 23)	5.6 (5.5 - 5.8)	4.6 (4.5 - 4.7)	3.6 (3.5 - 3.8)	1.3 (1.2 - 1.4)	26 (25 - 26)	20 (19 - 20)	15 (14 - 15)	
Europe and Central Asia	25.6 (25.0 - 26.4)	6.6 (6.2 - 7.2)	329 (320 - 338)	63 (59 - 68)	13.8 (13.2 - 14.6)	10.2 (9.8 - 10.6)	4.1 (3.9 - 4.6)	3.5 (3.2 - 3.8)	176 (168 - 186)	103 (99 - 108)	39 (36 - 43)	
Eastern Europe and Central Asia	38.8 (37.6 - 40.2)	9.4 (8.8 - 10.5)	280 (272 - 290)	49 (46 - 54)	20.3 (19.2 - 21.6)	16.5 (15.8 - 17.4)	5.6 (5.1 - 6.4)	3.8 (3.3 - 4.1)	146 (137 - 155)	86 (82 - 90)	29 (26 - 33)	
Western Europe	8.8 (8.7 - 8.8)	3.2 (3.2 - 3.3)	49 (49 - 49)	14 (14 - 14)	5.5 (5.4 - 5.6)	3.5 (3.4 - 3.5)	2.4 (2.3 - 2.4)	2.5 (2.4 - 2.5)	31 (30 - 31)	17 (17 - 17)	10 (10 - 10)	
<b>World</b>	<b>64.0</b> <b>(63.1 - 65.1)</b>	<b>27.7</b> <b>(26.8 - 29.6)</b>	<b>8,975</b> <b>(8,846 - 9,123)</b>	<b>3,620</b> <b>(3,501 - 3,865)</b>	<b>36.6</b> <b>(35.4 - 37.8)</b>	<b>30.3</b> <b>(29.5 - 31.2)</b>	<b>17.2</b> <b>(16.3 - 18.8)</b>	<b>2.2</b> <b>(1.9 - 2.4)</b>	<b>5,220</b> <b>(5,059 - 5,401)</b>	<b>4,095</b> <b>(3,983 - 4,217)</b>	<b>2,271</b> <b>(2,148 - 2,488)</b>	

Estimates of mortality among children under age 5 by World Health Organization region<sup>k</sup> (continued)

Region	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
Americas	34.4 (33.4 - 35.4)	10.9 (10.3 - 12.0)	562 (547 - 579)	145 (136 - 159)	17.8 (16.9 - 18.7)	12.8 (12.2 - 13.5)	6.9 (6.2 - 7.9)	2.8 (2.4 - 3.1)	293 (278 - 308)	202 (192 - 213)	92 (82 - 105)	
Eastern Mediterranean	82.7 (80.8 - 84.7)	35.1 (30.9 - 41.5)	1,191 (1,165 - 1,221)	689 (608 - 814)	44.5 (42.4 - 46.6)	39.2 (37.7 - 40.9)	23.8 (20.8 - 28.5)	1.8 (1.3 - 2.3)	655 (625 - 687)	607 (583 - 633)	472 (412 - 565)	
Europe	25.5 (24.9 - 26.3)	6.5 (6.2 - 7.1)	330 (321 - 339)	63 (60 - 69)	13.8 (13.1 - 14.5)	10.1 (9.7 - 10.5)	4.1 (3.8 - 4.5)	3.6 (3.2 - 3.8)	177 (169 - 187)	103 (99 - 108)	40 (37 - 44)	
South-East Asia	83.5 (81.1 - 85.9)	23.1 (21.4 - 25.2)	2,947 (2,865 - 3,032)	678 (627 - 740)	55.7 (53.1 - 58.5)	42.1 (40.0 - 44.2)	16.4 (15.0 - 18.1)	3.6 (3.3 - 3.9)	1,995 (1,901 - 2,096)	1,543 (1,465 - 1,621)	483 (442 - 531)	
Western Pacific	43.7 (41.4 - 46.3)	9.7 (8.8 - 11.0)	1,733 (1,642 - 1,835)	186 (170 - 211)	27.3 (25.1 - 29.8)	19.5 (18.4 - 20.6)	6.1 (5.4 - 7.0)	4.4 (3.9 - 4.8)	1,102 (1,012 - 1,201)	574 (543 - 607)	116 (104 - 134)	
<b>World</b>	<b>64.0</b> <b>(63.1 - 65.1)</b>	<b>27.7</b> <b>(26.8 - 29.6)</b>	<b>8,975</b> <b>(8,846 - 9,123)</b>	<b>3,620</b> <b>(3,501 - 3,865)</b>	<b>36.6</b> <b>(35.4 - 37.8)</b>	<b>30.3</b> <b>(29.5 - 31.2)</b>	<b>17.2</b> <b>(16.3 - 18.8)</b>	<b>2.2</b> <b>(1.9 - 2.4)</b>	<b>5,220</b> <b>(5,059 - 5,401)</b>	<b>4,095</b> <b>(3,983 - 4,217)</b>	<b>2,271</b> <b>(2,148 - 2,488)</b>	

## Country, regional and global estimates of mortality among children under age 5

### Estimates of mortality among children under age 5 by World Bank region<sup>k</sup>

Region	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
East Asia and Pacific	56.4 (53.7-59.5)	39.6 (38.4-41.0)	13.2 (12.1-15.0)	4.3 (3.9-4.6)	2,371 (2,258-2,498)	1,250 (1,211-1,296)	283 (260-320)	59.8 (56.7-63.2)	52.9 (50.0-56.0)	14.4 (13.2-16.4)	11.9 (10.9-13.5)	
Europe and Central Asia	30.8 (30.0-31.7)	20.9 (20.3-21.7)	7.8 (7.4-8.5)	4.0 (3.8-4.2)	397 (387-408)	214 (208-222)	74 (70-81)	33.7 (32.8-34.7)	27.8 (27.0-28.7)	8.6 (8.1-9.4)	6.9 (6.6-7.6)	
Latin America and the Caribbean	54.6 (53.0-56.3)	32.7 (31.9-33.6)	15.4 (14.3-17.2)	3.7 (3.4-4.0)	644 (626-665)	377 (367-388)	143 (133-159)	59.2 (57.4-61.2)	49.7 (48.1-51.5)	16.9 (15.6-18.8)	13.8 (12.8-15.4)	
Middle East, North Africa, Afghanistan and Pakistan	98.9 (96.7-101.4)	75.0 (73.0-77.2)	36.4 (31.8-42.5)	2.9 (2.5-3.3)	1,374 (1,344-1,408)	1,073 (1,044-1,104)	664 (581-774)	102.2 (99.6-104.9)	95.4 (93.0-98.1)	39.4 (34.5-46.1)	33.2 (29.0-38.9)	
North America	11.0 (10.8-11.2)	8.3 (8.1-8.4)	6.4 (6.1-6.6)	1.6 (1.5-1.7)	49 (48-50)	35 (34-36)	26 (25-27)	12.2 (12.0-12.4)	9.7 (9.5-9.9)	6.9 (6.6-7.2)	5.8 (5.6-6.1)	
South Asia	128.6 (124.7-132.5)	90.0 (87.0-93.0)	26.8 (24.7-29.2)	4.6 (4.3-4.9)	4,205 (4,081-4,332)	3,023 (2,925-3,125)	737 (679-803)	124.9 (121.0-128.9)	132.3 (128.2-136.6)	27.0 (24.9-29.6)	26.5 (24.3-29.0)	
Sub-Saharan Africa	178.5 (174.7-182.6)	150.4 (147.5-153.9)	71.2 (67.5-78.8)	2.7 (2.4-2.9)	3,929 (3,848-4,017)	4,091 (4,012-4,183)	2,931 (2,780-3,239)	187.2 (183.3-191.7)	169.2 (165.7-173.3)	76.4 (72.4-84.6)	65.7 (62.2-72.7)	
Low income	179.5 (175.4-184.3)	150.0 (146.2-154.6)	68.8 (63.7-79.6)	2.8 (2.4-3.1)	1,874 (1,832-1,922)	1,959 (1,910-2,019)	1,436 (1,330-1,655)	186.9 (182.6-192.0)	171.7 (167.7-176.4)	73.8 (68.4-85.4)	63.5 (58.8-73.5)	
Lower middle income	127.9 (125.5-130.4)	97.8 (95.9-99.9)	43.8 (41.4-47.3)	3.2 (2.9-3.3)	7,466 (7,324-7,611)	6,055 (5,937-6,182)	2,781 (2,627-3,001)	128.6 (126.1-131.3)	127.1 (124.6-129.8)	46.1 (43.6-49.9)	41.3 (39.0-44.6)	
Upper middle income	56.3 (54.1-58.9)	37.6 (36.6-38.7)	13.1 (12.5-14.3)	4.3 (4.0-4.5)	2,932 (2,818-3,061)	1,491 (1,453-1,534)	385 (366-419)	59.7 (57.2-62.6)	52.8 (50.5-55.4)	14.2 (13.5-15.5)	12.0 (11.4-13.1)	
High income	13.8 (13.6-14.1)	9.2 (9.1-9.3)	5.1 (5.0-5.3)	2.9 (2.8-3.0)	226 (223-229)	130 (129-131)	65 (63-67)	15.4 (15.2-15.6)	12.2 (12.0-12.4)	5.5 (5.4-5.7)	4.6 (4.5-4.8)	
<b>World</b>	<b>93.5</b> (92.2-95.0)	<b>76.7</b> (75.7-77.9)	<b>37.4</b> (36.0-40.2)	<b>2.7</b> (2.5-2.8)	<b>12,970</b> (12,787-13,176)	<b>10,063</b> (9,930-10,217)	<b>4,858</b> (4,689-5,210)	<b>95.8</b> (94.4-97.5)	<b>91.1</b> (89.7-92.7)	<b>39.7</b> (38.3-42.7)	<b>34.9</b> (33.6-37.5)	

### Estimates of mortality among children under age 5 by United Nations Population Division region<sup>k</sup>

Region	Under-five mortality rate (U5MR) with 90 per cent uncertainty interval (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of under-five deaths with 90 per cent uncertainty interval (thousands) <sup>a</sup>			Sex-specific under-five mortality rate (deaths per 1,000 live births)				
	1990	2000	2024		1990-2024	1990	2000	2024	1990		2024	
									Male	Female	Male	Female
Sub-Saharan Africa	180.5 (176.6-184.8)	152.4 (149.3-155.9)	71.6 (67.8-79.3)	2.7 (2.4-2.9)	3,811 (3,731-3,898)	3,981 (3,903-4,072)	2,830 (2,681-3,127)	189.3 (185.1-193.9)	171.2 (167.5-175.4)	76.8 (72.7-85.1)	66.0 (62.5-73.2)	
Africa	163.9 (160.7-167.5)	138.9 (136.3-142.0)	66.6 (63.2-73.6)	2.7 (2.4-2.8)	4,214 (4,133-4,303)	4,254 (4,175-4,346)	3,019 (2,868-3,328)	171.6 (168.2-175.5)	155.7 (152.7-159.2)	71.4 (67.8-78.9)	61.4 (58.3-67.9)	
Asia	90.1 (88.2-92.2)	67.9 (66.5-69.5)	25.0 (23.5-27.1)	3.8 (3.5-4.0)	7,894 (7,729-8,076)	5,304 (5,195-5,425)	1,630 (1,531-1,766)	90.6 (88.6-92.9)	89.4 (87.4-91.7)	26.3 (24.6-28.6)	23.6 (22.2-25.7)	
Europe	15.8 (15.6-16.1)	10.5 (10.3-10.6)	4.5 (4.4-4.5)	3.7 (3.7-3.8)	152 (150-155)	77 (76-78)	28 (28-29)	17.7 (17.5-18.1)	13.8 (13.6-14.1)	4.9 (4.8-5.0)	4.0 (4.0-4.1)	
Latin America and the Caribbean	54.6 (53.0-56.3)	32.7 (31.9-33.6)	15.4 (14.3-17.2)	3.7 (3.4-4.0)	644 (626-665)	377 (367-388)	143 (133-159)	59.2 (57.4-61.2)	49.7 (48.1-51.5)	16.9 (15.6-18.8)	13.8 (12.8-15.4)	
Northern America	11.0 (10.8-11.2)	8.3 (8.1-8.4)	6.4 (6.1-6.6)	1.6 (1.5-1.7)	49 (48-50)	35 (34-36)	26 (25-27)	12.2 (12.0-12.4)	9.7 (9.5-9.9)	6.9 (6.6-7.2)	5.8 (5.6-6.1)	
Oceania	33.2 (31.0-35.7)	31.1 (28.5-34.2)	18.9 (13.3-27.8)	1.7 (0.5-2.7)	17 (16-18)	17 (15-19)	13 (9-19)	35.5 (33.0-38.2)	30.8 (28.6-33.3)	20.5 (14.4-30.2)	17.2 (12.1-25.6)	
<b>World</b>	<b>93.5</b> (92.2-95.0)	<b>76.7</b> (75.7-77.9)	<b>37.4</b> (36.0-40.2)	<b>2.7</b> (2.5-2.8)	<b>12,970</b> (12,787-13,176)	<b>10,063</b> (9,930-10,217)	<b>4,858</b> (4,689-5,210)	<b>95.8</b> (94.4-97.5)	<b>91.1</b> (89.7-92.7)	<b>39.7</b> (38.3-42.7)	<b>34.9</b> (33.6-37.5)	

## Country, regional and global estimates of mortality among children under age 5

### Estimates of mortality among children under age 5 by World Bank region<sup>k</sup>(continued)

Region	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
Europe and Central Asia	25.6 (25.0-26.4)	6.6 (6.3-7.2)	329 (320-338)	63 (59-68)	13.8 (13.2-14.6)	10.2 (9.8-10.6)	4.1 (3.9-4.6)	3.5 (3.2-3.8)	176 (168-186)	103 (99-107)	39 (36-43)	
Latin America and the Caribbean	44.1 (42.8-45.5)	13.3 (12.4-14.8)	520 (505-537)	123 (115-137)	22.4 (21.2-23.7)	15.8 (15.0-16.8)	8.3 (7.3-9.7)	2.9 (2.4-3.3)	267 (253-282)	183 (173-193)	77 (68-90)	
Middle East, North Africa, Afghanistan and Pakistan	79.1 (77.3-81.2)	32.0 (28.0-37.3)	1,105 (1,081-1,133)	584 (511-680)	43.2 (41.2-45.4)	38.3 (36.8-39.9)	22.7 (19.6-26.8)	1.9 (1.4-2.4)	617 (588-648)	560 (538-584)	418 (362-494)	
North America	9.2 (9.0-9.3)	5.4 (5.2-5.6)	41 (41-42)	22 (21-23)	5.6 (5.5-5.8)	4.6 (4.5-4.7)	3.6 (3.5-3.8)	1.3 (1.2-1.4)	26 (25-26)	20 (19-20)	15 (14-15)	
South Asia	85.5 (83.0-88.1)	23.2 (21.4-25.3)	2,799 (2,717-2,882)	639 (588-696)	57.6 (54.8-60.6)	43.3 (41.1-45.6)	16.6 (15.2-18.3)	3.7 (3.3-4.0)	1,911 (1,818-2,010)	1,481 (1,405-1,559)	458 (418-504)	
Sub-Saharan Africa	102.1 (100.0-104.4)	47.1 (44.8-52.0)	2,298 (2,253-2,349)	1,964 (1,866-2,163)	44.8 (43.0-47.1)	39.0 (37.5-40.7)	26.6 (24.4-30.4)	1.5 (1.1-1.8)	1,038 (995-1,089)	1,114 (1,070-1,163)	1,123 (1,032-1,286)	
Low income	105.2 (102.9-108.0)	46.7 (43.4-53.7)	1,126 (1,101-1,155)	989 (919-1,134)	45.7 (43.8-48.1)	39.2 (37.6-41.0)	24.9 (22.6-29.6)	1.8 (1.3-2.1)	503 (482-529)	537 (516-562)	538 (487-639)	
Lower middle income	84.7 (83.1-86.3)	33.1 (31.3-35.6)	4,980 (4,888-5,074)	2,110 (2,001-2,268)	50.6 (48.7-52.6)	40.3 (38.9-41.8)	21.6 (20.1-23.7)	2.5 (2.2-2.7)	3,025 (2,914-3,147)	2,568 (2,476-2,663)	1,390 (1,296-1,524)	
Upper middle income	45.5 (43.7-47.5)	10.9 (10.3-11.9)	2,374 (2,281-2,479)	316 (300-346)	27.1 (25.3-29.0)	19.3 (18.4-20.2)	6.8 (6.3-7.6)	4.1 (3.7-4.4)	1,429 (1,335-1,531)	769 (735-805)	197 (183-220)	
High income	11.4 (11.2-11.6)	4.2 (4.1-4.4)	186 (183-189)	54 (52-55)	7.0 (6.6-7.4)	4.7 (4.6-4.9)	2.8 (2.7-2.9)	2.7 (2.5-2.9)	113 (106-120)	68 (66-70)	35 (34-37)	
<b>World</b>	<b>64.0</b> (63.1-65.1)	<b>27.7</b> (26.8-29.6)	<b>8,975</b> (8,846-9,123)	<b>3,620</b> (3,501-3,865)	<b>36.6</b> (35.4-37.8)	<b>30.3</b> (29.5-31.2)	<b>17.2</b> (16.3-18.8)	<b>2.2</b> (1.9-2.4)	<b>5,220</b> (5,059-5,401)	<b>4,095</b> (3,983-4,217)	<b>2,271</b> (2,148-2,488)	

### Estimates of mortality among children under age 5 by United Nations Population Division region<sup>k</sup>(continued)

Region	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) <sup>a</sup>		Neonatal mortality rate (deaths per 1,000 live births)			Annual rate of reduction (ARR) (per cent)	Number of neonatal deaths (thousands) <sup>a</sup>			
	1990	2024	1990	2024	1990	2000	2024		1990-2024	1990	2000	2024
Africa	96.0 (94.2-98.0)	44.5 (42.4-49.1)	2,521 (2,475-2,572)	2,044 (1,947-2,246)	43.0 (41.4-44.9)	37.3 (35.9-38.8)	25.3 (23.4-28.8)	1.6 (1.2-1.8)	1,158 (1,114-1,209)	1,197 (1,154-1,247)	1,179 (1,089-1,343)	
Asia	65.3 (63.9-66.9)	21.5 (20.2-23.3)	5,753 (5,632-5,891)	1,397 (1,312-1,515)	41.2 (39.6-42.9)	33.3 (32.2-34.5)	15.0 (13.9-16.5)	3.0 (2.7-3.2)	3,687 (3,547-3,839)	2,648 (2,558-2,744)	979 (906-1,075)	
Europe	13.2 (13.0-13.5)	3.7 (3.7-3.8)	125 (123-128)	24 (23-24)	8.2 (7.5-8.9)	5.5 (5.3-5.7)	2.5 (2.4-2.6)	3.5 (3.2-3.8)	76 (70-83)	40 (38-42)	16 (15-16)	
Latin America and the Caribbean	44.1 (42.8-45.5)	13.3 (12.4-14.8)	520 (505-537)	123 (115-137)	22.4 (21.2-23.7)	15.8 (15.0-16.8)	8.3 (7.3-9.7)	2.9 (2.4-3.3)	267 (253-282)	183 (173-193)	77 (68-90)	
Northern America	9.2 (9.0-9.3)	5.4 (5.2-5.6)	41 (41-42)	22 (21-23)	5.6 (5.5-5.8)	4.6 (4.5-4.7)	3.6 (3.5-3.8)	1.3 (1.2-1.4)	26 (25-26)	20 (19-20)	15 (14-15)	
Oceania	25.8 (24.1-27.8)	15.2 (10.7-22.3)	13 (12-14)	10 (7-15)	13.2 (12.1-14.5)	13.7 (12.4-15.3)	9.8 (6.6-14.7)	0.9 (-0.3-2.1)	7 (6-8)	8 (7-9)	7 (5-10)	
<b>World</b>	<b>64.0</b> (63.1-65.1)	<b>27.7</b> (26.8-29.6)	<b>8,975</b> (8,846-9,123)	<b>3,620</b> (3,501-3,865)	<b>36.6</b> (35.4-37.8)	<b>30.3</b> (29.5-31.2)	<b>17.2</b> (16.3-18.8)	<b>2.2</b> (1.9-2.4)	<b>5,220</b> (5,059-5,401)	<b>4,095</b> (3,983-4,217)	<b>2,271</b> (2,148-2,488)	

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Country	Probability of dying among children aged 5-14 years (per 1,000 children aged 5)		Number of deaths among children aged 5-14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5-14 years (per 1,000 children aged 5)				Probability of dying among children aged 15-24 years (per 1,000 children aged 15)				Number of deaths among children aged 15-24 (thousands) <sup>a</sup>				Sex-specific probability of dying among children aged 15-24 years (per 1,000 children aged 15)							
					1990		2024		1990		2024		1990		2024		1990		2024		1990		2024	
	1990	2024	1990	2024	Male	Female	Male	Female	1990	2024	1990	2024	Male	Female	Male	Female	1990	Female	Male	Female	1990	Female	Male	Female
Afghanistan	29.5	9.3	10	11	29.9	29.0	10.2	8.3	74.5	27.8	18	25	87.8	60.9	27.9	27.6	44.9	210.3	32.3	143.2	10.5	72.5	11.0	71.2
Albania	6.4	1.6	0	0	7.5	5.2	1.8	1.5	8.0	3.3	1	0	11.5	4.5	4.2	2.4	10.9	12.0	4.1	4.8	3.0	5.7	1.8	3.4
Algeria	9.2	3.0	6	3	10.5	7.9	3.4	2.6	11.1	6.1	6	4	13.4	8.5	8.4	3.8	11.6	15.6	7.1	10.3	7.7	9.1	3.4	4.2
Andorra	2.7	0.7	0	0	3.3	2.2	0.8	0.6	8.9	2.9	0	0	12.7	4.8	4.1	1.8	9.8	16.2	3.6	6.6	3.0	5.3	1.1	2.7
Angola	53.6	11.3	17	12	54.5	52.6	12.1	10.4	88.1	23.7	19	17	105.9	70.4	28.1	19.4	78.9	139.4	53.2	91.6	20.0	37.7	13.0	27.6
Anguilla	3.4	1.5	0	0	4.1	2.7	1.7	1.2	11.2	5.8	0	0	15.4	5.9	8.3	3.2	11.9	19.8	4.4	8.0	6.1	10.9	2.1	4.9
Antigua and Barbuda	2.7	2.0	0	0	3.2	2.1	2.4	1.6	6.2	4.7	0	0	8.8	3.6	6.7	2.6	5.3	14.7	2.2	6.0	3.9	11.4	1.4	4.8
Argentina	3.4	2.1	2	2	4.1	2.7	2.3	2.0	8.6	7.3	5	5	11.5	5.7	9.9	4.6	11.2	11.9	5.4	5.9	8.4	11.6	3.9	5.5
Armenia	3.4	1.9	0	0	4.1	2.6	2.2	1.6	6.3	4.5	0	0	8.9	3.8	6.9	2.0	8.3	9.5	3.5	4.2	6.1	7.9	1.6	2.4
Australia	1.9	0.8	0	0	2.2	1.5	0.9	0.7	7.7	3.2	2	1	11.2	4.1	4.4	1.9	10.9	11.5	3.9	4.3	4.0	4.8	1.7	2.2
Austria	1.8	0.8	0	0	2.2	1.5	0.8	0.7	7.9	3.7	1	0	12.0	3.6	5.1	2.3	11.6	12.4	3.4	3.9	4.7	5.5	2.0	2.5
Azerbaijan	5.0	3.1	1	1	5.9	4.1	3.6	2.7	6.3	6.4	1	1	8.4	4.2	9.0	3.5	7.9	8.8	3.9	4.5	6.7	11.7	2.7	4.5
Bahamas	4.1	2.3	0	0	4.9	3.3	2.8	1.9	11.8	9.9	0	0	16.0	7.5	15.8	4.0	13.7	18.6	6.2	9.1	10.2	24.3	2.6	6.4
Bahrain	3.7	1.8	0	0	4.5	2.9	1.9	1.7	6.1	3.8	0	0	8.3	3.3	2.2	6.0	7.3	9.3	2.8	4.0	1.8	2.7	5.0	7.2
Bangladesh	24.5	4.4	77	14	24.6	24.3	5.1	3.7	23.3	9.6	49	32	21.4	25.2	11.1	8.2	19.0	24.1	22.6	28.4	8.0	15.1	6.0	11.0
Barbados	2.9	1.5	0	0	3.4	2.3	1.8	1.2	10.0	5.4	0	0	13.7	6.2	7.3	3.5	11.9	15.7	5.2	7.4	3.0	17.9	1.3	9.2
Belarus	4.0	0.9	1	0	4.3	2.9	1.0	0.9	11.3	3.6	2	0	17.3	5.3	5.0	2.1	16.8	17.9	5.1	5.6	3.1	8.0	1.3	3.4
Belgium	2.1	0.7	0	0	2.4	1.7	0.8	0.6	7.5	2.6	1	0	10.9	4.0	3.4	1.7	10.5	11.2	3.8	4.3	3.1	3.7	1.6	1.9
Belize	4.9	2.5	0	0	5.8	3.9	2.9	2.0	9.2	15.1	0	0	13.3	5.2	22.0	7.8	10.7	16.5	4.0	6.7	18.8	25.6	6.4	9.7
Benin	41.1	18.0	6	7	41.9	40.3	18.1	17.9	27.4	20.0	3	6	28.2	26.6	23.2	16.7	22.1	35.5	21.6	32.7	10.5	49.9	8.3	34.6
Bhutan	16.8	6.8	0	0	17.7	16.0	7.6	5.9	30.1	11.3	0	0	31.6	28.4	15.1	7.2	16.6	55.4	18.0	45.4	5.3	41.2	2.6	20.0
Bolivia (Plurinational State of)	11.8	3.7	2	1	12.5	11.0	4.4	2.9	22.8	8.7	3	2	25.3	20.2	12.0	5.4	20.0	30.7	16.4	24.1	3.5	40.0	1.7	17.5
Bosnia and Herzegovina	2.6	1.7	0	0	3.2	2.1	1.9	1.6	6.5	4.1	0	0	9.4	3.5	5.9	2.1	8.9	10.0	3.2	3.8	5.0	6.9	1.7	2.6
Botswana	19.8	5.6	1	0	20.2	19.3	6.7	4.5	37.6	13.6	1	1	37.1	37.9	17.5	9.7	27.8	50.3	28.4	51.2	10.4	29.2	5.6	17.3
Brazil	4.2	2.8	15	8	5.0	3.3	3.2	2.3	13.9	12.5	40	39	20.4	7.4	19.3	5.4	19.0	21.7	6.5	8.4	18.7	20.0	5.2	5.6
British Virgin Islands	3.8	2.5	0	0	4.6	3.1	3.0	2.0	11.9	8.7	0	0	17.1	6.7	12.6	4.8	13.2	22.0	4.9	9.1	9.3	16.5	3.1	7.3
Brunei Darussalam	3.9	1.8	0	0	4.6	3.0	2.1	1.5	9.9	4.3	0	0	14.1	4.9	5.4	3.2	12.2	16.2	4.1	6.0	4.3	6.7	2.4	4.3
Bulgaria	4.0	1.5	0	0	4.8	3.2	1.7	1.3	8.2	5.2	1	0	11.4	4.8	7.2	3.0	11.0	11.7	4.6	5.1	6.7	7.7	2.7	3.4
Burkina Faso	36.6	7.6	10	5	37.6	35.6	8.8	6.4	36.8	17.1	6	8	33.6	40.0	23.5	10.5	28.3	39.7	33.9	46.9	14.8	36.7	6.7	16.2
Burundi	57.9	17.6	10	7	58.9	56.9	18.3	16.8	71.4	15.4	8	4	69.7	73.1	20.5	10.3	41.1	120.4	45.2	120.9	8.4	49.4	4.7	24.4
Cabo Verde	5.1	1.9	0	0	6.0	4.2	2.1	1.5	7.9	4.8	0	0	10.7	5.1	6.6	2.7	9.0	12.6	4.2	6.2	4.7	9.0	1.9	4.1
Cambodia	31.8	3.8	6	1	31.9	31.7	4.6	3.1	36.3	9.2	6	3	40.4	32.4	12.3	6.1	30.9	52.3	25.9	40.9	6.7	23.6	3.1	12.4
Cameroon	31.9	18.3	11	14	32.3	31.4	19.6	17.1	29.8	26.3	6	15	30.7	28.9	29.6	23.0	25.1	36.8	23.8	34.4	14.7	58.1	11.4	45.2
Canada	28.2	3.6	1	0	2.5	1.7	1.2	1.0	7.5	4.6	3	2	11.1	3.8	5.8	3.3	10.8	11.4	3.6	4.0	5.3	6.4	3.0	3.7

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Country	Probability of dying among children aged 5-14 years (per 1,000 children aged 5)		Number of deaths among children aged 5-14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5-14 years (per 1,000 children aged 5)				Probability of dying among children aged 15-24 years (per 1,000 children aged 15)				Number of deaths among children aged 15-24 (thousands) <sup>a</sup>				Sex-specific probability of dying among children aged 15-24 years (per 1,000 children aged 15)																			
					1990		2024		1990		2024		1990		2024		1990		2024		1990		2024													
	1990	2024	1990	2024	Male	Female	Male	Female	1990	Female	1990	Female	1990	Female	1990	Female	1990	Female	1990	Female	1990	Female	1990	Female												
Central African Republic	29.4	21.4	2	4	29.8	29.0	21.9	21.0	43.9	32.3	2	4	23.5	37.0	22.8	36.3	12.6	37.7	11.8	36.2	36.1	53.4	8.5	118.0	2.3	1.1	14	32.4	50.4	38.3	58.0	8.6	116.2	7.8	125.6	
Chad	48.7	20.3	8	12	49.9	47.5	20.6	20.0	56.2	31.2	7	13	41.5	60.1	39.1	57.5	14.3	29.4	13.9	28.7	46.8	67.6	13.3	73.2	6.8	6.8	2	1	12.3	4.2	7.9	3.0	27.3			
Chile	40.7	58.4	14.2	28.8	7.0	10.0	8.0	16.0	41.5	60.1	39.1	57.5	14.3	29.4	13.9	28.7	46.8	67.6	13.3	73.2	6.8	6.8	2	1	12.3	4.2	7.9	3.0	27.3							
China	3.0	3.2	1.3	1.5	3.6	3.9	2.4	2.6	8.1	8.5	1.1	1.1	3.6	3.9	2.4	2.6	8.1	8.5	1.1	1.1	3.6	3.9	2.4	2.6	8.1	8.5	1.1	1.1	12.0	12.7	4.0	4.4	7.6	8.3	2.8	3.2
Colombia	4.5	2.4	3	2	5.5	3.6	2.7	2.1	4.4	4.6	3.0	2.2	5.3	5.7	3.4	3.8	2.6	2.9	2.0	2.2	19.8	20.7	11.3	12.1	13.1	14	10	31.0	33.2	7.2	8.8	17.5	18.8	4.8	5.3	
Comoros	16.4	6.3	0	0	16.8	15.9	7.0	5.7	23.0	8.7	0	0	12.8	22.8	12.3	21.2	4.2	11.0	3.6	8.6	16.6	34.0	4.9	15.5	0.0	0.0	0.0	0.0	18.2	43.4	13.8	26.6	5.6	19.6	3.9	11.8
Congo	30.6	5.8	2	1	31.2	30.0	6.9	4.7	57.7	13.7	3	2	15.7	53.9	15.1	52.2	3.3	13.8	2.3	9.5	31.2	93.7	5.3	36.0	2.5	1.2	4	30.2	89.3	31.8	100.6	6.8	48.4	3.4	25.3	
Cook Islands	5.0	3.1	0	0	5.9	4.0	3.7	2.5	17.2	8.1	0	0	4.6	7.6	3.1	5.1	2.8	4.8	1.9	3.2	13.9	21.6	2.5	26.8	0.0	0.0	0.0	0.0	24.5	9.3	11.4	4.7	4.7			
Costa Rica	2.9	2.0	0	0	3.4	2.4	2.2	1.7	6.4	9.5	0	1	3.2	3.0	2.1	1.7	6.4	9.5	0	1	9.0	3.8	4.2	13.9	15.6	3.0	4.0	8.5	9.5	3.5	4.2	13.9	15.6	3.0	4.0	
Croatia	2.9	1.9	0	0	3.5	2.3	2.1	1.7	9.9	5.0	1	0	4.6	7.6	3.1	5.1	2.8	4.8	1.9	3.2	13.9	21.6	2.5	26.8	0.0	0.0	0.0	0.0	15.3	4.5	7.5	2.4	2.4			
Cuba	3.9	2.3	1	0	4.6	3.1	2.6	1.9	10.5	6.1	2	1	4.5	4.8	3.0	3.2	4.5	4.8	3.0	3.2	10.3	10.8	5.8	6.4	2.2	2.2	1.1	1.1	12.7	13.5	7.5	8.2	7.7	8.6	3.6	4.3
Cyprus <sup>b</sup>	1.8	0.9	0	0	2.1	1.5	1.1	0.8	6.5	2.7	0	0	1.8	2.1	1.5	1.1	0.8	1.1	0.8	1.1	5.9	7.1	2.2	3.5	0.0	0.0	0.0	0.0	9.1	3.5	4.0	1.5	1.5			
Czechia	2.4	0.9	0	0	2.9	1.9	0.9	0.8	6.9	3.6	1	0	2.8	3.0	1.8	1.1	0.7	0.9	0.9	0.9	6.7	7.0	3.4	3.8	1.1	1.1	0.0	0.0	9.9	3.7	4.9	2.1	2.1			
Côte d'Ivoire	29.5	15.2	10	13	29.5	28.5	15.8	14.4	24.7	34.8	23.9	33.8	10.1	22.4	9.2	20.5	24.8	35.5	8.8	23.7																

# Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Country	Probability of dying among children aged 5-14 years (per 1,000 children aged 5)		Number of deaths among children aged 5-14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5-14 years (per 1,000 children aged 5)				Probability of dying among children aged 15-24 years (per 1,000 children aged 15)				Number of deaths among children aged 15-24 (thousands) <sup>a</sup>				Sex-specific probability of dying among children aged 15-24 years (per 1,000 children aged 15)							
					1990		2024		1990		2024		1990		2024		1990		2024		1990		2024	
	1990	2024	1990	2024	Male	Female	Male	Female	1990	2024	1990	2024	Male	Female	Male	Female	1990	2024	1990	2024	Male	Female	Male	Female
Germany	1.9 (1.9-2.0)	0.9 (0.8-1.0)	2 (2-2)	1 (1-1)	2.3 (2.2-2.3)	1.6 (1.6-1.7)	1.0 (0.9-1.0)	0.8 (0.7-0.9)	6.5 (6.3-6.6)	2.8 (2.7-3.0)	7 (7-7)	2 (2-2)	9.2 (9.0-9.4)	3.5 (3.4-3.7)	3.8 (3.5-4.1)	1.8 (1.6-2.0)					18.3 (17.6-19.0)	5.6 (5.2-6.0)	6.1 (5.4-6.8)	2.5 (2.1-3.0)
Ghana	24.6 (21.5-28.3)	9.9 (7.3-14.2)	11 (10-12)	8 (6-12)	25.5 (22.1-29.4)	23.8 (20.5-27.7)	10.6 (7.7-15.3)	9.2 (6.6-13.3)	28.6 (17.0-50.7)	14.3 (5.4-36.8)	9 (6-16)	9 (4-24)	30.3 (17.5-54.6)	27.0 (16.1-48.4)	18.6 (6.9-48.2)	10.0 (3.6-26.2)					13.8 (12.4-15.3)	5.2 (4.4-6.2)	2.2 (1.5-3.0)	0.9 (0.6-1.4)
Greece	1.9 (1.8-2.0)	0.7 (0.6-0.7)	0 (0-0)	0 (0-0)	2.2 (2.1-2.3)	1.6 (1.5-1.7)	0.8 (0.7-0.9)	0.5 (0.5-0.6)	6.8 (6.6-7.0)	3.3 (3.0-3.7)	1 (1-1)	0 (0-0)	10.2 (9.9-10.5)	3.3 (3.1-3.5)	4.7 (4.2-5.2)	1.8 (1.6-2.1)					30.6 (25.1-37.2)	16.6 (25.8-37.4)	7 (10.8-39.7)	11 (6.2-23.7)
Grenada	3.8 (3.0-4.8)	4.5 (3.0-6.7)	0 (0-0)	0 (0-0)	4.5 (3.5-5.7)	3.0 (2.4-3.8)	5.4 (3.6-8.0)	3.6 (2.4-5.5)	8.8 (7.3-10.7)	4.7 (2.9-7.8)	0 (0-0)	0 (0-0)	12.4 (10.1-15.4)	5.0 (3.9-6.4)	6.9 (4.2-11.2)	2.5 (1.4-4.5)					36.7 (31.7-43.9)	18.9 (30.8-43.2)	13 (12.2-34.9)	15 (11.8-31.8)
Guatemala	13.4 (13.1-13.7)	4.0 (3.8-4.2)	3 (3-4)	2 (1-2)	13.5 (13.1-13.9)	13.3 (12.9-13.6)	4.3 (4.1-4.6)	3.6 (3.4-3.8)	20.9 (20.5-21.4)	13.8 (12.8-14.8)	4 (4-4)	5 (5-6)	26.2 (25.5-27.0)	15.8 (15.2-16.3)	19.8 (18.3-21.4)	7.6 (6.8-8.4)					37.1 (37.7-43.9)	36.3 (30.8-43.2)	19.5 (12.2-34.9)	18.2 (11.8-31.8)
Guinea	44.3 (36.8-51.9)	16.6 (11.0-26.0)	7 (6-9)	6 (4-10)	44.0 (37.3-52.9)	42.6 (35.8-51.6)	17.0 (11.1-26.6)	16.3 (10.7-25.5)	32.5 (26.0-40.2)	28.9 (11.9-68.5)	4 (3-5)	9 (4-20)	31.8 (24.8-40.3)	33.1 (26.3-41.3)	30.2 (11.9-74.2)	27.7 (11.2-67.2)					37.1 (33.8-42.8)	36.3 (33.1-42.0)	19.5 (8.9-17.1)	18.2 (7.2-13.9)
Guinea-Bissau	43.8 (14.8-122.3)	11.7 (6.1-20.6)	1 (0-3)	1 (0-1)	45.6 (15.7-126.7)	42.1 (13.8-118.6)	12.5 (6.6-21.9)	10.9 (5.5-19.6)	46.8 (36.4-60.2)	22.4 (17.4-28.7)	1 (1-1)	1 (1-1)	42.6 (32.1-56.9)	50.8 (38.5-66.3)	27.3 (19.5-36.6)	17.4 (11.9-25.0)					40.9 (36.2-46.5)	39.7 (34.8-45.4)	18.4 (13.3-23.7)	17.2 (12.2-22.5)
Guyana	5.4 (5.0-5.8)	3.3 (2.5-4.3)	0 (0-0)	0 (0-0)	6.3 (5.8-6.9)	4.4 (4.1-4.8)	3.7 (2.8-4.9)	2.8 (2.1-3.7)	15.1 (14.1-16.1)	12.3 (6.8-23.1)	0 (0-0)	0 (0-0)	19.9 (18.4-21.5)	10.5 (9.5-11.5)	17.1 (9.1-32.6)	7.3 (4.1-13.5)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Haiti	27.6 (23.5-33.0)	9.1 (5.2-15.5)	5 (4-6)	2 (1-4)	28.0 (23.6-33.6)	27.2 (22.9-32.7)	9.8 (5.4-17.0)	8.3 (4.8-14.1)	39.9 (31.2-51.3)	19.0 (8.3-40.6)	5 (4-7)	4 (2-9)	35.0 (26.8-45.6)	44.7 (34.4-58.4)	25.7 (11.4-55.6)	12.2 (5.4-26.9)					40.9 (37.7-43.9)	39.7 (34.8-45.4)	18.4 (13.3-23.7)	17.2 (12.2-22.5)
Honduras	8.8 (7.2-10.5)	4.6 (2.6-8.6)	1 (1-2)	1 (1-2)	9.8 (7.9-11.8)	7.8 (6.4-9.3)	5.2 (3.0-9.8)	3.9 (2.2-7.5)	19.1 (15.0-24.5)	9.5 (7.5-12.2)	2 (1-2)	2 (2-3)	25.4 (19.5-32.7)	12.9 (9.6-17.5)	13.6 (10.2-17.8)	5.2 (3.4-8.0)					20.4 (16.8-23.3)	19.7 (16.4-23.1)	7.8 (4.8-12.2)	5.6 (3.5-8.7)
Hungary	2.5 (2.4-2.6)	0.9 (0.8-1.0)	0 (0-0)	0 (0-0)	3.0 (2.9-3.1)	2.0 (1.9-2.1)	1.0 (0.9-1.2)	0.8 (0.7-0.9)	8.3 (8.1-8.5)	3.3 (2.9-3.6)	1 (1-1)	0 (0-0)	11.8 (11.5-12.2)	4.6 (4.4-4.9)	4.5 (3.9-5.0)	2.0 (1.7-2.3)					20.4 (17.7-23.3)	19.7 (16.4-23.1)	7.8 (4.8-12.2)	5.6 (3.5-8.7)
Iceland	1.8 (1.6-2.1)	0.5 (0.3-0.7)	0 (0-0)	0 (0-0)	2.1 (1.8-2.5)	1.5 (1.3-1.8)	0.6 (0.4-0.9)	0.4 (0.3-0.6)	6.7 (6.1-7.5)	3.0 (2.2-4.0)	0 (0-0)	0 (0-0)	9.7 (8.6-10.9)	3.7 (3.1-4.4)	4.1 (3.0-5.5)	1.8 (1.2-2.8)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
India <sup>d</sup>	20.6 (19.6-21.7)	4.1 (3.5-4.7)	445 (423-467)	100 (85-116)	19.9 (18.7-21.1)	21.4 (20.2-22.7)	4.4 (3.7-5.1)	3.8 (3.2-4.4)	23.0 (21.6-24.5)	8.7 (6.6-11.5)	382 (359-406)	224 (170-299)	20.7 (19.1-22.5)	25.4 (23.6-27.5)	9.7 (7.2-13.2)	7.5 (5.6-10.3)					37.1 (33.8-42.8)	36.3 (33.1-42.0)	19.5 (8.9-17.1)	18.2 (7.2-13.9)
Indonesia	13.4 (12.1-14.9)	4.5 (3.0-7.3)	59 (54-66)	21 (14-35)	13.7 (12.3-15.4)	13.0 (11.6-14.6)	5.4 (3.5-8.8)	3.6 (2.4-5.8)	12.2 (10.2-14.6)	47 (3.2-24.8)	41 (39-55)	112 (15-112)	14.7 (12.2-17.7)	9.7 (7.8-12.0)	13.1 (4.4-36.6)	4.8 (1.8-13.0)					12.4 (10.1-15.4)	11.0 (8.2-15.4)	6 (5-9)	6 (5-9)
Iran (Islamic Republic of)	13.5 (10.5-17.3)	3.2 (2.4-4.3)	22 (18-27)	5 (3-6)	13.8 (10.7-17.6)	13.2 (10.3-17.0)	3.7 (2.7-5.0)	2.7 (2.0-3.6)	20.3 (13.6-29.9)	10.5 (5.9-18.8)	21 (14-31)	13 (7-23)	25.4 (16.6-37.6)	14.9 (10.0-22.2)	14.8 (8.2-26.7)	5.9 (3.3-10.9)					12.4 (10.1-15.4)	11.0 (8.2-15.4)	6 (5-9)	6 (5-9)
Iraq	23.4 (16.0-34.6)	4.8 (2.4-10.6)	12 (8-17)	5 (3-12)	24.4 (16.5-35.9)	22.5 (15.2-33.3)	5.7 (2.8-12.7)	3.9 (2.0-8.6)	42.5 (33.3-54.4)	7.9 (6.1-10.0)	16 (12-20)	7 (6-9)	70.2 (54.6-90.7)	14.4 (10.6-19.3)	11.2 (8.3-14.5)	4.4 (2.9-6.6)					40.9 (37.7-43.9)	39.7 (34.8-45.4)	18.4 (13.3-23.7)	17.2 (12.2-22.5)
Ireland	2.0 (1.9-2.1)	0.6 (0.5-0.7)	0 (0-0)	0 (0-0)	2.4 (2.2-2.5)	1.6 (1.5-1.7)	0.6 (0.5-0.8)	0.5 (0.5-0.6)	5.2 (5.9-6.3)	3.1 (2.2-3.2)	0 (0-0)	0 (0-0)	7.3 (8.5-9.3)	2.9 (2.9-3.4)	4.5 (3.1-4.7)	1.6 (1.2-1.9)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Israel	2.0 (1.9-2.0)	0.8 (0.7-0.9)	0 (0-0)	0 (0-0)	2.2 (2.1-2.4)	1.7 (1.6-1.8)	0.9 (0.8-1.0)	0.7 (0.6-0.8)	5.2 (5.0-5.4)	3.1 (2.7-3.5)	0 (0-0)	0 (0-1)	7.0 (7.0-7.7)	2.9 (2.7-3.2)	4.5 (3.9-5.2)	1.6 (1.3-1.9)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Italy	1.8 (1.8-1.9)	0.8 (0.7-0.9)	1 (1-1)	0 (0-0)	2.2 (2.1-2.2)	1.5 (1.4-1.5)	0.9 (0.8-1.0)	0.7 (0.6-0.8)	6.3 (6.2-6.4)	2.7 (2.2-2.6)	6 (6-6)	1 (1-2)	9.6 (9.3-9.8)	2.9 (2.8-3.0)	3.3 (3.0-3.6)	1.4 (1.3-1.6)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Jamaica	4.4 (3.4-5.6)	3.2 (2.5-4.1)	0 (0-0)	0 (0-0)	5.3 (4.1-6.7)	3.5 (2.7-4.5)	3.9 (3.0-4.9)	2.6 (2.0-3.3)	13.2 (10.3-16.7)	10.4 (8.2-13.3)	1 (0-1)	0 (0-1)	19.0 (14.7-24.2)	7.5 (5.5-10.1)	14.9 (11.1-19.3)	5.8 (3.7-8.8)					12.4 (10.1-15.4)	11.0 (8.2-15.4)	6 (5-9)	6 (5-9)
Japan	1.7 (1.6-1.7)	0.8 (0.8-0.9)	3 (3-3)	1 (1-1)	2.0 (1.9-2.0)	1.3 (1.3-1.4)	0.9 (0.8-0.9)	0.8 (0.7-0.8)	4.8 (4.7-4.9)	3.1 (3.0-3.2)	9 (9-9)	4 (4-4)	6.9 (6.7-7.0)	2.6 (2.6-2.7)	3.7 (3.6-3.9)	2.5 (2.4-2.6)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Jordan	4.8 (3.9-5.9)	1.3 (1.2-1.4)	0 (0-1)	0 (0-0)	5.7 (4.7-7.0)	3.8 (3.1-4.7)	1.4 (1.3-1.6)	1.1 (1.0-1.2)	7.6 (5.7-10.1)	2.8 (2.6-3.0)	1 (0-1)	1 (1-1)	10.7 (8.0-14.4)	4.2 (3.1-5.8)	3.6 (3.3-4.0)	1.9 (1.7-2.2)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Kazakhstan	5.7 (5.6-5.8)	2.6 (2.5-2.7)	2 (2-2)	1 (1-1)	7.3 (7.1-7.4)	4.1 (4.0-4.3)	3.1 (2.9-3.3)	2.0 (1.9-2.2)	13.8 (13.5-14.2)	6.4 (6.0-6.9)	4 (4-4)	2 (2-2)	18.8 (18.2-19.3)	8.8 (8.5-9.2)	9.0 (8.3-9.8)	3.8 (3.4-4.2)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Kenya	16.2 (13.8-19.0)	4.4 (2.5-7.0)	12 (10-13)	6 (3-10)	16.9 (14.2-20.0)	15.5 (13.1-18.2)	5.1 (2.9-8.4)	3.6 (2.2-5.7)	22.6 (18.3-27.6)	14.4 (5.6-36.0)	11 (9-13)	17 (7-42)	24.3 (19.4-30.2)	20.8 (16.5-25.9)	19.2 (7.3-48.4)	9.7 (3.6-24.9)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Kiribati	15.3 (12.0-19.6)	9.8 (7.6-12.5)	0 (0-0)	0 (0-0)	15.9 (12.4-20.4)	14.8 (11.5-19.0)	10.7 (8.3-13.9)	8.8 (6.8-11.5)	21.6 (16.9-27.7)	16.3 (12.7-20.9)	0 (0-0)	0 (0-0)	26.7 (20.6-34.7)	16.5 (12.4-21.9)	22.6 (16.7-29.6)	9.9 (6.6-14.7)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Kosovo (UNSCR 1244) <sup>e</sup>	7.4 (5.8-9.4)	2.0 (1.5-2.5)	0 (0-0)	0 (0-0)	8.4 (6.5-10.8)	6.3 (4.9-8.0)	2.3 (1.8-3.0)	1.6 (1.2-2.1)	13.1 (10.2-16.7)	5.7 (4.5-7.3)	1 (0-1)	0 (0-0)	18.5 (14.3-23.8)	7.3 (5.4-9.9)	8.2 (6.1-10.6)	3.2 (2.1-4.8)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Kuwait	5.3 (4.9-5.8)	1.7 (1.4-2.0)	0 (0-0)	0 (0-0)	6.2 (5.8-6.8)	4.4 (4.0-4.8)	1.9 (1.6-2.3)	1.5 (1.2-1.8)	14.3 (13.2-15.5)	3.6 (3.2-4.1)	0 (0-0)	0 (0-0)	24.1 (22.0-26.4)	3.8 (3.3-4.4)	5.0 (4.3-5.7)	2.1 (1.8-2.6)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Kyrgyzstan	5.7 (5.5-5.8)	2.9 (2.7-3.1)	1 (1-1)	0 (0-0)	6.9 (6.7-7.2)	4.5 (4.4-4.7)	3.5 (3.2-3.8)	2.2 (2.0-2.4)	11.3 (11.0-11.6)	5.9 (5.4-6.4)	1 (1-1)	1 (1-1)	14.8 (14.2-15.3)	8.0 (7.5-8.4)	7.9 (7.1-8.7)	3.9 (3.5-4.4)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Lao People's Democratic Republic	42.8 (28.5-62.5)	4.8 (3.1-7.1)	5 (4-7)	1 (0-1)	43.7 (29.4-63.7)	41.8 (27.4-61.9)	5.7 (3.7-8.6)	3.9 (2.5-5.8)	27.3 (14.5-46.3)	10.9 (4.4-27.2)	2 (1-4)	2 (1-4)	30.2 (13.4-54.5)	24.4 (14.4-39.3)	13.8 (5.4-34.1)	8.0 (3.0-20.7)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Latvia	5.5 (5.2-5.8)	1.0 (0.9-1.2)	0 (0-0)	0 (0-0)	6.8 (6.5-7.3)	4.0 (3.8-4.3)	1.1 (0.9-1.3)	1.0 (0.8-1.2)	13.9 (13.4-14.4)	4.8 (4.3-5.4)	1 (0-1)	0 (0-0)	20.9 (20.0-21.8)	6.4 (5.9-7.0)	6.6 (5.8-7.6)	2.9 (2.4-3.6)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0 (0-0)
Lebanon	6.3 (4.9-8.1)	6.1 (4.8-7.8)	1 (0-1)	1 (1-1)	7.3 (5.7-9.3)	5.3 (4.1-6.8)	6.9 (5.3-8.9)	5.3 (4.0-6.9)	39.4 (30.7-50.3)	12.7 (9.9-16.2)	3 (2-4)	1 (1-2)	70.7 (54.5-91.0)	6.7 (4.9-9.0)	7.9 (14.5-25.3)	5.6 (3.5-8.1)					9.8 (8.2-9.9)	1.4 (1.0-1.9)	0 (0-0)	0

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Country	Probability of dying among children aged 5-14 years (per 1,000 children aged 5)				Number of deaths among children aged 5-14 (thousands) <sup>a</sup>				Sex-specific probability of dying among children aged 5-14 years (per 1,000 children aged 5)				Probability of dying among children aged 15-24 years (per 1,000 children aged 15)				Number of deaths among children aged 15-24 (thousands) <sup>a</sup>				Sex-specific probability of dying among children aged 15-24 years (per 1,000 children aged 15)											
	1990		2024		1990		2024		1990		2024		1990		2024		1990		2024		1990		2024		1990		2024					
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female						
Panama	4.9	3.1	0	0	5.7	4.0	3.6	2.7	11.2	9.3	1	1	15.9	6.4	13.5	5.0	(4.6-5.2)	(2.8-3.5)	(0-0)	(0-0)	(5.3-6.1)	(3.7-4.3)	(3.1-4.1)	(2.4-3.1)	(10.6-11.8)	(7.9-11.0)	(1-1)	(1-1)	(14.8-17.0)	(5.6-7.2)	(11.2-16.0)	(4.0-6.3)
Papua New Guinea	14.5	7.6	1	2	15.0	13.8	8.6	6.5	20.8	14.0	2	3	25.9	15.1	19.4	7.9	(11.3-18.4)	(6.0-9.7)	(1-2)	(1-2)	(11.7-19.2)	(10.7-17.7)	(6.7-11.1)	(5.0-8.5)	(16.3-26.6)	(10.9-17.8)	(1-2)	(2-4)	(19.8-33.2)	(11.4-20.2)	(14.5-25.0)	(5.3-11.9)
Paraguay	4.8	2.1	0	0	5.8	3.7	2.4	1.9	16.8	9.9	1	1	23.1	10.4	14.2	5.5	(3.7-6.0)	(1.9-2.5)	(0-1)	(0-0)	(4.5-7.3)	(2.9-4.7)	(2.0-2.7)	(1.7-2.2)	(13.1-21.6)	(7.8-12.8)	(1-2)	(1-1)	(17.7-29.8)	(7.7-14.0)	(10.5-18.6)	(3.6-8.3)
Peru	9.6	2.8	5	2	10.6	8.5	3.1	2.5	18.3	7.0	8	4	23.3	13.2	9.3	4.6	(8.4-10.9)	(2.1-3.8)	(5-6)	(1-2)	(9.3-12.2)	(7.3-9.8)	(2.3-4.2)	(1.8-3.3)	(16.1-20.8)	(3.9-12.4)	(7-9)	(2-7)	(20.1-26.9)	(11.5-15.2)	(5.1-16.9)	(2.6-8.3)
Philippines	9.1	4.3	15	10	10.0	8.1	4.8	3.8	13.8	10.4	18	23	18.4	8.9	13.6	7.1	(8.9-9.3)	(4.0-4.7)	(15-15)	(9-11)	(9.7-10.3)	(7.9-8.3)	(4.4-5.3)	(3.5-4.1)	(13.5-14.1)	(9.1-12.0)	(17-18)	(20-26)	(18.0-18.9)	(8.7-9.2)	(11.7-15.8)	(6.0-8.5)
Poland	2.8	1.1	2	0	3.4	2.1	1.1	1.0	8.5	4.5	4	2	13.2	3.7	6.4	2.6	(2.7-2.8)	(1.0-1.2)	(2-2)	(0-0)	(3.3-3.5)	(2.1-2.2)	(1.1-1.2)	(1.0-1.1)	(8.3-8.8)	(4.4-4.7)	(4-5)	(2-2)	(12.8-13.6)	(3.5-3.8)	(6.1-6.7)	(2.4-2.7)
Portugal	3.8	0.8	1	0	4.7	3.0	0.9	0.8	11.1	3.1	2	0	17.1	4.9	4.2	1.8	(3.7-4.0)	(0.7-0.9)	(1-1)	(0-0)	(4.5-4.8)	(2.9-3.1)	(0.8-1.0)	(0.7-0.9)	(10.8-11.3)	(2.8-3.3)	(2-2)	(0-0)	(16.6-17.5)	(4.6-5.1)	(3.9-4.6)	(1.6-2.0)
Qatar <sup>a</sup>	3.9	1.5	0	0	4.6	3.1	1.7	1.3	6.9	3.3	0	0	8.7	3.3	4.3	2.0	(3.4-4.5)	(1.3-1.8)	(0-0)	(0-0)	(4.0-5.3)	(2.7-3.5)	(1.4-2.0)	(1.1-1.5)	(6.1-7.8)	(2.9-3.8)	(0-0)	(0-0)	(7.7-9.9)	(2.7-4.1)	(3.8-4.9)	(1.6-2.5)
Republic of Korea	4.5	0.9	4	0	5.2	3.6	1.0	0.8	8.8	3.0	8	2	11.9	5.4	3.5	2.5	(4.4-4.6)	(0.8-1.0)	(3-4)	(0-0)	(5.1-5.3)	(3.5-3.8)	(0.9-1.1)	(0.7-0.8)	(8.6-9.0)	(2.8-3.3)	(8-8)	(1-2)	(11.6-12.2)	(5.2-5.6)	(3.2-3.9)	(2.2-2.8)
Republic of Moldova	5.4	2.1	0	0	6.6	4.2	2.5	1.8	12.7	6.9	1	0	18.8	6.8	10.0	3.9	(5.2-5.6)	(1.9-2.4)	(0-0)	(0-0)	(6.3-6.9)	(4.0-4.4)	(2.2-2.8)	(1.6-2.0)	(12.3-13.1)	(6.4-7.4)	(1-1)	(0-0)	(18.1-19.6)	(6.4-7.3)	(9.2-10.9)	(3.4-4.4)
Romania	5.3	1.3	2	0	6.4	4.1	1.5	1.1	8.7	4.1	3	1	12.0	5.4	5.6	2.6	(5.1-5.4)	(1.2-1.4)	(2-2)	(0-0)	(6.2-6.6)	(3.9-4.2)	(1.4-1.6)	(1.0-1.3)	(8.5-8.9)	(3.9-4.3)	(3-3)	(1-1)	(11.6-12.3)	(5.1-5.6)	(5.3-5.9)	(2.4-2.8)
Russian Federation	5.1	1.8	12	3	6.7	3.5	2.1	1.5	14.2	14.5	28	22	21.1	6.8	22.8	5.9	(5.0-5.3)	(1.7-1.9)	(11-12)	(3-4)	(6.6-6.9)	(3.4-3.6)	(2.0-2.2)	(1.4-1.6)	(13.8-14.5)	(13.2-15.9)	(28-29)	(20-24)	(20.5-21.6)	(6.6-7.0)	(20.3-25.3)	(5.0-6.9)
Rwanda	60.5	4.3	14	1	62.7	58.3	5.2	3.4	65.9	9.0	9	3	76.1	55.7	11.1	6.9	(50.1-73.0)	(2.3-8.8)	(12-17)	(1-3)	(52.1-75.4)	(47.7-71.1)	(2.7-10.7)	(1.8-6.9)	(50.5-85.5)	(5.2-15.4)	(7-12)	(2-4)	(57.3-100.0)	(42.6-72.5)	(6.4-19.1)	(3.8-12.6)
Saint Kitts and Nevis	4.6	3.0	0	0	5.5	3.7	3.6	2.4	7.0	15.9	0	0	9.9	4.1	23.7	8.7	(3.6-6.0)	(2.3-3.8)	(0-0)	(0-0)	(4.3-7.2)	(2.9-4.8)	(2.8-4.6)	(1.8-3.1)	(4.4-11.1)	(6.9-35.8)	(0-0)	(0-0)	(6.1-15.8)	(2.6-6.5)	(10.0-53.5)	(3.6-20.7)
Saint Lucia	3.7	2.0	0	0	4.5	2.9	2.4	1.7	10.6	17.4	0	0	14.9	6.3	24.0	10.5	(3.0-4.5)	(1.4-3.0)	(0-0)	(0-0)	(3.6-5.5)	(2.4-3.6)	(1.6-3.0)	(1.1-2.5)	(9.3-12.2)	(14.1-21.6)	(0-0)	(0-0)	(12.7-17.3)	(5.2-7.7)	(18.7-30.5)	(7.4-14.9)
Saint Vincent and the Grenadines	3.7	3.5	0	0	4.3	3.0	4.3	2.8	8.8	9.4	0	0	12.5	4.8	13.4	5.0	(3.0-4.5)	(2.6-4.9)	(0-0)	(0-0)	(3.5-5.3)	(2.4-3.6)	(3.1-6.0)	(2.0-3.9)	(7.6-10.1)	(7.3-12.1)	(0-0)	(0-0)	(10.6-14.5)	(3.9-6.0)	(10.1-17.6)	(3.5-7.2)
Samoa	5.0	2.2	0	0	5.7	4.2	2.5	1.8	25.1	6.8	0	0	28.1	21.5	10.7	4.8	(2.6-9.9)	(1.3-3.9)	(0-0)	(0-0)	(2.8-11.7)	(2.3-8.1)	(1.5-4.5)	(1.1-3.2)	(7.8-74.8)	(3.0-15.2)	(0-0)	(0-0)	(9.4-81.1)	(5.6-67.9)	(3.7-19.5)	(2.0-11.0)
San Marino	2.7	0.4	0	0	3.2	2.1	0.4	0.3	8.7	1.9	0	0	12.6	4.8	2.6	1.1	(2.1-3.4)	(0.3-0.5)	(0-0)	(0-0)	(2.5-4.1)	(1.7-2.8)	(0.3-0.6)	(0.3-0.4)	(6.8-11.2)	(1.5-2.4)	(0-0)	(0-0)	(9.7-16.1)	(3.6-6.6)	(1.9-3.3)	(0.7-1.7)
Sao Tome and Principe	21.6	2.9	0	0	22.0	21.2	3.5	2.3	24.3	16.6	0	0	27.9	20.7	22.3	11.1	(16.9-27.6)	(2.3-3.7)	(0-0)	(0-0)	(17.1-28.2)	(16.5-27.2)	(2.7-4.5)	(1.8-3.0)	(6.7-90.2)	(5.7-45.9)	(0-0)	(0-0)	(7.0-107.2)	(6.2-74.1)	(7.6-61.3)	(3.5-33.2)
Saudi Arabia	8.3	1.5	2	1	9.2	7.4	1.7	1.2	14.2	8.9	3	5	19.0	8.8	12.9	4.3	(6.5-10.7)	(1.2-1.9)	(2-3)	(1-1)	(7.2-11.8)	(5.8-9.5)	(1.3-2.2)	(0.9-1.6)	(5.6-48.8)	(4.2-18.9)	(1-9)	(2-10)	(6.8-66.8)	(4.1-26.8)	(6.1-27.4)	(2.0-9.6)
Senegal	32.7	8.5	8	4	33.2	32.2	9.9	7.0	24.9	8.3	4	3	26.7	23.0	10.2	6.3	(28.2-37.6)	(5.7-13.8)	(7-9)	(3-6)	(28.5-38.3)	(27.6-37.3)	(6.6-15.9)	(4.5-11.7)	(20.4-29.7)	(5.5-12.1)	(3-4)	(2-5)	(21.2-32.7)	(18.8-27.9)	(6.8-14.7)	(3.7-9.9)
Serbia	3.1	1.3	0	0	3.6	2.6	1.5	1.1	7.1	4.2	1	0	10.2	4.1	5.8	2.5	(3.0-3.3)	(1.2-1.5)	(0-0)	(0-0)	(3.4-3.8)	(2.5-2.8)	(1.3-1.7)	(1.0-1.3)	(6.8-7.4)	(3.8-4.5)	(1-1)	(0-0)	(9.7-10.7)	(3.8-4.4)	(5.3-6.4)	(2.2-2.9)
Seychelles	3.7	2.1	0	0	4.4	2.9	2.5	1.6	8.0	7.8	0	0	11.4	4.4	11.5	3.7	(2.8-4.9)	(1.1-4.0)	(0-0)	(0-0)	(3.3-5.8)	(2.2-3.9)	(1.3-4.9)	(0.9-3.1)	(6.4-9.9)	(3.7-16.4)	(0-0)	(0-0)	(9.0-14.2)	(3.4-5.8)	(5.4-23.7)	(1.6-8.2)
Sierra Leone	43.0	23.1	5	5	44.1	41.8	22.5	23.7	49.9	31.4	4	6	45.5	54.2	33.3	29.5	(23.9-111.6)	(15.2-36.7)	(3-12)	(3-8)	(25.0-111.8)	(22.6-110.5)	(14.7-35.9)	(15.4-37.9)	(34.9-74.3)	(16.8-56.9)	(3-6)	(3-10)	(30.7-70.8)	(37.7-81.6)	(17.0-61.4)	(15.7-54.0)
Singapore	2.4	0.9	0	0	2.8	1.9	1.0	0.8	5.9	2.6	0	0	8.0	3.7	3.2	1.9	(2.2-2.6)	(0.8-1.0)	(0-0)	(0-0)	(2.5-3.0)	(1.7-2.1)	(0.8-1.1)	(0.7-0.9)	(5.6-6.2)	(2.4-2.9)	(0-0)	(0-0)	(7.5-8.5)	(3.4-4.1)	(2.8-3.6)	(1.6-2.2)
Slovakia	2.6	1.1	0	0	3.1	2.1	1.2	1.0	6.8	3.8	1	0	10.0	3.6	5.2	2.3	(2.5-2.7)	(1.0-1.3)	(0-0)	(0-0)	(2.9-3.2)	(1.9-2.2)	(1.1-1.4)	(0.9-1.2)	(6.7-7.0)	(3.6-4.0)	(1-1)	(0-0)	(9.6-10.3)	(3.4-3.8)	(4.8-5.6)	(2.0-2.6)
Slovenia	2.3	0.7	0	0	2.7	1.9	0.8	0.6	8.5	2.5	0	0	12.8	4.2	3.4	1.5	(2.2-2.5)	(0.6-0.9)	(0-0)	(0-0)	(2.6-2.9)	(1.7-2.0)	(0.6-1.0)	(0.5-0.8)	(8.2-8.9)	(2.2-2.8)	(0-0)	(0-0)	(12.2-13.4)	(3.8-4.6)	(3.0-4.0)	(1.2-1.8)
Solomon Islands	7.4	4.3	0	0	8.4	6.3	5.2	3.4	13.7	9.8	0	0	19.2	7.8	14.0	5.4	(5.8-9.5)	(3.4-5.5)	(0-0)	(0-0)	(6.6-10.8)	(4.9-8.1)	(4.0-6.7)	(2.6-4.5)	(10.7-17.5)	(7.7-12.6)	(0-0)	(0-0)	(14.9-24.8)	(5.8-10.5)	(10.5-18.2)	(3.6-8.2)
Somalia	39.0	22.5	8	12	39.7	38.4	22.8	22.1	84.3	42.3	11	16	106.6	61.4	44.2	40.3	(30.5-50.1)	(17.5-28.9)	(6-10)	(10-16)	(30.8-51.1)	(29.8-49.5)	(17.5-29.7)	(17.0-28.8)	(65.8-108.3)	(33.0-54.3)	(9-14)	(12-21)	(80.2-141.3)	(46.4-80.5)	(30.7-61.8)	(28.3-55.3)
South Africa	7.4	5.4	7	6	8.5	6.3	6.1	4.6	20.9	18.6	16	20	27.6	13.7	23.6	13.5	(5.2-10.4)	(4.8-6.0)	(6-10)	(5-6)	(5.8-12.2)	(4.6-8.7)	(5.4-6.9)	(4.1-5.3)	(16.4-26.8)	(16.7-20.9)	(13-21)	(18-22)	(21.2-35.7)	(10.5-18.1)	(20.9-26.8)	(11.9-15.3)
South Sudan	157.9	21.6	23	7	169.9	145.8	21.9	21.2	211.9	36.8	20	10	211.9	171.5	35.0	38.7	(122.7-202.5)	(16.8-27.7)	(17-30)	(5-9)	(131.7-218.7)	(112.5-187.5)	(16.8-28.4)	(16.1-27.6)	(149.1-246.1)	(28.6-47.2)	(15-26)	(8-13)	(158.8-280.1)	(128.8-225.7)	(24.0-48.8)	(27.3-52.8)
Spain	2.3	0.8	1	0	2.6	1.8	0.9	0.7	8.4	2.3	6	1	12.5	4.0	3.2	1.4	(2.2-2.3)	(0.7-0.9)	(1-1)	(0-0)	(2.6-2.7)	(1.8-1.9)	(0.8-0.9)	(0.6-0.8)	(8.2-8.5)	(2.1-2.5)	(5-6)	(1-1)	(12.2-12.8)	(3.8-4.1)	(2.9-3.5)	(1.2-1.6)
Sri Lanka	6.5	1.6	2	1	7.1	5.9	1.7	1.4	24.8	3.9	8	1	37.3	12.0	5.2	2.5	(6.4-6.7)	(1.3-1.														

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Estimates of mortality among children, adolescents and youth ages 5–24 by Sustainable Development Goal region<sup>k</sup>

Region	Probability of dying among children aged 5–14 years (per 1,000 children aged 5)		Number of deaths among children aged 5–14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5–14 years (per 1,000 children aged 5)				Probability of dying among children aged 15–24 years (per 1,000 children aged 15)				Sex-specific probability of dying among children aged 15–24 years (per 1,000 children aged 15)																			
					1990		2024		1990		2024		1990		2024		1990		2024													
	1990	2024	1990	2024	Male	Female	Male	Female	1990	2024	1990	2024	Male	Female	Male	Female	1990	Female	Male	Female												
<b>Sub-Saharan Africa</b>	38.2	14.5	545	473	39.3	37.0	15.5	13.6	42.5	18.7	410	467	45.3	39.7	21.8	15.5	(36.4-41.1)	(13.6-16.6)	(522-583)	(444-537)	(37.4-42.3)	(35.2-40.0)	(14.5-17.8)	(12.6-15.5)	(40.1-47.6)	(17.6-23.0)	(388-457)	(440-570)	(42.4-50.8)	(37.2-44.8)	(20.3-27.1)	(14.5-19.3)
<b>Northern Africa and Western Asia</b>	11.6	5.4	88	62	12.5	10.7	5.9	4.8	17.3	11.5	99	113	21.8	12.4	16.2	6.4	(10.9-12.7)	(4.5-7.2)	(83-96)	(52-82)	(11.7-13.6)	(10.0-11.8)	(5.0-7.9)	(4.0-6.4)	(16.0-19.8)	(10.4-13.4)	(91-113)	(102-132)	(19.9-25.4)	(11.3-14.3)	(14.3-19.4)	(5.6-7.9)
<b>Northern Africa</b>	12.6	5.4	48	32	13.4	11.7	6.0	4.8	16.9	15.0	48	69	18.4	15.2	21.0	8.5	(11.8-13.7)	(4.0-8.2)	(45-52)	(23-47)	(12.5-14.6)	(10.9-12.8)	(4.4-9.0)	(3.4-7.2)	(15.3-19.0)	(12.7-18.2)	(43-53)	(58-84)	(16.7-20.6)	(13.3-17.7)	(17.1-26.5)	(6.8-11.2)
<b>Western Asia</b>	10.7	5.3	40	30	11.5	9.7	5.7	4.8	17.7	8.4	51	44	25.1	9.7	12.1	4.5	(9.4-12.4)	(4.3-7.4)	(36-46)	(25-42)	(10.2-13.4)	(8.6-11.4)	(4.7-8.0)	(3.9-6.7)	(15.4-22.1)	(7.5-10.4)	(45-63)	(39-54)	(21.6-31.7)	(8.3-12.3)	(10.6-15.1)	(3.9-5.7)
<b>Central and Southern Asia</b>	19.4	4.5	621	173	19.0	19.8	4.9	4.0	22.8	9.1	542	350	21.8	23.8	10.7	7.4	(18.6-20.3)	(4.0-5.2)	(598-648)	(154-201)	(18.2-20.1)	(18.9-20.9)	(4.4-5.7)	(3.5-4.6)	(21.7-24.5)	(7.6-11.5)	(517-580)	(294-443)	(20.5-23.8)	(22.5-25.6)	(8.8-13.6)	(6.1-9.6)
<b>Central Asia</b>	6.2	3.9	7	6	7.5	4.9	4.6	3.2	11.7	7.1	11	9	15.1	8.2	9.0	5.2	(6.1-6.3)	(3.8-4.1)	(7-7)	(6-7)	(7.4-7.6)	(4.8-5.0)	(4.4-4.9)	(3.0-3.5)	(11.5-11.8)	(6.6-8.0)	(11-11)	(8-10)	(14.7-15.4)	(7.9-8.6)	(8.3-10.1)	(4.8-5.9)
<b>Southern Asia</b>	19.9	4.5	614	167	19.5	20.4	4.9	4.0	23.3	9.2	531	341	22.1	24.5	10.7	7.5	(19.1-20.9)	(4.0-5.2)	(590-641)	(148-195)	(18.6-20.5)	(19.5-21.5)	(4.3-5.8)	(3.5-4.7)	(22.1-25.0)	(7.7-11.7)	(506-569)	(285-434)	(20.7-24.2)	(23.1-26.3)	(8.8-13.7)	(6.1-9.8)
<b>Eastern and South-Eastern Asia</b>	8.7	2.5	300	78	9.6	7.8	3.0	2.0	9.9	5.8	374	170	13.1	6.7	8.0	3.3	(8.0-9.9)	(2.0-3.5)	(275-337)	(63-107)	(8.7-10.9)	(7.2-8.8)	(2.4-4.1)	(1.7-2.8)	(8.9-11.5)	(4.2-10.3)	(334-435)	(125-301)	(11.5-15.3)	(5.9-7.9)	(5.7-14.4)	(2.5-5.8)
<b>Eastern Asia</b>	6.7	1.7	158	32	7.7	5.7	2.0	1.3	8.4	3.7	240	67	11.3	5.4	5.1	2.0	(5.7-8.0)	(1.0-2.9)	(135-187)	(19-57)	(6.4-9.2)	(4.8-6.7)	(1.2-3.5)	(0.8-2.3)	(7.0-10.4)	(1.7-8.9)	(200-297)	(31-162)	(9.3-14.0)	(4.4-6.9)	(2.2-12.5)	(1.0-4.9)
<b>South-Eastern Asia</b>	13.3	4.0	142	46	13.9	12.6	4.7	3.2	14.8	9.3	134	103	18.8	10.6	13.0	5.4	(12.3-15.1)	(3.3-5.3)	(132-161)	(38-61)	(12.9-15.9)	(11.7-14.4)	(3.9-6.3)	(2.7-4.2)	(13.6-16.6)	(6.9-16.1)	(124-150)	(76-178)	(17.2-21.3)	(9.6-12.2)	(9.4-23.2)	(4.1-8.9)
<b>Latin America and the Caribbean</b>	5.7	3.0	59	30	6.5	4.8	3.4	2.5	14.4	11.6	124	123	20.3	8.5	17.5	5.5	(5.5-5.8)	(2.8-3.2)	(58-60)	(29-33)	(6.3-6.7)	(4.7-5.0)	(3.2-3.7)	(2.4-2.8)	(14.1-14.8)	(11.0-13.1)	(122-127)	(116-139)	(19.7-20.9)	(8.2-9.0)	(16.4-19.8)	(5.3-6.3)
<b>Oceania</b>	5.6	3.5	3	2	6.2	5.0	4.0	3.0	11.2	7.2	5	5	15.4	6.7	10.0	4.2	(4.9-6.6)	(2.9-4.2)	(2-3)	(2-3)	(5.4-7.2)	(4.4-5.9)	(3.3-4.8)	(2.5-3.7)	(10.4-14.0)	(6.3-8.5)	(5-6)	(4-5)	(14.3-19.1)	(6.0-8.8)	(8.4-11.8)	(3.4-5.5)
<b>Australia and New Zealand</b>	2.0	0.9	1	0	2.4	1.6	1.0	0.7	8.4	3.4	3	1	12.2	4.4	4.6	2.1	(2.0-2.1)	(0.8-0.9)	(1-1)	(0-0)	(2.3-2.4)	(1.6-1.7)	(0.9-1.1)	(0.7-0.8)	(8.2-8.5)	(3.1-3.7)	(3-3)	(1-1)	(11.9-12.4)	(4.2-4.6)	(4.2-5.1)	(1.9-2.4)
<b>Oceania (exc. Australia and New Zealand)</b>	12.9	7.0	2	2	13.5	12.1	7.9	5.9	19.4	13.1	2	3	24.6	13.7	18.1	7.6	(10.7-15.7)	(5.6-8.6)	(2-2)	(2-3)	(11.2-16.5)	(10.0-14.9)	(6.4-9.9)	(4.7-7.5)	(16.2-30.7)	(10.7-16.3)	(2-3)	(3-4)	(20.3-39.3)	(11.0-22.1)	(14.2-22.9)	(5.6-10.9)
<b>Europe and Northern America</b>	3.0	1.3	42	16	3.7	2.3	1.4	1.1	9.1	6.7	134	87	13.5	4.5	10.0	3.2	(3.0-3.1)	(1.2-1.3)	(42-43)	(16-16)	(3.7-3.7)	(2.3-2.3)	(1.4-1.5)	(1.1-1.1)	(9.0-9.2)	(6.3-7.1)	(133-136)	(82-92)	(13.4-13.6)	(4.5-4.6)	(9.4-10.7)	(3.0-3.5)
<b>Europe</b>	3.3	1.2	33	9	4.1	2.5	1.3	1.0	8.9	6.6	95	53	13.2	4.5	10.3	2.8	(3.3-3.3)	(1.1-1.2)	(33-33)	(9-10)	(4.0-4.1)	(2.4-2.5)	(1.3-1.3)	(1.0-1.0)	(8.8-9.0)	(6.2-7.1)	(94-95)	(49-57)	(13.1-13.3)	(4.4-4.5)	(9.5-11.3)	(2.7-3.0)
<b>Northern America</b>	2.4	1.5	9	7	2.9	1.9	1.6	1.2	9.6	6.8	40	34	14.2	4.8	9.5	3.8	(2.4-2.4)	(1.4-1.5)	(9-10)	(6-7)	(2.8-2.9)	(1.9-2.0)	(1.6-1.7)	(1.2-1.3)	(9.4-9.8)	(6.2-7.4)	(39-41)	(31-37)	(13.9-14.5)	(4.7-4.9)	(8.6-10.4)	(3.4-4.3)
<b>World</b>	14.7	6.1	1,658	835	15.1	14.2	6.6	5.6	16.8	10.4	1,688	1,313	19.3	14.1	13.1	7.4	(14.3-15.3)	(5.9-6.7)	(1,620-1,724)	(803-923)	(16.3-17.8)	(10.0-12.1)	(1,643-1,790)	(1,263-1,535)	(18.7-20.6)	(13.7-15.0)	(12.5-15.4)	(7.1-8.8)				

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Estimates of mortality among children, adolescents and youth ages 5–24 by UNICEF region<sup>k</sup>

Region	Probability of dying among children aged 5–14 years (per 1,000 children aged 5)		Number of deaths among children aged 5–14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5–14 years (per 1,000 children aged 5)				Probability of dying among children aged 15–24 years (per 1,000 children aged 15)				Sex-specific probability of dying among children aged 15–24 years (per 1,000 children aged 15)																			
					1990		2024		1990		2024		1990		2024		1990		2024													
	1990	2024	1990	2024	Male	Female	Male	Female	1990	2024	1990	2024	Male	Female	Male	Female	1990	Female	Male	Female												
<b>Sub-Saharan Africa</b>	37.6	14.5	562	490	38.7	36.6	15.5	13.5	42.6	19.7	429	510	45.1	40.0	23.4	15.8	(36.0-40.4)	(13.6-16.6)	(539-600)	(460-558)	(36.9-41.6)	(34.8-39.5)	(14.4-17.7)	(12.6-15.5)	(40.3-47.5)	(18.6-23.9)	(407-477)	(483-616)	(42.3-50.5)	(37.7-45.0)	(21.9-28.6)	(14.8-19.5)
<b>West and Central Africa</b>	36.5	18.5	258	318	37.3	35.8	19.5	17.5	37.8	20.3	177	256	38.1	37.3	22.3	18.1	(34.2-40.4)	(16.8-21.5)	(242-283)	(289-367)	(34.9-41.3)	(33.3-39.8)	(17.6-22.8)	(15.7-20.5)	(33.5-46.7)	(18.4-25.8)	(158-216)	(234-322)	(33.5-47.4)	(32.8-46.6)	(20.1-28.4)	(16.1-23.6)
<b>Eastern and Southern Africa</b>	38.6	10.4	304	173	40.0	37.3	11.3	9.4	46.7	19.1	252	254	51.1	42.4	24.4	13.7	(36.0-42.3)	(9.3-12.8)	(285-331)	(155-212)	(37.2-43.8)	(34.5-41.0)	(10.0-14.0)	(8.5-11.6)	(44.1-50.7)	(17.1-24.5)	(238-274)	(228-325)	(47.5-56.2)	(39.7-46.2)	(21.5-31.8)	(12.2-17.6)
<b>Middle East and North Africa</b>	11.7	4.5	81	46	12.5	11.0	5.0	3.9	16.6	8.7	81	74	22.3	10.5	12.2	5.0	(10.9-13.0)	(3.9-5.8)	(75-89)	(40-58)	(11.5-13.8)	(10.1-12.2)	(4.4-6.4)	(3.4-5.1)	(15.0-19.8)	(7.8-10.7)	(73-96)	(66-91)	(20.1-26.6)	(9.3-12.6)	(10.8-15.2)	(4.4-6.2)
<b>South Asia</b>	20.3	4.5	592	162	19.8	20.9	5.0	4.1	23.4	9.1	510	328	21.9	24.9	10.6	7.5	(19.5-21.3)	(4.0-5.3)	(568-618)	(143-190)	(18.8-20.9)	(19.9-22.0)	(4.4-5.9)	(3.6-4.7)	(22.2-25.2)	(7.6-11.6)	(486-547)	(273-420)	(20.6-24.0)	(23.5-26.8)	(8.6-13.7)	(6.1-9.9)
<b>East Asia and Pacific</b>	8.7	2.6	303	81	9.6	7.8	3.0	2.1	10.0	5.8	379	174	13.1	6.7	8.0	3.4	(8.0-9.8)	(2.1-3.5)	(278-340)	(65-110)	(8.7-10.9)	(7.1-8.8)	(2.4-4.1)	(1.7-2.8)	(8.9-11.6)	(4.3-10.2)	(339-441)	(129-305)	(11.5-15.3)	(5.9-7.9)	(5.8-14.3)	(2.6-5.8)
<b>Latin America and Caribbean</b>	5.7	3.0	59	30	6.5	4.8	3.4	2.5	14.4	11.6	124	123	20.3	8.5	17.5	5.5	(5.5-5.8)	(2.8-3.2)	(58-60)	(29-33)	(6.3-6.7)	(4.7-5.0)	(3.2-3.7)	(2.4-2.8)	(14.1-14.8)	(11.0-13.1)	(122-127)	(116-139)	(19.7-20.9)	(8.2-9.0)	(16.4-19.8)	(5.3-6.3)
<b>North America</b>	2.4	1.5	9	7	2.9	1.9	1.6	1.2	9.6	6.8	40	34	14.2	4.8	9.5	3.8	(2.4-2.4)	(1.4-1.5)	(9-10)	(6-7)	(2.8-2.9)	(1.9-2.0)	(1.6-1.7)	(1.2-1.3)	(9.4-9.8)	(6.2-7.4)	(39-41)	(31-37)	(13.9-14.5)	(4.7-4.9)	(8.6-10.4)	(3.4-4.3)
<b>Europe and Central Asia</b>	4.1	1.7	53	19	4.9	3.2	1.9	1.4	9.7	6.5	125	69	13.8	5.3	9.7	3.1	(3.9-4.3)	(1.7-1.7)	(51-55)	(19-20)	(4.7-5.2)	(3.1-3.4)	(1.9-2.0)	(1.4-1.5)	(9.3-10.3)	(6.2-6.9)	(120-133)	(66-74)	(13.2-14.7)	(5.0-5.7)	(9.1-10.5)	(3.0-3.3)
<b>Eastern Europe and Central Asia</b>	5.7	2.4	40	15	6.9	4.4	2.8	2.0	12.4	10.1	77	53	17.4	7.3	15.7	4.4	(5.4-6.1)	(2.4-2.5)	(38-42)	(14-15)	(6.6-7.4)	(4.2-4.7)	(2.7-2.9)	(2.0-2.1)	(11.6-13.7)	(9.4-10.9)	(72-85)	(50-58)	(16.1-19.4)	(6.6-8.1)	(14.4-17.3)	(4.1-4.8)
<b>Western Europe</b>	2.2	0.8	13	4	2.6	1.8	0.9	0.7	7.1	3.0	48	16	10.5	3.6	4.1	1.8	(2.2-2.2)	(0.8-0.9)	(13-13)	(4-4)	(2.5-2.6)	(1.7-1.8)	(0.9-0.9)	(0.7-0.8)	(7.0-7.1)	(3.0-3.1)	(48-48)	(16-17)	(10.4-10.6)	(3.5-3.6)	(4.0-4.2)	(1.8-1.9)
<b>World</b>																																

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Estimates of mortality among children, adolescents and youth ages 5–24 by World Health Organization region<sup>k</sup>

Region	Probability of dying among children aged 5–14 years (per 1,000 children aged 5)		Number of deaths among children aged 5–14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5–14 years (per 1,000 children aged 5)				Probability of dying among children aged 15–24 years (per 1,000 children aged 15)		Number of deaths among children aged 15–24 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 15–24 years (per 1,000 children aged 15)			
	1990	2024	1990	2024	1990		2024		1990	2024	1990	2024	1990		2024	
					Male	Female	Male	Female					Male	Female	Male	Female
<b>Africa</b>	36.8 (35.1-39.6)	14.1 (13.1-16.1)	543 (520-581)	463 (433-527)	37.9 (36.1-40.8)	35.6 (33.8-38.5)	15.0 (14.0-17.3)	13.1 (12.2-15.0)	40.3 (38.0-45.2)	18.0 (16.9-22.3)	404 (382-451)	454 (428-557)	42.7 (40.0-48.0)	37.8 (35.4-42.8)	21.1 (19.6-26.4)	14.9 (13.8-18.6)
<b>Americas</b>	4.8 (4.7-4.9)	2.5 (2.4-2.7)	68 (67-70)	37 (35-40)	5.5 (5.4-5.6)	4.0 (3.9-4.1)	2.8 (2.7-3.0)	2.1 (2.1-2.3)	12.9 (12.6-13.1)	10.1 (9.6-11.1)	164 (161-167)	157 (149-173)	18.2 (17.9-18.6)	7.3 (7.1-7.6)	14.9 (14.1-16.5)	5.0 (4.8-5.5)
<b>Eastern Mediterranean</b>	14.6 (13.8-16.3)	6.6 (5.7-8.3)	153 (145-168)	119 (103-149)	15.1 (14.2-16.7)	14.1 (13.3-15.7)	7.3 (6.2-9.3)	5.8 (5.0-7.3)	23.4 (21.6-28.4)	13.0 (11.5-16.6)	168 (156-203)	195 (173-247)	28.0 (25.6-34.0)	18.4 (16.8-22.4)	17.5 (15.2-21.9)	8.3 (7.1-11.5)
<b>Europe</b>	4.1 (3.9-4.3)	1.7 (1.7-1.7)	53 (51-55)	19 (19-20)	4.9 (4.7-5.2)	3.2 (3.1-3.4)	1.9 (1.9-2.0)	1.4 (1.4-1.5)	9.6 (9.2-10.2)	6.4 (6.1-6.8)	126 (120-134)	70 (66-74)	13.8 (13.2-14.7)	5.3 (5.0-5.7)	9.7 (9.1-10.4)	3.1 (2.9-3.3)
<b>South-East Asia</b>	20.6 (19.7-21.7)	4.1 (3.6-4.7)	578 (554-606)	125 (110-144)	20.1 (19.1-21.3)	21.1 (20.0-22.3)	4.5 (3.9-5.1)	3.7 (3.2-4.3)	22.6 (21.4-23.9)	8.9 (7.3-11.4)	289 (471-523)	495 (236-368)	21.5 (20.2-23.2)	23.7 (22.3-25.3)	10.3 (8.3-13.3)	7.4 (5.9-9.7)
<b>Western Pacific</b>	8.2 (7.4-9.2)	2.5 (1.9-3.4)	263 (239-294)	72 (57-101)	9.0 (8.1-10.2)	7.2 (6.6-8.1)	2.9 (2.3-4.0)	2.0 (1.6-2.7)	9.3 (8.2-11.0)	5.4 (3.7-9.9)	331 (291-391)	149 (103-275)	12.2 (10.6-14.6)	6.2 (5.4-7.5)	7.4 (4.9-14.0)	3.1 (2.2-5.6)
<b>World</b>	<b>14.7</b> <b>(14.3-15.3)</b>	<b>6.1</b> <b>(5.9-6.7)</b>	<b>1,658</b> <b>(1,620-1,724)</b>	<b>835</b> <b>(803-923)</b>	<b>15.1</b> <b>(14.7-15.8)</b>	<b>14.2</b> <b>(13.8-14.8)</b>	<b>6.6</b> <b>(6.3-7.3)</b>	<b>5.6</b> <b>(5.3-6.2)</b>	<b>16.8</b> <b>(16.3-17.8)</b>	<b>10.4</b> <b>(10.0-12.1)</b>	<b>1,688</b> <b>(1,643-1,790)</b>	<b>1,313</b> <b>(1,263-1,535)</b>	<b>19.3</b> <b>(18.7-20.6)</b>	<b>14.1</b> <b>(13.7-15.0)</b>	<b>13.1</b> <b>(12.5-15.4)</b>	<b>7.4</b> <b>(7.1-8.8)</b>

Estimates of mortality among children, adolescents and youth ages 5–24 by World Bank region<sup>k</sup>

Region	Probability of dying among children aged 5–14 years (per 1,000 children aged 5)		Number of deaths among children aged 5–14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5–14 years (per 1,000 children aged 5)				Probability of dying among children aged 15–24 years (per 1,000 children aged 15)		Number of deaths among children aged 15–24 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 15–24 years (per 1,000 children aged 15)			
	1990	2024	1990	2024	1990		2024		1990	2024	1990	2024	1990		2024	
					Male	Female	Male	Female					Male	Female	Male	Female
<b>East Asia and Pacific</b>	8.7 (8.0-9.8)	2.6 (2.1-3.5)	303 (278-340)	81 (65-110)	9.6 (8.7-10.9)	7.8 (7.1-8.8)	3.0 (2.4-4.1)	2.1 (1.7-2.8)	10.0 (8.9-11.6)	5.8 (4.3-10.2)	379 (339-441)	174 (129-305)	13.1 (11.5-15.3)	6.7 (5.9-7.9)	8.0 (5.8-14.3)	3.4 (2.6-5.8)
<b>Europe and Central Asia</b>	4.1 (3.9-4.3)	1.7 (1.7-1.7)	53 (51-55)	19 (19-20)	4.9 (4.7-5.2)	3.2 (3.1-3.4)	1.9 (1.9-2.0)	1.4 (1.4-1.5)	9.7 (9.3-10.3)	6.5 (6.2-6.9)	125 (120-133)	69 (66-74)	13.8 (13.2-14.7)	5.3 (5.0-5.8)	9.7 (9.1-10.5)	3.1 (3.0-3.3)
<b>Latin America and the Caribbean</b>	5.7 (5.5-5.8)	3.0 (2.8-3.2)	59 (58-60)	30 (29-33)	6.5 (6.3-6.7)	4.8 (4.7-5.0)	3.4 (3.2-3.7)	2.5 (2.4-2.8)	14.4 (14.1-14.8)	11.6 (11.0-13.1)	124 (122-127)	123 (116-139)	20.3 (19.7-20.9)	8.5 (8.2-9.0)	17.5 (16.4-19.8)	5.5 (5.3-6.3)
<b>Middle East, North Africa, Afghanistan and Pakistan</b>	13.0 (12.2-14.5)	5.3 (4.5-6.8)	135 (127-149)	91 (78-117)	13.5 (12.7-15.0)	12.4 (11.6-13.9)	6.0 (5.0-7.7)	4.5 (3.9-5.8)	19.9 (18.2-24.7)	9.7 (8.3-13.3)	145 (132-177)	140 (119-190)	24.5 (22.3-30.4)	14.9 (13.4-18.7)	13.1 (11.1-17.5)	6.1 (5.0-9.3)
<b>North America</b>	2.4 (2.4-2.4)	1.5 (1.4-1.5)	9 (9-10)	7 (6-7)	2.9 (2.8-2.9)	1.9 (1.9-2.0)	1.6 (1.6-1.7)	1.2 (1.2-1.3)	9.6 (9.4-9.8)	6.8 (6.2-7.4)	40 (39-41)	34 (31-37)	14.2 (13.9-14.5)	4.8 (4.7-4.9)	9.5 (8.6-10.4)	3.8 (3.4-4.3)
<b>South Asia</b>	21.0 (20.1-22.0)	4.1 (3.6-4.7)	538 (516-561)	117 (102-135)	20.4 (19.3-21.5)	21.7 (20.6-22.8)	4.4 (3.9-5.1)	3.7 (3.2-4.3)	23.0 (21.8-24.3)	8.7 (7.0-11.3)	447 (424-472)	263 (210-340)	21.1 (19.6-22.6)	25.1 (23.4-26.8)	9.9 (7.7-13.0)	7.5 (5.9-9.9)
<b>Sub-Saharan Africa</b>	37.7 (36.0-40.4)	14.5 (13.6-16.6)	562 (538-600)	490 (460-558)	38.7 (37.0-41.7)	36.6 (34.8-39.5)	15.5 (14.4-17.7)	13.5 (12.6-15.5)	42.6 (40.3-47.5)	19.7 (18.5-23.9)	429 (406-477)	510 (482-615)	45.1 (42.3-50.5)	40.0 (37.6-45.0)	23.4 (21.9-28.6)	15.8 (14.8-19.5)
<b>Low income</b>	37.3 (35.4-41.5)	14.3 (13.3-16.7)	256 (244-283)	237 (220-273)	38.2 (36.2-42.5)	36.3 (34.4-40.6)	15.2 (14.0-17.7)	13.5 (12.4-15.7)	44.6 (41.4-54.2)	23.4 (21.6-29.5)	214 (199-258)	294 (272-367)	46.7 (43.1-57.2)	42.2 (38.8-51.2)	27.6 (25.2-34.6)	19.2 (17.2-25.4)
<b>Lower middle income</b>	20.5 (19.9-21.4)	7.3 (6.7-8.2)	918 (891-954)	448 (416-508)	20.4 (19.7-21.4)	20.6 (19.9-21.6)	7.8 (7.3-8.9)	6.7 (6.1-7.6)	23.2 (22.2-24.5)	10.4 (9.5-12.3)	765 (736-807)	595 (545-700)	23.1 (22.0-24.7)	23.2 (22.2-24.7)	12.5 (11.3-14.8)	8.2 (7.4-9.9)
<b>Upper middle income</b>	7.8 (7.2-8.5)	2.6 (2.3-3.4)	335 (311-367)	106 (90-136)	8.7 (7.9-9.6)	6.8 (6.3-7.5)	3.1 (2.6-4.0)	2.2 (1.9-2.8)	11.1 (10.2-12.6)	7.5 (6.3-10.9)	490 (449-552)	283 (237-411)	15.0 (13.7-17.0)	7.1 (6.4-8.1)	10.7 (8.9-15.7)	3.9 (3.3-5.8)
<b>High income</b>	2.9 (2.9-3.0)	1.2 (1.2-1.3)	48 (48-49)	19 (18-19)	3.6 (3.5-3.6)	2.3 (2.3-2.3)	1.4 (1.3-1.4)	1.1 (1.0-1.1)	8.5 (8.4-8.9)	5.7 (5.4-6.1)	150 (148-156)	91 (86-97)	12.5 (12.3-13.0)	4.4 (4.3-4.5)	8.1 (7.6-8.7)	3.1 (2.9-3.3)
<b>World</b>	<b>14.7</b> <b>(14.3-15.3)</b>	<b>6.1</b> <b>(5.9-6.7)</b>	<b>1,658</b> <b>(1,620-1,724)</b>	<b>835</b> <b>(803-923)</b>	<b>15.1</b> <b>(14.7-15.8)</b>	<b>14.2</b> <b>(13.8-14.8)</b>	<b>6.6</b> <b>(6.3-7.3)</b>	<b>5.6</b> <b>(5.3-6.2)</b>	<b>16.8</b> <b>(16.3-17.8)</b>	<b>10.4</b> <b>(10.0-12.1)</b>	<b>1,688</b> <b>(1,643-1,790)</b>	<b>1,313</b> <b>(1,263-1,535)</b>	<b>19.3</b> <b>(18.7-20.6)</b>	<b>14.1</b> <b>(13.7-15.0)</b>	<b>13.1</b> <b>(12.5-15.4)</b>	<b>7.4</b> <b>(7.1-8.8)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Estimates of mortality among children, adolescents and youth ages 5–24 by United Nations Population Division region<sup>k</sup>

Region	Probability of dying among children aged 5–14 years (per 1,000 children aged 5)		Number of deaths among children aged 5–14 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 5–14 years (per 1,000 children aged 5)				Probability of dying among children aged 15–24 years (per 1,000 children aged 15)		Number of deaths among children aged 15–24 (thousands) <sup>a</sup>		Sex-specific probability of dying among children aged 15–24 years (per 1,000 children aged 15)			
	1990	2024	1990	2024	1990		2024		1990	2024	1990	2024	1990		2024	
					Male	Female	Male	Female					Male	Female	Male	Female
<b>Sub-Saharan Africa</b>	38.2 (36.4-41.1)	14.5 (13.6-16.6)	545 (522-583)	473 (444-537)	39.3 (37.4-42.3)	37.0 (35.2-40.0)	15.5 (14.5-17.8)	13.6 (12.6-15.5)	42.5 (40.1-47.6)	18.7 (17.6-23.0)	410 (388-457)	467 (440-570)	45.3 (42.4-50.9)	39.7 (37.2-44.8)	21.8 (20.3-27.1)	15.5 (14.5-19.3)
<b>Africa</b>	32.7 (31.3-35.0)	13.2 (12.4-15.0)	594 (570-632)	504 (475-573)	33.7 (32.2-36.1)	31.7 (30.3-34.1)	14.0 (13.2-16.1)	12.2 (11.4-14.0)	36.7 (34.9-40.7)	18.1 (17.1-21.8)	457 (435-506)	536 (509-641)	39.1 (36.8-43.5)	34.3 (32.3-38.3)	21.7 (20.4-26.3)	14.5 (13.6-17.7)
<b>Asia</b>	13.7 (13.2-14.5)	3.7 (3.4-4.4)	961 (928-1,009)	282 (259-329)	14.0 (13.4-14.9)	13.4 (12.9-14.1)	4.2 (3.8-4.9)	3.2 (3.0-3.8)	15.0 (14.3-16.3)	7.7 (6.8-10.0)	967 (922-1,048)	563 (498-732)	16.8 (15.8-18.5)	13.1 (12.5-14.2)	9.7 (8.4-12.8)	5.6 (4.9-7.2)
<b>Europe</b>	3.3 (3.3-3.3)	1.2 (1.1-1.2)	33 (33-33)	9 (9-10)	4.1 (4.0-4.1)	2.5 (2.4-2.5)	1.3 (1.3-1.3)	1.0 (1.0-1.0)	8.9 (8.8-9.0)	6.6 (6.2-7.1)	95 (94-95)	53 (49-57)	13.2 (13.1-13.3)	4.5 (4.4-4.5)	10.3 (9.5-11.3)	2.8 (2.7-3.0)
<b>Latin America and the Caribbean</b>	5.7 (5.5-5.8)	3.0 (2.8-3.2)	59 (58-60)	30 (29-33)	6.5 (6.3-6.7)	4.8 (4.7-5.0)	3.4 (3.2-3.7)	2.5 (2.4-2.8)	14.4 (14.1-14.8)	11.6 (11.0-13.1)	124 (122-127)	123 (116-139)	20.3 (19.7-20.9)	8.5 (8.2-9.0)	17.5 (16.4-19.8)	5.5 (5.3-6.3)
<b>Northern America</b>	2.4 (2.4-2.4)	1.5 (1.4-1.5)	9 (9-10)	7 (6-7)	2.9 (2.8-2.9)	1.9 (1.9-2.0)	1.6 (1.6-1.7)	1.2 (1.2-1.3)	9.6 (9.4-9.8)	6.8 (6.2-7.4)	40 (39-41)	34 (31-37)	14.2 (13.9-14.5)	4.8 (4.7-4.9)	9.5 (8.6-10.4)	3.8 (3.4-4.3)
<b>Oceania</b>	5.6 (4.9-6.6)	3.5 (2.9-4.2)	3 (2-3)	2 (2-3)	6.2 (5.4-7.2)	5.0 (4.4-5.9)	4.0 (3.3-4.8)	3.0 (2.5-3.7)	11.2 (10.4-14.0)	7.2 (6.3-8.5)	5 (5-6)	5 (4-5)	15.4 (14.3-19.1)	6.7 (6.0-8.8)	10.0 (8.4-11.8)	4.2 (3.4-5.4)
<b>World</b>	<b>14.7</b> <b>(14.3-15.3)</b>	<b>6.1</b> <b>(5.9-6.7)</b>	<b>1,658</b> <b>(1,620-1,724)</b>	<b>835</b> <b>(803-923)</b>	<b>15.1</b> <b>(14.7-15.8)</b>	<b>14.2</b> <b>(13.8-14.8)</b>	<b>6.6</b> <b>(6.3-7.3)</b>	<b>5.6</b> <b>(5.3-6.2)</b>	<b>16.8</b> <b>(16.3-17.8)</b>	<b>10.4</b> <b>(10.0-12.1)</b>	<b>1,688</b> <b>(1,643-1,790)</b>	<b>1,313</b> <b>(1,263-1,535)</b>	<b>19.3</b> <b>(18.7-20.6)</b>	<b>14.1</b> <b>(13.7-15.0)</b>	<b>13.1</b> <b>(12.5-15.4)</b>	<b>7.4</b> <b>(7.1-8.8)</b>

Definitions

**Under-five mortality rate:** Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.  
**Infant mortality rate:** Probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births.  
**Neonatal mortality rate:** Probability of dying in the first 28 days of life, expressed per 1,000 live births.  
**Probability of dying among children aged 5–14 years:** Probability of dying among children aged 5–14 years expressed per 1,000 children aged 5.  
**Probability of dying at age 15–24 years:** Probability of dying among youth aged 15–24 years expressed per 1,000 youth aged 15.  
**Probability of dying among adolescents aged 10–19 years:** Probability of dying among adolescents aged 10–19 years expressed per 1,000 adolescents aged 10.

Note: Values in parentheses represent the 90 per cent uncertainty intervals. Estimates are generated by the United Nations Inter-agency Group for Child Mortality Estimation to ensure comparability; they are not necessarily the official statistics of United Nations Member States, which may use alternative rigorous methods.

- a) The number of deaths is rounded to thousands. A zero indicates that the number of deaths is below 500. Unrounded numbers of deaths are available at <[childmortality.org](https://data.who.int/childmortality)> for download.
- b) Some UN IGME indicators are calculated using population and live birth numbers from the World Population Prospects: The 2024 revision (WPP). The WPP numbers for Cyprus refer to the entire country. However, the underlying data used to calculate mortality rates estimates, provided by the Health Monitoring Unit of the Cyprus Ministry of Health, cover only the government-controlled areas, whereas according to Eurostat, the number of live births in 2023 was 10,241 ([https://doi.org/10.2908/DEMO\\_FASEC](https://doi.org/10.2908/DEMO_FASEC)) and the number for 2024 is not available yet. The population on 1 January 2024 was 966,365 ([https://doi.org/10.2908/DEMO\\_PJAN](https://doi.org/10.2908/DEMO_PJAN)), the population under 5 was 51,042, the adolescent population was 95,884, and the number of women of reproductive age was 233,867 ([https://doi.org/10.2908/DEMO\\_PJANGROUP](https://doi.org/10.2908/DEMO_PJANGROUP)).
- c) The UN IGME estimates are not the official statistics of the Democratic People's Republic of Korea.
- d) The UN IGME estimates are not the official statistics of India. The Sample Registration System (SRS) of ORGI is the official data source of India for all mortality estimates.
- e) All references to Kosovo in the UN IGME estimates should be understood in the context of United Nations Security Council resolution 1244 (

## Country, regional and global estimates of mortality among children, adolescents and youth under age 5

Distribution of deaths (percentage) among children under age 5, by cause and Sustainable Development Goal region, 2024

Deaths among children under 5 years of age in the neonatal period due to:											
Region	Prematurity	Birth asphyxia/trauma	Lower respiratory infections (pneumonia)	Sepsis	Congenital anomalies	Diarrhoea	Meningitis/encephalitis	Tetanus	Injuries	HIV/AIDS	Other neonatal deaths
<b>Sub-Saharan Africa</b>	11 (10-13)	9 (8-9)	5 (5-6)	5 (4-6)	2 (2-3)	1 (1-1)	1 (0-1)	0 (0-1)	0 (0-0)	0 (0-0)	3 (3-3)
<b>Northern Africa and Western Asia</b>	23 (21-26)	7 (6-8)	4 (3-4)	3 (2-3)	10 (8-11)	1 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	3 (3-4)
Northern Africa	24 (20-27)	7 (5-8)	3 (2-4)	2 (2-3)	9 (7-12)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	2 (2-3)
Western Asia	22 (19-25)	8 (7-10)	4 (3-6)	3 (2-3)	10 (8-11)	1 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)
<b>Central and Southern Asia</b>	25 (24-26)	13 (12-14)	6 (6-7)	5 (5-6)	6 (5-6)	1 (1-1)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	5 (5-5)
Central Asia	27 (23-30)	8 (6-9)	2 (1-2)	1 (1-2)	11 (9-13)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	2 (1-2)
Southern Asia	25 (24-26)	13 (13-14)	6 (6-7)	5 (5-6)	6 (5-6)	1 (1-1)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	5 (5-5)
<b>Eastern and South-Eastern Asia</b>	22 (20-24)	9 (8-10)	2 (2-3)	2 (2-2)	10 (8-11)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	3 (3-4)
Eastern Asia	14 (12-16)	10 (8-12)	2 (1-3)	1 (0-2)	9 (7-10)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-3)	0 (0-0)	5 (4-6)
South-Eastern Asia	25 (22-27)	8 (7-10)	2 (1-3)	2 (2-3)	10 (8-12)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	2 (2-3)
<b>Latin America and the Caribbean</b>	20 (18-22)	8 (7-9)	2 (2-3)	6 (5-6)	12 (10-13)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)
<b>Oceania</b>	18 (15-21)	10 (8-12)	5 (4-6)	3 (3-4)	7 (6-8)	1 (1-1)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	6 (5-6)
Australia and New Zealand	21 (19-23)	10 (9-11)	1 (0-1)	2 (1-2)	18 (16-20)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	9 (8-11)
Oceania (exc. Australia and New Zealand)	18 (15-21)	10 (8-12)	5 (4-7)	4 (3-4)	6 (5-7)	1 (1-1)	0 (0-1)	1 (1-1)	0 (0-0)	0 (0-0)	5 (5-6)
<b>Europe and Northern America</b>	24 (23-25)	6 (6-7)	0 (0-1)	3 (2-3)	15 (14-16)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	7 (7-7)
Europe	23 (22-25)	7 (6-7)	1 (1-1)	2 (2-3)	16 (15-17)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	5 (5-6)
Northern America	24 (24-25)	6 (5-6)	0 (0-0)	3 (3-3)	15 (14-15)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	9 (8-9)
<b>World</b>	<b>17</b> <b>(16-18)</b>	<b>10</b> <b>(9-10)</b>	<b>5</b> <b>(5-5)</b>	<b>5</b> <b>(4-5)</b>	<b>4</b> <b>(4-5)</b>	<b>1</b> <b>(1-1)</b>	<b>1</b> <b>(0-1)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>4</b> <b>(3-4)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 5

Distribution of deaths (percentage) among children under age 5, by cause and Sustainable Development Goal region, 2024 (continued)

Deaths among children under 5 years of age in the 1-59 months period due to:																	
Region	Malaria	Lower respiratory infections (pneumonia)	Diarrhoea	Injuries	Congenital anomalies	Meningitis/encephalitis	Severe acute malnutrition	Tuberculosis	Measles	HIV/AIDS	Prematurity	Birth asphyxia/trauma	Tetanus	Sepsis	Other communicable diseases	Other noncommunicable diseases	
<b>Sub-Saharan Africa</b>	15 (14-17)	10 (9-11)	9 (8-10)	2 (2-3)	1 (1-1)	3 (3-4)	3 (3-3)	1 (0-1)	3 (2-3)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	9 (8-10)	3 (3-3)	
<b>Northern Africa and Western Asia</b>	2 (1-3)	10 (9-11)	5 (4-5)	7 (6-8)	5 (4-6)	1 (1-1)	3 (2-3)	0 (0-1)	3 (2-4)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	7 (6-9)	5 (5-6)	
Northern Africa	2 (1-4)	10 (8-11)	5 (4-6)	6 (5-7)	5 (4-6)	1 (1-2)	3 (2-4)	0 (0-1)	4 (2-6)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	8 (6-10)	5 (4-6)	
Western Asia	1 (0-1)	10 (9-11)	5 (4-5)	9 (7-10)	6 (5-7)	1 (1-1)	1 (1-2)	0 (0-1)	0 (0-0)	0 (0-0)	2 (2-2)	0 (0-1)	0 (0-0)	0 (0-0)	6 (5-7)	5 (5-6)	
<b>Central and Southern Asia</b>	0 (0-0)	5 (4-7)	4 (3-4)	3 (3-4)	3 (3-4)	2 (1-2)	2 (2-2)	4 (3-5)	1 (0-1)	0 (0-0)	1 (1-1)	1 (0-1)	0 (0-0)	0 (0-0)	8 (7-8)	4 (3-4)	
Central Asia	0 (0-0)	11 (9-13)	5 (4-5)	7 (5-8)	10 (8-11)	1 (1-1)	1 (0-1)	1 (1-1)	0 (0-0)	1 (1-1)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	3 (3-4)	7 (6-8)	
Southern Asia	0 (0-0)	5 (4-6)	4 (3-4)	3 (3-4)	3 (3-3)	2 (1-2)	2 (2-2)	4 (3-5)	1 (1-1)	0 (0-0)	1 (1-1)	1 (0-1)	0 (0-0)	0 (0-0)	8 (7-8)	4 (3-4)	
<b>Eastern and South-Eastern Asia</b>	0 (0-0)	6 (5-8)	3 (3-4)	9 (6-11)	9 (8-11)	1 (1-1)	1 (0-1)	7 (6-9)	0 (0-1)	1 (1-1)	1 (1-1)	1 (0-1)	0 (0-0)	0 (0-0)	3 (3-4)	7 (6-8)	
Eastern Asia	0 (0-0)	4 (2-6)	3 (1-4)	15 (7-23)	10 (6-15)	1 (0-2)	0 (0-0)	7 (4-9)	0 (0-0)	0 (0-0)	1 (0-2)	0 (0-1)	0 (0-0)	0 (0-0)	3 (2-3)	11 (9-14)	
South-Eastern Asia	0 (0-0)	7 (5-8)	4 (3-4)	7 (5-8)	9 (8-11)	1 (1-1)	1 (0-1)	7 (6-9)	1 (0-1)	1 (1-1)	1 (1-1)	1 (0-1)	0 (0-0)	0 (0-0)	3 (3-4)	6 (5-7)	
<b>Latin America and the Caribbean</b>	0 (0-0)	9 (7-10)	3 (3-4)	7 (5-8)	10 (8-12)	1 (1-1)	1 (0-1)	0 (0-1)	0 (0-0)	1 (1-1)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	4 (4-5)	8 (7-9)	
<b>Oceania</b>	11 (6-17)	5 (1-8)	3 (1-6)	2 (2-3)	2 (2-3)	1 (0-2)	2 (0-3)	4 (2-6)	0 (0-0)	10 (6-13)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-4)	3 (2-4)	
Australia and New Zealand	0 (0-0)	2 (1-3)	1 (0-1)	5 (4-7)	9 (7-11)	1 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	4 (3-5)	1 (0-1)	0 (0-0)	0 (0-0)	3 (2-4)	12 (11-14)	
Oceania (exc. Australia and New Zealand)	6 (6-19)	2 (2-9)	4 (1-6)	2 (1-3)	1 (1-2)	1 (0-2)	2 (0-3)	5 (3-7)	0 (0-0)	11 (7-15)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	2 (0-4)	2 (1-3)	
<b>Europe and Northern America</b>	0 (0-0)	3 (3-4)	1 (1-1)	8 (7-9)	13 (11-14)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	3 (2-3)	1 (1-1)	0 (0-0)	0 (0-0)	2 (2-2)	12 (11-13)	
Europe	0 (0-0)	4 (4-5)	1 (1-1)	5 (4-6)	14 (13-15)	1 (1-1)	0 (0-0)	0 (0-1)	0 (0-0)	1 (1-1)	4 (3-4)	1 (1-2)	0 (0-0)	0 (0-0)	2 (2-2)	12 (11-13)	
Northern America	0 (0-0)	3 (2-3)	1 (1-2)	11 (9-14)	11 (9-13)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-3)	0 (0-1)	0 (0-0)	0 (0-0)	2 (1-3)	12 (10-14)	
<b>World</b>	<b>9</b> <b>(8-10)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(6-7)</b>	<b>4</b> <b>(3-4)</b>	<b>3</b> <b>(3-3)</b>	<b>3</b> <b>(2-3)</b>	<b>2</b> <b>(2-3)</b>	<b>2</b> <b>(1-3)</b>	<b>2</b> <b>(1-2)</b>	<b>1</b> <b>(1-1)</b>	<b>1</b> <b>(1-1)</b>	<b>0</b> <b>(0-1)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>8</b> <b>(7-9)</b>	<b>4</b> <b>(4-4)</b>	

### Country, regional and global estimates of mortality among children, adolescents and youth under age 5

Distribution of deaths (percentage) among children under age 5, by cause and UNICEF region, 2024

Deaths among children under 5 years of age in the neonatal period due to:											
Region	Prematurity	Birth asphyxia/trauma	Lower respiratory infections (pneumonia)	Sepsis	Congenital anomalies	Diarrhoea	Meningitis/encephalitis	Tetanus	Injuries	HIV/AIDS	Other neonatal deaths
<b>Sub-Saharan Africa</b>	12 (10 - 13)	9 (8 - 9)	5 (5 - 6)	5 (4 - 6)	2 (2 - 3)	1 (1 - 1)	1 (0 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	3 (3 - 3)
West and Central Africa	9 (8 - 10)	8 (7 - 9)	5 (5 - 6)	5 (5 - 6)	2 (2 - 2)	1 (1 - 1)	1 (0 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	3 (2 - 3)
Eastern and Southern Africa	17 (15 - 19)	10 (9 - 11)	5 (5 - 6)	4 (4 - 5)	4 (3 - 4)	1 (1 - 1)	0 (0 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	4 (4 - 4)
<b>Middle East and North Africa</b>	28 (26 - 31)	8 (7 - 9)	3 (2 - 4)	2 (2 - 2)	13 (11 - 15)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	1 (0 - 1)	0 (0 - 0)	3 (3 - 3)
South Asia	25 (24 - 26)	14 (13 - 14)	6 (6 - 7)	6 (5 - 6)	5 (5 - 6)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	5 (5 - 6)
East Asia and Pacific	22 (20 - 24)	9 (8 - 10)	2 (2 - 3)	2 (2 - 2)	10 (8 - 11)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	3 (3 - 4)
Latin America and Caribbean	20 (18 - 22)	8 (7 - 9)	2 (2 - 3)	6 (5 - 6)	12 (10 - 13)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 1)	0 (0 - 0)	6 (5 - 6)
North America	24 (24 - 25)	6 (5 - 6)	0 (0 - 0)	3 (3 - 3)	15 (14 - 15)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	9 (8 - 9)
Europe and Central Asia	25 (23 - 27)	7 (6 - 7)	1 (1 - 2)	2 (2 - 2)	13 (12 - 15)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (0 - 1)	0 (0 - 0)	4 (4 - 4)
Eastern Europe and Central Asia	25 (23 - 27)	6 (5 - 7)	1 (1 - 2)	2 (2 - 2)	12 (11 - 14)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	3 (2 - 3)
Western Europe	25 (24 - 26)	8 (8 - 9)	0 (0 - 1)	3 (3 - 3)	17 (16 - 17)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	8 (8 - 9)
<b>World</b>	<b>17 (16 - 18)</b>	<b>10 (9 - 10)</b>	<b>5 (5 - 5)</b>	<b>5 (4 - 5)</b>	<b>4 (4 - 5)</b>	<b>1 (1 - 1)</b>	<b>1 (0 - 1)</b>	<b>0 (0 - 0)</b>	<b>0 (0 - 0)</b>	<b>0 (0 - 0)</b>	<b>4 (3 - 4)</b>

Distribution of deaths (percentage) among children under age 5, by cause and World Health Organization region, 2024

Deaths among children under 5 years of age in the neonatal period due to:											
Region	Prematurity	Birth asphyxia/trauma	Lower respiratory infections (pneumonia)	Sepsis	Congenital anomalies	Diarrhoea	Meningitis/encephalitis	Tetanus	Injuries	HIV/AIDS	Other neonatal deaths
<b>Africa</b>	12 (11 - 13)	9 (8 - 9)	5 (5 - 6)	5 (4 - 6)	2 (2 - 3)	1 (1 - 1)	1 (0 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	3 (3 - 3)
Americas	21 (19 - 23)	8 (7 - 9)	2 (1 - 2)	5 (5 - 6)	12 (11 - 13)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 1)	0 (0 - 0)	6 (6 - 7)
Eastern Mediterranean	22 (20 - 24)	13 (12 - 14)	4 (4 - 5)	5 (4 - 6)	6 (5 - 7)	1 (1 - 1)	1 (1 - 1)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	4 (4 - 5)
Europe	25 (23 - 26)	7 (6 - 7)	1 (1 - 2)	2 (2 - 2)	13 (12 - 15)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (0 - 1)	0 (0 - 0)	4 (4 - 4)
South-East Asia	25 (24 - 27)	11 (11 - 12)	7 (7 - 8)	5 (4 - 5)	6 (6 - 7)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	5 (4 - 5)
Western Pacific	23 (20 - 25)	8 (7 - 9)	2 (1 - 2)	2 (1 - 2)	10 (9 - 12)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	3 (3 - 3)
<b>World</b>	<b>17 (16 - 18)</b>	<b>10 (9 - 10)</b>	<b>5 (5 - 5)</b>	<b>5 (4 - 5)</b>	<b>4 (4 - 5)</b>	<b>1 (1 - 1)</b>	<b>1 (0 - 1)</b>	<b>0 (0 - 0)</b>	<b>0 (0 - 0)</b>	<b>0 (0 - 0)</b>	<b>4 (3 - 4)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 5

Distribution of deaths (percentage) among children under age 5, by cause and UNICEF region, 2024 (continued)

Deaths among children under 5 years of age in the 1-59 months period due to:																
Region	Malaria	Lower respiratory infections (pneumonia)	Diarrhoea	Injuries	Congenital anomalies	Meningitis/Severe acute encephalitis malnutrition	Tuberculosis	Measles	HIV/AIDS	Prematurity	Birth asphyxia/trauma	Tetanus	Sepsis	Other communicable diseases	Other noncommunicable diseases	
<b>Sub-Saharan Africa</b>	15 (14 - 16)	10 (9 - 11)	9 (8 - 9)	3 (2 - 3)	1 (1 - 1)	3 (3 - 4)	3 (3 - 3)	1 (0 - 1)	3 (2 - 4)	1 (1 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	9 (9 - 10)	3 (3 - 3)
West and Central Africa	19 (17 - 20)	10 (9 - 11)	9 (9 - 10)	2 (2 - 2)	1 (1 - 1)	4 (3 - 4)	3 (3 - 3)	1 (0 - 1)	3 (2 - 4)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	9 (8 - 10)	3 (3 - 3)
Eastern and Southern Africa	7 (6 - 9)	9 (8 - 11)	7 (6 - 8)	3 (3 - 4)	2 (2 - 2)	2 (2 - 3)	3 (3 - 4)	1 (1 - 2)	2 (1 - 3)	2 (2 - 3)	1 (1 - 1)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	10 (9 - 11)	3 (3 - 4)
<b>Middle East and North Africa</b>	0 (0 - 1)	9 (8 - 10)	4 (3 - 4)	6 (5 - 8)	7 (6 - 9)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	1 (1 - 2)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	5 (4 - 5)	5 (5 - 6)
South Asia	0 (0 - 0)	5 (4 - 6)	4 (3 - 4)	3 (3 - 4)	3 (3 - 3)	3 (1 - 2)	2 (2 - 2)	3 (3 - 5)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	8 (7 - 8)	4 (3 - 4)
East Asia and Pacific	1 (0 - 1)	6 (5 - 8)	3 (3 - 4)	8 (6 - 10)	9 (8 - 11)	1 (1 - 1)	1 (0 - 1)	7 (6 - 8)	0 (0 - 1)	1 (1 - 2)	1 (1 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	3 (3 - 4)	7 (6 - 8)
Latin America and Caribbean	0 (0 - 0)	9 (7 - 10)	3 (3 - 4)	7 (5 - 8)	10 (8 - 12)	1 (1 - 1)	1 (0 - 1)	0 (0 - 1)	0 (0 - 0)	1 (0 - 1)	2 (1 - 2)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	4 (4 - 5)	8 (7 - 9)
North America	0 (0 - 0)	3 (2 - 3)	1 (1 - 2)	11 (9 - 14)	11 (9 - 13)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	2 (1 - 3)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	2 (1 - 3)	12 (10 - 14)
Europe and Central Asia	0 (0 - 0)	7 (6 - 8)	2 (2 - 3)	9 (8 - 10)	11 (10 - 12)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	3 (2 - 3)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	3 (2 - 3)	9 (8 - 10)
Eastern Europe and Central Asia	0 (0 - 0)	8 (7 - 9)	3 (2 - 4)	11 (10 - 12)	11 (10 - 12)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	3 (2 - 3)	8 (7 - 9)
Western Europe	0 (0 - 0)	3 (2 - 3)	0 (0 - 0)	3 (2 - 3)	13 (12 - 14)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	4 (4 - 5)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	2 (2 - 2)	12 (11 - 12)
<b>World</b>	<b>9 (8 - 10)</b>	<b>8 (7 - 9)</b>	<b>7 (6 - 7)</b>	<b>4 (3 - 4)</b>	<b>3 (3 - 3)</b>	<b>3 (2 - 3)</b>	<b>2 (2 - 3)</b>	<b>2 (1 - 3)</b>	<b>2 (1 - 2)</b>	<b>1 (1 - 1)</b>	<b>1 (1 - 1)</b>	<b>0 (0 - 1)</b>	<b>0 (0 - 0)</b>	<b>0 (0 - 0)</b>	<b>8 (7 - 9)</b>	<b>4 (4 - 4)</b>

Distribution of deaths (percentage) among children under age 5, by cause and World Health Organization region, 2024 (continued)

Deaths among children under 5 years of age in the 1-59 months period due to:																
Region	Malaria	Lower respiratory infections (pneumonia)	Diarrhoea	Injuries	Congenital anomalies	Meningitis/Severe acute encephalitis malnutrition	Tuberculosis	Measles	HIV/AIDS	Prematurity	Birth asphyxia/trauma	Tetanus	Sepsis	Other communicable diseases	Other noncommunicable diseases	
<b>Africa</b>	16 (14 - 17)	10 (9 - 10)	9 (8 - 9)	2 (2 - 3)	1 (1 - 1)	3 (3 - 4)	3 (3 - 3)	1 (0 - 1)	3 (2 - 3)	2 (1 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	9 (8 - 10)	3 (3 - 3)
Americas	0 (0 - 0)	8 (6 - 9)	3 (2 - 4)	7 (6 - 9)	10 (9 - 12)	1 (1 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	1 (1 - 2)	2 (1 - 2)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	4 (3 - 4)	9 (8 - 10)
Eastern Mediterranean	1 (0 - 1)	8 (7 - 10)	6 (5 - 7)	4 (4 - 5)	3 (3 - 3)	2 (2 - 2)	3 (2 - 3)	1 (1 - 1)	1 (1 - 2)	0 (0 - 0)	1 (1 - 1)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	8 (7 - 9)	4 (3 - 4)
Europe	0 (0 - 0)	7 (6 - 8)	2 (2 - 3)	9 (8 - 10)	11 (10 - 12)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	3 (2 - 3)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	3 (2 - 3)	9 (8 - 10)
South-East Asia	0 (0 - 0)	5 (2 - 7)	3 (2 - 3)	4 (3 - 4)	4 (3 - 4)	1 (1 - 1)	2 (2 - 2)	6 (4 - 8)	1 (1 - 1)	0 (0 - 0)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	7 (7 - 8)	4 (4 - 4)
Western Pacific	1 (0 - 1)	7 (5 - 8)	3 (2 - 3)	9 (7 - 11)	10 (8 - 12)	1 (1 - 1)	0 (0 - 0)	7 (6 - 8)	0 (0 - 1)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	3 (2 - 4)	8 (7 - 9)
<b>World</b>	<b>9 (8 - 10)</b>	<b>8 (7 - 9)</b>	<b>7 (6 - 7)</b>	<b>4 (3 - 4)</b>	<b>3 (3 - 3)</b>	<b>3 (2 - 3)</b>	<b>2 (2 - 3)</b>	<b>2 (1 - 3)</b>	<b>2 (1 - 2)</b>	<b>1 (1 - 1)</b>	<b>1 (1 - 1)</b>	<b>0 (0 - 1)</b>	<b>0 (0 - 0)</b>	<b>0 (0 - 0)</b>	<b>8 (7 - 9)</b>	<b>4 (4 - 4)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 5

Distribution of deaths (percentage) among children under age 5, by cause and World Bank region, 2024

Deaths among children under 5 years of age in the neonatal period due to:											
Region	Prematurity	Birth asphyxia/trauma	Lower respiratory infections (pneumonia)	Sepsis	Congenital anomalies	Diarrhoea	Meningitis/encephalitis	Tetanus	Injuries	HIV/AIDS	Other neonatal deaths
<b>East Asia and Pacific</b>	22 (20-24)	9 (8-10)	2 (2-3)	2 (2-2)	10 (8-11)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	3 (3-4)
<b>Europe and Central Asia</b>	25 (23-27)	7 (6-7)	1 (1-2)	2 (2-2)	13 (12-15)	0 (0-0)	0 (0-0)	0 (0-0)	1 (0-1)	0 (0-0)	4 (4-4)
<b>Latin America and the Caribbean</b>	20 (18-22)	8 (7-9)	2 (2-3)	6 (5-6)	12 (10-13)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)
<b>Middle East, North Africa, Afghanistan and Pakistan</b>	26 (24-27)	14 (13-15)	4 (4-5)	5 (5-6)	7 (6-8)	1 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)
<b>North America</b>	24 (24-25)	6 (5-6)	0 (0-0)	3 (3-3)	15 (14-15)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	9 (8-9)
<b>South Asia</b>	25 (24-27)	11 (11-12)	8 (7-8)	5 (4-6)	6 (6-6)	1 (1-1)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-6)
<b>Sub-Saharan Africa</b>	12 (10-13)	9 (8-9)	5 (5-6)	5 (4-6)	2 (2-3)	1 (1-1)	1 (0-1)	0 (0-1)	0 (0-0)	0 (0-0)	3 (3-3)
<b>Low income</b>	13 (12-15)	7 (7-8)	4 (3-4)	4 (4-5)	2 (2-3)	1 (1-1)	0 (0-1)	0 (0-1)	0 (0-0)	0 (0-0)	3 (3-3)
<b>Lower middle income</b>	17 (16-18)	11 (10-12)	6 (6-7)	5 (5-6)	4 (4-5)	1 (1-1)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	4 (3-4)
<b>Upper middle income</b>	22 (20-24)	8 (7-8)	2 (2-2)	3 (3-4)	11 (10-12)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	4 (4-5)
<b>High income</b>	23 (22-24)	6 (6-6)	0 (0-1)	3 (2-3)	15 (15-16)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	7 (6-7)
<b>World</b>	<b>17</b> <b>(16-18)</b>	<b>10</b> <b>(9-10)</b>	<b>5</b> <b>(5-5)</b>	<b>5</b> <b>(4-5)</b>	<b>4</b> <b>(4-5)</b>	<b>1</b> <b>(1-1)</b>	<b>1</b> <b>(0-1)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>4</b> <b>(3-4)</b>

Distribution of deaths (percentage) among children under age 5, by cause and United Nations Population Division region, 2024

Deaths among children under 5 years of age in the neonatal period due to:											
Region	Prematurity	Birth asphyxia/trauma	Lower respiratory infections (pneumonia)	Sepsis	Congenital anomalies	Diarrhoea	Meningitis/encephalitis	Tetanus	Injuries	HIV/AIDS	Other neonatal deaths
<b>Sub-Saharan Africa</b>	11 (10-13)	9 (8-9)	5 (5-6)	5 (4-6)	2 (2-3)	1 (1-1)	1 (0-1)	0 (0-1)	0 (0-0)	0 (0-0)	3 (3-3)
<b>Africa</b>	12 (11-13)	9 (8-9)	5 (5-6)	5 (4-5)	3 (2-3)	1 (1-1)	0 (0-1)	0 (0-1)	0 (0-0)	0 (0-0)	3 (3-3)
<b>Asia</b>	24 (23-26)	12 (11-13)	5 (5-6)	5 (4-5)	7 (6-7)	1 (1-1)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)
<b>Europe</b>	23 (22-25)	7 (6-7)	1 (1-1)	2 (2-3)	16 (15-17)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	5 (5-6)
<b>Latin America and the Caribbean</b>	20 (18-22)	8 (7-9)	2 (2-3)	6 (5-6)	12 (10-13)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)
<b>Northern America</b>	24 (24-25)	6 (5-6)	0 (0-0)	3 (3-3)	15 (14-15)	0 (0-0)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	9 (8-9)
<b>Oceania</b>	18 (15-21)	10 (8-12)	5 (4-6)	3 (3-4)	7 (6-8)	1 (1-1)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	6 (5-6)
<b>World</b>	<b>17</b> <b>(16-18)</b>	<b>10</b> <b>(9-10)</b>	<b>5</b> <b>(5-5)</b>	<b>5</b> <b>(4-5)</b>	<b>4</b> <b>(4-5)</b>	<b>1</b> <b>(1-1)</b>	<b>1</b> <b>(0-1)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>4</b> <b>(3-4)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 5

Distribution of deaths (percentage) among children under age 5, by cause and World Bank region, 2024 (continued)

Deaths among children under 5 years of age in the 1-59 months period due to:																		
Region	Malaria	Lower respiratory infections (pneumonia)	Diarrhoea	Injuries	Congenital anomalies	Meningitis/encephalitis	Severe acute malnutrition	Tuberculosis	Measles	HIV/AIDS	Prematurity	Birth asphyxia/trauma	Tetanus	Sepsis	Other communicable diseases	Other noncommunicable diseases		
<b>East Asia and Pacific</b>	1 (0-1)	6 (5-8)	3 (3-4)	8 (6-10)	9 (8-11)	1 (1-1)	1 (0-1)	7 (6-8)	0 (0-1)	1 (1-2)	1 (1-1)	1 (0-1)	0 (0-0)	0 (0-0)	3 (3-4)	7 (6-8)		
<b>Europe and Central Asia</b>	0 (0-0)	7 (6-8)	2 (2-3)	9 (8-10)	11 (10-12)	1 (1-1)	0 (0-0)	1 (1-1)	0 (0-0)	1 (1-1)	3 (2-3)	1 (1-1)	0 (0-0)	0 (0-0)	3 (2-3)	9 (8-10)		
<b>Latin America and the Caribbean</b>	0 (0-0)	9 (7-10)	3 (3-4)	7 (5-8)	10 (8-12)	1 (1-1)	1 (0-1)	0 (0-1)	0 (0-0)	1 (0-1)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	4 (4-5)	8 (7-9)		
<b>Middle East, North Africa, Afghanistan and Pakistan</b>	0 (0-0)	7 (6-8)	5 (5-6)	4 (3-4)	4 (3-4)	2 (2-2)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-1)	0 (0-0)	0 (0-0)	7 (6-8)	4 (3-4)		
<b>North America</b>	0 (0-0)	3 (2-3)	1 (1-2)	11 (9-14)	11 (9-13)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-3)	0 (0-1)	0 (0-0)	0 (0-0)	2 (1-3)	12 (10-14)		
<b>South Asia</b>	0 (0-0)	5 (3-7)	2 (2-3)	4 (3-4)	4 (4-4)	1 (1-1)	2 (2-2)	6 (4-8)	1 (1-1)	0 (0-0)	1 (1-1)	1 (1-1)	0 (0-0)	0 (0-0)	8 (7-8)	4 (4-4)		
<b>Sub-Saharan Africa</b>	15 (14-16)	10 (9-11)	9 (8-9)	3 (2-3)	1 (1-1)	3 (3-4)	3 (3-3)	1 (0-1)	3 (2-4)	1 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	9 (9-10)	3 (3-3)		
<b>Low income</b>	15 (14-17)	10 (9-11)	7 (7-8)	3 (2-3)	1 (1-1)	3 (2-3)	3 (3-4)	1 (0-1)	5 (4-6)	1 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	10 (9-11)	3 (3-4)		
<b>Lower middle income</b>	8 (7-9)	8 (7-9)	7 (6-8)	3 (3-3)	3 (2-3)	3 (2-3)	2 (2-2)	2 (2-3)	0 (0-1)	1 (1-1)	1 (1-1)	0 (0-1)	0 (0-0)	0 (0-0)	8 (7-8)	3 (3-4)		
<b>Upper middle income</b>	0 (0-0)	6 (6-7)	4 (3-4)	9 (7-10)	10 (9-11)	1 (1-1)	0 (0-1)	4 (3-4)	0 (0-0)	1 (1-2)	2 (2-2)	1 (1-1)	0 (0-0)	0 (0-0)	4 (4-4)	7 (7-8)		
<b>High income</b>	0 (0-0)	4 (3-4)	1 (1-1)	8 (7-9)	13 (12-15)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	3 (2-3)	1 (1-1)	0 (0-0)	0 (0-0)	2 (2-3)	12 (11-13)		
<b>World</b>	<b>9</b> <b>(8-10)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(6-7)</b>	<b>4</b> <b>(3-4)</b>	<b>3</b> <b>(3-3)</b>	<b>3</b> <b>(2-3)</b>	<b>2</b> <b>(2-3)</b>	<b>2</b> <b>(1-3)</b>	<b>2</b> <b>(1-2)</b>	<b>1</b> <b>(1-1)</b>	<b>1</b> <b>(1-1)</b>	<b>0</b> <b>(0-1)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>8</b> <b>(7-9)</b>	<b>4</b> <b>(4-4)</b>		

Distribution of deaths (percentage) among children under age 5, by cause and United Nations Population Division region, 2024 (continued)

Deaths among children under 5 years of age in the 1-59 months period due to:																		
Region	Malaria	Lower respiratory infections (pneumonia)	Diarrhoea	Injuries	Congenital anomalies	Meningitis/encephalitis	Severe acute malnutrition	Tuberculosis	Measles	HIV/AIDS	Prematurity	Birth asphyxia/trauma	Tetanus	Sepsis	Other communicable diseases	Other noncommunicable diseases		
<b>Sub-Saharan Africa</b>	15 (14-17)	10 (9-11)	9 (8-10)	2 (2-3)	1 (1-1)	3 (3-4)	3 (3-3)	1 (0-1)	3 (2-3)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	9 (8-10)	3 (3-3)		
<b>Africa</b>	14 (13-16)	10 (9-11)	9 (8-9)	3 (2-3)	2 (1-2)	3 (3-3)	3 (3-3)	1 (0-1)	3 (2-3)	1 (1-1)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	9 (8-10)	3 (3-3)		
<b>Asia</b>	0 (0-0)	6 (5-7)	4 (3-4)	5 (4-5)	4 (4-5)	2 (1-2)	2 (1-2)	4 (3-5)	1 (0-1)	0 (0-0)	1 (1-1)	1 (0-1)	0 (0-0)	0 (0-0)	7 (6-7)	4 (4-5)		
<b>Europe</b>	0 (0-0)	4 (4-5)	1 (1-1)	5 (4-6)	14 (13-15)	1 (1-1)	0 (0-0)	0 (0-1)	0 (0-0)	1 (1-1)	4 (3-4)	1 (1-2)	0 (0-0)	0 (0-0)	2 (2-2)	12 (11-13)		
<b>Latin America and the Caribbean</b>	0 (0-0)	9 (7-10)	3 (3-4)	7 (5-8)	10 (8-12)	1 (1-1)	1 (0-1)	0 (0-1)	0 (0-0)	1 (0-1)	2 (1-2)	1 (1-1)	0 (0-0)	0 (0-0)	4 (4-5)	8 (7-9)		
<b>Northern America</b>	0 (0-0)	3 (2-3)	1 (1-2)	11 (9-14)	11 (9-13)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-3)	0 (0-1)	0 (0-0)	0 (0-0)	2 (1-3)	12 (10-14)		
<b>Oceania</b>	11 (6-17)	5 (1-8)	3 (1-6)	2 (2-3)	2 (2-3)	1 (0-2)	2 (0-3)	4 (2-6)	0 (0-0)	10 (6-13)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-4)	3 (2-4)		
<b>World</b>	<b>9</b> <b>(8-10)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(6-7)</b>	<b>4</b> <b>(3-4)</b>	<b>3</b> <b>(3-3)</b>	<b>3</b> <b>(2-3)</b>	<b>2</b> <b>(2-3)</b>	<b>2</b> <b>(1-3)</b>	<b>2</b> <b>(1-2)</b>	<b>1</b> <b>(1-1)</b>	<b>1</b> <b>(1-1)</b>	<b>0</b> <b>(0-1)</b>	<b>0</b> <b>(0-0)</b>	<b>0</b> <b>(0-0)</b>	<b>8</b> <b>(7-9)</b>	<b>4</b> <b>(4-4)</b>		

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among children aged 5–9 years, by cause and Sustainable Development Goal region, 2024

Region	Malaria	Diarrhoea	Drowning	Road traffic injuries	Lower respiratory infections (pneumonia)	Neoplasms/cancer	Tuberculosis	Collective violence	Congenital anomalies	Digestive system	Measles	HIV/AIDS	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	18 (16-20)	11 (10-12)	5 (4-5)	5 (4-5)	8 (6-9)	2 (2-2)	3 (2-4)	1 (1-1)	3 (2-4)	2 (2-2)	1 (0-3)	2 (2-2)	1 (1-1)	23 (21-25)	9 (8-10)	7 (6-7)
<b>Northern Africa and Western Asia</b>	2 (1-2)	2 (2-3)	8 (6-9)	7 (6-9)	4 (3-4)	5 (4-6)	1 (0-1)	39 (34-45)	3 (2-4)	1 (1-2)	1 (0-2)	0 (0-0)	0 (0-0)	5 (4-6)	10 (8-12)	11 (9-13)
<b>Northern Africa</b>	2 (1-2)	1 (1-2)	6 (5-7)	7 (5-9)	3 (2-4)	6 (5-7)	1 (0-2)	47 (42-52)	4 (3-4)	1 (1-1)	1 (0-3)	0 (0-0)	0 (0-0)	4 (3-4)	9 (7-11)	9 (7-11)
<b>Western Asia</b>	2 (1-3)	3 (2-4)	10 (7-12)	8 (6-10)	4 (3-5)	4 (4-5)	1 (0-2)	30 (20-39)	2 (2-3)	2 (1-2)	0 (0-1)	0 (0-0)	0 (0-0)	7 (5-9)	11 (9-14)	15 (12-18)
<b>Central and Southern Asia</b>	3 (3-3)	7 (6-7)	20 (18-22)	9 (8-9)	2 (0-3)	6 (6-7)	10 (6-13)	0 (0-0)	4 (4-5)	5 (5-6)	3 (3-4)	0 (0-0)	0 (0-0)	12 (9-15)	5 (5-6)	13 (12-15)
<b>Central Asia</b>	0 (0-0)	0 (0-0)	18 (14-22)	34 (29-40)	1 (1-3)	11 (10-12)	2 (1-2)	0 (0-0)	5 (4-6)	0 (0-1)	0 (0-0)	0 (0-0)	0 (0-0)	2 (1-2)	10 (8-11)	16 (13-19)
<b>Southern Asia</b>	3 (3-4)	7 (7-7)	20 (18-22)	8 (7-8)	2 (0-3)	6 (6-7)	10 (6-13)	0 (0-0)	4 (4-5)	5 (5-6)	3 (3-4)	0 (0-0)	0 (0-0)	12 (9-16)	5 (4-6)	13 (11-15)
<b>Eastern and South-Eastern Asia</b>	1 (1-2)	2 (2-2)	13 (12-14)	10 (9-11)	3 (2-3)	16 (14-17)	4 (3-5)	1 (1-1)	6 (5-6)	2 (2-3)	1 (1-1)	1 (0-1)	0 (0-0)	8 (7-8)	18 (17-19)	16 (14-17)
<b>Eastern Asia</b>	0 (0-0)	1 (1-1)	15 (14-15)	15 (14-15)	4 (3-4)	19 (19-20)	1 (0-2)	0 (0-0)	7 (6-7)	1 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	5 (5-6)	18 (18-19)	13 (13-14)
<b>South-Eastern Asia</b>	2 (2-3)	3 (2-3)	11 (10-13)	6 (5-7)	2 (2-3)	13 (11-15)	6 (5-7)	2 (1-2)	5 (4-5)	3 (3-4)	1 (1-2)	1 (1-1)	1 (0-1)	9 (8-10)	18 (16-20)	17 (15-20)
<b>Latin America and the Caribbean</b>	1 (1-1)	2 (2-2)	5 (5-6)	8 (8-9)	4 (4-5)	20 (20-21)	0 (0-1)	1 (1-1)	7 (7-8)	4 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	11 (10-11)	22 (21-23)	12 (12-13)
<b>Oceania</b>	8 (7-10)	8 (6-10)	6 (4-7)	4 (3-5)	2 (0-6)	10 (8-12)	13 (6-19)	1 (1-2)	2 (1-3)	6 (5-8)	1 (0-1)	10 (7-13)	5 (4-7)	4 (0-8)	13 (10-15)	7 (6-9)
<b>Australia and New Zealand</b>	0 (0-0)	1 (0-3)	6 (3-10)	11 (7-15)	2 (0-3)	33 (26-39)	0 (0-0)	0 (0-0)	8 (4-12)	2 (0-4)	0 (0-0)	0 (0-0)	0 (0-0)	4 (2-7)	23 (17-29)	10 (5-14)
<b>Oceania (exc. Australia and New Zealand)</b>	9 (7-11)	9 (7-11)	6 (4-7)	4 (3-4)	2 (0-6)	7 (5-10)	14 (7-21)	1 (1-2)	1 (1-2)	7 (5-9)	1 (0-1)	11 (7-14)	6 (4-8)	4 (0-9)	12 (9-14)	7 (6-8)
<b>Europe and Northern America</b>	0 (0-0)	0 (0-0)	6 (5-6)	13 (12-14)	2 (2-3)	24 (23-24)	0 (0-1)	1 (1-1)	9 (9-10)	1 (1-1)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)	22 (21-23)	15 (14-16)
<b>Europe</b>	0 (0-0)	0 (0-1)	5 (5-6)	11 (9-12)	3 (3-4)	28 (27-29)	1 (0-1)	2 (2-2)	10 (9-11)	1 (1-1)	0 (0-1)	1 (0-1)	0 (0-0)	3 (3-4)	23 (21-24)	11 (10-12)
<b>Northern America</b>	0 (0-0)	0 (0-1)	6 (5-7)	16 (15-17)	1 (1-2)	17 (16-18)	0 (0-0)	0 (0-0)	8 (7-9)	1 (1-2)	0 (0-0)	0 (0-0)	0 (0-1)	7 (6-8)	21 (20-23)	21 (20-22)
<b>World</b>	<b>12</b> <b>(11-14)</b>	<b>9</b> <b>(8-9)</b>	<b>8</b> <b>(8-9)</b>	<b>6</b> <b>(6-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-5)</b>	<b>4</b> <b>(3-5)</b>	<b>4</b> <b>(3-4)</b>	<b>4</b> <b>(3-4)</b>	<b>3</b> <b>(2-3)</b>	<b>2</b> <b>(1-3)</b>	<b>2</b> <b>(1-2)</b>	<b>1</b> <b>(0-1)</b>	<b>18</b> <b>(16-19)</b>	<b>10</b> <b>(9-10)</b>	<b>9</b> <b>(9-10)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among children aged 5–9 years, by cause and UNICEF region, 2024

Region	Malaria	Diarrhoea	Drowning	Road traffic injuries	Lower respiratory infections (pneumonia)	Neoplasms/cancer	Tuberculosis	Collective violence	Congenital anomalies	Digestive system	Measles	HIV/AIDS	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	18 (16-20)	11 (10-12)	5 (4-5)	5 (4-5)	7 (6-9)	2 (2-2)	3 (1-4)	4 (3-5)	3 (2-3)	2 (2-2)	2 (0-3)	2 (2-2)	1 (1-1)	22 (20-24)	8 (8-9)	6 (6-7)
<b>West and Central Africa</b>	23 (20-26)	13 (12-14)	4 (4-5)	4 (4-5)	8 (6-10)	1 (1-1)	2 (1-4)	1 (1-1)	3 (3-4)	1 (1-2)	1 (0-2)	1 (1-1)	0 (0-0)	27 (24-30)	5 (4-6)	4 (3-5)
<b>Eastern and Southern Africa</b>	8 (8-9)	6 (6-7)	5 (5-6)	5 (5-6)	6 (5-7)	4 (3-5)	3 (2-4)	9 (7-11)	2 (2-3)	4 (3-4)	2 (0-6)	4 (4-5)	2 (1-2)	13 (11-15)	15 (13-16)	11 (10-12)
<b>Middle East and North Africa</b>	1 (1-2)	3 (2-3)	10 (8-12)	10 (8-12)	4 (3-5)	8 (7-9)	1 (0-2)	20 (13-26)	4 (4-5)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	7 (5-8)	14 (12-17)	16 (14-19)
<b>South Asia</b>	3 (3-4)	7 (7-8)	20 (18-22)	8 (7-8)	2 (0-3)	6 (5-7)	10 (7-14)	0 (0-0)	4 (4-5)	5 (5-6)	4 (3-4)	0 (0-0)	0 (0-0)	12 (9-16)	5 (4-6)	13 (11-15)
<b>East Asia and Pacific</b>	2 (1-2)	2 (2-3)	13 (11-14)	9 (8-10)	3 (2-3)	15 (14-17)	4 (3-5)	1 (1-1)	5 (5-6)	3 (2-3)	1 (1-1)	1 (1-1)	1 (0-1)	7 (7-8)	18 (17-19)	16 (14-17)
<b>Latin America and Caribbean</b>	1 (1-1)	2 (2-2)	5 (5-6)	8 (8-9)	4 (4-5)	20 (20-21)	0 (0-1)	1 (1-1)	7 (7-8)	4 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	11 (10-11)	22 (21-23)	12 (12-13)
<b>North America</b>	0 (0-0)	0 (0-1)	6 (5-7)	16 (15-17)	1 (1-2)	17 (16-18)	0 (0-0)	0 (0-0)	8 (7-9)	1 (1-2)	0 (0-0)	0 (0-0)	0 (0-1)	7 (6-8)	20 (20-23)	21 (20-22)
<b>Europe and Central Asia</b>	0 (0-0)	1 (1-2)	11 (9-13)	20 (17-22)	4 (3-4)	18 (17-19)	1 (1-1)	1 (1-1)	7 (7-8)	1 (1-2)	0 (0-1)	0 (0-1)	0 (0-0)	5 (4-6)	16 (15-17)	14 (12-15)
<b>Eastern Europe and Central Asia</b>	0 (0-0)	1 (1-2)	13 (11-15)	24 (21-27)	4 (3-5)	14 (13-15)	1 (1-2)	1 (1-1)	6 (5-6)	2 (1-2)	0 (0-1)	1 (0-1)	0 (0-0)	5 (4-6)	13 (12-15)	15 (13-16)
<b>Western Europe</b>	0 (0-0)	0 (0-1)	4 (3-4)	6 (5-7)	3 (2-3)	33 (32-35)	0 (0-0)	0 (0-0)	13 (11-14)	1 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	4 (3-5)	27 (25-29)	9 (8-10)
<b>World</b>	<b>12</b> <b>(11-14)</b>	<b>9</b> <b>(8-9)</b>	<b>8</b> <b>(8-9)</b>	<b>6</b> <b>(6-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-5)</b>	<b>4</b> <b>(3-5)</b>	<b>4</b> <b>(3-4)</b>	<b>4</b> <b>(3-4)</b>	<b>3</b> <b>(2-3)</b>	<b>2</b> <b>(1-3)</b>	<b>2</b> <b>(1-2)</b>	<b>1</b> <b>(0-1)</b>	<b>18</b> <b>(16-19)</b>	<b>10</b> <b>(9-10)</b>	<b>9</b> <b>(9-10)</b>

Distribution of deaths (percentage) among children aged 5–9 years, by cause and World Health Organization region, 2024

Region	Malaria	Diarrhoea	Drowning	Road traffic injuries	Lower respiratory infections (pneumonia)	Neoplasms/cancer	Tuberculosis	Collective violence	Congenital anomalies	Digestive system	Measles	HIV/AIDS	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Africa</b>	18 (16-21)	11 (10-12)	5 (4-5)	5 (4-5)	8 (6-9)	2 (2-2)	3 (1-4)	1 (1-1)	3 (3-4)	2 (2-2)	2 (0-3)	2 (2-3)	1 (1-1)	23 (21-25)	9 (8-10)	7 (6-7)
<b>Americas</b>	1 (0-1)	2 (2-2)	6 (5-6)	10 (9-10)	4 (4-4)	20 (19-20)	0 (0-1)	1 (1-1)	7 (7-8)	3 (3-3)	0 (0-0)	1 (1-1)	0 (0-0)	10 (9-11)	22 (21-23)	14 (13-14)
<b>Eastern Mediterranean</b>	5 (4-6)	6 (5-6)	10 (9-11)	7 (6-8)	4 (3-4)	4 (4-5)	4 (2-6)	21 (17-25)	3 (2-3)	3 (3-4)	1 (0-1)	0 (0-0)	0 (0-0)	10 (8-12)	9 (8-11)	13 (11-14)
<b>Europe</b>	0 (0-0)	1 (1-1)	11 (9-13)	20 (17-22)	4 (3-4)	18 (18-19)	1 (1-1)	1 (1-1)	7 (7-8)	1 (1-2)	0 (0-1)	0 (0-1)	0 (0-0)	5 (4-6)	16 (15-17)	14 (12-15)
<b>South-East Asia</b>	2 (2-3)	7 (6-7)	21 (19-23)	7 (6-8)	1 (0-3)	7 (6-8)	11 (6-16)	1 (1-1)	5 (4-5)	6 (5-6)	5 (4-6)	0 (0-0)	0 (0-0)	12 (8-17)	4 (3-5)	12 (10-14)
<b>Western Pacific</b>	2 (1-2)	2 (2-2)	13 (12-14)	10 (9-11)	3 (3-3)	15 (14-17)	4 (3-5)	0 (0-0)	6 (5-6)	2 (2-3)	1 (1-1)	1 (1-1)	0 (0-1)	8 (7-8)	18 (17-20)	15 (14-17)
<b>World</b>	<b>12</b> <b>(11-14)</b>	<b>9</b> <b>(8-9)</b>	<b>8</b> <b>(8-9)</b>	<b>6</b> <b>(6-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-5)</b>	<b>4</b> <b>(3-5)</b>	<b>4</b> <b>(3-4)</b>	<b>4</b> <b>(3-4)</b>	<b>3</b> <b>(2-3)</b>	<b>2</b> <b>(1-3)</b>	<b>2</b> <b>(1-2)</b>	<b>1</b> <b>(0-1)</b>	<b>18</b> <b>(16-19)</b>	<b>10</b> <b>(9-10)</b>	<b>9</b> <b>(9-10)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among children aged 5–9 years, by cause and World Bank region, 2024

Region	Malaria	Diarrhoea	Drowning	Road traffic injuries	Lower respiratory infections (pneumonia)	Neoplasms/cancer	Tuberculosis	Collective violence	Congenital anomalies	Digestive system	Measles	HIV/AIDS	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>East Asia and Pacific</b>	2 (1-2)	2 (2-3)	13 (11-14)	9 (8-10)	3 (2-3)	15 (14-17)	4 (3-5)	1 (1-1)	5 (5-6)	3 (2-3)	1 (1-1)	1 (1-1)	1 (0-1)	7 (7-8)	18 (17-19)	16 (14-17)
<b>Europe and Central Asia</b>	0 (0-0)	1 (1-2)	11 (9-13)	20 (17-22)	4 (3-4)	18 (17-19)	1 (1-1)	1 (1-1)	7 (7-8)	1 (1-2)	0 (0-1)	0 (0-1)	0 (0-0)	5 (4-6)	16 (15-17)	14 (12-15)
<b>Latin America and the Caribbean</b>	1 (1-1)	2 (2-2)	5 (5-6)	8 (8-9)	4 (4-5)	20 (20-21)	0 (0-1)	1 (1-1)	7 (7-8)	4 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	11 (10-11)	22 (21-23)	12 (12-13)
<b>Middle East, North Africa, Afghanistan and Pakistan</b>	4 (3-4)	5 (5-6)	13 (12-15)	10 (8-11)	3 (2-4)	6 (5-6)	5 (3-7)	10 (6-14)	3 (3-4)	3 (3-4)	0 (0-1)	0 (0-0)	0 (0-0)	9 (6-11)	11 (10-13)	16 (15-18)
<b>North America</b>	0 (0-0)	0 (0-1)	6 (5-7)	16 (15-17)	1 (1-2)	17 (16-18)	0 (0-0)	0 (0-0)	8 (7-9)	1 (1-2)	0 (0-0)	0 (0-0)	0 (0-1)	7 (6-8)	21 (20-23)	21 (20-22)
<b>South Asia</b>	2 (2-3)	7 (6-7)	22 (19-24)	7 (6-8)	1 (0-3)	7 (6-8)	11 (6-16)	0 (0-0)	5 (4-5)	6 (5-6)	5 (4-6)	0 (0-0)	0 (0-0)	13 (8-17)	3 (3-4)	11 (9-13)
<b>Sub-Saharan Africa</b>	18 (16-20)	11 (10-12)	5 (4-5)	5 (4-5)	7 (6-9)	2 (2-2)	3 (1-4)	4 (3-5)	3 (2-3)	2 (2-2)	2 (0-3)	2 (1-1)	1 (1-1)	22 (20-24)	8 (8-9)	6 (6-7)
<b>Low income</b>	16 (14-18)	9 (8-9)	5 (4-5)	5 (4-5)	8 (7-10)	2 (2-2)	2 (1-3)	8 (6-10)	2 (2-3)	2 (2-3)	1 (0-2)	2 (2-2)	0 (0-0)	20 (18-22)	10 (9-11)	8 (7-9)
<b>Lower middle income</b>	13 (11-15)	10 (9-11)	10 (9-11)	6 (6-7)	5 (4-6)	4 (3-4)	5 (3-7)	2 (2-3)	4 (3-4)	3 (3-3)	2 (1-2)	1 (1-2)	0 (0-0)	20 (18-23)	7 (6-7)	8 (7-9)
<b>Upper middle income</b>	1 (1-1)	2 (2-2)	11 (10-12)	11 (11-12)	3 (3-4)	17 (16-18)	3 (2-3)	0 (0-0)	6 (6-7)	2 (2-3)	1 (0-1)	1 (1-2)	0 (0-0)	7 (6-8)	18 (17-19)	16 (15-18)
<b>High income</b>	0 (0-0)	1 (0-1)	7 (6-8)	12 (11-13)	2 (2-3)	23 (23-24)	0 (0-0)	1 (0-1)	9 (9-10)	1 (1-1)	0 (0-0)	0 (0-1)	1 (4-5)	5 (22-24)	23 (22-24)	15 (14-16)
<b>World</b>	<b>12 (11-14)</b>	<b>9 (8-9)</b>	<b>8 (8-9)</b>	<b>6 (6-7)</b>	<b>6 (5-7)</b>	<b>5 (5-5)</b>	<b>4 (3-5)</b>	<b>4 (3-4)</b>	<b>4 (3-4)</b>	<b>3 (2-3)</b>	<b>2 (1-3)</b>	<b>2 (1-2)</b>	<b>1 (0-1)</b>	<b>18 (16-19)</b>	<b>10 (9-10)</b>	<b>9 (9-10)</b>

Distribution of deaths (percentage) among children aged 5–9 years, by cause and United Nations Population Division region, 2024

Region	Malaria	Diarrhoea	Drowning	Road traffic injuries	Lower respiratory infections (pneumonia)	Neoplasms/cancer	Tuberculosis	Collective violence	Congenital anomalies	Digestive system	Measles	HIV/AIDS	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	18 (16-20)	11 (10-12)	5 (4-5)	5 (4-5)	8 (6-9)	2 (2-2)	3 (2-4)	1 (1-1)	3 (2-4)	2 (2-2)	1 (0-3)	2 (2-2)	1 (1-1)	23 (21-25)	9 (8-10)	7 (6-7)
<b>Africa</b>	17 (15-19)	11 (10-11)	5 (4-5)	5 (4-5)	7 (6-9)	2 (2-3)	2 (1-3)	4 (3-5)	3 (3-4)	2 (2-2)	1 (0-3)	2 (2-2)	1 (1-1)	22 (20-24)	9 (8-10)	7 (6-7)
<b>Asia</b>	3 (2-3)	5 (5-5)	17 (16-18)	9 (8-10)	2 (1-3)	9 (8-9)	7 (5-9)	4 (2-5)	4 (4-5)	4 (4-4)	2 (2-3)	0 (0-0)	0 (0-0)	10 (8-12)	10 (9-10)	14 (13-15)
<b>Europe</b>	0 (0-0)	0 (0-1)	5 (5-6)	11 (9-12)	3 (3-4)	28 (27-29)	1 (0-1)	2 (2-2)	10 (9-11)	1 (1-1)	0 (0-1)	0 (0-1)	0 (0-0)	3 (3-4)	23 (21-24)	11 (10-12)
<b>Latin America and the Caribbean</b>	1 (1-1)	2 (2-2)	5 (5-6)	8 (8-9)	4 (4-5)	20 (20-21)	0 (0-1)	1 (1-1)	7 (7-8)	4 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	11 (10-11)	22 (21-23)	12 (12-13)
<b>Northern America</b>	0 (0-0)	0 (0-1)	6 (5-7)	16 (15-17)	1 (1-2)	17 (16-18)	0 (0-0)	0 (0-0)	8 (7-9)	1 (1-2)	0 (0-0)	0 (0-0)	0 (0-1)	7 (6-8)	21 (20-23)	21 (20-22)
<b>Oceania</b>	8 (7-10)	8 (6-10)	6 (4-7)	4 (3-5)	2 (0-6)	10 (8-12)	13 (6-19)	1 (1-2)	2 (1-3)	6 (5-8)	1 (0-1)	10 (7-13)	5 (4-7)	4 (0-8)	13 (10-15)	7 (6-9)
<b>World</b>	<b>12 (11-14)</b>	<b>9 (8-9)</b>	<b>8 (8-9)</b>	<b>6 (6-7)</b>	<b>6 (5-7)</b>	<b>5 (5-5)</b>	<b>4 (3-5)</b>	<b>4 (3-4)</b>	<b>4 (3-4)</b>	<b>3 (2-3)</b>	<b>2 (1-3)</b>	<b>2 (1-2)</b>	<b>1 (0-1)</b>	<b>18 (16-19)</b>	<b>10 (9-10)</b>	<b>9 (9-10)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among young adolescents aged 10–14 years, by cause and Sustainable Development Goal region, 2024

Region	Malaria	Neoplasms/cancer	Drowning	Diarrhoea	Lower respiratory infections (pneumonia)	Road traffic injuries	Digestive system	Collective violence	HIV/AIDS	Tuberculosis	Natural disasters	Other communicable diseases	Other injuries	Other noncommunicable diseases
<b>Sub-Saharan Africa</b>	21 (18-24)	2 (2-3)	5 (4-6)	9 (7-11)	9 (8-10)	4 (3-5)	3 (2-3)	1 (1-1)	4 (3-5)	1 (1-2)	1 (0-1)	25 (21-29)	6 (5-7)	10 (8-11)
<b>Northern Africa and Western Asia</b>	2 (1-3)	9 (7-11)	7 (5-9)	3 (1-5)	4 (3-4)	4 (3-5)	2 (1-3)	30 (16-44)	0 (0-0)	0 (0-1)	0 (0-0)	8 (5-10)	14 (10-17)	18 (13-23)
<b>Northern Africa</b>	2 (0-3)	11 (7-15)	6 (4-7)	2 (0-5)	3 (2-5)	4 (2-5)	2 (1-2)	32 (12-51)	0 (0-0)	0 (0-1)	0 (0-0)	5 (3-8)	12 (7-16)	22 (10-33)
<b>Western Asia</b>	2 (1-4)	8 (5-10)	8 (5-11)	4 (3-5)	4 (2-5)	4 (2-5)	2 (1-3)	28 (8-48)	0 (0-0)	0 (0-0)	0 (0-0)	10 (5-14)	15 (10-20)	15 (10-20)
<b>Central and Southern Asia</b>	3 (2-3)	8 (7-8)	12 (10-14)	5 (4-5)	2 (1-3)	6 (6-7)	6 (5-6)	0 (0-0)	0 (0-0)	4 (2-6)	0 (0-0)	17 (14-19)	27 (25-28)	12 (11-13)
<b>Central Asia</b>	0 (0-0)	21 (19-23)	11 (8-14)	1 (1-2)	4 (3-6)	10 (8-12)	2 (1-3)	0 (0-0)	1 (1-1)	1 (0-1)	0 (0-0)	3 (2-3)	16 (13-19)	30 (26-34)
<b>Southern Asia</b>	3 (2-3)	7 (6-8)	12 (10-14)	5 (4-5)	2 (1-3)	6 (6-7)	6 (5-6)	0 (0-0)	0 (0-0)	4 (2-6)	0 (0-0)	17 (15-19)	27 (25-29)	11 (10-12)
<b>Eastern and South-Eastern Asia</b>	0 (0-0)	21 (17-26)	9 (6-12)	1 (1-2)	3 (2-4)	8 (5-10)	3 (2-4)	0 (0-1)	0 (0-1)	2 (2-3)	0 (0-0)	6 (4-7)	21 (17-25)	25 (22-27)
<b>Eastern Asia</b>	0 (0-0)	19 (18-20)	16 (14-18)	1 (0-2)	2 (2-2)	13 (12-14)	1 (1-2)	0 (0-0)	0 (0-0)	1 (2-3)	0 (0-0)	3 (2-3)	18 (17-19)	26 (26-27)
<b>South-Eastern Asia</b>	0 (0-0)	23 (16-30)	4 (2-6)	1 (1-2)	4 (2-5)	4 (3-5)	4 (3-6)	1 (0-1)	1 (1-1)	3 (2-4)	0 (0-0)	8 (6-10)	23 (18-28)	23 (19-27)
<b>Latin America and the Caribbean</b>	0 (0-1)	17 (16-18)	4 (4-5)	1 (1-2)	4 (3-4)	8 (8-9)	3 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	10 (9-11)	22 (21-23)	28 (27-29)
<b>Oceania</b>	2 (1-2)	17 (13-21)	1 (1-2)	3 (1-3)	3 (1-5)	6 (4-8)	5 (3-7)	1 (0-1)	6 (4-8)	4 (1-6)	6 (4-7)	2 (1-4)	23 (19-26)	23 (19-26)
<b>Australia and New Zealand</b>	0 (0-0)	20 (15-24)	4 (2-6)	0 (0-0)	1 (0-2)	14 (10-18)	1 (0-1)	0 (0-0)	0 (0-0)	3 (1-5)	0 (0-3)	1 (0-3)	30 (25-36)	27 (22-33)
<b>Oceania (exc. Australia and New Zealand)</b>	2 (1-3)	17 (12-21)	1 (0-1)	3 (2-4)	3 (1-6)	4 (3-6)	6 (3-8)	0 (0-1)	7 (5-10)	4 (1-8)	6 (5-8)	3 (1-4)	21 (17-25)	22 (17-26)
<b>Europe and Northern America</b>	0 (0-0)	20 (19-20)	4 (3-4)	0 (0-0)	2 (2-2)	11 (10-12)	2 (1-2)	2 (2-2)	0 (0-0)	0 (0-0)	0 (0-0)	4 (3-4)	25 (23-26)	31 (30-33)
<b>Europe</b>	0 (0-0)	23 (22-24)	4 (4-5)	0 (0-0)	3 (2-4)	8 (7-10)	2 (1-2)	3 (3-4)	0 (0-0)	0 (0-1)	0 (0-0)	3 (2-3)	19 (16-21)	34 (32-36)
<b>Northern America</b>	0 (0-0)	15 (14-16)	3 (2-3)	0 (0-0)	1 (1-1)	14 (13-15)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)	33 (32-34)	28 (27-29)
<b>World</b>	<b>11 (9-13)</b>	<b>7 (6-9)</b>	<b>7 (6-8)</b>	<b>6 (5-7)</b>	<b>6 (5-7)</b>	<b>5 (5-6)</b>	<b>3 (3-4)</b>	<b>3 (1-5)</b>	<b>2 (2-2)</b>	<b>2 (1-2)</b>	<b>0 (0-1)</b>	<b>18 (16-21)</b>	<b>14 (13-16)</b>	<b>14 (13-15)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among young adolescents aged 10–14 years, by cause and UNICEF region, 2024

Region	Malaria	Neoplasms/cancer	Drowning	Diarrhoea	Lower respiratory infections (pneumonia)	Road traffic injuries	Digestive system	Collective violence	HIV/AIDS	Tuberculosis	Natural disasters	Other communicable diseases	Other injuries	Other noncommunicable diseases
<b>Sub-Saharan Africa</b>	21 (18-23)	2 (2-3)	5 (4-6)	9 (7-11)	9 (8-10)	4 (3-4)	3 (2-3)	3 (0-5)	4 (3-4)	1 (1-2)	1 (0-1)	25 (21-28)	6 (5-7)	9 (8-11)
West and Central Africa	22 (18-25)	1 (1-2)	4 (3-5)	11 (9-13)	9 (8-11)	4 (3-4)	3 (2-3)	1 (1-1)	2 (2-3)	1 (0-2)	0 (0-0)	31 (27-35)	3 (3-4)	7 (6-9)
Eastern and Southern Africa	18 (14-23)	4 (3-5)	6 (5-7)	5 (4-6)	8 (6-9)	4 (3-5)	3 (2-3)	7 (0-13)	6 (4-7)	2 (1-2)	2 (0-3)	13 (10-15)	11 (9-13)	13 (11-16)
<b>Middle East and North Africa</b>	1 (0-3)	12 (9-15)	8 (5-11)	3 (1-5)	4 (3-5)	4 (1-3)	2 (1-3)	19 (4-34)	0 (0-0)	0 (0-1)	0 (0-0)	9 (6-13)	16 (12-20)	21 (16-26)
South Asia	3 (2-3)	7 (6-7)	12 (10-14)	5 (4-5)	2 (1-3)	6 (6-7)	6 (5-6)	0 (0-0)	0 (0-0)	4 (2-6)	0 (0-0)	17 (15-19)	27 (25-29)	11 (10-12)
East Asia and Pacific	0 (0-0)	21 (17-25)	9 (6-12)	1 (1-2)	3 (2-4)	8 (5-10)	3 (2-4)	0 (0-1)	1 (0-1)	2 (2-3)	0 (0-1)	6 (4-7)	21 (17-24)	25 (22-27)
Latin America and Caribbean	0 (0-1)	17 (16-18)	4 (4-5)	1 (1-2)	4 (3-4)	8 (8-9)	3 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	10 (9-11)	22 (21-23)	28 (27-29)
North America	0 (0-0)	15 (14-16)	3 (2-3)	0 (0-0)	1 (1-1)	14 (13-15)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)	33 (32-34)	28 (27-29)
Europe and Central Asia	0 (0-0)	20 (19-21)	8 (6-9)	1 (1-2)	4 (3-5)	8 (7-10)	2 (2-3)	2 (1-2)	0 (0-0)	0 (0-1)	0 (0-0)	5 (4-6)	19 (17-21)	30 (29-32)
Eastern Europe and Central Asia	0 (0-0)	18 (17-19)	9 (7-10)	2 (1-2)	5 (4-5)	9 (8-10)	2 (2-3)	2 (2-2)	0 (0-1)	1 (0-1)	0 (0-0)	5 (4-6)	19 (16-21)	28 (26-31)
Western Europe	0 (0-0)	27 (25-28)	3 (2-3)	0 (0-0)	2 (1-2)	7 (6-8)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	3 (3-4)	19 (18-20)	37 (36-39)
<b>World</b>	<b>11</b> <b>(9-13)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-8)</b>	<b>6</b> <b>(5-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-6)</b>	<b>3</b> <b>(3-4)</b>	<b>3</b> <b>(1-5)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-1)</b>	<b>18</b> <b>(16-21)</b>	<b>14</b> <b>(13-16)</b>	<b>14</b> <b>(13-15)</b>

Distribution of deaths (percentage) among young adolescents aged 10–14 years, by cause and World Health Organization region, 2024

Region	Malaria	Neoplasms/cancer	Drowning	Diarrhoea	Lower respiratory infections (pneumonia)	Road traffic injuries	Digestive system	Collective violence	HIV/AIDS	Tuberculosis	Natural disasters	Other communicable diseases	Other injuries	Other noncommunicable diseases
<b>Africa</b>	21 (18-24)	2 (2-3)	5 (4-6)	9 (7-11)	9 (8-10)	4 (3-5)	3 (2-3)	1 (0-1)	4 (3-5)	1 (1-2)	1 (0-1)	25 (21-29)	6 (5-7)	10 (8-11)
Americas	0 (0-0)	17 (16-17)	4 (4-4)	1 (1-1)	3 (3-4)	10 (9-10)	3 (3-3)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	9 (8-10)	24 (23-25)	28 (27-29)
Eastern Mediterranean	4 (3-5)	9 (8-11)	8 (6-10)	4 (3-5)	3 (3-4)	4 (3-5)	4 (3-4)	16 (6-27)	0 (0-0)	1 (1-2)	0 (0-0)	15 (12-18)	17 (13-21)	14 (11-16)
Europe	0 (0-0)	20 (19-21)	7 (6-9)	1 (1-2)	4 (3-5)	8 (7-10)	2 (2-3)	2 (1-2)	0 (0-0)	0 (0-1)	0 (0-0)	5 (4-6)	19 (17-21)	30 (29-32)
South-East Asia	2 (2-2)	7 (6-8)	12 (10-14)	5 (5-6)	2 (0-4)	6 (6-7)	6 (5-7)	0 (0-1)	0 (0-0)	4 (2-7)	0 (0-0)	15 (13-18)	28 (26-30)	12 (11-12)
Western Pacific	0 (0-0)	21 (17-26)	10 (6-13)	1 (0-1)	3 (2-4)	8 (6-10)	2 (1-3)	0 (0-0)	1 (0-1)	2 (1-3)	0 (0-1)	6 (4-7)	20 (17-24)	25 (22-28)
<b>World</b>	<b>11</b> <b>(9-13)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-8)</b>	<b>6</b> <b>(5-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-6)</b>	<b>3</b> <b>(3-4)</b>	<b>3</b> <b>(1-5)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-1)</b>	<b>18</b> <b>(16-21)</b>	<b>14</b> <b>(13-16)</b>	<b>14</b> <b>(13-15)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among young adolescents aged 10–14 years, by cause and World Bank region, 2024

Region	Malaria	Neoplasms/cancer	Drowning	Diarrhoea	Lower respiratory infections (pneumonia)	Road traffic injuries	Digestive system	Collective violence	HIV/AIDS	Tuberculosis	Natural disasters	Other communicable diseases	Other injuries	Other noncommunicable diseases
<b>East Asia and Pacific</b>	0 (0-0)	21 (17-25)	9 (6-12)	1 (1-2)	3 (2-4)	8 (5-10)	3 (2-4)	0 (0-1)	1 (0-1)	2 (2-3)	0 (0-1)	6 (4-7)	21 (17-24)	25 (22-27)
Europe and Central Asia	0 (0-0)	20 (19-21)	8 (6-9)	1 (1-2)	4 (3-5)	8 (7-10)	2 (2-3)	2 (1-2)	0 (0-0)	0 (0-1)	0 (0-0)	5 (4-6)	19 (17-21)	30 (29-32)
Latin America and the Caribbean	0 (0-1)	17 (16-18)	4 (4-5)	1 (1-2)	4 (3-4)	8 (8-9)	3 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	10 (9-11)	22 (21-23)	28 (27-29)
Middle East, North Africa, Afghanistan and Pakistan	3 (2-4)	11 (9-12)	9 (7-11)	4 (3-5)	3 (2-4)	5 (4-6)	4 (3-5)	10 (0-20)	0 (0-0)	1 (1-2)	0 (0-0)	14 (10-18)	20 (16-23)	16 (13-20)
North America	0 (0-0)	15 (14-16)	3 (2-3)	0 (0-0)	1 (1-1)	14 (13-15)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)	33 (32-34)	28 (27-29)
South Asia	2 (2-3)	6 (5-6)	13 (10-15)	5 (5-6)	2 (0-4)	7 (6-7)	6 (5-6)	0 (0-0)	0 (0-0)	4 (2-7)	0 (0-0)	16 (14-18)	28 (26-30)	11 (10-12)
Sub-Saharan Africa	21 (18-23)	2 (2-3)	5 (4-6)	9 (7-11)	9 (8-10)	4 (3-4)	3 (2-3)	3 (0-5)	4 (3-4)	1 (1-2)	1 (0-1)	25 (21-28)	6 (5-7)	9 (8-11)
Low income	19 (19-28)	2 (2-4)	4 (4-7)	5 (5-8)	7 (7-9)	3 (2-4)	2 (2-3)	0 (0-10)	2 (2-3)	0 (0-1)	0 (0-0)	18 (18-26)	5 (5-9)	8 (8-11)
Lower middle income	10 (7-12)	5 (4-6)	8 (7-9)	8 (6-9)	6 (5-7)	5 (5-6)	4 (4-5)	2 (0-5)	2 (2-2)	3 (2-3)	0 (0-0)	21 (18-24)	15 (12-18)	12 (10-13)
Upper middle income	1 (0-1)	20 (16-23)	9 (6-11)	1 (0-2)	3 (2-4)	8 (7-10)	3 (2-3)	0 (0-0)	1 (1-1)	1 (1-1)	0 (0-0)	7 (6-9)	22 (19-24)	24 (22-26)
High income	0 (0-0)	20 (19-21)	4 (3-4)	0 (0-0)	2 (2-2)	10 (9-11)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-1)	4 (3-4)	26 (25-27)	32 (30-33)
<b>World</b>	<b>11</b> <b>(9-13)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-8)</b>	<b>6</b> <b>(5-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-6)</b>	<b>3</b> <b>(3-4)</b>	<b>3</b> <b>(1-5)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-1)</b>	<b>18</b> <b>(16-21)</b>	<b>14</b> <b>(13-16)</b>	<b>14</b> <b>(13-15)</b>

Distribution of deaths (percentage) among young adolescents aged 10–14 years, cause and United Nations Population Division region, 2024

Region	Malaria	Neoplasms/cancer	Drowning	Diarrhoea	Lower respiratory infections (pneumonia)	Road traffic injuries	Digestive system	Collective violence	HIV/AIDS	Tuberculosis	Natural disasters	Other communicable diseases	Other injuries	Other noncommunicable diseases
<b>Sub-Saharan Africa</b>	21 (18-24)	2 (2-3)	5 (4-6)	9 (7-11)	9 (8-10)	4 (3-5)	3 (2-3)	1 (1-1)	4 (3-5)	1 (1-2)	1 (0-1)	25 (21-29)	6 (5-7)	10 (8-11)
Africa	20 (17-23)	3 (2-3)	5 (4-6)	9 (7-10)	9 (8-10)	4 (3-5)	3 (2-3)	3 (0-5)	3 (3-4)	1 (1-2)	1 (0-1)	24 (20-28)	6 (5-8)	10 (9-12)
Asia	2 (2-2)	11 (9-14)	11 (9-12)	4 (3-4)	3 (2-3)	6 (6-7)	4 (4-5)	3 (0-7)	0 (0-0)	3 (2-4)	0 (0-0)	13 (11-15)	24 (22-26)	16 (14-17)
Europe	0 (0-0)	23 (22-24)	4 (4-5)	0 (0-0)	3 (2-4)	8 (7-10)	2 (1-2)	3 (3-4)	0 (0-0)	0 (0-1)	0 (0-0)	3 (2-3)	19 (16-21)	34 (32-36)
Latin America and the Caribbean	0 (0-1)	17 (16-18)	4 (4-5)	1 (1-2)	4 (3-4)	8 (8-9)	3 (3-4)	0 (0-0)	1 (1-1)	0 (0-0)	0 (0-0)	10 (9-11)	22 (21-23)	28 (27-29)
Northern America	0 (0-0)	15 (14-16)	3 (2-3)	0 (0-0)	1 (1-1)	14 (13-15)	2 (1-2)	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)	5 (4-5)	33 (32-34)	28 (27-29)
Oceania	2 (1-2)	17 (13-21)	1 (1-2)	2 (1-3)	3 (1-5)	6 (4-8)	5 (3-7)	1 (0-1)	6 (4-8)	4 (1-6)	6 (4-7)	2 (1-4)	23 (19-26)	23 (19-26)
<b>World</b>	<b>11</b> <b>(9-13)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-8)</b>	<b>6</b> <b>(5-7)</b>	<b>6</b> <b>(5-7)</b>	<b>5</b> <b>(5-6)</b>	<b>3</b> <b>(3-4)</b>	<b>3</b> <b>(1-5)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-1)</b>	<b>18</b> <b>(16-21)</b>	<b>14</b> <b>(13-16)</b>	<b>14</b> <b>(13-15)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among older female adolescents aged 15–19 years, by cause and Sustainable Development Goal region, 2024

Region	Self-harm	Maternal causes	Road traffic injuries	Neoplasms/cancer	Tuberculosis	Cardiovascular	Digestive system	Interpersonal violence	Collective violence	HIV/AIDS	Drowning	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	10 (9-11)	13 (10-15)	4 (3-5)	6 (5-7)	7 (5-10)	7 (6-9)	5 (4-7)	3 (2-3)	1 (1-1)	4 (4-5)	1 (1-2)	0 (0-0)	23 (18-28)	11 (9-13)	5 (4-6)
<b>Northern Africa and Western Asia</b>	13 (11-15)	7 (5-9)	5 (4-6)	7 (6-8)	2 (1-2)	5 (4-6)	3 (2-4)	6 (5-7)	21 (18-24)	0 (0-0)	1 (1-1)	0 (0-0)	11 (8-15)	16 (13-18)	4 (3-5)
Northern Africa	14 (11-17)	8 (4-11)	5 (3-6)	7 (5-8)	1 (0-3)	5 (3-6)	3 (2-4)	5 (4-6)	20 (18-21)	0 (0-0)	1 (1-2)	0 (0-0)	12 (7-17)	16 (12-19)	4 (3-6)
Western Asia	11 (9-14)	6 (4-8)	5 (4-6)	8 (7-9)	2 (1-3)	5 (4-6)	3 (2-4)	7 (6-9)	23 (15-30)	0 (0-0)	1 (1-1)	0 (0-0)	9 (6-13)	15 (13-18)	4 (3-5)
<b>Central and Southern Asia</b>	18 (16-19)	9 (7-10)	11 (9-14)	7 (6-8)	11 (10-13)	6 (5-7)	5 (4-6)	3 (2-3)	0 (0-0)	0 (0-0)	2 (2-3)	0 (0-0)	7 (4-11)	14 (12-16)	7 (6-8)
Central Asia	22 (14-29)	6 (4-11)	7 (6-8)	13 (11-14)	1 (1-2)	8 (7-10)	3 (2-3)	5 (3-6)	0 (0-0)	0 (0-0)	2 (1-2)	0 (0-0)	9 (7-12)	22 (19-25)	3 (2-3)
Southern Asia	17 (16-19)	9 (7-10)	12 (9-14)	7 (6-8)	12 (10-13)	6 (5-7)	5 (4-6)	2 (2-3)	0 (0-0)	0 (0-0)	2 (2-3)	0 (0-0)	7 (4-11)	14 (12-16)	7 (6-8)
<b>Eastern and South-Eastern Asia</b>	14 (13-15)	5 (3-7)	13 (10-16)	11 (9-13)	5 (3-6)	8 (7-9)	3 (2-4)	2 (1-3)	1 (0-1)	0 (0-0)	3 (2-4)	0 (0-0)	6 (5-7)	23 (20-25)	6 (5-8)
Eastern Asia	17 (14-20)	1 (0-1)	13 (12-14)	18 (16-19)	2 (1-2)	8 (8-9)	2 (1-2)	1 (1-2)	0 (0-0)	0 (0-0)	5 (5-6)	0 (0-0)	4 (3-4)	20 (19-21)	9 (8-10)
South-Eastern Asia	12 (11-14)	7 (4-9)	13 (9-17)	8 (7-10)	6 (4-8)	8 (6-9)	4 (3-6)	2 (2-3)	1 (1-1)	0 (0-0)	2 (1-2)	0 (0-0)	8 (5-10)	24 (20-28)	5 (4-6)
<b>Latin America and the Caribbean</b>	12 (11-13)	7 (6-8)	10 (9-10)	11 (10-12)	1 (1-1)	6 (5-6)	3 (3-3)	10 (9-11)	0 (0-0)	0 (0-1)	1 (1-1)	0 (0-0)	14 (13-15)	19 (19-20)	5 (5-6)
Oceania	18 (15-20)	10 (7-13)	9 (7-11)	9 (7-11)	8 (3-12)	6 (4-7)	6 (4-9)	1 (1-2)	0 (0-1)	1 (0-2)	1 (1-2)	4 (3-6)	3 (0-6)	18 (15-22)	5 (4-7)
Australia and New Zealand	34 (28-39)	0 (0-0)	18 (13-23)	17 (13-22)	0 (0-0)	4 (1-6)	1 (0-2)	2 (0-3)	0 (0-0)	0 (0-0)	1 (0-1)	0 (0-0)	1 (0-3)	20 (15-25)	3 (1-5)
Oceania (exc. Australia and New Zealand)	12 (10-13)	14 (11-17)	6 (4-8)	6 (4-8)	10 (5-16)	7 (5-8)	9 (6-11)	1 (1-2)	1 (0-1)	1 (0-2)	2 (1-2)	6 (3-8)	3 (0-8)	18 (14-22)	6 (4-8)
<b>Europe and Northern America</b>	17 (15-19)	1 (1-1)	17 (16-18)	12 (11-13)	0 (0-0)	5 (5-6)	2 (1-2)	6 (6-7)	2 (2-3)	0 (0-0)	1 (1-1)	0 (0-0)	7 (6-8)	24 (23-25)	5 (5-6)
Europe	18 (14-21)	1 (1-1)	11 (10-12)	16 (14-17)	1 (0-1)	6 (5-7)	2 (2-3)	3 (2-4)	4 (4-5)	0 (0-0)	1 (1-2)	0 (0-0)	9 (7-10)	22 (20-24)	7 (6-8)
Northern America	16 (15-17)	1 (1-1)	25 (24-26)	7 (6-8)	0 (0-0)	4 (4-5)	1 (1-1)	10 (9-11)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)	26 (25-28)	3 (3-4)
<b>World</b>	<b>13</b> <b>(12-14)</b>	<b>9</b> <b>(8-11)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(7-8)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-7)</b>	<b>5</b> <b>(4-5)</b>	<b>3</b> <b>(3-4)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-0)</b>	<b>15</b> <b>(12-17)</b>	<b>14</b> <b>(13-16)</b>	<b>6</b> <b>(5-6)</b>

### Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among older female adolescents aged 15–19 years, by cause and UNICEF region, 2024

Region	Self-harm	Maternal causes	Road traffic injuries	Neoplasms/cancer	Tuberculosis	Cardiovascular	Digestive system	Interpersonal violence	Collective violence	HIV/AIDS	Drowning	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	10 (9-11)	12 (10-15)	4 (3-5)	6 (5-7)	7 (5-10)	7 (6-9)	5 (4-6)	3 (2-3)	3 (2-3)	4 (3-5)	1 (1-2)	0 (0-0)	23 (18-28)	11 (9-13)	5 (4-6)
West and Central Africa	9 (8-10)	14 (10-17)	3 (2-4)	6 (4-7)	7 (3-11)	8 (6-10)	6 (4-7)	2 (1-3)	1 (1-1)	2 (1-2)	1 (1-2)	0 (0-0)	26 (19-33)	11 (9-14)	5 (4-6)
Eastern and Southern Africa	11 (10-13)	11 (8-13)	5 (4-6)	5 (4-7)	7 (5-10)	6 (5-7)	4 (3-5)	3 (2-4)	5 (4-6)	7 (6-8)	1 (1-2)	1 (1-1)	18 (14-23)	10 (8-12)	5 (4-6)
<b>Middle East and North Africa</b>	12 (10-15)	7 (5-9)	7 (5-8)	9 (7-10)	2 (1-2)	5 (4-6)	3 (2-3)	7 (6-8)	13 (8-17)	0 (0-0)	1 (1-1)	0 (0-0)	9 (7-12)	21 (18-24)	4 (3-5)
South Asia	18 (16-19)	9 (7-10)	11 (9-14)	7 (6-8)	12 (10-14)	6 (5-7)	5 (4-6)	2 (2-3)	0 (0-0)	0 (0-0)	2 (2-3)	0 (0-0)	7 (4-11)	14 (12-16)	7 (6-8)
East Asia and Pacific	14 (13-15)	5 (3-7)	13 (10-16)	11 (9-13)	5 (3-6)	8 (7-9)	3 (2-5)	2 (1-3)	1 (0-1)	0 (0-0)	3 (2-4)	0 (0-0)	6 (5-7)	22 (20-25)	6 (5-8)
Latin America and Caribbean	12 (11-13)	7 (6-8)	10 (9-10)	11 (10-12)	1 (1-1)	6 (5-6)	3 (3-3)	10 (9-11)	0 (0-0)	0 (0-1)	1 (1-1)	0 (0-0)	14 (13-15)	20 (19-20)	5 (5-6)
North America	16 (15-17)	1 (1-1)	25 (24-26)	7 (6-8)	0 (0-0)	4 (4-5)	1 (1-1)	10 (9-11)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)	26 (25-28)	3 (3-4)
<b>Europe and Central Asia</b>	19 (16-22)	3 (2-3)	9 (9-10)	14 (13-15)	1 (0-1)	7 (6-8)	2 (2-3)	5 (4-6)	3 (2-3)	0 (0-0)	1 (1-2)	0 (0-0)	9 (8-10)	22 (20-23)	5 (5-6)
Eastern Europe and Central Asia	18 (14-22)	4 (3-4)	9 (8-9)	12 (11-13)	1 (1-1)	7 (6-8)	3 (2-3)	6 (5-8)	4 (3-4)	0 (0-0)	1 (1-2)	0 (0-0)	10 (9-12)	20 (18-22)	4 (4-5)
Western Europe	21 (19-22)	0 (0-0)	12 (11-13)	19 (17-20)	0 (0-0)	6 (5-7)	2 (1-2)	2 (2-3)	0 (0-0)	0 (0-0)	1 (1-2)	0 (0-0)	5 (5-6)	25 (23-26)	7 (6-8)
<b>World</b>	<b>13</b> <b>(12-14)</b>	<b>9</b> <b>(8-11)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(7-8)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-7)</b>	<b>5</b> <b>(4-5)</b>	<b>3</b> <b>(3-4)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-0)</b>	<b>15</b> <b>(12-17)</b>	<b>14</b> <b>(13-16)</b>	<b>6</b> <b>(5-6)</b>

Distribution of deaths (percentage) among older female adolescents aged 15–19 years, by cause and World Health Organization region, 2024

Region	Self-harm	Maternal causes	Road traffic injuries	Neoplasms/cancer	Tuberculosis	Cardiovascular	Digestive system	Interpersonal violence	Collective violence	HIV/AIDS	Drowning	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Africa</b>	10 (9-11)	13 (10-15)	4 (3-5)	6 (5-7)	7 (5-10)	7 (6-9)	5 (4-7)	3 (2-3)	1 (1-1)	4 (4-5)	1 (1-2)	0 (0-0)	22 (17-27)	11 (9-14)	5 (4-6)
<b>Americas</b>	13 (12-13)	6 (5-6)	13 (13-14)	10 (10-11)	1 (1-1)	5 (5-6)	3 (2-3)	10 (9-11)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	12 (11-13)	21 (20-22)	5 (4-5)
Eastern Mediterranean	12 (10-13)	8 (6-11)	4 (3-5)	5 (4-6)	6 (3-9)	5 (4-6)	4 (3-5)	4 (3-4)	11 (8-13)	0 (0-0)	1 (1-2)	0 (0-0)	22 (16-28)	13 (11-15)	5 (4-6)
Europe	19 (16-22)	3 (2-3)	9 (9-10)	14 (13-15)	1 (0-1)	7 (6-8)	2 (2-3)	5 (4-6)	3 (2-3)	0 (0-0)	1 (1-2)	0 (0-0)	9 (8-10)	22 (20-23)	5 (5-6)
South-East Asia	19 (17-20)	8 (7-10)	13 (10-17)	7 (6-9)	12 (10-14)	6 (5-7)	5 (4-6)	2 (2-3)	0 (0-0)	0 (0-0)	2 (2-3)	0 (0-0)	3 (2-5)	14 (12-16)	7 (6-9)
Western Pacific	14 (13-16)	5 (3-7)	13 (10-15)	12 (10-14)	5 (3-7)	8 (7-9)	3 (2-4)	2 (1-3)	0 (0-0)	0 (0-0)	3 (2-4)	0 (0-0)	6 (5-7)	23 (20-26)	6 (5-8)
<b>World</b>	<b>13</b> <b>(12-14)</b>	<b>9</b> <b>(8-11)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(7-8)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-7)</b>	<b>5</b> <b>(4-5)</b>	<b>3</b> <b>(3-4)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-0)</b>	<b>15</b> <b>(12-17)</b>	<b>14</b> <b>(13-16)</b>	<b>6</b> <b>(5-6)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among older female adolescents aged 15–19 years, by cause and World Bank region, 2024

Region	Self-harm	Maternal causes	Road traffic injuries	Neoplasms/cancer	Tuberculosis	Cardiovascular	Digestive system	Interpersonal violence	Collective violence	HIV/AIDS	Drowning	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>East Asia and Pacific</b>	14 (13-15)	5 (3-7)	13 (10-16)	11 (9-13)	5 (3-6)	8 (7-9)	3 (2-5)	2 (1-3)	1 (0-1)	0 (0-0)	3 (2-4)	0 (0-0)	6 (5-7)	22 (20-25)	6 (5-8)
<b>Europe and Central Asia</b>	19 (16-22)	3 (2-3)	9 (9-10)	14 (13-15)	1 (0-1)	7 (6-8)	2 (2-3)	5 (4-6)	3 (2-3)	0 (0-0)	1 (1-2)	0 (0-0)	9 (8-10)	22 (20-23)	5 (5-6)
<b>Latin America and the Caribbean</b>	12 (11-13)	7 (6-8)	10 (9-10)	11 (10-12)	1 (1-1)	6 (5-6)	3 (3-3)	10 (9-11)	0 (0-0)	0 (0-1)	1 (1-1)	0 (0-0)	14 (13-15)	20 (19-20)	5 (5-6)
<b>Middle East, North Africa, Afghanistan and Pakistan</b>	12 (10-13)	8 (6-11)	5 (4-6)	6 (5-7)	7 (4-10)	5 (4-6)	4 (3-6)	4 (3-5)	6 (4-9)	0 (0-0)	1 (1-2)	0 (0-0)	18 (11-25)	17 (15-20)	5 (4-6)
<b>North America</b>	16 (15-17)	1 (1-1)	25 (24-26)	7 (6-8)	0 (0-0)	4 (4-5)	1 (1-1)	10 (9-11)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)	26 (25-28)	3 (3-4)
<b>South Asia</b>	19 (17-21)	8 (7-10)	13 (10-17)	8 (6-9)	12 (10-14)	6 (5-7)	5 (4-6)	3 (2-3)	0 (0-0)	0 (0-0)	2 (2-3)	0 (0-0)	3 (1-4)	14 (12-16)	7 (6-9)
<b>Sub-Saharan Africa</b>	10 (9-11)	12 (10-15)	4 (3-5)	6 (5-7)	7 (5-10)	5 (6-9)	5 (4-6)	3 (2-3)	4 (2-3)	4 (3-5)	1 (1-2)	0 (0-0)	23 (18-28)	11 (9-13)	5 (4-6)
<b>Low income</b>	10 (8-11)	12 (9-15)	4 (2-3)	6 (3-6)	7 (3-9)	5 (5-9)	5 (3-6)	2 (1-3)	4 (3-5)	3 (2-4)	3 (1-2)	0 (0-0)	30 (24-37)	8 (6-10)	4 (3-5)
<b>Lower middle income</b>	14 (13-16)	9 (8-11)	9 (7-11)	7 (6-8)	10 (8-12)	6 (5-7)	5 (4-6)	3 (2-3)	2 (1-2)	1 (1-2)	2 (0-0)	0 (0-0)	10 (7-12)	15 (14-17)	6 (5-7)
<b>Upper middle income</b>	13 (12-13)	6 (4-7)	13 (11-15)	11 (10-12)	3 (2-4)	7 (6-7)	3 (2-3)	7 (6-8)	1 (0-1)	2 (1-3)	2 (2-3)	0 (0-0)	8 (7-9)	19 (18-21)	6 (5-7)
<b>High income</b>	21 (20-23)	1 (1-1)	16 (15-17)	12 (12-13)	0 (0-0)	5 (5-6)	2 (1-2)	6 (5-6)	0 (0-0)	0 (0-0)	1 (1-1)	0 (0-0)	7 (6-7)	23 (22-24)	5 (4-5)
<b>World</b>	<b>13</b> <b>(12-14)</b>	<b>9</b> <b>(8-11)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(7-8)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-7)</b>	<b>5</b> <b>(4-5)</b>	<b>3</b> <b>(3-4)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-0)</b>	<b>15</b> <b>(12-17)</b>	<b>14</b> <b>(13-16)</b>	<b>6</b> <b>(5-6)</b>

Distribution of deaths (percentage) among older female adolescents aged 15–19 years, by cause and United Nations Population Division region, 2024

Region	Self-harm	Maternal causes	Road traffic injuries	Neoplasms/cancer	Tuberculosis	Cardiovascular	Digestive system	Interpersonal violence	Collective violence	HIV/AIDS	Drowning	Natural disasters	Other communicable diseases	Other noncommunicable diseases	Other injuries
<b>Sub-Saharan Africa</b>	10 (9-11)	13 (10-15)	4 (3-5)	6 (5-7)	7 (5-10)	7 (6-9)	5 (4-7)	3 (2-3)	1 (1-1)	4 (4-5)	1 (1-2)	0 (0-0)	23 (18-28)	11 (9-13)	5 (4-6)
<b>Africa</b>	10 (9-11)	12 (10-14)	4 (3-5)	6 (5-7)	7 (4-9)	7 (6-9)	5 (4-6)	3 (2-4)	2 (2-3)	4 (3-4)	1 (1-2)	0 (0-0)	22 (17-27)	11 (10-13)	5 (4-6)
<b>Asia</b>	16 (15-18)	8 (6-9)	11 (9-14)	8 (7-9)	9 (8-11)	6 (5-7)	4 (4-5)	3 (2-3)	2 (1-2)	0 (0-0)	2 (2-3)	0 (0-0)	7 (5-10)	16 (15-18)	7 (6-8)
<b>Europe</b>	18 (14-21)	1 (1-1)	11 (10-12)	16 (14-17)	1 (0-1)	6 (5-7)	2 (2-3)	3 (2-4)	4 (4-5)	0 (0-0)	1 (1-2)	0 (0-0)	9 (7-10)	22 (20-24)	7 (6-8)
<b>Latin America and the Caribbean</b>	12 (11-13)	7 (6-8)	10 (9-10)	11 (10-12)	1 (1-1)	6 (5-6)	3 (3-3)	10 (9-11)	0 (0-0)	0 (0-1)	1 (1-1)	0 (0-0)	14 (13-15)	20 (19-20)	5 (5-6)
<b>Northern America</b>	16 (15-17)	1 (1-1)	25 (24-26)	7 (6-8)	0 (0-0)	4 (4-5)	1 (1-1)	10 (9-11)	0 (0-0)	0 (0-0)	0 (0-1)	0 (0-0)	6 (5-6)	26 (25-28)	3 (3-4)
<b>Oceania</b>	18 (15-20)	10 (7-13)	9 (7-11)	9 (7-11)	8 (3-12)	6 (4-7)	6 (4-9)	1 (1-2)	0 (0-1)	1 (0-2)	1 (1-2)	4 (3-6)	3 (0-6)	18 (15-22)	5 (4-7)
<b>World</b>	<b>13</b> <b>(12-14)</b>	<b>9</b> <b>(8-11)</b>	<b>8</b> <b>(7-9)</b>	<b>7</b> <b>(7-8)</b>	<b>7</b> <b>(6-9)</b>	<b>7</b> <b>(6-7)</b>	<b>5</b> <b>(4-5)</b>	<b>3</b> <b>(3-4)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(2-2)</b>	<b>2</b> <b>(1-2)</b>	<b>0</b> <b>(0-0)</b>	<b>15</b> <b>(12-17)</b>	<b>14</b> <b>(13-16)</b>	<b>6</b> <b>(5-6)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among older male adolescents aged 15–19 years, by cause and Sustainable Development Goal region, 2024

Region	Road traffic injuries	Interpersonal violence	Self-harm	Collective violence	Tuberculosis	Neoplasms/cancer	Cardiovascular	Drowning	Digestive system	HIV/AIDS	Natural disasters	Other noncommunicable diseases	Other injuries	Other communicable diseases
<b>Sub-Saharan Africa</b>	12 (12-13)	9 (8-11)	8 (7-9)	5 (4-6)	8 (6-10)	6 (5-6)	5 (5-6)	4 (4-5)	6 (5-6)	5 (4-6)	0 (0-0)	11 (10-12)	9 (8-10)	11 (8-14)
<b>Northern Africa and Western Asia</b>	9 (8-10)	11 (9-13)	7 (6-9)	37 (33-41)	1 (0-1)	6 (5-6)	3 (3-4)	3 (3-4)	2 (2-2)	0 (0-0)	0 (0-0)	11 (10-12)	6 (5-7)	4 (3-5)
<b>Northern Africa</b>	9 (7-10)	7 (5-10)	6 (4-8)	43 (39-48)	1 (0-1)	5 (4-6)	3 (3-4)	3 (2-3)	2 (1-2)	0 (0-0)	0 (0-0)	11 (9-13)	5 (4-6)	4 (3-5)
<b>Western Asia</b>	10 (9-11)	15 (12-18)	8 (6-10)	28 (23-33)	1 (0-1)	6 (5-7)	4 (3-4)	3 (3-4)	2 (1-2)	0 (0-0)	0 (0-0)	10 (9-11)	7 (5-8)	5 (4-7)
<b>Central and Southern Asia</b>	14 (14-15)	9 (7-10)	10 (9-10)	1 (1-1)	12 (9-15)	7 (6-7)	6 (6-6)	5 (5-6)	6 (6-7)	0 (0-0)	0 (0-0)	13 (12-14)	10 (10-11)	7 (4-11)
<b>Central Asia</b>	18 (16-20)	7 (4-9)	13 (9-17)	0 (0-0)	1 (0-1)	12 (10-13)	8 (7-9)	7 (6-9)	2 (2-3)	0 (0-0)	0 (0-0)	17 (15-19)	8 (6-10)	7 (5-9)
<b>Southern Asia</b>	14 (13-15)	9 (7-10)	10 (9-10)	1 (1-1)	12 (9-16)	6 (6-7)	6 (5-6)	5 (5-5)	6 (6-7)	0 (0-0)	0 (0-0)	13 (12-14)	10 (10-11)	7 (4-11)
<b>Eastern and South-Eastern Asia</b>	17 (16-18)	8 (6-11)	9 (9-10)	3 (2-5)	4 (3-6)	9 (8-10)	7 (7-8)	4 (6-8)	4 (3-4)	1 (0-1)	0 (0-0)	15 (14-17)	10 (9-11)	5 (4-5)
<b>Eastern Asia</b>	20 (20-21)	2 (1-3)	11 (10-13)	0 (0-0)	1 (1-2)	13 (13-14)	9 (8-9)	11 (10-12)	2 (1-2)	0 (0-0)	0 (0-0)	16 (15-16)	12 (11-12)	3 (3-3)
<b>South-Eastern Asia</b>	15 (14-16)	12 (8-15)	9 (7-10)	5 (2-7)	6 (4-8)	7 (6-7)	6 (6-7)	5 (4-5)	5 (4-6)	1 (1-1)	0 (0-0)	15 (13-18)	10 (8-11)	5 (4-7)
<b>Latin America and the Caribbean</b>	16 (15-16)	36 (34-38)	9 (8-9)	1 (1-1)	1 (1-1)	6 (6-6)	4 (3-4)	4 (3-4)	2 (2-2)	1 (1-1)	0 (0-0)	10 (9-10)	7 (6-7)	6 (6-7)
<b>Oceania</b>	19 (17-20)	7 (6-8)	17 (15-18)	1 (1-2)	4 (2-6)	7 (7-8)	5 (4-6)	5 (4-6)	5 (5-6)	2 (1-3)	1 (1-2)	14 (13-16)	11 (9-12)	2 (1-4)
<b>Australia and New Zealand</b>	26 (22-30)	4 (3-6)	33 (29-37)	0 (0-0)	0 (0-0)	8 (6-11)	2 (1-3)	3 (1-4)	0 (0-1)	0 (0-0)	0 (0-0)	15 (12-18)	8 (5-10)	1 (0-1)
<b>Oceania (exc. Australia and New Zealand)</b>	16 (15-17)	7 (6-9)	11 (9-12)	1 (1-2)	5 (2-9)	6 (6-8)	6 (5-7)	7 (5-6)	7 (6-8)	2 (1-4)	2 (1-3)	14 (13-16)	12 (10-13)	3 (1-5)
<b>Europe and Northern America</b>	16 (15-16)	12 (11-12)	14 (14-15)	21 (20-23)	0 (0-0)	6 (6-7)	3 (3-3)	3 (2-3)	1 (1-1)	0 (0-0)	0 (0-0)	15 (14-15)	6 (5-6)	3 (3-3)
<b>Europe</b>	13 (12-14)	3 (2-3)	11 (10-13)	37 (35-39)	0 (0-0)	7 (7-8)	3 (3-4)	3 (3-3)	1 (1-1)	0 (0-0)	0 (0-0)	11 (10-12)	7 (6-8)	3 (2-3)
<b>Northern America</b>	20 (19-21)	24 (23-25)	19 (18-20)	0 (0-0)	0 (0-0)	5 (5-5)	3 (2-3)	2 (2-2)	1 (1-1)	0 (0-0)	0 (0-0)	19 (19-20)	4 (4-4)	3 (3-4)
<b>World</b>	<b>14</b> <b>(13-14)</b>	<b>12</b> <b>(11-13)</b>	<b>9</b> <b>(9-10)</b>	<b>7</b> <b>(7-8)</b>	<b>7</b> <b>(5-8)</b>	<b>6</b> <b>(6-7)</b>	<b>5</b> <b>(5-5)</b>	<b>5</b> <b>(4-5)</b>	<b>4</b> <b>(4-5)</b>	<b>2</b> <b>(2-2)</b>	<b>0</b> <b>(0-0)</b>	<b>12</b> <b>(12-13)</b>	<b>9</b> <b>(8-9)</b>	<b>8</b> <b>(6-9)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among older male adolescents aged 15–19 years, by cause and UNICEF region, 2024

Region	Road traffic injuries	Interpersonal violence	Self-harm	Collective violence	Tuberculosis	Neoplasms/cancer	Cardiovascular	Drowning	Digestive system	HIV/AIDS	Natural disasters	Other noncommunicable diseases	Other injuries	Other communicable diseases
<b>Sub-Saharan Africa</b>	12 (11 - 12)	9 (7 - 10)	8 (7 - 8)	11 (9 - 13)	7 (5 - 9)	5 (5 - 6)	5 (4 - 5)	4 (4 - 5)	5 (5 - 6)	5 (4 - 5)	0 (0 - 0)	11 (10 - 12)	8 (8 - 9)	10 (7 - 13)
West and Central Africa	13 (12 - 14)	9 (6 - 11)	8 (8 - 9)	6 (5 - 7)	8 (5 - 11)	6 (5 - 6)	5 (5 - 6)	5 (4 - 5)	6 (5 - 6)	2 (2 - 3)	0 (0 - 0)	12 (10 - 13)	9 (8 - 10)	11 (7 - 15)
Eastern and Southern Africa	10 (10 - 11)	9 (7 - 10)	7 (6 - 8)	16 (12 - 19)	6 (4 - 8)	5 (4 - 5)	5 (4 - 5)	4 (3 - 4)	5 (4 - 5)	7 (6 - 8)	0 (0 - 0)	10 (9 - 11)	8 (7 - 8)	10 (6 - 13)
<b>Middle East and North Africa</b>	12 (11 - 13)	14 (12 - 17)	9 (7 - 11)	17 (14 - 20)	1 (0 - 1)	7 (6 - 8)	4 (4 - 5)	4 (3 - 4)	3 (2 - 3)	0 (0 - 0)	0 (0 - 0)	15 (13 - 16)	7 (6 - 9)	7 (6 - 9)
South Asia	14 (14 - 15)	8 (7 - 10)	10 (9 - 10)	1 (1 - 1)	13 (9 - 17)	6 (6 - 7)	6 (6 - 6)	5 (5 - 6)	6 (6 - 7)	0 (0 - 0)	0 (0 - 0)	13 (12 - 14)	10 (10 - 11)	7 (3 - 11)
<b>East Asia and Pacific</b>	17 (16 - 18)	8 (6 - 11)	10 (9 - 10)	3 (2 - 5)	4 (3 - 6)	9 (8 - 10)	7 (6 - 8)	7 (6 - 8)	4 (3 - 4)	1 (0 - 1)	0 (0 - 0)	15 (14 - 17)	10 (9 - 11)	5 (4 - 5)
Latin America and Caribbean	16 (15 - 16)	36 (34 - 38)	9 (8 - 9)	1 (1 - 1)	1 (1 - 1)	6 (6 - 6)	4 (3 - 4)	4 (3 - 4)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	10 (9 - 10)	7 (6 - 7)	6 (6 - 7)
North America	20 (19 - 21)	24 (23 - 25)	19 (18 - 20)	0 (0 - 0)	0 (0 - 0)	5 (5 - 5)	3 (2 - 3)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	19 (19 - 20)	4 (4 - 4)	3 (3 - 4)
<b>Europe and Central Asia</b>	14 (13 - 15)	5 (4 - 6)	12 (10 - 13)	26 (25 - 28)	0 (0 - 0)	9 (8 - 9)	5 (4 - 5)	4 (3 - 4)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	13 (12 - 14)	8 (7 - 9)	4 (3 - 4)
Eastern Europe and Central Asia	12 (11 - 13)	5 (4 - 6)	9 (7 - 11)	35 (33 - 37)	0 (0 - 0)	7 (6 - 8)	5 (4 - 5)	4 (4 - 5)	1 (1 - 1)	0 (0 - 1)	0 (0 - 0)	10 (9 - 11)	7 (6 - 8)	4 (3 - 5)
Western Europe	19 (18 - 20)	4 (3 - 4)	20 (19 - 21)	0 (0 - 0)	0 (0 - 0)	14 (13 - 15)	4 (4 - 5)	3 (3 - 4)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	20 (19 - 22)	9 (8 - 10)	4 (3 - 4)
<b>World</b>	<b>14</b> <b>(13 - 14)</b>	<b>12</b> <b>(11 - 13)</b>	<b>9</b> <b>(9 - 10)</b>	<b>7</b> <b>(7 - 8)</b>	<b>7</b> <b>(5 - 8)</b>	<b>6</b> <b>(6 - 7)</b>	<b>5</b> <b>(5 - 5)</b>	<b>5</b> <b>(4 - 5)</b>	<b>4</b> <b>(4 - 5)</b>	<b>2</b> <b>(2 - 2)</b>	<b>0</b> <b>(0 - 0)</b>	<b>12</b> <b>(12 - 13)</b>	<b>9</b> <b>(8 - 9)</b>	<b>8</b> <b>(6 - 9)</b>

Distribution of deaths (percentage) among older male adolescents aged 15–19 years, by cause and World Health Organization region, 2024

Region	Road traffic injuries	Interpersonal violence	Self-harm	Collective violence	Tuberculosis	Neoplasms/cancer	Cardiovascular	Drowning	Digestive system	HIV/AIDS	Natural disasters	Other noncommunicable diseases	Other injuries	Other communicable diseases
<b>Africa</b>	12 (12 - 13)	9 (8 - 11)	8 (8 - 9)	4 (4 - 5)	8 (6 - 10)	6 (5 - 6)	5 (5 - 6)	4 (4 - 5)	6 (5 - 6)	5 (4 - 6)	0 (0 - 0)	12 (10 - 13)	9 (8 - 10)	11 (8 - 14)
<b>Americas</b>	17 (16 - 17)	33 (32 - 35)	11 (10 - 11)	1 (0 - 1)	1 (0 - 1)	6 (6 - 6)	3 (3 - 4)	3 (3 - 3)	2 (1 - 2)	1 (0 - 1)	0 (0 - 0)	12 (11 - 12)	6 (6 - 6)	6 (5 - 6)
<b>Eastern Mediterranean</b>	11 (10 - 11)	8 (7 - 9)	8 (7 - 8)	26 (21 - 30)	4 (3 - 6)	5 (5 - 6)	4 (4 - 4)	4 (3 - 4)	4 (3 - 4)	0 (0 - 0)	0 (0 - 0)	11 (10 - 12)	7 (6 - 8)	9 (6 - 11)
<b>Europe</b>	14 (13 - 15)	5 (4 - 6)	12 (10 - 13)	26 (25 - 28)	0 (0 - 0)	9 (8 - 9)	5 (4 - 5)	4 (3 - 4)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	13 (12 - 14)	8 (7 - 9)	4 (3 - 4)
<b>South-East Asia</b>	14 (13 - 15)	10 (8 - 12)	9 (9 - 10)	2 (1 - 3)	12 (9 - 16)	6 (6 - 7)	6 (5 - 6)	5 (5 - 5)	6 (6 - 7)	0 (0 - 0)	0 (0 - 0)	13 (12 - 14)	10 (10 - 11)	4 (0 - 8)
<b>Western Pacific</b>	18 (17 - 19)	8 (5 - 10)	10 (9 - 11)	0 (0 - 0)	5 (3 - 6)	10 (9 - 11)	8 (7 - 8)	7 (6 - 8)	4 (3 - 4)	0 (0 - 1)	0 (0 - 0)	16 (14 - 17)	11 (10 - 12)	5 (4 - 5)
<b>World</b>	<b>14</b> <b>(13 - 14)</b>	<b>12</b> <b>(11 - 13)</b>	<b>9</b> <b>(9 - 10)</b>	<b>7</b> <b>(7 - 8)</b>	<b>7</b> <b>(5 - 8)</b>	<b>6</b> <b>(6 - 7)</b>	<b>5</b> <b>(5 - 5)</b>	<b>5</b> <b>(4 - 5)</b>	<b>4</b> <b>(4 - 5)</b>	<b>2</b> <b>(2 - 2)</b>	<b>0</b> <b>(0 - 0)</b>	<b>12</b> <b>(12 - 13)</b>	<b>9</b> <b>(8 - 9)</b>	<b>8</b> <b>(6 - 9)</b>

## Country, regional and global estimates of mortality among children, adolescents and youth under age 25

Distribution of deaths (percentage) among older male adolescents aged 15–19 years, by cause and World Bank region, 2024

Region	Road traffic injuries	Interpersonal violence	Self-harm	Collective violence	Tuberculosis	Neoplasms/cancer	Cardiovascular	Drowning	Digestive system	HIV/AIDS	Natural disasters	Other noncommunicable diseases	Other injuries	Other communicable diseases
<b>East Asia and Pacific</b>	17 (16 - 18)	8 (6 - 11)	10 (9 - 10)	3 (2 - 5)	4 (3 - 6)	9 (8 - 10)	7 (6 - 8)	7 (6 - 8)	4 (3 - 4)	1 (0 - 1)	0 (0 - 0)	15 (14 - 17)	10 (9 - 11)	5 (4 - 5)
<b>Europe and Central Asia</b>	14 (13 - 15)	5 (4 - 6)	12 (10 - 13)	26 (25 - 28)	0 (0 - 0)	9 (8 - 9)	5 (4 - 5)	4 (3 - 4)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	13 (12 - 14)	8 (7 - 9)	4 (3 - 4)
<b>Latin America and the Caribbean</b>	16 (15 - 16)	36 (34 - 38)	9 (8 - 9)	1 (1 - 1)	1 (1 - 1)	6 (6 - 6)	4 (3 - 4)	4 (3 - 4)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	10 (9 - 10)	7 (6 - 7)	6 (6 - 7)
<b>Middle East, North Africa, Afghanistan and Pakistan</b>	12 (12 - 13)	10 (8 - 12)	9 (8 - 10)	11 (8 - 14)	5 (3 - 7)	7 (6 - 7)	5 (4 - 5)	4 (4 - 5)	4 (4 - 5)	0 (0 - 0)	0 (0 - 0)	13 (12 - 15)	8 (7 - 10)	11 (7 - 14)
<b>North America</b>	20 (19 - 21)	24 (23 - 25)	19 (18 - 20)	0 (0 - 0)	0 (0 - 0)	5 (5 - 5)	3 (2 - 3)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	19 (19 - 20)	4 (4 - 4)	3 (3 - 4)
<b>South Asia</b>	14 (14 - 15)	10 (8 - 12)	10 (9 - 10)	0 (0 - 0)	14 (9 - 18)	6 (6 - 7)	6 (6 - 6)	5 (5 - 6)	6 (6 - 7)	0 (0 - 0)	0 (0 - 0)	13 (12 - 14)	11 (10 - 11)	4 (0 - 9)
<b>Sub-Saharan Africa</b>	12 (11 - 12)	9 (7 - 10)	8 (7 - 8)	11 (9 - 13)	7 (5 - 9)	5 (5 - 6)	5 (4 - 5)	4 (4 - 5)	5 (5 - 6)	5 (4 - 5)	0 (0 - 0)	11 (10 - 12)	8 (8 - 9)	10 (7 - 13)
<b>Low income</b>	10 (10 - 11)	7 (7 - 11)	6 (6 - 7)	15 (15 - 21)	3 (3 - 8)	4 (4 - 5)	4 (4 - 5)	3 (3 - 4)	4 (4 - 5)	3 (3 - 4)	0 (0 - 0)	8 (8 - 10)	7 (7 - 8)	9 (9 - 16)
<b>Lower middle income</b>	14 (14 - 15)	9 (8 - 9)	9 (9 - 10)	4 (4 - 5)	10 (8 - 12)	7 (6 - 7)	6 (5 - 6)	5 (5 - 5)	6 (5 - 6)	2 (1 - 2)	0 (0 - 0)	13 (12 - 14)	10 (9 - 11)	6 (4 - 8)
<b>Upper middle income</b>	16 (15 - 16)	19 (16 - 21)	9 (8 - 9)	4 (3 - 5)	2 (2 - 3)	8 (7 - 9)	5 (5 - 6)	6 (5 - 6)	3 (3 - 4)	1 (1 - 2)	0 (0 - 0)	13 (12 - 15)	9 (8 - 10)	5 (4 - 6)
<b>High income</b>	18 (17 - 18)	15 (14 - 16)	19 (18 - 20)	7 (7 - 8)	0 (0 - 0)	8 (7 - 8)	4 (3 - 4)	3 (3 - 3)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	16 (16 - 17)	6 (6 - 7)	3 (3 - 4)
<b>World</b>	<b>14</b> <b>(13 - 14)</b>	<b>12</b> <b>(11 - 13)</b>	<b>9</b> <b>(9 - 10)</b>	<b>7</b> <b>(7 - 8)</b>	<b>7</b> <b>(5 - 8)</b>	<b>6</b> <b>(6 - 7)</b>	<b>5</b> <b>(5 - 5)</b>	<b>5</b> <b>(4 - 5)</b>	<b>4</b> <b>(4 - 5)</b>	<b>2</b> <b>(2 - 2)</b>	<b>0</b> <b>(0 - 0)</b>	<b>12</b> <b>(12 - 13)</b>	<b>9</b> <b>(8 - 9)</b>	<b>8</b> <b>(6 - 9)</b>

Distribution of deaths (percentage) among older male adolescents aged 15–19 years, by cause and United Nations Population Division region, 2024

Region	Road traffic injuries	Interpersonal violence	Self-harm	Collective violence	Tuberculosis	Neoplasms/cancer	Cardiovascular	Drowning	Digestive system	HIV/AIDS	Natural disasters	Other noncommunicable diseases	Other injuries	Other communicable diseases
<b>Sub-Saharan Africa</b>	12 (12 - 13)	9 (8 - 11)	8 (7 - 9)	5 (4 - 6)	8 (6 - 10)	6 (5 - 6)	5 (5 - 6)	4 (4 - 5)	6 (5 - 6)	5 (4 - 6)	0 (0 - 0)	11 (10 - 12)	9 (8 - 10)	11 (8 - 14)
<b>Africa</b>	12 (11 - 12)	9 (8 - 10)	8 (7 - 9)	10 (9 - 12)	7 (5 - 9)	6 (5 - 6)	5 (4 - 5)	4 (4 - 5)	5 (5 - 6)	4 (4 - 5)	0 (0 - 0)	11 (10 - 12)	8 (8 - 9)	10 (7 - 13)
<b>Asia</b>	15 (14 - 15)	9 (8 - 11)	9 (9 - 10)	4 (3 - 5)	8 (6 - 10)	7 (7 - 8)	6 (6 - 6)	6 (5 - 6)	5 (5 - 5)	0 (0 - 0)	0 (0 - 0)	14 (13 - 14)	10 (9 - 11)	6 (4 - 8)
<b>Europe</b>	13 (12 - 14)	3 (2 - 3)	11 (10 - 13)	37 (35 - 39)	0 (0 - 0)	7 (7 - 8)	3 (3 - 4)	3 (3 - 3)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	11 (10 - 12)	7 (6 - 8)	3 (2 - 3)
<b>Latin America and the Caribbean</b>	16 (15 - 16)	36 (34 - 38)	9 (8 - 9)	1 (1 - 1)	1 (1 - 1)	6 (6 - 6)	4 (3 - 4)	4 (3 - 4)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	10 (9 - 10)	7 (6 - 7)	6 (6 - 7)
<b>Northern America</b>	20 (19 - 21)	24 (23 - 25)	19 (18 - 20)	0 (0 - 0)	0 (0 - 0)	5 (5 - 5)	3 (2 - 3)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	19 (19 - 20)	4 (4 - 4)	3 (3 - 4)
<b>Oceania</b>	19 (17 - 20)	7 (6 - 8)	17 (15 - 18)	1 (1 - 2)	4 (2 - 6)	7 (7 - 8)	5 (4 - 6)	5 (4 - 6)	5 (5 - 6)	2 (1 - 3)	1 (1 - 2)	14 (13 - 16)	11 (9 - 12)	2 (1 - 4)
<b>World</b>	<b>14</b> <b>(13 - 14)</b>	<b>12</b> <b>(11 - 13)</b>	<b>9</b> <b>(9 - 10)</b>	<b>7</b> <b>(7 - 8)</b>	<b>7</b> <b>(5 - 8)</b>	<b>6</b> <b>(6 - 7)</b>	<b>5</b> <b>(5 - 5)</b>	<b>5</b> <b>(4 - 5)</b>	<b>4</b> <b>(4 - 5)</b>	<b>2</b> <b>(2 - 2)</b>	<b>0</b> <b>(0 - 0)</b>	<b>12</b> <b>(12 - 13)</b>	<b>9</b> <b>(8 - 9)</b>	<b>8</b> <b>(6 - 9)</b>

# Regional groupings

The regional groupings that are referred to in the report and for which aggregate data are provided in the statistical tables are Sustainable Development Goal regions (see below). Aggregates presented for member organizations of the United Nations Inter-agency Group for Child Mortality Estimation may differ, and regional groupings with the same name from different member organizations (e.g., ‘Sub-Saharan Africa’) may include different countries.

## Sub-Saharan Africa

Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

## Northern Africa and Western Asia

### Northern Africa

Algeria, Egypt, Libya, Morocco, Sudan, Tunisia

### Western Asia

Armenia, Azerbaijan, Bahrain, Cyprus, Georgia, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, Türkiye, United Arab Emirates, Yemen

## Central and Southern Asia

### Central Asia

Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

### Southern Asia

Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka

## Eastern and South-Eastern Asia

### Eastern Asia

China, Democratic People’s Republic of Korea, Japan, Mongolia, Republic of Korea

### South-Eastern Asia

Brunei Darussalam, Cambodia, Indonesia, Lao People’s Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam

## Latin America and the Caribbean

Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Venezuela (Bolivarian Republic of)

## Oceania

### Australia and New Zealand

Australia, New Zealand

### Oceania (excluding Australia and New Zealand)

Cook Islands (New Zealand), Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Niue (New Zealand), Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

## Europe and Northern America

### Europe

Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kosovo (UNSCR 1244), Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, United Kingdom of Great Britain and Northern Ireland

### Northern America

Canada, United States of America



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The UN IGME’s independent Technical Advisory Group, comprising leading academic scholars and independent experts in demography and biostatistics, provides technical guidance on estimation methods, technical issues and strategies for data analysis and data quality assessment.

The UN IGME updates its child mortality estimates annually after reviewing newly available data and assessing data quality. This report contains the latest UN IGME estimates of child mortality at country, regional and global levels. Country-specific estimates and the data used to derive them are available at <https://childmortality.org>.

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