Levels & Trends in Child Mortality

Report 2024

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







World Health Organization



WORLD BANK GROUP



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NEWBORN, CHILD AND YOUTH MORTALITY IN 2023: A TIME FOR SUSTAINED AND RENEWED INVESTMENTS IN CHILD SURVIVAL

1. Since 2000, the global under-five mortality rate (U5MR) has declined by more than half.



In 2023, the global U5MR was 37 $(35-41)^1$ deaths per 1,000 live births – a **52 per cent** decline since 2000, when it was 77 (76–78) deaths per 1,000 live births.



Progress in reducing the U5MR was **42 per cent** slower during 2015–2023 than it was during 2000–2015.

Percentage decline in under-five mortality rate, neonatal mortality rate, 1–59-months mortality rate, 5–9 mortality rate, 10–19 mortality rate and 20–24 mortality rate, 2000–2023



2. In 2023, approximately 4.8 million children died before turning 5.



8th

Newborns accounted for 2.3 million of the under-five deaths - nearly half the annual total.



Children between the ages of 1 month and 59 months accounted for 2.5 million of these tragic losses of life.

3. Additionally, 2.1 million older children, adolescents and youth died in 2023.

Distribution of deaths by age, 2023 Nunber of deaths 2.3 2.5 0.5 0.4 0.6 0.7 (millions) Newborns Children aged 1–59 months Children aged 5–9 years Children aged 10–14 years Children aged 15–19 years Children aged 20–24 years

4. Between 2000 and 2023, 170 million children died before reaching their fifth birthday.



Under-five deaths, 1990-2023

5. Children face drastically different chances of survival depending on where and how they grow up.



A child born in sub-Saharan Africa² is on average **18 times** more likely to die before turning 5 than one born in the region of Australia and New Zealand.



In the highest-mortality country, the risk of death before age 5 is **80 times** that of the lowest-mortality country.

The highest-risk SDG region vs. lowest-risk region









Children from the **poorest households and rural areas** face higher under-five mortality risks, as do those born to mothers with the lowest levels of education.



Divergent chances of survival can also be tied to certain **birth-related factors**, such as maternal age as well as birth spacing and order.



6. Fragility and conflict are tied to a higher risk of death before age 5.



Children born in countries classified as 'fragile and conflict-affected situations' (FCS)³ are **nearly three times** more likely to die before reaching age 5 than children born in a non-FCS country.

FCS countries represented just 25 per cent of the global live births in 2023 – but they accounted for nearly **half of the total under-five deaths**.

An FCS country vs. a non-FCS country



 If current trends⁴ continue, 60 countries will miss the SDG U5MR target by 2030. Even more countries – 65 – are at risk of missing the SDG neonatal mortality rate (NMR) target.



·2030·

While not explicitly an SDG target, **49** countries are at risk of missing a proposed 1–59-months mortality target calculated based on the SDG U5MR and NMR targets.⁵

If current trends continue, **30 million** children under age 5 are projected to die before 2030, but if all countries were to meet or exceed the SDG targets,⁶ 8 million more children would live to see their fifth birthday.

60 countries are at risk of missing the SDG under-five mortality target

65 countries are at risk of missing the SDG neonatal mortality target



8. Without the mortality decline brought about by the scale-up of life-saving, low-cost interventions, millions more children would have died.

If under-five mortality rates had remained at:

...the 1990 level, the world would have lost **196 million additional children...** ...the 2000 level, the world would have lost **95 million additional children...** ...the 2015 level, the world would have lost **6 million additional children...**

...between 1990 and 2023.



9. Millions of children continue to die every year of preventable causes.

Conditions related to neonatal mortality and infectious diseases are the cause of most under-five deaths around the world.





The interventions to avert these deaths are well known. Access to these interventions must be expanded to uphold every child's right to survive, as enshrined in the Convention on the Rights of the Child.⁷



As many countries and the world experience a slowdown in newborn and under-five mortality decline, now is not the time to scale back the proven interventions that save children's lives.

10. Data are least available in the places where children face the highest risks.



In about two out of five countries, the most recent available data on child mortality are **over** five years old.

Data availability declines by income classification, in FCS countries, and in countries at risk of missing the SDG targets on child mortality.



In sub-Saharan Africa, the most recent data point on U5MR is **6.7 years old on average**, 2.3 years more than the global average of 4.4 years.

In FCS countries, the most recent data point included in this analysis is **8.3 years old on average**, 3.9 years more than the global average.

High income Upper-middle income Lower-middle income Low income 2% 0.2% 90% Vital registration Demographic and Health Surveys Multiple Indicator Cluster Surveys Other survey Census 22% 14% Share of source data 19% Share of live births 10% Share of under-five deaths 1% 9% High income Upper-middle income Lower-middle income Low income

Data availability since 1990, by country income classification

11. Countries, as well as the global community, must continue to monitor child mortality. This is particularly crucial in the places where neonatal and under-five mortality rates are the highest.

As reported by 106 countries in the Every Woman Every Newborn Everywhere (EWENE) tracking tool:







- **98%** have a mechanism for birth registration
- **83%** have a mechanism for neonatal death registration





Introduction

The world has made extraordinary progress in reducing child mortality. Since 2000, the global under-five mortality rate (U5MR) has declined by 52^8 per cent, reflecting an immense collective effort by governments, donors and communities. This progress represents millions of lives saved - children who have had the chance to grow, learn and contribute to their communities and society as a whole. Children are the foundation of future economies; investing in their survival will provide dividends for communities now and in future generations. Nevertheless, the most recent estimates on under-five mortality leave little doubt that the journey to ending all preventable child deaths is far from over. In 2023 alone, 4.8 (4.5- $(5.3)^9$ million children died before reaching their fifth birthday, mostly from preventable causes. That includes 2.3 (2.1–2.6) million deaths in the neonatal period (i.e., aged 0-27 days) and 2.5 (2.3-2.9) million deaths among children aged 1-59 months. In addition to this under-five deaths burden, there were 2.1 (2.0-2.4) million deaths

among those aged 5–24 years, including 0.9 (0.9– 1.0) million deaths among adolescents aged 10–19 years.

These deaths are especially tragic since the interventions to prevent them are well known and within reach: access to essential health services, births attended by skilled health personnel, quality antenatal and postnatal care, specialized care for small and sick newborns, routine vaccinations, injury prevention and comprehensive nutrition programmes. These interventions have been instrumental in the progress achieved thus far, with clear, measurable and direct results for child survival. The calculation here is tragically simple: If these interventions were to end, so too would the hopes, aspirations and futures of millions of children around the world.

But while the means to end preventable child mortality are widely understood, their continued success depends on something more: political





will, reliable financial commitment and the unwavering dedication of all stakeholders. The decline in child mortality has been a direct result of deliberate action by national governments, donors, medical professionals, families and individuals. Continued progress, and ultimately the end of preventable child deaths, will require sustained and even greater effort by these same groups to support child health and well-being, along with national data systems. The great strides made in reducing child mortality rates should be preserved – and we must not renege on our commitments to protecting the lives of children around the world.

Mounting challenges to child survival: Need to accelerate with uncertainties around stable funding

The next stage in the fight against child mortality will not be easy – it may take even greater effort and investments than before. Progress in reducing under-five mortality at the global level and in some regions, including sub-Saharan Africa, has slowed in the Sustainable Development Goal (SDG) era (2015–2023) compared the Millennium Development Goal (MDG) era (2000–2015), with the annual rate of reduction (ARR) declining by 42 per cent between the two periods. Based on the trend from the SDG era, an estimated 30 million children will die before their fifth birthday by 2030. The world is facing a growing set of challenges that threaten children's right to survival, making renewed commitment more urgent than ever. Conflicts, climate change, cost of living, economic instability, institutional fragility and worsening humanitarian crises are placing millions of children at heightened risk.

One of the most persistent and troubling challenges in child survival is the stark disparity in child mortality rates based on geography, economic status and fragility and conflict-affected status.¹⁰ Children in sub-Saharan Africa and Southern Asia continue to face the highest risk of death. Similarly, children living in fragile and conflict-affected settings, as well as those



in low- and lower-middle-income countries,¹¹ bear a disproportionate burden of mortality. These disparities are not inevitable; rather, they reflect inequities in access to quality health care, nutrition and other essential services. The lower child mortality rates and faster declines in child mortality observed in many highincome countries – and even in some low- and lower-middle-income countries – demonstrate that survival is not a matter of chance but of investment and action.

Further disparities exist within countries. Children born to more educated mothers, those living in urban environments and those from wealthier households consistently experience lower mortality rates. These differences serve as a powerful reminder that progress is possible when targeted interventions reach the most vulnerable populations. The global community must use this knowledge to prioritize efforts where they are needed most, ensuring that all children – regardless of the circumstances of their birth – have an equal chance at survival.

Global funding for child health and survival is facing increasing pressure, with concerns that investments may decline at a time when they are needed most. A reduction in funding and support for maternal, newborn, child and adolescent health may stall progress in child survival. These harms will be felt most acutely in the places where child mortality rates are already the highest, thereby increasing the already disproportionate burdens faced by children in sub-Saharan and Southern Asia. Simply put, if support for life-saving services is not sustained, many countries can expect a resurgence of newborn and child deaths.

Progress in achieving the SDGs

The SDG targets for child mortality call for all countries to reduce U5MR to no more than 25 deaths per 1,000 live births by 2030 and reduce the neonatal mortality rate (NMR) to no more than 12 deaths per 1,000 live births by 2030. Yet, according to the latest estimates, 60 countries are off track to meet the U5MR target and 65 countries are off track to meet the NMR target. Furthermore, while there is no explicit SDG target for mortality among the post-neonatal under-five population, 49 countries are off track to meet a proposed 1-59-months mortality rate target (based on the U5MR and NMR targets) of about 13 deaths per 1,000 children aged 28 days by 2030.12 If the off-track countries accelerated progress and all countries were to meet or exceed the SDG under-five mortality targets, nearly 8 million lives would be saved.

Achieving the SDG targets will require scaling up proven interventions and life-saving measures for the children most at risk. Strong national policies, international cooperation and targeted domestic investments in child health are needed. The cost of inaction is staggering, both in terms of lives lost and long-term societal consequences. Investing in child survival is an investment that pays off in human capital, economic development and improvements for future generations.

A dearth of recent data

One of the most significant challenges in tracking child mortality and targeting effective interventions is the persistent lack of high-quality, timely data. Estimates in this report are based on nationally reported data up to 2023 where available, or extrapolation to 2023 by continuing recent trends from the most recent national data point. High-quality data included in the estimation model for 2023 were available in just 54 countries (93 per cent of which are classified as high- or upper-middle-income). In many of the countries where children likely face the highest mortality risks, data are older and have data quality issues. As a result, the mortality estimates for many countries rely on extrapolation based on trends from prior years – introducing greater uncertainty, particularly in recent periods.

These data gaps have serious consequences. When mortality estimates are highly uncertain, governments and humanitarian organizations struggle to respond effectively to evolving crises. The inability to accurately assess child mortality in real time limits emergency responses, delays targeted interventions and hampers efforts to track progress. Strengthening data collection systems, including national health data systems is essential to improving accountability and ensuring that life-saving efforts reach the children who need them most.

As we present this year's UN IGME report, we urge a renewed commitment to strengthening official data collection systems, especially in the regions where children face the greatest inequities and in areas affected by fragility and conflict. In the absence of functioning vital registration systems, household surveys act as a critical lifeline for children around the world. These surveys provide crucial information on where in the world efforts to prevent child, adolescent and youth deaths are succeeding, and where children's lives continue to be needlessly and unjustly cut short.



Under-five mortality and SDG assessment

The global U5MR is down by half in the last two decades. The global U5MR was 37 (35–41) deaths per 1,000 live births in 2023 (see Figure 1) – a 52 per cent decline since 2000, when global U5MR was 77 (76–78) deaths per 1,000 live births (see Table 1 and Figure 2).

The first month is the most vulnerable period in the human life cycle, and progress in reducing mortality in this age group is slower than in the remainder of the under-five age group. The progress in under-five mortality was predominately driven by decline in the age group 1–59 months compared to the neonatal period. For example, the global NMR declined by just 44 per cent since 2000, from 31 (30–32) deaths per 1,000 live births in 2000 to 17 (16–19) deaths per 1,000 live births in 2023 (see Table 2 and Figure 2), while the 1–59-months mortality rate decreased by 58 per cent, from 47 (47–48) deaths per 1,000 children aged 28 days in 2000 to 20 (18–23) deaths per 1,000 children aged 28 days in 2023 (see Table 3 and Figure 2).



Levels and trends in the under-five mortality rate, by Sustainable Development Goal region, 1990-2023

	Un (dea	der-fiv aths pe	r e mor t r 1,000	t ality I live bi	rate rths)		Dec (per	cent)	Annual rate of reduction (per cent)				
Region	1990	2000	2010	2015	2023	1990-2023	2000–2023	2000-2015	2015-2023	2000-2023	2000-2015	2015-2023	
Sub-Saharan Africa	181	152	102	89	69	62	55	41	23	3.4	3.6	3.2	
Northern Africa and Western Asia	78	51	33	29	24	69	52	44	15	3.2	3.8	2.0	
Northern Africa	86	59	39	32	28	68	54	45	15	3.4	4.0	2.0	
Western Asia	70	43	27	25	21	70	51	43	15	3.1	3.7	2.0	
Central and Southern Asia	125	91	60	47	33	73	64	48	29	4.4	4.4	4.3	
Central Asia	70	60	30	22	17	76	72	63	23	5.5	6.7	3.2	
Southern Asia	127	92	61	48	34	73	63	48	29	4.3	4.3	4.3	
Eastern and South-Eastern Asia	57	40	21	17	14	75	64	58	15	4.5	5.8	2.0	
Eastern Asia	51	35	15	10	6	88	82	71	40	7.5	8.2	6.3	
South-Eastern Asia	72	48	32	27	22	69	53	43	18	3.3	3.7	2.5	
Latin America and the Caribbean	55	33	23	18	16	71	52	44	14	3.2	3.9	1.9	
Oceania	33	31	26	23	19	42	38	25	18	2.1	1.9	2.4	
Australia and New Zealand	10	6	5	4	4	60	40	35	8	2.2	2.9	1.0	
Oceania (exc. Australia and New Zealand)	70	61	52	46	37	47	40	25	19	2.2	1.9	2.7	
Europe and Northern America	14	10	7	6	5	64	47	38	16	2.8	3.1	2.2	
Europe	16	10	7	6	4	73	59	45	25	3.9	4.0	3.6	
Northern America	11	8	7	7	6	42	23	20	4	1.1	1.5	0.5	
World	94	77	52	44	37	61	52	43	16	3.2	3.7	2.2	

Note: All calculations are based on unrounded numbers.



Note: Central Asia's U5MR was 70 in 1990, 60 in 2000 and 17 in 2023; Southern Asia's U5MR was 127 in 1990, 92 in 2000 and 34 in 2023. Central Asia's NMR was 28 in 1990, 27 in 2000 and 9 in 2023; Southern Asia's NMR was 57 in 1990, 46 in 2000 and 21 in 2023. Central Asia's mortality rate among children aged 1-59 months was 44 in 1990, 34 in 2000 and 8 in 2023; Southern Asia's mortality rate among children aged 1–59 months was 74 in 1990, 49 in 2000 and 13 in 2023.

Levels and trends in the neonatal mortality rate, by Sustainable Development Goal region, 1990–2023

	Ne (dea	onata ths pe	l mort r 1,000	ality r live bi	ate rths)		Dec (per	: line cent)	Annual rate of reduction (per cent)				
Region	1990	2000	2010	2015	2023	1990-2023	2000–2023	2000-2015	2015-2023	2000-2023	2000-2015	2015-2023	
Sub-Saharan Africa	46	40	32	30	26	42	34	25	12	1.8	1.9	1.7	
Northern Africa and Western Asia	31	23	17	15	13	58	45	38	12	2.6	3.2	1.6	
Northern Africa	34	26	20	17	15	57	45	37	12	2.6	3.1	1.6	
Western Asia	28	20	14	12	11	61	46	40	11	2.7	3.4	1.4	
Central and Southern Asia	56	45	33	28	21	63	54	38	26	3.4	3.2	3.8	
Central Asia	28	27	17	12	9	67	66	55	24	4.7	5.4	3.4	
Southern Asia	57	46	34	29	21	63	53	37	26	3.3	3.1	3.7	
Eastern and South-Eastern Asia	28	20	11	8	7	74	64	59	14	4.5	5.9	1.8	
Eastern Asia	28	20	8	5	3	90	86	74	44	8.4	9.1	7.2	
South-Eastern Asia	28	21	16	14	12	58	44	34	15	2.5	2.8	2.1	
Latin America and the Caribbean	23	16	11	10	9	62	46	37	14	2.7	3.1	1.9	
Oceania	13	14	12	11	10	26	28	19	11	1.4	1.4	1.5	
Australia and New Zealand	5	4	3	2	2	48	32	29	5	1.7	2.3	0.6	
Oceania (exc. Australia and New Zealand)	27	26	23	21	19	32	29	19	13	1.5	1.4	1.7	
Europe and Northern America	7	5	4	3	3	63	47	34	19	2.8	2.8	2.7	
Europe	8	5	4	3	2	72	58	43	25	3.7	3.8	3.7	
Northern America	6	5	4	4	3	40	26	16	12	1.3	1.2	1.7	
World	37	31	22	20	17	53	44	36	12	2.5	3.0	1.6	

Note: All calculations are based on unrounded numbers.

Levels and trends in the 1–59-months mortality rate, by Sustainable Development Goal region, 1990–2023

	1–59 (de	- mont aths p age	hs mo er 1,00 d 28 da	rtality O child ays)	rate ren		Dec (per d	line cent)	Annual rate of reduction (per cent)				
Region	1990	2000	2010	2015	2023	1990-2023	2000-2023	2000–2015	2015-2023	2000-2023	2000-2015	2015–2023	
Sub-Saharan Africa	142	117	72	61	44	69	63	48	28	4.3	4.4	4.2	
Northern Africa and Western Asia	49	28	16	14	12	76	59	49	18	3.8	4.5	2.5	
Northern Africa	54	34	20	16	13	76	61	53	18	4.1	5.0	2.5	
Western Asia	43	23	13	13	10	76	56	46	18	3.5	4.1	2.5	
Central and Southern Asia	73	48	28	20	13	82	74	59	35	5.8	6.0	5.3	
Central Asia	44	34	14	10	8	82	77	70	22	6.3	8.1	3.1	
Southern Asia	74	49	28	20	13	82	73	59	35	5.7	5.9	5.4	
Eastern and South-Eastern Asia	30	20	11	8	7	76	64	58	16	4.5	5.8	2.1	
Eastern Asia	24	16	7	5	3	86	78	66	36	6.7	7.3	5.5	
South-Eastern Asia	45	27	17	14	11	76	60	50	20	4.0	4.6	2.9	
Latin America and the Caribbean	33	17	12	8	7	78	58	51	14	3.8	4.8	1.9	
Oceania	20	18	14	12	9	53	46	30	24	2.7	2.3	3.4	
Australia and New Zealand	5	3	2	2	1	71	50	42	13	3.0	3.7	1.7	
Oceania (exc. Australia and New Zealand)	44	36	29	25	19	58	48	31	25	2.9	2.4	3.6	
Europe and Northern America	7	5	3	3	2	66	48	41	12	2.9	3.5	1.6	
Europe	8	5	3	3	2	75	61	48	25	4.1	4.4	3.7	
Northern America	5	4	3	3	3	44	19	25	-7	0.9	1.9	-0.9	
World	59	47	30	25	20	67	58	48	20	3.8	4.4	2.7	

Note: All calculations are based on unrounded numbers.

Progress in reducing under-five mortality has slowed in the SDG era (2015–2023) compared to the MDG era (2000–2015). The global ARR¹⁴ in under-five mortality declined from 3.7 (3.5–4.0) per cent in 2000–2015 to 2.2 (1.1–2.8) per cent in 2015–2023 (see Table 1 and Figure 3) – a 42 per cent decrease in the pace of progress between the two periods. A similar slowdown was observed in the two age groups that make up the U5MR. While the global NMR decreased by 3.0 (2.7–3.2) per cent annually from 2000 to 2015, the rate of reduction slowed to 1.6 (0.4–2.2) per cent per year from 2015 to 2023 (see Table 2 and Figure 3). Likewise, the global mortality rate for children

aged 1–59 months decreased by 4.4 (4.0–4.7) per cent annually in 2000–2015 but slowed to a 2.7 (1.3–3.6) per cent annual decrease in 2015–2023 (see Table 3).

Despite the continued decline in child mortality rates, the world suffered 4.8 million deaths of children under age 5 in 2023 alone. The number of global under-five deaths dropped to 4.8 (4.5– 5.3) million in 2023 (see Table 4 and Figure 1). That's less than half the under-five deaths that occurred in 2000 (10.1 (9.9–10.2) million) and almost two-thirds less than the 1990 estimate of 13.0 (12.8–13.2) million under-five deaths.



Note: Observed ARRs 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 2015–2023 trend (as measured by ARR). Europe and Northern America and Australia and New Zealand do not have a required ARR because all countries in these regions already achieved the SDG target by 2023. The observed ARR of U5MR in Central Asia was 6.7 per cent in 2000–2015 and 3.2 per cent in 2015–2023; in Southern Asia, it was 4.3 per cent in 2000–2015 and 4.3 per cent in 2015–2023. The required ARR to meet the SDG target on under-five mortality is 4.5 per cent for Central Asia was 5.4 per cent in 2000–2015 and 3.4 per cent in 2015–2023; in Southern Asia, it was 3.2 per cent in 2015–2023; in Southern Asia, it was 3.2 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.4 per cent in 2015–2023; in Southern Asia, it was 3.5 per cent for Southern Asia.

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Levels and trends in the number of deaths of children under age 5, by Sustainable Development Goal region, 1990–2023

	Nu	mber of (t	under- 1 housand	five dea s)	ths	Decline (per cent)					Share of global under-five deaths (per cent)					
Region	1990	2000	2010	2015	2023	1990–2023	2000–2023	3 2000–2015	2015–2023	1990	2000	2010	2015	2023		
Sub-Saharan Africa	3,829	3,974	3,334	3,145	2,684	30	32	21	15	29.5	39.5	46.1	50.6	56.2		
Northern Africa and Western Asia	732	484	364	347	283	61	42	28	19	5.6	4.8	5.0	5.6	5.9		
Northern Africa	405	272	217	200	161	60	41	26	19	3.1	2.7	3.0	3.2	3.4		
Western Asia	327	211	147	147	121	63	43	30	17	2.5	2.1	2.0	2.4	2.5		
Central and Southern Asia	5,192	3,858	2,504	1,903	1,292	75	67	51	32	40.0	38.3	34.6	30.6	27.0		
Central Asia	110	73	45	38	33	70	55	48	13	0.8	0.7	0.6	0.6	0.7		
Southern Asia	5,082	3,785	2,459	1,865	1,259	75	67	51	33	39.2	37.6	34.0	30.0	26.4		
Eastern and South-Eastern Asia	2,361	1,239	678	531	303	87	76	57	43	18.2	12.3	9.4	8.6	6.3		
Eastern Asia	1,507	689	297	208	72	95	90	70	65	11.6	6.8	4.1	3.3	1.5		
South-Eastern Asia	855	550	381	324	231	73	58	41	29	6.6	5.5	5.3	5.2	4.8		
Latin America and the Caribbean	647	380	245	194	149	77	61	49	23	5.0	3.8	3.4	3.1	3.1		
Oceania	17	17	17	16	13	22	22	7	16	0.1	0.2	0.2	0.3	0.3		
Australia and New Zealand	3	2	2	2	1	54	29	23	8	0	0	0	0	0		
Oceania (exc. Australia and New Zealand)	14	15	15	14	12	16	21	5	17	0.1	0.1	0.2	0.2	0.2		
Europe and Northern America	201	112	87	75	54	73	52	33	28	1.6	1.1	1.2	1.2	1.1		
Europe	152	77	55	46	28	82	64	40	39	1.2	0.8	0.8	0.7	0.6		
Northern America	49	35	32	29	26	48	26	18	11	0.4	0.3	0.4	0.5	0.5		
World	12,980	10,063	7,229	6,211	4,777	63	53	38	23	100	100	100	100	100		

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

While neonatal deaths have decreased by 45 per cent since 2000, deaths among children aged 1-59 months fell by 58 per cent over the same period. The number of deaths occurring in the first 28 days has declined from 4.2 (4.0-4.3) million in 2000 to 2.3 (2.1–2.6) million in 2023 (see Table 5). In comparison, deaths among the post-neonatal under-five population, aged 1-59 months, fell by 58 per cent over the same period, from 5.9 (5.8–6.0) million in 2000 to 2.5 (2.3–2.9) million in 2023 (see Table 6). The slower decline in neonatal deaths is influenced by factors such as changes in population (for example, increasing births in sub-Saharan Africa) and differences in cause-of-death patterns by age – i.e., interventions in the post-neonatal under-five population address infectious causes of death, whereas causes among newborns such as preterm birth are more difficult to address because they have multiple causes and lack a single clear set of interventions.

Nearly half of all under-five deaths in 2023 occurred within the first 28 days of life. The slower decline in the number of neonatal deaths compared to deaths among children aged 1–59 months has led to an increasing share of all under-five deaths that occur in the neonatal period, rising from 41 per cent in 2000 to 44 per cent in 2010 and 48 per cent in 2023 (see Table 5).



Levels and trends in the number of neonatal deaths, by Sustainable Development Goal region, 1990–2023 1990-2023

	Nu	mber o (t	f neona housand	t al dea Is)	ths		Neonatal deaths as a share of under-five deaths (per cent)							
Region	1990	2000	2010	2015	2023	1990-2023	2000–2023	2000–2015	2015–2023	1990	2000	2010	2015	2023
Sub-Saharan Africa	1,011	1,095	1,097	1,094	1,059	-5	3	0	3	26	28	33	35	39
Northern Africa and Western Asia	292	225	191	178	150	49	33	21	16	40	46	52	51	53
Northern Africa	160	123	113	105	86	46	30	15	18	39	45	52	52	54
Western Asia	132	101	78	73	64	52	37	28	13	41	48	53	50	53
Central and Southern Asia	2,376	1,943	1,405	1,139	810	66	58	41	29	46	50	56	60	63
Central Asia	44	32	26	21	18	60	45	34	16	40	44	57	56	54
Southern Asia	2,332	1,911	1,379	1,118	793	66	59	42	29	46	50	56	60	63
Eastern and South-Eastern Asia	1,184	636	347	262	149	87	77	59	43	50	51	51	49	49
Eastern Asia	851	396	158	100	30	96	92	75	70	56	57	53	48	42
South-Eastern Asia	333	240	189	162	119	64	51	33	27	39	44	50	50	51
Latin America and the Caribbean	268	184	120	106	81	70	56	42	24	41	48	49	55	54
Oceania	7	8	8	8	7	4	11	1	11	41	45	47	48	52
Australia and New Zealand	1	1	1	1	1	42	20	15	5	49	55	57	61	62
Oceania (exc. Australia and New Zealand)	6	7	7	7	6	-7	10	-1	11	40	44	46	47	50
Europe and Northern America	103	60	47	42	28	72	53	30	32	51	53	54	56	53
Europe	77	40	29	25	15	81	63	38	41	51	52	53	54	53
Northern America	26	20	18	17	14	48	31	14	19	52	56	56	58	52
World	5,240	4,151	3,213	2,828	2,284	56	45	32	19	40	41	44	46	48

Levels and trends in the number of 1–59-months deaths, by Sustainable Development Goal region, 1990–2023 1990-2023

	Numt	per of 1 (t)	– 59-m o	onths d Is)	eaths		1–59-months deaths as a share of under-five deaths (per cent)							
Region	1990	2000	2010	2015	2023	1990-2023	2000–2023	2000–2015	2015–2023	1990	2000	2010	2015	2023
Sub-Saharan Africa	2,819	2,878	2,237	2,051	1,625	42	44	29	21	74	72	67	65	61
Northern Africa and Western Asia	440	259	173	169	132	70	49	35	22	60	54	48	49	47
Northern Africa	245	149	105	95	75	69	50	36	21	61	55	48	48	46
Western Asia	194	110	69	74	57	71	48	33	22	59	52	47	50	47
Central and Southern Asia	2,816	1,915	1,100	764	481	83	75	60	37	54	50	44	40	37
Central Asia	66	41	20	17	15	77	63	59	9	60	56	43	44	46
Southern Asia	2,750	1,874	1,080	747	466	83	75	60	38	54	50	44	40	37
Eastern and South-Eastern Asia	1,177	603	331	270	155	87	74	55	43	50	49	49	51	51
Eastern Asia	655	293	139	108	42	94	86	63	61	44	43	47	52	58
South-Eastern Asia	522	310	192	162	113	78	64	48	30	61	56	50	50	49
Latin America and the Caribbean	379	196	125	88	68	82	65	55	23	59	52	51	45	46
Oceania	10	9	9	8	6	36	31	12	22	59	55	53	52	48
Australia and New Zealand	2	1	1	1	1	65	41	33	11	51	45	43	39	38
Oceania (exc. Australia and New Zealand)	8	8	8	8	6	31	30	10	22	60	56	54	53	50
Europe and Northern America	99	52	40	33	25	74	52	37	23	49	47	46	44	47
Europe	75	37	26	21	13	83	65	43	38	49	48	47	46	47
Northern America	23	15	14	12	12	48	21	22	-1	48	44	44	42	48
World	7,739	5,913	4,015	3,383	2,493	68	58	43	26	60	59	56	54	52

Note: All calculations are based on unrounded numbers.

Stark disparities in child survival persist across countries and regions. In 2023, a child born in the country with the highest U5MR in the world – 115 deaths per 1,000 live births – was 80 times more likely to die before reaching age 5 than a child born in the country with the lowest U5MR, 1.4 deaths per 1,000 live births (see Map 1). Persistent inequality in child survival also occurs at regional levels. Sub-Saharan Africa had the highest regional U5MR in 2023, at 69 (62-82) deaths per 1,000 live births, a position it has held since 1990, the earliest year that estimates are available. The U5MR in this region is 14 times higher than that of Europe and Northern America and 18 times higher than that of Australia and New Zealand (see Table 1), the regions with the lowest regional U5MRs in 2023. Oceania (excluding Australia and New Zealand) had the second-highest regional U5MR in 2023, at 37 (25-55) deaths per 1,000 live births. This region, however, ranked only fourth in 1990 and third in 2000, and moved to second following comparatively steeper declines in U5MR in Central and Southern Asia as well as Northern Africa and Western Asia (see Table 1 and Figure 2). Notably, only four countries - the Niger, Nigeria, Somalia and Chad - had a U5MR exceeding 100 deaths per 1,000 live births in 2023, down from 42 in 2000, but all of them are in sub-Saharan Africa. Moreover, sub-Saharan Africa is also home to the countries with the top 20 highest U5MRs globally in 2023, all exceeding 60 deaths per 1,000 live births (see Map 1 and the country statistical tables).

In 2023, the risk of dying within the first 28 days of life in the highest mortality country was 65 times greater than in the lowest mortality country. At country level, NMRs in 2023 ranged from 0.6 deaths per 1,000 live births to 40.2 deaths per 1,000 live births (see Map 2). At the regional level, sub-Saharan Africa had the highest regional NMR in 2023, at 26 (24-32) deaths per 1,000 live births – 11 times higher than the lowestmortality region, Australia and New Zealand - reflecting a mere 34 per cent decline from its 2000 level (see Table 2 and Figure 2). Southern Asia¹⁵ had the second-highest regional NMR in 2023, at 21 (19-24) deaths per 1,000 live births. This subregion has, however, experienced a sharper decline in neonatal mortality compared to sub-Saharan Africa since 1990 and 2000, when it had the highest regional NMR.

Children aged 1–59 months face varying odds of survival based on where they live. In 2023, the mortality rate for this age group was highest in sub-Saharan Africa, at 44 (38–53) deaths per 1,000 children aged 28 days – nearly 30 times higher than the lowest regional rate of 1.5 (1.3– 1.6) deaths per 1,000 children aged 28 days in Australia and New Zealand, and more than twice the global average of 20 (18–23) deaths per 1,000 children aged 28 days (see Table 3). At the country level, 1–59-month mortality rates ranged from 0.7 deaths per 1,000 children aged 28 days to 84 deaths per 1,000 children aged 28 days, a 122-fold difference (see Map 3).









Against the backdrop of a global decline in under-five mortality, the pace of progress varies greatly by region. All major SDG regions have reduced under-five mortality since 2000 and 2015. In all regions except Oceania (excluding Australia and New Zealand), however, the median ARR in the MDG era (2000-2015) was higher than the median ARR in the first half of the SDG era (2015–2023), indicating a slowdown in progress¹⁶ (see Figure 3). Notably, the subregion of Southern Asia maintained an ARR of 4.3 per cent over the two periods, while Oceania (excluding Australia and New Zealand) saw an increase in its median ARR after 2015. Progress in reducing neonatal mortality has also been observed across all regions since 2000 and 2015; however, only Oceania (excluding Australia and New Zealand) and Central and Southern Asia have seen an acceleration in the pace of neonatal mortality decline in 2015-2023 compared to 2000-2015, as indicated by the median ARRs. No region saw a significant increase in its neonatal ARR between the two periods. Additionally, uncertainty around the ARR for both U5MR and NMR was greater,

to varying degrees, for 2015–2023 than for 2000–2015, reflecting the more limited availability of recent data.

More than 80 per cent of global under-five deaths occurred in just two regions in 2023. Four out of five deaths of children under age 5 in 2023 took place in sub-Saharan Africa and Southern Asia (see Table 4). Sub-Saharan Africa accounted for 56 per cent (2.7 (2.4-3.2) million) of total under-five deaths despite making up only 30 per cent of global live births, while Southern Asia accounted for another 26 per cent (1.3 (1.1-1.4) million) of total under-five deaths and 28 per cent of global live births. A breakdown by age in the under-five period reveals a similar concentration: Sub-Saharan Africa accounted for 46 per cent (1.1 (0.9-1.3) million) of the world's neonatal deaths and Southern Asia accounted for another 35 per cent $(0.8 \ (0.7-0.9) \text{ million})$. Despite a decrease in sub-Saharan Africa's NMR since 1990, the number of neonatal deaths in the region has remained steady at approximately 1 million (see Table 5), as increasing births in the region offset

the reduction in NMR. The disparity is even larger for deaths in the 1–59-months age group in 2023, where 65 per cent (1.6 (1.4–2.0) million) of total deaths occurred in sub-Saharan Africa, while Southern Asia bore the second-largest share at 19 per cent (0.5 (0.4–0.5) million).

Children living in fragile and conflict-affected situations faced an under-five mortality risk almost triple the risk in all other countries. 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.¹⁷ Both fragility and conflict adversely impact under-five survival. In 2023, the U5MR of the 39 countries classified as FCS was 70 (62–86) deaths per 1,000 live births (see Figure 4), nearly triple

the rate of countries not classified as FCS and almost twice the rate for all low- and middleincome countries.18 The NMR among FCS countries was 27 (24-33) deaths per 1,000 live births, almost twice that of non-FCS countries and 1.4 times higher than the rate for all low- and middle-income countries. In 2023, FCS countries accounted for just 25 per cent of global live births yet bore 47 per cent of global under-five deaths and 40 per cent of global neonatal deaths. The U5MR in 2023 for countries classified as conflict affected (72 (62-88) deaths per 1,000 live births) was higher than for those classified as fragile (56 (47-72) deaths per 1,000 live births). Similarly, the NMR was 28 (24-34) deaths per 1,000 live births in conflict-affected countries, and 22 (18-29) deaths per 1,000 live births in countries classified as fragile. Notably, the uncertainty intervals for these groups are wide as there is a lack of recent data for these countries. As such, it is possible the true mortality rate among these groups could be much higher.



Note: 'FCS' refers to the 39 countries classified as 'fragile and conflict-affected situations.' 'Non-FCS' refers to all countries not classified as FCS.

Children born in low- and lower-middle-income countries faced significantly higher risks of death compared to those born in high-income countries. In 2023, the U5MR in low-income countries¹⁹ was 62 (56–75) deaths per 1,000 live births – 13 times higher than the rate in highincome countries, which stood at 4.9 (4.8–5.1) deaths per 1,000 live births. Similarly, the U5MR in lower-middle-income countries was 43 (39–50) deaths per 1,000 live births, nine times higher than in high-income countries (see Figure 4). A stark disparity also exists in neonatal survival: In 2023, the average NMR in the 64 countries classified as high income was just 2.6 (2.5–2.7) deaths per 1,000 live births, while in the 26 countries classified as low income, it was 26 (23–32) deaths per 1,000 live births, meaning a child born in a low-income country had a tenfold higher risk of dying in the first month of life than one born in a high-income country (see Figure 4). A large proportion of the world's children – 65 per cent of all children under age 5 – lived in low-or lower-middle-income countries in 2023, where mortality rates remain highest.



Source: The U5MR by wealth quintile was modelled in 2025 by the UN IGME for 106 countries using survey data as input. Rates by mother's education, urban/rural residence, birth order, birth interval and mother's age are UNICEF analysis based on DHS, MICS and other nationally representative sources. The aggregated mortality rates to summarize the disparities across the equity dimensions were adjusted to the UN IGME national estimates in the year 2023. After calculating the number of deaths in each equity group using the respective number of live births, the distribution of the live births by equity group in the surveys was applied to the live births from World Population Prospects 2024 for the year 2023 to calculate the aggregated mortality rate in each group.

Examining disparities in child mortality within countries, certain socio-economic and birthrelated factors increase the risk of death for children under age 5. A family's household wealth plays a significant role in the likelihood that a child will survive the first five years of life: Children from the poorest households are nearly twice as likely to die before reaching age 5 as those from the wealthiest households.²⁰ Those living in rural areas face a risk of death before age 5 that is 1.5 times that of a child growing up in an urban environment.²¹ A mother's level of education also plays a role, with the U5MR among children born to mothers with primary or no education standing at twice that of children born to mothers with secondary or higher education.²² Additional factors related to the birth itself, such as the mother being very young or at an advanced age at birth,23 shorter intervals of time between births²⁴ and births of high order²⁵ are associated

with higher mortality (see Figure 5), thus these births require additional attention.

Several low- and lower-middle-income countries have surpassed the global decline in under-five mortality since 2000. While the global U5MR fell by 52 per cent over this period, three low-income countries - Malawi, Rwanda and the Democratic People's Republic of Korea²⁶ – and three lowermiddle-income countries - Cambodia, Sao Tome and Principe, and Uzbekistan - achieved reductions of more than 75 per cent since 2000 (see Figure 6). Additionally, three low-income countries - Burundi, Ethiopia and Uganda - and nine lower-middle-income countries - Angola, Bhutan, Bolivia, Cabo Verde, India, Morocco, Senegal, the United Republic of Tanzania and Zambia - have cut their U5MRs by more than two thirds since 2000.



Note: National income classification follows the World Bank income classification, 2024. Five countries/territories with mortality estimates do not have incom classification available. Details can be found at: <<u>https://datahelpdesk.worldbank.org/knowledgebase/articles/906519</u>>, accessed 20 March 2025. The number of countries with higher-thanexpected mortality for girls has declined from 22 in 2000 to 9 in 2023. 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 Annex I: Estimating child mortality, 'Estimation of under-five and infant mortality rates by sex'). This number of countries has fallen by more than half since 2000. In 2023, the estimated U5MR for girls was 34 (32-38) deaths per 1,000 live births, and for boys was 39 (37-44) deaths per 1,000 live births. An estimated 2.2 (2.0-2.4) million girls and 2.6 (2.5-2.9) million boys died before reaching age 5 in 2023 (see Figure 7).

Most under-five deaths are caused by conditions related to the first 28 days of life and infectious diseases.²⁷ During the neonatal period (i.e., the first 28 days of life), the leading causes of death included preterm birth, complications at birth (birth asphyxia/trauma) and congenital anomalies, which together accounted for nearly





Note: All calculations are based on unrounded numbers. Central Asia's U5MR in 2023 was 15 for females and 19 for males; Southern Asia's U5MR in 2023 was 33 for females and 35 for males. Central Asia's number of under-five deaths (in thousands) was 14 for females and 19 for males; Southern Asia's number of under-five deaths (in thousands) was 588 for females and 671 for males.

4 in 10 under-five deaths (see Figure 8).²⁸ Among children aged 1-59 months - the remainder of the under-five age group - conditions related to infectious disease were the primary causes of death, including lower respiratory infections (pneumonia), malaria and diarrhoea. Collectively, these three causes accounted for nearly one third of all under-five deaths. Notably, while mortality rates for the leading causes of under-five deaths have declined since 2000 (see Figure 9), preterm birth, complications at birth (birth asphyxia/ trauma) and congenital anomalies accounted for the same proportion of under-five deaths -4 in 10 - in both 2000 and 2023. The situation is the same for children aged 1-59 months, where the leading causes of death have consistently accounted for 30 per cent of 1-59-month deaths since 2000.

The leading causes of under-five deaths vary substantially between the two regions where more than 80 per cent of under-five deaths occurred in 2023: sub-Saharan Africa and

Southern Asia. In sub-Saharan Africa, infectious diseases were the predominant causes, with lower respiratory infections (pneumonia) and malaria together accounting for almost one third of all under-five deaths in the region (see Figure 8). Notably, while malaria remains a major cause of under-five deaths in sub-Saharan Africa responsible for about 15 per cent of under-five deaths in the region – it accounts for just 0.1 per cent of under-five deaths in Southern Asia. By contrast, Southern Asia - where neonatal mortality remains high relative to the level of under-five mortality - deaths are largely driven by causes related to complications at birth, and the mortality rates of these causes have not declined as much as those impacting the 1-59-months age group. Preterm birth alone accounts for one in four under-five deaths in the region. Additionally, as under-five survival improves overall, congenital anomalies have become responsible for a larger proportion of under-five deaths globally, in sub-Saharan Africa and especially in Southern Asia (see Figure 8).





fractions for 2021 to UN IGME estimates for the years 2022-2023.



Sixty countries are not on track to meet the SDG target for under-five mortality, if current trends continue.³¹ About two thirds of the 200 countries and territories analysed in this report – 133 – have already met the SDG target, while 7 countries are expected to do so by 2030 (see Map 4). The pace of mortality decline must accelerate, however, for the remaining 60 countries to reach the target on time.³² Among those countries, 47 will need to more than double their current rate of progress – or first reverse an increasing trend and then accelerate progress – to achieve the target by 2030. This challenge is further compounded by potential disruptions such as pandemics, conflicts

or other crises and the related disruptions to health services.

Even more countries risk falling short of the SDG target for neonatal mortality. The outlook is even more concerning for the NMR target. While 125 countries have already met the target and another 10 are on track to do so by 2030, 65 countries must accelerate their progress to meet the target on time.³³ Of these, 59 countries will need to more than double their current rate of decline – or first reverse an increasing trend and then accelerate progress – to meet the target by 2030 (see Map 5).









Based on current trends, 49 countries are off track to meet a hypothetical target for 1–59-months mortality by 2030. While there is no specific SDG target for the 1–59-months age group, a corresponding target rate for 2030 can be derived using the U5MR target of 25 deaths per 1,000 live births and the NMR target of 12 deaths per 1,000 live births. This calculation results in a 2030 target of about 13 deaths per 1,000 children aged 28 days.³⁴ Distinguishing this age group is crucial when analysing changes in U5MR and SDG target achievement status, as the NMR forms part of the U5MR. Due to this dynamic, a country's progress towards the NMR and U5MR targets can sometimes yield counterintuitive results. Of the 200 countries analysed in this report, 140 have already achieved a 1–59-months rate below the target, and 11 more are on track to do so by 2030. At the same time, however, 49 countries remain at risk of missing this target, with 32 needing to more than double

their current rate of progress to achieve it by 2030 (see Map 6).

Fragility, conflict and economic disparities hinder global progress towards achieving the SDG child mortality targets. Nearly 75 per cent of countries off track for the under-five target are in sub-Saharan Africa, with 85 per cent of these classified as low- or lower-middle-income countries. Similarly, among the countries that are at risk of missing the neonatal mortality target, 66 per cent are in sub-Saharan Africa and 82 per cent are classified as low or lower-middle income. Fragile and conflict-affected situations further compound this hinderance. Of the 60 countries that are off track to achieve the under-five mortality target by 2030, 43 per cent are classified as FCS. Likewise, among the 65 countries off track to achieve the neonatal mortality target, 40 per cent fall into the FCS category.

Almost 8 million deaths could be averted from 2024 to 2030 if countries at risk of missing the SDG target on under-five mortality accelerated progress and achieved it by 2030. Between 2024 and 2030, approximately 30 million children will die before reaching their fifth birthday, if current trends continue. Most of these deaths - 59 per cent (18 million) - will occur in sub-Saharan Africa, while another 25 per cent (7 million) will take place in Southern Asia. Additionally, 50 per cent (15 million) will take place among countries currently classified as FCS and 90 per cent (27 million) will take place in countries currently classified as low or lower-middle income. If the countries that are currently off track met the SDG targets, however, almost 8 million underfive deaths could be averted between 2024 and 2030, with 42 per cent (3.3 million) of these lives saved in the neonatal period. Achieving these targets would also reduce the annual number of under-five deaths to 2.4 million in 2030 (see Figure 10). An even more ambitious scenario where all countries reach the average U5MR and NMR of high-income countries in 2023 (5.0 and 2.6 deaths per 1,000 live births, respectively)

could save a total of 22 million lives. Under this scenario, there would be just 0.3 million under-five deaths in 2030, including 0.1 million neonatal deaths. If progress were to stall, however, and rates remained at the 2023 levels, there would be 5.0 million under-five deaths in 2030 alone and 4 million additional deaths over the current trends scenario from 2024 to 2030. This increase in the number of deaths compared to the current trends scenario, even while mortality rates remain constant at 2023 levels, is the result of increasing births in regions like sub-Saharan Africa. In 41 countries in sub-Saharan Africa, remaining at current 2023 rates would lead to an increase in the number of under-five deaths by 2030. If 2023 rates remained constant, the region would experience 2.9 million under-five deaths in 2030 - an almost 10 per cent increase compared to 2023. Moreover, in four countries - the Niger, Madagascar, South Sudan and the Central African Republic - the number of underfive deaths would still rise by 2030 even if current declining trends in U5MR continue, because the increase in births would outpace the current declining trend in U5MR.



Under the most ambitious scenario, 8 million lives could be saved. Under a highly ambitious scenario where all countries performed at the 99th percentile of country level ARRs between 2015 and 2023, an estimated 23 million children under 5 would die between 2024 and 2030 – 12 million fewer than if mortality rates remained at 2023 levels and 8 million fewer than under the current trend scenario. That's similar to the number of lives saved under the scenario where all countries meet or exceed the SDG under-five mortality targets, demonstrating the high level of ambition and commitment it will take to meet those targets by 2030 (i.e., it will take all countries performing at the 99th percentile of all country ARRs between 2015 and 2023). If all countries performed at the 1st percentile of all country ARRs between 2015 and 2023, an estimated 41 million children under 5 would die between 2024 and 2030 – 6 million more than if mortality rates remained at 2023 levels and 10 million more than under the current trends scenario.

Turning the tide on under-five mortality due to measles: The effective, life-saving impacts of the measles vaccine

The introduction of the measles vaccine in 1963 drove a dramatic shift in child survival. The vaccine's impact on under-five mortality has been enormous, with deaths related to measles in countries where the vaccine is available dropping to nearly zero. To put the power of the vaccine in perspective, if the measles mortality rate had remained at its level in 2000, an additional 10.8 million children would have died between 2000 and 2023.

In 2000, the earliest year for which standardized estimates are available, the proportion of children receiving a first dose of the measles vaccine was 71 per cent.³⁶ That same year, there were 639,000 under-five deaths due to measles.³⁷ In 2023, the global measles vaccination rate for infants stood at 83 per cent and there were 101,000 measles-related deaths among children younger than 5, representing an 84 per cent decline in the number of global under-five measles deaths since 2000.³⁸

Examining individual country responses provides greater insight into the impressive return on

investing in measles vaccinations. Nigeria had one of highest burden of under-five measles mortality in 2000, with 106,000 child deaths, and an infant measles vaccination rate of 33 per cent. But by 2023, the measles vaccination rate for infants had increased to 60 per cent, and underfive measles deaths in Nigeria had fallen to 3,100, also representing a 97 per cent reduction. This pattern is also observed in Afghanistan, where under-five measles mortality declined from 47,000 in 2000 to 10,000 in 2023, a reduction of 79 per cent, supported by an increase in infant vaccinations from 27 to 55 per cent.

Elimination of measles mortality in children under 5 is possible, and necessary for all populations to survive and thrive. The measles vaccine is a safe and effective product that can bring about the elimination of measles deaths in young children. The vaccine has saved the lives of millions over the past 60 years of its existence. Continued investments are needed in measles vaccination – and indeed in all vaccines effective against childhood illness – to maintain and extend the gains we have made in child survival.

Effective interventions that save lives

The extraordinary decline in child mortality over the last three decades is the result of sustained commitment, strategic investment and the widespread implementation of effective, highimpact interventions that have saved millions of lives. Indeed, while the world saw approximately 170 million under-five deaths since 2000, if child mortality rates had remained at their 2000 levels, nearly 100 million additional deaths would have occurred in that time. Instead, through the collective efforts of governments, donors and communities, those millions of young lives have been spared.

This section of the report examines bivariate relationships between under-five mortality and the coverage of critical interventions where reliable data on interventions were available. While analysing these connections can be demonstrative of the efficacy of specific interventions, it is crucial to recognize that child survival interventions do not function in isolation. They are part of a broader health system that must ensure quality care from pregnancy through birth and into early childhood. Effective health systems integrate multiple layers of care, from prenatal services to skilled birth attendance, postnatal follow-up, and prevention and treatment of childhood illnesses. These systems must also include strong data collection and analysis mechanisms for health monitoring that enable rapid response to emerging risks and ensure that life-saving interventions reach the most vulnerable.



Interventions to prevent neonatal deaths

The first 28 days of life remain the most vulnerable period for survival. Neonatal deaths account for an increasing share of under-five deaths globally, and their decline has been slower than that of deaths occurring after the first month of life but before age 5. Addressing neonatal mortality requires a dual focus: improving care around the time of birth and ensuring that small and sick newborns receive the care they need. Studies show that comprehensive care around the time of birth including skilled birth attendance, emergency obstetric services and immediate newborn care could prevent more than 40 per cent of neonatal deaths.^{39, 40} Additionally, interventions such as kangaroo mother care and the prevention and treatment of neonatal infections could avert another 30 per cent of neonatal deaths.^{41, 42}

Quality care before, during and after birth is essential for reducing neonatal mortality. Antenatal care visits offer critical opportunities for expecting mothers to receive health education, nutritional support and life-saving interventions such as tetanus immunization and treatment for pregnancy-related complications. Access to antenatal care remains highly unequal, however, with sub-Saharan Africa and Central and Southern Asia experiencing the lowest coverage (see Figure 11 part A).⁴³ Likewise, the presence of skilled health personnel at childbirth is a key determinant of newborn survival, especially in high mortality settings (see Figure 11 part B). Yet while 86 per cent of births globally were attended by skilled health personnel in 2023, coverage in the highestmortality regions remains inadequate.44 In countries where neonatal mortality remains high, expanding and improving the quality of antenatal and birth care is essential to saving lives.


Effective interventions that save lives (continued)

Proper nutrition plays a critical role in child survival, particularly in the earliest months of life. Immediate and exclusive breastfeeding for the first six months is one of the most effective ways to protect infants against infections and support their healthy development. Yet less than half of all newborns are put to the breast within the first hour of life, and only 48 per cent of infants under 6 months are exclusively breastfed.⁴⁵ This gap is particularly concerning in high-mortality regions, where inadequate breastfeeding practices are associated with increased risks of diarrhoea, acute respiratory infections (ARI) (pneumonia) and malnutrition. Expanding support for breastfeeding and improving maternal nutrition are key strategies for reducing early childhood deaths, especially in high-mortality regions.

Postnatal care for newborns and mothers is another crucial intervention in preventing neonatal mortality. Early postnatal check-ups provide an opportunity to identify warning signs in newborns – such as difficulty breathing, lethargy or jaundice – and ensure timely medical attention. At the same time, these visits allow mothers to receive guidance on recognizing danger signs, practicing exclusive breastfeeding and accessing immunization services. Countries with higher coverage of postnatal care generally experience lower neonatal mortality (see Figure 11 parts C and D), underscoring the importance of expanding access to these life-saving services.

Interventions for healthy lives beyond the neonatal period

Even as we work to save lives in the neonatal period, infants and children remain at risk, particularly from infectious diseases. ARI (pneumonia) remains a leading cause of underfive deaths, claiming more lives than any other infectious disease (see Figure 8). Rapid diagnosis and treatment are critical, yet globally, less than two thirds of children with symptoms of ARI were taken to a health-care provider in 2023, while in high-burden regions like sub-Saharan Africa, only about half of children with ARI symptoms are taken to a health-care provider (see Figure 12 part A).⁴⁶ Access to prompt, effective treatment - particularly antibiotics for bacterial pneumonia - can significantly reduce mortality, but coverage remains too low in many regions.





Effective interventions that save lives (continued)

In addition to ARI, diarrhoeal diseases account for almost 1 in 10 under-five deaths worldwide (see Figure 8). Access to safe drinking water, sanitation and hygiene (WASH) is fundamental to preventing these infections and subsequent deaths (see Figure 12 partD). Nevertheless, as of 2022, over 400 million people still lacked access to improved drinking water sources⁴⁷, nearly 1 billion lacked improved sanitation facilities, and nearly 700 million lacked a hand-washing facility at home.⁴⁸ Securing universal access to these critical interventions could dramatically reduce childhood deaths. Additionally, when diarrhoea does occur, simple and cost-effective treatments such as oral rehydration salts (ORS) and zinc supplementation can save lives (see Figure 12 part B). Coverage remains unacceptably low in many regions, however, with only 39 per cent of children in sub-Saharan Africa receiving ORS when needed in 2023.49 Expanding access to these life-saving treatments is essential.

Ensuring that young children receive adequate nutrition is another crucial factor in survival and development. Globally, nearly two in three children aged 6–23 months are not receiving the minimum dietary diversity needed for proper growth.⁵⁰ Poor dietary diversity is closely linked to childhood mortality, particularly in countries with high under-five death rates (see Figure 12 part C). Improving access to nutritious foods and ensuring that children receive the right balance of nutrients at the right time is essential to reducing preventable deaths.

We know the solutions to preventing child mortality, and when implemented robustly, and within strong health systems, they work. High-impact interventions have saved millions of lives and have the potential to save millions more. Continued progress, however, requires sustained investment in expanding access to quality health care, strengthening nutrition programmes and improving WASH infrastructure. A comprehensive approach across the life course is essential, one that reduces childhood mortality risk from the earliest stages – starting with maternal health before and during pregnancy – and continuing with access to quality, proven, life-saving interventions from birth to adolescence.

Equally critical is the need for high-quality data. The data presented here mostly come from household survey programmes, which themselves require continued and expanded investment. The ability to monitor intervention coverage, track mortality trends and identify at-risk populations is essential to ensure that resources are directed where they are needed most. In many of the highest-burden regions, poor data systems limit our ability to plan and implement effective health services. Strengthening national data systems must be a priority, as better data leads to better policies, more effective interventions and, ultimately, more lives saved.



Exemplar countries in child mortality reduction

Since 2000, global under-five mortality has declined by 52 per cent and neonatal mortality by 44 per cent. However, several countries have achieved even greater reductions, despite facing financial and geographical challenges to service delivery. These successes are rooted in strengthened health systems, data-driven decision making and investing in evidence-based interventions. Below, we explore five exemplar countries – Nepal, Senegal, India, Ghana, India and Burundi – to highlight the diverse strategies that have accelerated progress in reducing preventable child deaths.

Nepal: A model for evidence-based child survival strategies

Nepal has made remarkable progress in child survival, achieving a 67 per cent decline in underfive mortality and a 59 per cent decline in neonatal mortality since 2000. Through strategic policy frameworks that prioritize maternal and newborn health, such as the Every Newborn Action Plan and the Safe Motherhood Programme, Nepal has established clear targets and monitoring systems, introduced financial incentives for antenatal care and institutional deliveries, and eliminated user fees for essential maternal and child health services.^{51, 52} A strong National Immunization Programme has resulted in over 90 per cent vaccine coverage for many essential vaccines, 53 even in hard-to-reach geographic areas, alongside the introduction and scale-up of new vaccines, including the rotavirus and typhoid conjugate vaccines.⁵⁴ Nepal's efforts to strengthen the health system⁵⁵ – such as mobilizing a network of more than 50,000 Female Community Health Volunteers⁵⁶ and improving logistics management and health information systems - have extended services to remote populations and enabled data-driven targeting of vulnerable groups. Equity-focused approaches have addressed

urban-rural disparities and health differentials across household wealth,⁵⁷ while communitybased health-care integration has ensured a continuum of care from pregnancy through childhood. Additionally, multisectoral strategies⁵⁸ and expanded family planning services⁵⁹ have addressed some of the underlying determinants of child mortality. Through these combined efforts, Nepal demonstrates how political commitment and evidence-based interventions can drive significant child survival gains, even among hardto-reach populations.

Senegal: Expanding health coverage and community engagement

Senegal has achieved one of the highest underfive mortality reductions globally – a 70 per cent reduction since 2000 – while also decreasing neonatal mortality by 41 per cent over the same period, reflecting national prioritization of child health. Strengthening universal health coverage, offering free caesarean sections,



Exemplar countries in child mortality reduction

developing policy for providing equipment for reproductive, maternal, neonatal, child and adolescent health, and integrating maternal and child mortality surveillance into the Integrated Disease Surveillance and Response programme have all improved health-care guality and access. Senegal has also invested in human resources, increasing the recruitment of midwives, nurses and doctors, and prioritizing the specialization of doctors in gynaecology-obstetrics, paediatrics, anaesthesia and intensive care through increased grants. The introduction of the 'winning pair' model, which has made it possible to have a nurse and a midwife available at health centres. has further supported maternal and newborn care. Community engagement efforts, such as promoting demand for reproductive health care and implementing an integrated communication plan on pneumonia, diarrhoea and malnutrition, have raised health awareness. Supported by a dynamic civil society and strong community health policy, the country has scaled up key interventions, including maternal and perinatal deaths surveillance and response, emergency obstetric and neonatal care, management of severe acute malnutrition and promotion of breastfeeding - all of which have contributed to progress. With expanded immunization programmes, integrated childhood disease management and strengthened community outreach services further reducing mortality, Senegal has set a benchmark in improving child survival.

India: Gains made through health system investment

Since 2000, India achieved an under-five mortality reduction of 70 per cent and a neonatal mortality reduction of 61 per cent, driven by overlapping measures to increase health coverage, enhance available interventions and develop health infrastructure and human resources. The landmark schemes focus on providing dignified, respectful, quality, and free universal healthcare, with zero tolerance for denial of services. Ayushman Bharat – the world's largest health insurance scheme – provides annual coverage of nearly US\$5500 per family per year. Every pregnant woman is entitled to free delivery (including caesarean section), and infant care provides free transport, medications, diagnostics and dietary support in public health institutions. To ensure comprehensive coverage and equitable access to health services, India has strengthened infrastructure via the establishment of maternity waiting homes, maternal and child health wings, newborn stabilization units, sick newborn care units, mother newborn care units and a dedicated programme for birth defect screening. Interventions like antenatal corticosteroids for preterm labour, use of continuous positive airway pressure and follow-up for vision and hearing help support newborn survival. This ensures millions of healthy pregnancies and thriving live births each year. India has also prioritized the training and deployment of skilled birth attendants, such as midwives and community health workers, to provide appropriate maternal and child health services. Additionally, data systems and digital surveillance of maternal, newborn and child health indicators are continuously improved to support evidence-based decision making. Through strategic investments in its health system, India has already saved millions of young lives and paved the way to ensure healthy lives for millions more.

Ghana: Sustained and data-driven progress

Ghana has reduced its U5MR by 63 per cent and its NMR by 29 per cent since 2000, demonstrating a strong commitment to child survival. Guided by the Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAHN) Strategic Plan (2020-2025) and complementary frameworks such as the Child Health Standards and Strategy (2017-2025) and the Ghana National Newborn Health Strategy and Action Plan (2019–2023), the country has strengthened its health-care workforce by implementing non-financial incentives to improve health-care delivery in underserved areas. A datadriven approach, including electronic medical records and research and evidence desks in the Family Health Division, has enhanced service delivery. Financial accessibility has also improved through the alignment of the Essential Health Service benefit package with the National Health Insurance Scheme. Additionally, accountability mechanisms such as the annual Holistic Assessments ensure continuous guality improvements. With UNICEF-supported nationwide assessments of emergency obstetric and newborn care, as well as newborn care units, Ghana is well-positioned to sustain its progress and further accelerate child survival gains.

Burundi: Strengthening service delivery and health financing

Since 2000, Burundi has reduced under-five mortality by 68 per cent and neonatal mortality by 46 per cent, driven by investments in universal health coverage, primary health care and the expansion of high-impact maternal, newborn and child survival interventions, particularly in immunization, institutional deliveries, antenatal care and prenatal consultation. The introduction of free health care for pregnant women and children under 5, along with community mutual health insurance, has improved service utilization. Burundi has also enhanced immunization programmes, with a focus on tracking and reaching 'zero-dose' children, and accelerated efforts to eliminate mother-to-child transmission of HIV/AIDS. Investments in healthcare infrastructure, such as oxygen therapy systems and biomedical training, have further improved maternal and child survival. The country's commitment to data-driven decision making and digital health data systems has enhanced realtime health monitoring, ensuring more effective service delivery. With innovative health financing strategies – including exploring a pooled fund to mobilize domestic public and private resources and proposed taxes on certain products like alcohol and tobacco – Burundi is building a sustainable framework to maintain and accelerate its progress towards the SDGs.

Conclusion: Shared strategies for success

Despite differing geographies, economic conditions and health system structures, Nepal, Senegal, India, Ghana, India and Burundi have all outpaced the global and their respective regional declines in child mortality through strong governance, strategic investments in health and scale-up of evidence-based health interventions. Common throughout these success stories are strengthened health systems that prioritize universal access and community-based care, datadriven decision making that ensures targeted interventions and ongoing quality improvement, expanded immunization and maternal and newborn health programmes that prevent childhood illness and provide a continuum of care from home to hospitals, and innovative health financing models that provide sustainability and accessibility.

These countries illustrate that with political will, evidence-based strategies and sustained investments, even resource-constrained settings facing unique challenges can achieve substantial reductions in mortality, bringing the world closer to an end to preventable child deaths.

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.⁶⁰ UNICEF and WHO undertook joint country consultations in 2024. 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 2024, 83 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 64 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 84 countries after receiving new or updated data. All countries were informed about changes in their estimates.



Mortality among children, adolescents and youth (5–24 years)

Globally, the probability of dying in any of the four five-year age groups within the 5–24 age range is lower than U5MR. In 2023, the global probability of dying for the 5–24-year age group was 16 (16–18) deaths per 1,000 children aged 5 years (see Table 7) – less than half the global U5MR – representing a 38 per cent decline since 2000.⁶¹ Globally, the age pattern of mortality under age 25 peaks in the under-five population, falls to a low among adolescents aged 10–14 years, then increases from 15 to 24 years (see Table 7 and Figure 13). While overall levels of mortality vary across regions, this age pattern tends to hold at the regional level. In the regions of Australia and New Zealand, Europe and Northern America, Latin America and the Caribbean, and Central and Southern Asia, however, the lowest probability of dying is in the 5–9-year age group rather than among 10–14-year-olds (see Table 7 and Figure 13).

Progress was uneven across the age groups, with larger declines among the younger children over age 5. The global mortality rate among children aged 5–9 years declined by 53 per cent since 2000, while the mortality rates among young adolescents (10–14-year-olds) and older adolescents (15–19-year-olds) only declined

Levels and trends in mortality among children, adolescents and youth aged 5–24 and in five-year age groups, by Sustainable Development Goal region, 1990–2023

	Mortality rates (deaths per 1,000)									Annual rate of reduction 1990–2023 (per cent)					
	Age	9 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
Region	1990	2023	1990	2023	1990	2023	1990	2023	1990	2023					
Sub-Saharan Africa	26	9	12	6	18	9	25	12	79	34	3.4	2.4	2.2	2.3	2.6
Northern Africa and Western Asia	7	3	4	2	8	5	9	6	29	16	3.1	1.7	1.7	1.3	1.8
Northern Africa	8	3	5	2	8	5	9	7	29	17	3.4	2.6	1.3	0.9	1.7
Western Asia	7	3	4	3	9	4	9	5	28	15	2.8	0.8	2.1	1.7	1.9
Central and Southern Asia	13	2	7	2	10	4	13	5	42	13	5.5	3.3	3.0	2.8	3.5
Central Asia	3	2	3	2	5	3	7	4	18	11	1.9	1.3	1.0	1.9	1.6
Southern Asia	13	2	7	2	10	4	13	5	43	13	5.6	3.4	3.1	2.9	3.6
Eastern and South-Eastern Asia	6	1	3	1	5	2	5	3	19	8	4.5	2.7	2.5	0.9	2.4
Eastern Asia	4	1	3	1	5	1	4	2	15	5	4.8	3.2	4.0	1.3	3.1
South-Eastern Asia	9	2	4	2	7	4	8	5	28	13	4.5	2.3	1.7	1.2	2.3
Latin America and the Caribbean	3	1	3	2	6	5	9	7	20	15	2.6	1.5	0.8	0.5	0.9
Oceania	3	2	2	2	5	3	6	4	17	11	1.6	1.2	1.2	1.3	1.3
Australia and New Zealand	1	0	1	0	4	1	5	2	10	4	2.8	2.4	2.7	2.5	2.6
Oceania (exc. Australia and New Zealand)	8	4	5	3	9	6	11	7	32	20	2.0	1.5	1.1	1.1	1.4
Europe and Northern America	2	1	1	1	4	2	5	4	12	8	3.3	2.3	1.6	0.7	1.4
Europe	2	0	2	1	4	2	5	4	12	7	3.9	2.8	1.9	0.9	1.7
Northern America	1	1	1	1	4	3	5	5	12	9	1.9	1.4	1.3	0.4	0.9
World	10	3	5	3	8	4	9	6	31	16	3.3	2.0	1.7	1.2	2.0

Note: All calculations are based on unrounded numbers.

by 34 Additionally, faster declines in mortality among children aged 5–9 years, compared to the other older age groups, were observed across all regions, as evidenced by the age-specific ARRs from 1990 to 2023 (see Table 7).

Despite lower mortality rates compared to children under age 5, more than 2 million children and youth aged 5–24 died in 2023 alone. An estimated 2.1 (2.0–2.4) million deaths occurred in this age group in 2023 (see Table 8), with 62 per cent of these deaths among individuals aged 15–24 years. The majority – 68 per cent – of deaths in the 5–24-year age group took place in sub-Saharan Africa (0.9 (0.9– 1.1) million) and Southern Asia (0.5 (0.4–0.6) million). Nearly 1 million adolescents died in 2023. While adolescent mortality rates are relatively low compared to other age groups under 25 – at 7.0 (6.7–7.8) deaths per 1,000 adolescents aged 10 years - an estimated 0.9 (0.9-1.0) million deaths occurred among those aged 10-19 years. Of these deaths, approximately 0.4 (0.3-0.4) million occurred among adolescent girls and 0.6 (0.5-0.6) million among adolescent boys. Although adolescent deaths are a small fraction of global under-five deaths, their decline has been slower than the decline of under-five deaths, decreasing by just 31 per cent globally since 1990. In some regions, such as sub-Saharan Africa, the number of adolescent deaths in 2023 was higher than in 1990 (see Table 8). Notably, nearly 70 per cent of all adolescent deaths in 2023 occurred sub-Saharan Africa and Southern Asia.

Level and trends in number of deaths among children, adolescents and youth aged 5–24 and among adolescents aged 10–19 by Sustainable Development Goal regions, 1990–2023

	r	Number o	of deaths thousands	age 5–2	4	Decline (per cent)	Number of deaths age 10–19 (thousands)					Decline (per cent)
Region	1990	2000	2010	2015	2023	1990-2023	1990	2000	2010	2015	2023	1990-2023
Sub-Saharan Africa	959	1,001	944	953	942	2	348	377	373	390	399	-15
Northern Africa and Western Asia	186	145	129	151	161	13	79	66	58	65	74	6
Northern Africa	96	81	72	72	81	15	40	35	31	31	35	11
Western Asia	90	65	57	79	80	11	39	30	27	34	38	2
Central and Southern Asia	1,164	1,040	842	685	504	57	454	436	366	310	233	49
Central Asia	18	21	16	14	14	23	8	9	7	6	7	11
Southern Asia	1,146	1,019	826	671	490	57	447	428	360	305	226	49
Eastern and South-Eastern Asia	674	490	350	293	249	63	301	227	150	124	108	64
Eastern Asia	398	255	167	128	101	75	192	125	65	48	41	79
South-Eastern Asia	275	235	183	165	148	46	109	102	84	75	68	38
Latin America and the Caribbean	183	182	210	171	155	15	81	81	95	76	64	20
Oceania	8	7	7	7	7	6	3	3	3	3	3	4
Australia and New Zealand	3	3	2	2	2	50	2	1	1	1	1	51
Oceania (exc. Australia and New Zealand)	4	5	5	5	5	-29	2	2	2	2	2	-37
Europe and Northern America	176	166	113	89	97	45	75	70	41	33	38	50
Europe	127	124	74	51	54	57	53	51	26	19	20	62
Northern America	49	42	38	38	43	12	21	19	15	14	17	19
World	3,350	3,031	2,594	2,349	2,116	37	1,341	1,260	1,086	1,002	918	31

Note: All calculations are based on unrounded numbers.









Mortality risk among children, adolescents and youth aged 5-24 years varies substantially based on the regions and countries where they reside. In 2023, sub-Saharan Africa had the highest probability of death in this age group, with 34 (32-40) deaths per 1,000 children aged 5 years, followed by Oceania (excluding Australia and New Zealand) at 20 (17-25) deaths per 1,000 children aged 5 years and Northern Africa and Western Asia at 16 (15-18) deaths per 1,000 children aged 5 years (see Table 7 and Figure 13). 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, the region with the lowest mortality for this age group. When broken down by five-year age groups, sub-Saharan Africa and Oceania (excluding Australia and New Zealand) had the highest and second-highest regional mortality rates across all four age groups in 2023. Latin America and the Caribbean recorded the thirdhighest regional rate among older adolescents (15-19 years) and youth (20-24 years), while Northern Africa and Western Asia had the thirdhighest rate among older children (5-9 years) and young adolescents (10-14 years)(see Table 7 and Figure 13).

At the country level, mortality rates in 2023 varied widely. Among 5–9-year-olds, rates ranged from 0.2 to 18.3 deaths per 1,000 children aged 5 years. For 10–14-year-olds, rates ranged from 0.2 to 13.9 deaths per 1,000 adolescents aged 10 years. Among 15–19-year-olds, rates ranged from 0.8 to 21.7 deaths per 1,000 adolescents aged 15 years, while for 20–24-year-olds, rates ranged from 0.9 to 34.2 deaths per 1,000 youth aged 20 years.

The disparity in sex-specific mortality in the 5-24-year age group widens with age. Among older children and young adolescents (5-14 years), the global mortality rate in 2023 was 5.3 (4.9-6.0) deaths per 1,000 children aged 5 years for females and 6.3 (5.9–7.1) deaths per 1,000 children aged 5 years for males (see Figure 15). This gap increases in older adolescents and youth (15–24 years), where the mortality rate for females was 7.6 (7.1-8.9) deaths per 1,000 adolescents aged 15 years, compared to 13 (12-15) deaths per 1,000 adolescents aged 15 years for males (see Figure 15). Globally, male mortality for the 5-24-year age group was 1.5 times that of female mortality in 2023, with rates of 19 (19-22) deaths per 1,000 children aged 5 years for males versus 13 (12–14) deaths per 1,000 children aged 5 years for females. That ratio increases with age: among 5–9-year olds, male mortality was 1.1 times higher than female mortality (3.5 (3.1-3.6) versus 3.1 (2.8–3.2) deaths per 1,000 children aged 5 years); among 10-14-year-olds, male mortality was 1.3 times higher (2.9 (2.6-3.7) versus 2.3 (2.0-2.9) deaths per 1,000 adolescents aged 10 years); among 15-19-year-olds, male mortality was 1.6 times higher (5.4 (5.0–5.7) versus 3.4 (3.1–3.7) deaths per 1,000 adolescents aged 15 years); and among 20-24-year-olds, male mortality was 1.9 times higher (7.8 (7.3-9.7) versus 4.2 (3.9-5.4) deaths per 1,000 youth aged 20 years).



Note: All calculations are based on unrounded numbers. In 2023, Central Asia's 15–24-years mortality rate was 5.3 for females and 8.8 for males; Southern Asia's 15–24-years mortality rate was 7.1 for females and 10.5 for males. Central Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females and 5.3 for males; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females; Southern Asia's deaths in the 15–24-year age group (in thousands) was 3.1 for females; Southern Asia's deaths in the 15–24-y



Injury, violence and non-communicable diseases are among the leading causes of death for adolescents and youth. For older children (ages 5–9 years), the leading causes of death remain childhood illnesses, diarrhoea, malaria and lower respiratory infections followed by injuries (see Figure 16). For young adolescents (ages 10–14 years) and older adolescents (ages 15–19 years), noncommunicable diseases join injuries (both intentional and unintentional) as the leading causes of death, with childbirth becoming an important cause of death for young women (see Figure 16). **Business as usual means millions of children, adolescents and youth will lose their lives before this decade ends.** If current trends continue, more than 14 million children, adolescents and youth aged 5–24 years are projected to die between 2024 and 2030. Adolescents will account for approximately 42 per cent (6 million) of these deaths. Nearly half (48 per cent) of the deaths in the 5–24 age group will occur in sub-Saharan Africa (6.8 million), while another 22 per cent are expected in Southern Asia (3.1 million). If mortality remains at 2023 levels, 15 million children, adolescents and youth aged 5–24 years are projected to die between 2024 and 2030.



Data gaps in child, adolescent and young adult mortality

Persistent data gaps lead to wider uncertainty.

Accurate and up-to-date information regarding child mortality is not universally available. On average, the latest high-quality data point (i.e., a data point that is included in the UN IGME estimation model) on child mortality across all countries is 4.4 years old, with only half of the world's countries having a data point within the past three years. Likewise, the last data collection effort (i.e., the most recent data point available in the country whether it is included in the model or not) was on average three years old. This suggests some data collection efforts are not producing data with sufficient coverage and completeness to accurately capture the level of mortality for that period. In approximately 37 per cent of all countries, the most recent available data point on child mortality is more than five years old (see Figure 17 and Map 7). Without sufficient and timely empirical data, our certainty as to the true level of mortality or number of deaths globally declines.









The global averages obscure even more limited data accessibility in certain regions and income classifications. The timeliness and availability of data decline across income classifications, with the most recent data point being 8.3 years old for low-income countries, 4.8 years old for middle-income countries and 1.8 years old for high-income countries. Just under half of all lowand middle-income countries lack reliable data on under-five mortality in the past five years, whereas only 13 per cent of high-income countries had such a gap. Likewise, data availability is not geographically even: In sub-Saharan Africa, approximately 63 per cent of countries have a most recent reliable, high-quality data point that is more than five years old, while 37 per cent of all countries have a gap of over five years between their most recent available data point and the common reference year of 2023 (see Figure 17 and Map 7). In contrast to the global average age of 4.4 years for the latest high-quality data point, in sub-Saharan Africa that average age is 6.7 years.

Fragility and conflict put data availability at higher risk. Recent data are scarce in FCS countries, where the average age of the most recent data point is 8.3 years, and half of FCS countries have a high-quality data point from the last seven years. Meanwhile, in non-FCS countries, the average age of the most recent high-quality data point is 3.3 years and half the countries have a high-quality data point within the last two years.

Data availability worsens for countries at risk of missing the SDGs. Considering just the countries at risk of falling short of the SDG target for underfive mortality, the average age of the most recent data point is 6.9 years. In contrast, countries that have already achieved the target show an average age of 3.2 years for their most recent data point. The use of less recent data introduces heightened uncertainty in the recent period and increases reliance on extrapolation, particularly in areas where children face a higher risk of mortality.

Household survey data are the main data source to monitor progress in child survival. Across the 200 countries with child mortality estimates, household survey data (e.g., Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS)) account for 42 per cent of all empirical national data points on child mortality since 1990. In a quarter of all countries (52) no vital or sample vital registration data are available to monitor the survival of children under 5 years of age; these countries rely exclusively on household survey data to monitor child mortality. About 85 per cent of low-income countries and half of lower-middle-income countries rely entirely on survey and census data. Between 1990 and 2023, household survey data accounted for 85 per cent of empirical data on child mortality in low-income countries (with 52 per cent coming from the DHS programme alone) and 67 per cent in lower-middle-income countries (with 40 per cent coming from the DHS programme).

Just 54 countries had high-quality national data for 2023 included in the estimation model. The 54 countries shown in green in Map 7 have a data point for 2023 included in the estimation model. Among these countries, 57 per cent were highincome countries and another 35 per cent were upper-middle-income countries.⁶³



Conclusion

The global effort to reduce child mortality has yielded extraordinary results over the last 30 years. The decline in the global U5MR since 2000 – a remarkable 52 per cent – is an achievement that underscores the power of sustained commitment, investment and coordinated action. It also signals the global community's commitment to upholding its promise to protect every child's right to survive.

This progress not only means millions of children's lives saved – it also demonstrates that ending preventable child deaths is an achievable goal. Yet, these hard-won gains are in peril. The advances made are at risk of stagnation or even reversal due to a convergence of growing threats: crises, conflict, economic instability, fragile health systems and shrinking donor funding. Unless these challenges are addressed with decisive action, millions of newborns and young children will continue to die from causes we know how to prevent and treat. In addition, the already heavy burden of under-five deaths carried by sub-Saharan Africa and Southern Asia will intensify.

Unequal burden

The success in reducing child mortality shows the power of quality, efficacious and cost-effective interventions. Still, in 2023 alone, nearly 7 million children, adolescents and youth aged 0–24 lost their lives and the burden of these deaths was disproportionally carried by just two regions. Sub-Saharan Africa and Southern Asia accounted for 83 per cent of global under-five deaths and 81 per cent of neonatal deaths, despite only representing 59 per cent of global births in 2023.

Beyond regional disparities, fragile and conflictaffected situations remain among the most dangerous places for children, adolescents and young adults. On average, a child born in an FCS country is almost three times more likely to die before their fifth birthday than a child born elsewhere. The mortality gap between income groups is equally stark: Children in low-income countries face under-five mortality rates almost 13 times higher than those in high-income countries. These disparities extend within countries as well – children from the poorest households, those in rural areas, and those born to mothers with lower levels of education are more vulnerable to early death. These disproportionate burdens stem from uneven access to life-saving interventions and can be addressed with targeted policies and investments.

SDGs

Dozens of countries remain off track for achieving the SDG targets, with most concentrated in sub-Saharan Africa. If current trends continue. 30 million children under 5 will die by 2030 nearly half of them in the first month of life. The burden of these deaths will be carried disproportionately by the same regions already facing the highest mortality rates: Sub-Saharan Africa will account for 18 million of these deaths (59 per cent of the global total), while another 7 million (approximately one quarter) will occur in Southern Asia. Under an even more dire scenario. if progress stalls and U5MRs remain at 2023 levels, 34 million children under 5 will die before the decade's end - again, with almost half of the deaths occurring in the neonatal period. These dreadful scenarios need not become our reality, however. If all countries achieved the SDG targets, nearly 8 million deaths could be averted between 2024 and 2030 compared to the current trends scenario, and almost 12 million deaths would be averted compared to the 2023 levels scenario. Those would be impressive declines, but even universal achievement of the SDG targets would not eliminate preventable child deaths. Even greater gains are possible if all countries were to reach the current average U5MR of high-income countries (5.0 deaths per 1,000 live births). Under this scenario, 22 million more children would survive to see their fifth birthday compared to the current trends scenario. These figures highlight the enormous potential of expanding access to proven, cost-effective interventions.

Targeting action to the most vulnerable

We know how to reduce child mortality through proven, effective and readily available measures and actions. Countries and areas that have achieved low child mortality rates or dramatically reduced child mortality rates have done so through investments in high-quality maternal, newborn and child health care, including skilled birth attendance, neonatal care and access to early diagnosis and treatment for common childhood infections. Preventative measures to reduce risk factors – such as ensuring adequate nutrition, improving water and sanitation, and expanding routine immunizations – have also played a crucial role.

To accelerate progress, investments must be strategically targeted to the most vulnerable populations where they can have the greatest impact. The disproportionate number of underfive deaths occurring in the neonatal period along with the slower decline in neonatal mortality compared to the rest of the underfive age group highlights the need for targeted investment in the first 28 days of life. At the same time, interventions must also address preventable deaths from common childhood illnesses in children aged 1–59 months, a group that still accounts for most of the global under-five deaths, especially in low- and lower-middle-income countries.

Sub-Saharan Africa and Southern Asia, home to the largest share of under-five children globally, must remain at the centre of global child survival efforts. In sub-Saharan Africa, population growth projections indicate that the under-five population will surpass 200 million by 2030, with 295 million births expected in the region between 2024 and 2030. Without urgent intervention, these trends could lead to a continued stagnation - or even an increase - in neonatal deaths in the region. Southern Asia also requires targeted efforts. While concerted action has significantly reduced mortality among children aged 1-59 months, neonatal mortality in the region remains unusually high given the level of underfive mortality. The leading causes of death in this region tend to be birth related and have not declined as much as causes impacting the 1-59-months age group, underscoring the need

for stronger investments in maternal and newborn care. Additionally, children living in fragile and conflict-affected countries require targeted interventions to overcome the heightened risks they face.

Progress can be further accelerated by targeting actions and interventions based on subnational data or estimates, where available. The UN IGME has produced such estimates for a subset of countries.⁶⁴ These disaggregated data can be leveraged to localize responses to child mortality and direct interventions to where they are needed most. Subnational disparities within countries demand tailored approaches, with well-financed maternal, newborn and child health strategies that reach the most vulnerable.

Efforts must also be tailored by age group, because the leading causes of death shift as children grow. Prematurity, birth complications and congenital conditions are the primary threats to newborns, while infections such as pneumonia, diarrhoea and malaria dominate in children aged 1–59 months. For those aged 5–24 years, noncommunicable diseases and injuries – both unintentional (road accidents) and intentional (violence, self-harm) – become the main causes of death. Effective strategies must be designed with these age-specific risks in mind.

Data Gaps

Without better data, millions of children risk being overlooked, and efforts to reduce mortality will be hindered by uncertainty and delay, especially in the highest-mortality countries where data systems are weakest. In 2023, only about a quarter of all countries had high-quality data for the most recent year of estimation, and in sub-Saharan Africa, nearly two thirds of countries did not have any high-quality data in the last five years. Moreover, 42 per cent of national data points on child mortality in the UN IGME database since 1990 come from household surveys, with low- and lower-middle-income countries particularly reliant on this source, deriving 73 per cent of their data from household surveys. It is critical that the powerful evidence generated by household surveys continues to be routinely collected and national data collection systems – especially in low-resource settings – be

strengthened to better monitor child, adolescent and youth mortality.

The progress made in reducing preventable child, adolescent and youth mortality – documented in this report – demonstrates that child mortality is not an insurmountable problem. With the right investments, policies and commitment directed towards the most vulnerable populations and highest-burden areas, further reductions are within reach. As we reflect on the remarkable global achievement in mortality reduction over the past few decades, we must draw lessons from this progress to address the many ongoing challenges and emerging threats to accelerating child mortality decline – including rapidly shifting political and funding landscapes. Ending preventable child deaths requires turning these lessons into action. Governments must prioritize child health in national policies and budgets. The international community must ensure that resources are allocated where they are needed most. Data collection efforts must be maintained. Donors must sustain and expand their commitments, and humanitarian organizations must continue advocating for the most vulnerable.

The historical decline in mortality underscores the power of concerted efforts across stakeholders. The future trajectory of mortality is ours to make. The world must not only sustain its efforts but accelerate them, if every child is to realize their right to survive.



Annex I: Estimating child mortality

This chapter summarizes the methods the UN IGME uses to generate 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.

The UN IGME updates its estimates of under-five mortality, including neonatal and infant mortality, mortality among children and adolescents aged 5–14 years and mortality among adolescents and youth aged 15–24 years annually after reviewing newly available data and assessing their quality. These estimates are widely used in UNICEF's flagship publications, the United Nations Secretary-General's annual SDG report, and publications by other United Nations agencies, including WHO, governments and donors. These estimates also form the basis for the denominator of cause-of-death estimation efforts including WHO's Global Health Estimates (for the population under 5 years) and the Child and Adolescent Causes of Death Estimation group.⁶⁵

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 of 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.



Overview

The UN IGME employs the following broad strategy (see Figure 18) 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, 2023).

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 <<u>childmortality.org</u>>. 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, i.e., country values for the same reference year produced 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 data quality assessment. Countries may use a single data source for their official estimates or apply 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 or over the time series. 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 errors 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 USAIDsupported 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 <<u>childmortality.org</u>>. 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 44 new surveys or censuses were added for 40 countries and data from vital registration systems or sample vital registration systems were added or updated for 124 countries. In total, more than 7,100 countryyear data points from about 280 series were added or updated. The database, as of January 2025, contains over 20,800 country-year data points from more than 2,300 series across 200 countries from 1990 (or earlier, back to 1911) to 2024. The database for mortality among children and adolescents aged 5-14 years contains more than 7,600 data points and the database for mortality among adolescents and youth aged 15-24 years contains more than 7,400 data points.

The increased empirical data have substantially changed UN IGME estimates for some countries 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 necessarily comparable with previous sets of UN IGME estimates or the most recent underlying country data. This latest set of estimates replaces and supersedes earlier UN IGME data sets.

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 1 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-yearold 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 mid-year 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 mid-year populations), annual observations were initially constructed for all observation years in a country. For countryyears 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 mid-year 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 ${}_{5}q_{0}$ (${}_{5}q_{0} = U5MR/1,000$) or $_{I}q_{0}$ ($_{I}q_{0}$ = *IMR/1,000*) observation divided by the value of the ${}_5q_0$ or ${}_1q_0$ observation. The stochastic standard error of the observation is calculated with a Poisson approximation using live birth numbers, given by $sqrt({}_{5}q_{0}/lb)$ or similarly $sqrt({}_{1}q_{0}/lb)$ *lb*), where *lb* is the number of live births in the year of the observation.⁶⁶ 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, adolescents 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 (GGB) method and the synthetic extinct generation (SEG) method - the GGBSEG method - was used. The GGBSEG method is one of several demographic methods known as 'death distribution methods'67 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. 68 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.69 The sexspecific 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 comes 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 Demographic and Health Surveys and, increasingly, by Multiple Indicator Cluster Surveys 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, i.e., 0 to 4, 5 to 9, and 10 to 14.^{70, 71, 72} 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.⁷³

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 ($_{10}q_5$) 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 25-29 through ages 45-49. 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, and therefore are not selected for. 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 SBH were not included if estimates from FBH in the same survey were available.⁷⁴ 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 (SSH). In SSH, 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, and current age, if alive, or age at death and years since death, if deceased. Sibling histories have been extensively used to model adult mortality in countries lacking vital registration and to monitor trends in maternal mortality.75,76,77 SSH were used to estimate the probability of a 15-year-old dying before reaching age 25 $(_{10}q_{15})$ for a period of 0–12 years prior to each survey. This period was divided in intervals of various length (6, 4, 3, 2, 1 years) depending on the coefficient of the 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 FBH 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.⁷⁸ This method was applied to all direct estimates from FBHs. The model was improved to incorporate the impact of antiretroviral therapies and prevention of motherto-child transmission.⁷⁹ 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 $_{10}q_5$. 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 19. 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, 2023. This method is described in the following section.

Estimation of under-five mortality rates

Estimation and projection of U5MRs was undertaken using the Bayesian B-splines biasadjusted 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 2024.^{80, 81}

In the B3 model, log(U5MR) is estimated with a flexible spline 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., observed U5MR = true U5MR * error multiplier, or on the log scale, log(observed U5MR) = log(true U5MR) + log(error multiplier). The error multiplier refers to the relative difference between an observation and the truth, with error multiplier equal to 1 (and log(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

19 Empirical child mortality data in Nigeria and Papua New Guinea

observations that were excluded. Grev bands represent the standard errors of the observations where available or applicable



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 20 shows 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,⁸² 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 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.



Note: The B3 estimates are in red. Ninety per cent uncertainty intervals for the U5MR are given by the pink shaded area. All data available for the country are shown as coloured points, with observations from the same data series joined by lines. Solid circles and lines represent data series/observations that were included for curve-fitting. 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.

The B3 method was developed and implemented for the UN IGME by Leontine Alkema and Jin Rou New with guidance and review by the UN IGME TAG. A more complete technical description of the B3 model is available elsewhere.^{83, 84} 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 that reflects the World Population Prospects 2024 estimates for this country 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, where a non-standard method that reflects the World Population Prospects 2024 estimates for this country was employed). 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.⁸⁵ 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.86

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.⁸⁷

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 ages 0 and 5, and thus the IMR for a given level of U5MR. The term vx is a vector the length of age that when multiplied by k adjusts the probabilities of dying in response to specificities in the age pattern of q(x) at a given level of q(5y). 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 HIV/AIDS epidemic;
- Use UNAIDS estimates of HIV/AIDS child mortality⁸⁸ 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;

- Extrapolate the model to the target year – in this case 2023;
- 6. Add back estimates of deaths due to HIV/AIDS (from UNAIDS); and
- 7. Derive a non-AIDS curve of IMR from the estimated U5MR using model life tables, then add the UNAIDS estimates of HIV/AIDS deaths for children under age 1 to generate the final IMR estimates.

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.⁸⁹ In many countries, fewer sources have provided data by sex than for both sexes combined. For this reason, rather than estimate U5MR trends by sex directly from reported mortality levels by sex, the UN IGME uses the available data by sex to estimate a time trend in the sex ratio (male/female ratio) of infant mortality (aged 0-11 months) and child mortality (aged 1-4 years). 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.⁹⁰

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.⁹¹

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 countryspecific 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 40 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 $\log(U5MR)$, and the coefficients of this regression were used to predict the probability $_{10}q_5$ and $_{10}q_{15}$ between 1990 and 2023 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 highquality vital registration data and do not always adequately reflect mortality age patterns in lowand middle-income countries). A more complete

technical description of the model is available elsewhere. 92

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 FBH from surveys tend to slightly underestimate mortality in the age group 5-14 when compared to other data series. SSH 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 older children and young adolescents aged 5–14 years and older adolescents and youth aged 15–24 years by sex Since 2022, the UN IGME has produced estimates of mortality in children aged 5–14 and youth aged 15–24 by sey. The estimation model by ilds upon

15–24 by sex. The estimation model builds upon the main model structure of the sex ratio for IMR, mortality rate for children aged 1–4 years and U5MR but with reconsideration of model choices. In particular, the expected sex ratio (denoted as W(c,t)) is modelled with a secondorder 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.⁹³

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.⁹⁴ Conflict death data were taken from the Uppsala Conflict Data Program/Peace Research Institute Oslo datasets,^{95, 96} Armed Conflict Location & Event Data Project,⁹⁷ and the Center for Systemic Peace/Integrated Network for Societal Conflict Research dataset,⁹⁸ as well as from reports prepared by the United Nations and other organizations.

For crises where deaths were adequately recorded in death registration data, age-specific deaths were obtained directly from the data. For many countries, age- and sex-specific data on crisis deaths is not available, thus 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 datasets 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 1960–2017 were analysed for regions and years determined to have experienced crisis events. From all these sources, information on agesex 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 more detailed age groups under 5 for each of the event types, as described elsewhere.99

Estimated child and youth deaths due to major crises were included if they met the following criteria: (1) the crisis was isolated to a few years; (2) 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; (3) crisis U5MR, crisis $_{10}q_5$ or crisis $_{10}q_{15}$ was > 0.2 deaths per 1,000; and (4) the number of crisis deaths among those 5–14 or 15–24 years old was > 10 deaths.

These criteria resulted in 83 different crises for 50 countries being explicitly incorporated into UN IGME estimates for under-five mortality, 98 different crises for 59 countries being incorporated into the mortality estimates among children aged 5–14 years, and 123 different crises for 60 countries being incorporated into the mortality estimates among adolescents and youth 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, then fitting the B3 model to the remaining data and adding the crisisspecific mortality rate to the fitted B3 curve. 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.

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 2023. The UN IGME does not use covariates to derive the estimates but 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 birthweek 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 birthweek 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 World Population Prospects 2024^{100} is used to calculate the number of deaths.

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

The absolute number of deaths among those 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, ${}_{5}M_{5}$ and ${}_{5}M_{10}$, computed from the estimated ${}_{5}q_{5}$ and ${}_{5}q_{10}$. The central death rates are then multiplied by the country population estimates for the respective

age groups from World Population Prospects 2024¹⁰¹ 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 in central death rates ${}_5M_{15}$ and ${}_5M_{20}$ and multiplied by the population estimates.

COVID-19

The 2024 UN IGME estimates do not include any adjustment in the years 2020 to 2023 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 (CRVS) systems and health management information systems (HMIS) found no evidence of systematic excess mortality among children, adolescents or youth in 2020, 2021, 2022 or 2023 (see Annex II: Excess mortality analysis). 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.



Annex II: Excess mortality analysis

Children, adolescents and youth, especially in low- and middle-income countries, may have been at increased risk of indirect death or ill health due to discontinuity in services and interventions, overworked health-care systems or economic contractions - among other disruptions - stemming from pandemic restrictions during the initial years of the COVID-19 pandemic. Even as restrictions were lifted, possible disruption to delivery of certain interventions like vaccinations during the time restrictions were in place could see a lagged effect where any impact to mortality may be detectable only in subsequent years. Therefore, it is necessary to continue to monitor for any excess mortality among children, adolescents and youth.

Excess mortality is defined as the difference between observed deaths (or mortality rates) over a given period of time, e.g., annual deaths in 2020, and a baseline or expected number of deaths typically based on historical data. Excess mortality results when observed deaths exceed expected deaths. By using all-cause mortality data, this analysis should capture any excess mortality, whether it results from direct or indirect mortality. The method for this analysis is described by Acosta et al. in analysis up to 2021.¹⁰² Using all-cause mortality data by age, the UN IGME updated the excess mortality analysis for the pandemic years 2020, 2021, 2022 and 2023 with additional data to determine the necessity for any adjustment to estimates.

Data

To calculate the possible excess mortality in all age groups of interest – neonatal, infant (under 1 year), under 5 and 5–24 – the UN IGME undertook an analysis of empirical national and subnational data (i.e., observed number of deaths) derived from CRVS systems and HMIS. For the analysis of excess mortality from CRVS data in 2020, 2021, 2022 and 2023, death counts for countries or areas by age group and year between 2015 and 2023 were retrieved from various sources: WHO; the United Nations Department of Economic and Social Affairs, Population Division; the United Nations Economic Commission for Latin America and the Caribbean, Population Division; Eurostat;¹⁰³ the Short-Term Mortality Fluctuations data series;¹⁰⁴ the Human Mortality Database;¹⁰⁵ country-specific statistical offices and ministries of health; and data reported directly to the UN IGME during the country consultation process. Additionally, data were obtained from the HMIS of 17 countries (Afghanistan, Bangladesh, Burkina Faso, Burundi, Eswatini, Ethiopia, India, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Namibia, Uganda, Zambia and Zimbabwe) and from the Countrywide Mortality Surveillance for Action system in Mozambique.

The final dataset contained data on observed numbers of deaths for more than 150 countries or areas (including 136 countries for which the UN IGME produces annual estimates) for 2020, 146 countries or areas (including 130 countries for which the UN IGME produces annual estimates) for 2021, 124 countries or areas (including 109 countries for which the UN IGME produces annual estimates) for 2022, and 80 countries or areas (including 74 countries for which the UN IGME produces annual estimates) for 2023 (see Map 8).

These countries or areas accounted for 67 per cent of global live births in 2020, 65 per cent in 2021, 38 per cent in 2022 and 15 per cent in 2023. Additionally, these countries or areas accounted for 43 per cent of under-five deaths in 2020, 42 per cent in 2021, 19 per cent in 2022, and 4 per cent in 2023. Of the 40 countries with the highest burden of under-five deaths in 2020, 19 had data available for this analysis – including Brazil, China, Ethiopia, India, Mexico and South Africa. For 2021, 18 of the 40 top-burden countries had data available for the excess mortality analysis; for 2022, 11 of the 40 top-burden countries had data available; and for 2023, 2 of the 40 top-burden countries had data. Just over half of the countries in the UN IGME excess mortality analysis are classified as low or middle income.

Death counts were grouped in ages 0, 1–4, 5–9, 10–14, 15–19 and 20–24, where this configuration was possible. Data on infant mortality (<1 year) were available in a subset of countries. In populations where data configuration did not allow for estimates of infant mortality, mortality was analysed for the full age interval 0–4.

Excess mortality analysis for 2020–2023 When the uncertainty in the expected number

of deaths is considered, only 4 per cent (4) of countries with CRVS data showed significant, positive excess for under-five mortality in 2020, 15 per cent (14) in 2021, 19 per cent (16) in 2022, and 19 per cent (12) in 2023 (see Figure 21). About 74 per cent (72) of countries showed no significant deviation from the expected number of under-five deaths in 2020 and 22 per cent (21) showed significantly fewer deaths than would be expected based on historical data. In 2021, about 65 per cent (61) of countries showed no significant deviation from the expected number of deaths and 20 per cent (19) showed significantly fewer deaths than expected. In 2022, about 71 per cent (60) of countries showed no significant deviation from the expected number of deaths and 10 per cent (8) showed significantly fewer deaths than expected. Similarly, in 2023, about 73 per cent (45) of countries showed no significant deviation from the expected number of deaths and 8 per cent (5) showed significantly fewer deaths than expected.





In 2020, the proportion of countries with significant excess mortality is relatively small across all age groups, while in 2021, 2022 and 2023 the proportion is larger and increases with age, peaking at 26 per cent (23) of all countries in the 20-24 age group in 2021, 24 per cent (19) of all countries in the 15-19 age group in 2022, and 29 per cent (17) of all countries in the 15-19 age group in 2023. For the age group 0-4, the proportion is 15 per cent (14) of all countries in 2021, 19 per cent (16) of all countries in 2022, and 19 per cent (12) in 2023. While most countries show no significant deviation from the expected number of deaths, the higher proportion in the years 2021, 2022 and 2023 is an area of concern for future analysis when more data are available for the pandemic years.

While the analysis of CRVS data is a useful exercise in determining the extent of possible excess mortality, these data disproportionately represent high-income countries, which may differ in their mortality experience of the pandemic compared to low- or middle-income countries. The UN IGME analysed monthly data on births and neonatal, infant and under-five deaths from 17 low- and middle-income countries' HMIS or other data collection systems, including some with substantial child and youth populations like Bangladesh, Ethiopia, India and Kenya. After applying a similar analysis to the approach used with CRVS data, the HMIS data largely confirmed the results of the CRVS analysis.



Conclusion

Based on the available data for 2020–2023, there is a lack of evidence showing widespread, significant excess mortality among children, adolescents and youth. While it is encouraging to find a similar result in this updated analysis, the limited, incomplete and non-representative nature of the data – especially for 2023 – along with the changing nature of the pandemic mean these results must be interpreted with caution.

Data for 2023 for excess mortality analysis are largely incomplete and unavailable for most countries - even those with well-functioning CRVS systems - and data that are available are limited in their disaggregation by age and sex, hindering a complete understanding of age-specific excess deaths. Data tend to be most sparse in lowincome countries, where intervention disruption may have the greatest impact on child survival. Likewise, most of the data for this analysis refer to the national level, possibly masking subnational trends by geographic area or household income, which may differ substantially from national aggregates. Furthermore, the baseline calculated from data in the years 2015-2019 may become a less accurate measure of baseline mortality the further one gets from that period, e.g., mortality for the year 2023.

In addition to data limitations, one should

apply caution in interpretation of these results since future pandemic years may be dissimilar to those already observed due to changing conditions of the pandemic itself; indeed, data for 2021, 2022 and 2023 have differed in some ways from those for 2020. There were increases in several age groups of the proportion of countries showing significant positive excess in 2022. Furthermore, since 2021, several countries saw a rebound to expected mortality levels as COVID-19 measures loosened, dampening some protective effects seen in 2020 and possibly arising from limited exposure to infectious diseases, air pollution or road traffic injuries. While different in some notable ways that will require further analysis, 2021, 2022 and 2023 did not have widespread significant excess mortality in children, adolescents and youth based on the data compiled.

Considering the data limitations just described particularly for the year 2023, continued monitoring of excess mortality in children, adolescents and youth will be crucial in the short and long term to detect any impact and to take required action. With rapidly changing pandemic conditions, it is not only important to quickly adapt to these changes so as to maintain essential services for women and children, but also to urgently expand and strengthen data systems for monitoring and reacting to changes caused by outbreaks and pandemics.


Notes

1. 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>.

2. Geographic regions in this report are based on the United Nations Statistics Division Sustainable Development Goal regional classification, available at <<u>https://unstats.un.org/unsd/methodology/m49</u>>. Any differences in spelling and capitalization are meant to comply with UNICEF style.

3. World Bank Group, 'Classification of Fragile and Conflict-Affected Situations', World Bank Group, Washington, D.C., 28 June 2024, <u>www.</u> worldbank.org/en/topic/fragilityconflictviolence/brief/classification-offragile-and-conflict-affected-situations>, accessed 21 March 2025.

4. Under the 'current trends' scenario, the respective annual rates of reduction (ARR – see endnote 14 for ARR definition) from 2015 to 2023 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 2024 to 2030. If a country had a negative ARR for any indicator in 2015–2023 (i.e., an increase in mortality rates in 2015–2023), the rate was held constant at the estimated 2023 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 country-level difference aged 1–4 years to calculate the projected country-level estimates. Crisis mortality was removed from the estimates for the calculation of the ARR.

5. 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 rate 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.

6. These results are based on a scenario projection where all countries meet the SDG U5MR and NMR target. 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 2024 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 4) were used.

7. United Nations, Convention on the Rights of the Child, A/RES/44/25, United Nations, New York, 20 November 1989.

8. All calculations are based on unrounded rates and deaths.

9. For more information on uncertainty intervals, see endnote 1.

10. 'Classification of Fragile and Conflict-Affected Situations'.

11. World Bank Group, 'World Bank Country and Lending Groups', World Bank Group, Washington, D.C., n.d., <<u>https://datahelpdesk.</u> worldbank.org/knowledgebase/articles/906519-world-bank-country-andlendinggroups>, accessed 21 March 2025.

12. For calculation of 1-59-months target, see endnote 5.

13. 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 under-five mortality rate 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 10–14 years is the probability a 10-year-old will die before reaching age 10 years, expressed as deaths per 1,000 adolescents aged 10–14 years is the probability a 10-year-old will die before reaching age 20 years, expressed as deaths per 1,000 adolescents aged 15–19 years is the probability a 15–9 years is the probability a 20-year-old will die before reaching age 20 years, expressed as deaths per 1,000 adolescents aged 15 years. The mortality rate for adolescents aged 20–24 years is the probability a 25-year-old will die before reaching age 20 years, expressed as deaths per 1,000 adolescents aged 20-24 years is the probability a 20-year-old will die before reaching age 20 years.

14. The ARR in the mortality rates is defined as: ARR=log(mortality rate_{t2}/mortality rate_{t1}) / (t1 – t2), where t1 and t2 refer to different years with t1 < t2.

15. '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.

16. 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 I: Estimating child mortality), thus changes in the pace of decline may be model driven rather than data driven.

17. 'Classification of Fragile and Conflict-Affected Situations'.

18. All FCS countries with a World Bank income group classification are classified as low or middle income.

19. 'World Bank Country and Lending Groups'.

20. 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 78 per cent of live births in 2023. This analysis refers to the most recent reference year, 2023. 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.

21. The analysis for urban/rural residency was based on 64 surveys/ countries dating from 2013 to 2023, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 71 per cent of global under-five deaths and 49 per cent of live births in 2023.

22. The analysis for mother's education was based on 54 surveys/ countries dating from 2013 to 2023, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 67 per cent of global under-five deaths and 46 per cent of live births in 2023.

23. The analysis for mother's age was based on 58 surveys/countries dating from 2013 to 2023, with this analysis including only the most recent survey from each country. The countries included in this analysis accounted for 72 per cent of global under-five deaths and 49 per cent of live births in 2023.

24. The analysis for birth interval was based on 67 surveys/countries dating from 2013 to 2023, 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 2023.

25. 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 67 surveys/ countries dating from 2013 to 2023, 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 2023.

26. The greater than 75 per cent reduction in the U5MR in the Democratic People's Republic of Korea was primarily driven by elevated rates at the start of the period, 2000, when the country was still affected by famine. Likewise, Malawi and Rwanda suffered generalized HIV epidemics that led to higher mortality rates in 2000.

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29. Ibid.

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32. For a description of the 'current trends' scenario, see endnote 4.

33. While it is not advisable to compare different rounds of UN IGME estimates, one may notice a small increase in the number of countries off track to meet the SDG target between this year's report and last year's report. Most of these changes are data driven, i.e., new data became available since the last revision, changing the country estimates. But it should also be noted that the 'current trends' period was updated for this report to be the period 2015–2023, while the 2023 edition of this report used an ARR period of 2015–2022.

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35. For calculation of 1-59-months target, see endnote 5.

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64. Overall, there are fewer countries with data for 2023 included in the estimation model than those that have information on age-specific

deaths in 2023 for the excess mortality analysis (see Annex II: Excess mortality analysis). This is because some countries' CRVS data may not meet data completeness thresholds for inclusion in the model, and some death data for use in the excess mortality analysis did not have appropriate denominators for calculating rates that could be included in the estimation model.

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

	Under-five with 90 per (deaths	e mortality ra cent uncerta s per 1,000 live	ite (U5MR) inty interval e births)	Annual rate of reduction (ARR) (per cent)	Number of 90 per ce	f under-five de nt uncertainty (thousands)ª	aths with interval	Sex-s	ty rate		
								19	90	20	23
Country	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Algnanistan	(165 - 198)	(122 - 142)	(42 - 73)	(2.7 - 4.4)	(100 - 119)	(122 - 142)	(62 - 105)	(169 - 203)	(161 - 194)	(45 - 77)	(39 - 68)
Albania	41 (36 - 46)	(25 - 30)	9 (8 - 11)	4.5 (3.9 - 5)	(3 - 4)	(1 - 2)	(0 - 0)	43 (38 - 48)	39 (34 - 44)	(9 - 12)	9 (8 - 10)
Algeria	52 (48 - 56)	42 (39 - 44)	22 (20 - 24)	2.6 (2.2 - 3)	40 (37 - 43)	25 (23 - 27)	20 (18 - 23)	56 (51 - 60)	48 (44 - 51)	24 (21 - 26)	20 (18 - 22)
Andorra	13 (3 - 52)	8 (4 - 15)	3 (1 - 10)	4.9 (-2.3 - 12.1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	15 (4 - 61)	11 (3 - 42)	3 (1 - 11)	2 (1 - 9)
Angola	223 (197 - 250)	203 (178 - 232)	64 (27 - 132)	3.8 (1.6 - 6.4)	123 (109 - 138)	145 (127 - 166)	86 (36 - 176)	233 (207 - 263)	211 (187 - 238)	69 (29 - 142)	59 (25 - 121)
Anguilla	19 (13 - 28)	12 (8 - 17)	6 (3 - 12)	3.6 (1.1 - 6.2)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	20 (13 - 28)	18 (13 - 27)	6 (3 - 12)	6 (3 - 12)
Antigua and Barbuda	14	15 (13 - 17)	(7 - 13)	(0.1 - 2.2)	0	0 (0 - 0)	0	15 (13 - 17)	12 (11 - 14)	10 (7 - 14)	(6 - 12)
Argentina	29	(10 17) 19 (19 - 20)	10	3.3	20	14 (14 - 14)	5 (4 - 6)	32	26	10	(8 - 10)
Armenia	(20 - 23) 49	31	10	4.8	(20 - 21) 4 (4 E)	1	0	54	(20 40)	11	9 (7 11)
Australia	(44 - 54)	(28 - 34)	(8 - 13)	(4 - 5.0) 2.8	(4 - 5)	(1 - 1)	(0 - 0)	(49 - 60)	(39 - 49)	(9 - 14)	(7 - 11)
Austria	(9 - 9)	(6 - 6)	(4 - 4)	(2.7 - 2.9) 3.4	(Z - Z) 1	(2 - 2)	(1 - 1)	(10 - 11)	(8 - 8)	(4 - 4)	(3 - 4)
Azerbaijan	(9 - 10) 95	(5 - 6) 74	(3 - 3) 19	(3.1 - 3.6) 4.9	(1 - 1) 20	(U - U) 9	(0 - 0)	(10 - 11) 100	(8 - 9) 90	(3 - 4) 20	(3 - 3)
Bahamas	(86 - 105) 23	(66 - 83) 16	(12 - 28) 13	(3.6 - 6.3) 1.9	(18 - 22) 0	(8 - 10) 0	(2 - 4) 0	(90 - 111) 25	(81 - 100) 22	(13 - 30) 14	(11 - 27) 12
Bahrain	(22 - 25) 23	(15 - 17) 12	(10 - 16) 9	(1.2 - 2.5) 3	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0	(24 - 26) 24	(20 - 23) 22	(11 - 17) 9	(9 - 15) 8
Bangladesh	(22 - 24) 146	(12 - 13) 85	(8 - 9) 31	(2.7 - 3.3) 4.7	(0 - 0) 570	(0 - 0) 332	(0 - 0) 106	(23 - 25) 149	(22 - 23) 143	(8 - 10) 33	(8 - 9) 28
Barhados	(141 - 151) 18	(83 - 88) 14	(29 - 32) 10	(4.6 - 4.9) 1.8	(551 - 589) 0	(321 - 343)	(101 - 111)	(144 - 154) 20	(138 - 148) 16	(31 - 34)	(27 - 30) 9
Belarus	(17 - 19)	(13 - 15)	(6 - 16)	(0.4 - 3.2)	(0 - 0)	(0 - 0)	(0 - 0)	(18 - 21)	(15 - 18)	(7 - 17)	(6 - 15) 2
Belgium	(15 - 16)	(12 - 13)	(2-3)	(4.9 - 6.2)	(2 - 2)	(1 - 1)	(0 - 0)	(17 - 18)	(13 - 13)	(2 - 3)	(2-3)
Polizo	(10 - 10)	(6 - 6)	(3-4)	(2.8 - 3.4)	(1 - 1)	(1 - 1)	(0 - 0)	(11 - 12)	(8 - 9)	(4 - 4)	(3 - 4)
Belize	(35 - 45)	(23 - 26)	(11 - 14)	(2.9 - 3.9)	(0 - 0)	(0 - 0)	(0 - 0)	(38 - 49)	(31 - 41)	(12 - 16)	(10 - 13)
Benin	(162 - 183)	(128 - 145)	/8 (60 - 102)	(1.6 - 3.2)	(37 - 42)	40 (37 - 42)	(28 - 48)	(168 - 191)	(155 - 176)	(64 - 109)	(55 - 95)
Bhutan	128 (111 - 150)	/8 (70 - 88)	23 (13 - 42)	5.2 (3.3 - 7.1)	(2 - 3)	1 (1 - 1)	(0 - 0)	133 (114 - 155)	124 (107 - 145)	25 (14 - 46)	21 (11 - 39)
Bolivia (Plurinational State of)	122 (115 - 129)	76 (71 - 81)	23 (15 - 35)	5 (3.8 - 6.3)	30 (29 - 32)	19 (18 - 21)	6 (4 - 9)	128 (121 - 136)	115 (109 - 122)	25 (17 - 38)	21 (14 - 31)
Bosnia and Herzegovina	18 (18 - 19)	10 (9 - 10)	6 (6 - 7)	3.3 (3.1 - 3.6)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	20 (20 - 21)	16 (16 - 17)	7 (6 - 7)	6 (5 - 6)
Botswana	50 (42 - 60)	81 (62 - 106)	40 (15 - 104)	0.7 (-2.3 - 3.8)	2 (2 - 3)	4 (3 - 5)	2 (1 - 6)	55 (46 - 66)	45 (37 - 55)	44 (17 - 115)	35 (13 - 95)
Brazil	63 (59 - 68)	34 (32 - 37)	14 (13 - 16)	4.5 (4 - 4.9)	234 (219 - 251)	120 (113 - 129)	38 (33 - 43)	69 (64 - 74)	57 (53 - 62)	16 (14 - 18)	13 (11 - 15)
British Virgin Islands	23	17	13 (7 - 23)	1.8	0	0	0	25 (21 - 30)	20	13	13
Brunei Darussalam	13 (13 - 14)	10	(7 23) 9 (8 - 11)	1.1	0	0	0	14 (13 - 15)	12	10	(7 - 10)
Bulgaria	18	18	6	3.3	2	(0 - 0)	0	20	16	(5 - 12) 7 (6 - 7)	(7 - 10) 6 (F)
Burkina Faso	198	178	(0 - 7) 77 (50, 120)	(3.1 - 3.0) 2.9	82	91	(0 - 0)	206	190	82	73
Burundi	(185 - 212) 170	(166 - 191) 154 (120 - 170)	(50 - 120) 49	(1.5 - 4.2) 3.8	(77 - 87) 43	(85 - 98) 41	(36 - 86)	(192 - 221) 177	(178 - 204) 162	(53 - 126) 53	(47 - 113) 45
Cabo Verde	(153 - 189)	(139 - 170) 36	(29 - 84)	(2.1 - 5.4)	(39 - 48)	(37 - 45)	(13 - 38)	(159 - 197) 60	(145 - 181) 52	(31 - 91)	(26 - 76)
Cambodia	(54 - 58) 116	(35 - 37) 106	(10 - 13) 23	(4.4 - 5.2) 4.9	(1 - 1) 38	(0 - 0) 38	(0 - 0) 8	(58 - 63) 124	(50 - 55) 108	(11 - 14) 25	(9 - 12) 20
Cameroon	(107 - 126) 137	(97 - 116) 144	(11 - 49) 67	(2.6 - 7.2) 2.1	(35 - 41) 65	(34 - 41) 84	(4 - 18) 63	(115 - 135) 144	(99 - 117) 128	(12 - 55) 72	(10 - 43) 62
Canada	(127 - 147) 8	(134 - 156) 6	(50 - 90) 5	(1.2 - 3.1) 1.5	(60 - 70) 3	(78 - 91) 2	(47 - 85) 2	(134 - 156) 9	(119 - 139) 7	(54 - 98) 5	(46 - 83) 5
Central African Republic	(8 - 8) 177	(6 - 6) 166	(5 - 5) 92	(1.3 - 1.6) 2	(3 - 3) 23	(2 - 2) 26	(2 - 2) 20	(9 - 9) 184	(7 - 7) 170	(5 - 6) 98	(4 - 5) 86
Chad	(160 - 196) 212	(150 - 183) 184	(69 - 123) 101	(1 - 2.9)	(21 - 25)	(23 - 28)	(15 - 27) 79	(166 - 205)	(153 - 188)	(73 - 131) 107	(64 - 116) 95
Chile	(196 - 228)	(170 - 199) 11	(68 - 149)	(1.1 - 3.4)	(57 - 66)	(70 - 82)	(53 - 116)	(205 - 240)	(186 - 217)	(72 - 157) 8	(64 - 140) 7
China	(19 - 19)	(11 - 11)	(7 - 7)	(2.8 - 3.1)	(5 - 6)	(3 - 3)	(1 - 1)	(20 - 21)	(17 - 18)	(7 - 8)	(6 - 7)
Colombio	(50 - 58)	(35 - 39)	(6 - 7)	(6.1 - 6.9)	(1,353 - 1,593)	(599 - 671)	(56 - 69)	(51 - 61)	(47 - 56)	(6 - 7)	(5 - 7)
Colombia	(33 - 38)	(23 - 27)	(8 - 19)	3.3 (1.9 - 4.7)	(29 - 33)	(20 - 24)	(5 - 13)	(37 - 43)	(29 - 34)	(8 - 21)	(7 - 17)
Comoros	121 (107 - 135)	80 (66 - 93)	40 (30 - 53)	3.4 (2.5 - 4.3)	(2 - 3)	(1 - 2)	1 (1 - 1)	126 (112 - 142)	115 (101 - 130)	42 (32 - 56)	37 (28 - 49)
Congo	91 (80 - 104)	114 (102 - 127)	41 (22 - 76)	2.5 (0.5 - 4.4)	8 (7 - 9)	13 (11 - 14)	8 (4 - 14)	97 (85 - 110)	86 (75 - 98)	44 (23 - 83)	37 (20 - 70)

	Infant mortality rate (deaths per 1,000 live births) 1990 2023 145 50		Number of in ;) (thousa	Number of infant deaths (thousands) ^a		tal mortalit per 1,000 live	Annual rate of reduction (ARR) (per cent)		Numb	e r of neonatal ((thousands)ª	deaths
Country	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Afghanistan	145 (132 - 158)	50 (38 - 66)	88 (81 - 96)	73 (56 - 96)	76 (68 - 85)	62 (57 - 68)	34 (26 - 45)	2.4 (1.5 - 3.3)	48 (43 - 54)	64 (59 - 71)	50 (38 - 66)
Albania	27 (24 - 31)	8 (7 - 9)	2 (2 - 3)	0 (0 - 0)	13 (10 - 16)	12 (10 - 15)	7 (6 - 8)	1.9	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)
Algeria	40	20 (18 - 22)	30	18 (16 - 20)	24	23	15 (14 - 17)	1.4	18 (16 - 20)	14 (12 - 15)	14 (12 - 15)
Andorra	(0) (0) 9 (2 - 36)	2	0	0	6	(20 20) 4 (2 - 7)	(0 - 5)	4.8	0	0	0
Angola	122	38	69 (61 - 78)	52 (22 - 107)	53	50 (41 - 60)	26	2.2	31	38	35
Anguilla	(100 107) 16 (11 - 24)	(10 7 3) 5 (3 - 11)	0	0	10	(41 00) 6 (4 - 10)	(10 30)	3.7	(23° 33) 0 (0 - 0)	(0 - 0)	(14 / / /) 0 (0 - 0)
Antigua and Barbuda	(11 - 24)	(5 - 11)			(0 - 10)	11	5	1.4	0	0	0
Argentina	(10 - 13) 25 (24 - 25)	(3-10)	18	(0 - 0) 4 (4 E)	15	(10 - 12) 11 (11 - 11)	(4 - 0) 5 (4 - 6)	3.3	(0 - 0) 11 (10 11)	(0 - 0)	(0 - 0)
Armenia	46	(7 - 9)	(17 - 10)	(4 - 5)	23	16	(4 - 0)	(2.9 - 3.0)	(10-11)	(0 - 0)	(2 - 3)
Australia	(41-50)	(7 - 11)	(4 - 4)	(0 - 0)	(20 - 20)	(14 - 18)	(4 - 7)	(3.3 - 5.0) 2.1	(2 - 2)	(1 - 1)	(0 - 0)
Austria	(7 - 8)	(3 - 3)	(2 - 2) 1	(1 - 1)	(4 - 5)	(3 - 4)	(2 - 2)	(1.9 - 2.3)	(1 - 1)	(1 - 1)	(1 - 1)
Azerbaijan	(8 - 8) 76	(2 - 3)	(1 - 1)	(0 - 0)	(4 - 5)	(3 - 3)	(2 - 2)	(2.2 - 2.8) 2.6	(0 - 0)	(0 - 0)	(0 - 0)
Bahamas	(68 - 84)	(9 - 20)	(14 - 17)	(1 - 3)	(25 - 36)	(29 - 41)	(8 - 20)	(1.2 - 3.9)	(5 - 7)	(4 - 5)	(1 - 2)
Bahrain	(19 - 21) 20	(9 - 14)	(U - U)	(U - U) 0	(12 - 15)	(7 - 9)	(7 - 12)	(0.4 - 2) 3.8	(0 - 0)	(0 - 0)	(0 - 0)
Bangladesh	(19 - 21) 96	(7 - 8)	(0 - 0) 373	(0 - 0) 85	(14 - 16) 65	(5 - 5)	(4 - 5) 18	(3.4 - 4.2) 3.9	(0 - 0) 257	(0 - 0) 172	(0 - 0) 63
Barbados	(93 - 99) 16	(23 - 26) 9	(361 - 385) 0	(81 - 89) 0	(62 - 69)	(41 - 45) 9	(17 - 19)	(3.6 - 4.2)	(243 - 271) 0	(163 - 181) 0	(58 - 67) 0
Belarus	(15 - 17)	(6 - 15)	(0 - 0)	(0 - 0) 0	(11 - 13)	(8 - 10)	(4 - 11)	(0.1 - 3.2) 7.8	(0 - 0)	(0 - 0)	(0 - 0) 0
Belgium	(12 - 12) 8	(1 - 2)	(2 - 2)	(0 - 0) 0	(8 - 12)	(4 - 6) 3	(0 - 1)	(5.9 - 10) 2.4	(1 - 2)	(0 - 1) 0	(0 - 0) 0
Belize	(8 - 9) 31	(3 - 3)	(1 - 1)	(0 - 0)	(4 - 5)	(3 - 3)	(2 - 2)	(2 - 2.8) 2.1	(1 - 1)	(0 - 0)	(0 - 0)
Benin	(27 - 35)	(10 - 12) 46	(0 - 0)	(0 - 0)	(16 - 22)	(11 - 13)	(8 - 11)	(1.4 - 2.8)	(0 - 0)	(0 - 0)	(0 - 0) 13
Bhutan	(92 - 104) 96	(35 - 61)	(22 - 24)	(17 - 29)	(41 - 50)	(35 - 43)	(21 - 38)	(0.5 - 2.4)	(10 - 12)	(11 - 13)	(10 - 18)
Bolivia (Plurinational State of)	(83 - 112) 90	(10 - 34) 20	(2 - 2)	(0 - 0)	(31 - 55) 41	(26 - 38)	(6 - 25)	(1.4 - 6) 3.7	(1 - 1)	(U - 1)	(0 - 0)
Bosnia and Herzegovina	(85 - 95)	(13 - 30)	(21 - 24)	(3 - 8)	(37 - 45)	(26 - 33)	(8 - 19)	(2.3 - 5)	(10 - 12)	(7 - 8)	(2 - 5)
Botswana	(16 - 16)	(5 - 6)	(1 - 1)	(0 - 0)	21	(6 - 7) 11	(4 - 5)	(2.5 - 3.1)	(1 - 1)	(U - U)	(0 - 0)
Brazil	(32 - 47) 52	(14 - 101) 12	(1 - 2) 192	(1 - 6) 33	(17 - 26)	(8 - 15) 18	(8-57)	(-3.1 - 3.2) 3.6	(1 - 1) 93	(0 - 1) 63	(0 - 4) 20
British Virgin Islands	(48 - 56) 19	(11 - 14) 12	(1/9 - 205)	(29-37)	(22 - 29)	(16 - 21)	(7 - 9) 7	(3.1 - 4.2)	(82 - 106)	(55 - 71)	(17 - 23)
Brunei Darussalam	(16 - 23)	(6 - 21)	(0 - 0)	(0 - 0)	(9 - 16)	(6 - 13)	(3 - 14)	(-0.3 - 4.2)	(0 - 0)	(0 - 0)	(0 - 0)
Bulgaria	(10 - 11)	(7 - 10)	(0 - 0)	(0 - 0)	(5 - 7)	(4 - 5)	(4 - 6)	(-0.1 - 1.3) 3.4	(0 - 0)	(0 - 0)	(0 - 0)
Burkina Faso	(14 - 15)	(5 - 5)	(2 - 2)	(0 - 0)	(8 - 8)	(8 - 8)	(2 - 3)	(3.1 - 3.7)	(1 - 1)	(1 - 1)	(0 - 0)
Burundi	(96 - 110) 93	(29 - 69) 31	(40 - 46) 24	(21 - 50)	(40 - 51)	(36 - 46) 37	(14 - 41) 20	(0.3 - 3.6) 2.1	(17 - 22)	(19 - 25)	(10 - 30)
Cabo Verde	(83 - 103) 42	(18 - 54)	(21 - 26)	(8 - 24) 0	(34 - 46) 19	(32 - 42) 18	(11 - 34)	(0.4 - 3.9) 2.4	(9 - 12)	(9 - 12)	(5 - 16)
Cambodia	(41 - 44) 88	(10 - 12) 20	(1 - 1)	(0 - 0) 7	(16 - 21) 40	(16 - 20)	(7 - 10)	(1.8 - 3) 3.7	(0 - 0)	(0 - 0)	(0 - 0)
Cameroon	(82 - 96) 81	(10 - 44)	(27 - 32) 39	(4 - 16)	(36 - 45) 40	(31 - 40) 36	(5 - 26) 25	(1.3 - 6.1)	(12 - 15)	(11 - 14)	(2 - 9)
Canada	(/5-8/)	(31 - 55)	(36 - 42)	(29 - 52)	(36 - 45)	(32 - 40)	(18 - 35)	(0.4 - 2.5)	(18 - 22)	(19 - 24)	(17 - 34)
Central African Republic	(7 - 7) 109	(4 - 5)	(3 - 3)	(2 - 2)	(4 - 4)	(4 - 4)	(3 - 4)	(0.6 - 0.9)	(2 - 2)	(1 - 1) 7	(1 - 1) 7
Chad	(98 - 120)	(45 - 81) 59	(13 - 16) 35	(10 - 18) 47	(44 - 59)	(37 - 50)	(21 - 44)	(0.3 - 2.7) 1.5	(6 - 8) 16	(6 - 8) 19	(5 - 10) 26
Chile	(108 - 125) 16	(40 - 86)	(33 - 38)	(32 - 69)	(46 - 58)	(39 - 50)	(20 - 48)	(0.2 - 2.9)	(14 - 18)	(1/-22)	(16 - 39)
China	(16 - 16)	(6 - 6)	(5 - 5) 1,188	(1 - 1) 41	(8 - 9)	(6 - 6)	(4 - 5)	(1.7 - 2.1) 7.1	(2 - 3) 832	(1 - 2) 375	(1 - 1)
Colombia	(40 - 47)	(4 - 5)	(1,099 - 1,293) 25	(37 - 45)	(26 - 33) 18	(20 - 23)	(2 - 3)	(6.5 - 7.7)	(739 - 934) 16	(346 - 406) 12	(22 - 29)
Comoros	(28 - 32) 93	(7 - 17)	(24 - 27)	(5 - 12)	(16 - 20)	(12 - 15)	(4 - 10)	(1.6 - 4.5) 2.3	(14 - 17)	(11 - 13)	(3 - 7)
Congo	(83 - 105) 57 (50 - 65)	(Z/-4/) 28 (15 52)	(2 - 2)	(1 - 1) 5 (2 - 10)	(40 - 58) 28 (24 - 22)	(27 - 43) 31 (27 - 25)	(16 - 32) 18 (0 - 24)	(1.1 - 3.6) 1.4 (0.7 - 2.4)	(1 - 1) 3 (2 - 2)	(1 - 1) 3 (2 - 4)	(U - 1) 3 (2 - 6)

	Under-five with 90 per (deaths	e mortality ra cent uncerta s per 1,000 live	ite (U5MR) inty interval e births)	Annual rate of reduction (ARR) (per cent)	Number o 90 per ce	of under-five dea ent uncertainty (thousands)ª	aths with interval	Sex-specific under-five mortality ra (deaths per 1,000 live births)			
								19	90	20	23
Country Cook Jalanda (New Zealand)	1990	2000	2023	1990–2023	1990	2000	2023	Male	Female	Male	Female
Cook Islalius (New Zealaliu)	(21 - 26)	(17 - 21)	(9 - 22)	(0.2 - 3.1)	(0 - 0)	(0 - 0)	(0 - 0)	(22 - 28)	(20 - 26)	(9 - 23)	(8 - 21)
Costa Kica	(17 - 17)	(13 - 13)	(10 - 11)	(1.2 - 1.7)	(1 - 1)	(1 - 1)	(1 - 1)	(18 - 19)	(15 - 15)	(10 - 12)	(9 - 10)
Croatia	(12 - 13)	(8 - 9)	(4 - 5)	(2.9 - 3.4)	(1 - 1)	(0 - 0)	(0 - 0)	(14 - 15)	(11 - 12)	(5 - 5)	(4 - 4)
Cuba	13 (12 - 15)	9 (8 - 10)	8 (7 - 10)	1.5 (0.7 - 2.2)	(2 - 3)	(1 - 1)	(1 - 1)	15 (14 - 17)	12 (10 - 13)	9 (7 - 11)	/ (6 - 9)
Cyprus ^u	(11 - 12)	/ (6 - 7)	4 (3 - 5)	3.5 (2.7 - 4.2)	(0 - 0)	(0 - 0)	(0 - 0)	12 (11 - 13)	10 (10 - 11)	4 (3 - 5)	(3 - 4)
Czechia	12 (12 - 12)	5 (5 - 6)	3 (2 - 3)	4.7 (4.5 - 4.9)	2 (2 - 2)	0 (0 - 1)	0 (0 - 0)	14 (13 - 14)	10 (10 - 11)	3 (3 - 3)	2 (2 - 2)
Côte d'Ivoire	153 (143 - 165)	141 (131 - 151)	67 (55 - 82)	2.5 (1.9 - 3.1)	82 (77 - 88)	104 (97 - 112)	66 (54 - 81)	165 (153 - 178)	141 (131 - 152)	74 (60 - 91)	60 (49 - 73)
Democratic People's Republic of Korea ^c	41 (32 - 52)	100 (78 - 128)	18 (14 - 23)	2.5 (2.5 - 2.5)	17 (13 - 22)	43 (34 - 55)	6 (5 - 8)	45 (35 - 57)	37 (28 - 47)	20 (16 - 25)	16 (12 - 21)
Democratic Republic of the Congo	185	159 (144 - 176)	73	2.8	295 (266 - 327)	346 (313 - 383)	306 (176 - 526)	193 (173 - 214)	178	79 (45 - 134)	68 (39 - 115)
Denmark	(107 200) 9 (9 - 9)	(111 17 0) 6 (5 - 6)	3	2.9	1	0	0	10	(100 107)	(10 10 1) 4 (3 - 1)	3
Djibouti	116	99 (05 110)	50	2.5	2	2	(0-0)	123	109	55	46 (24 PE)
Dominica	(99-135) 19	19	(27 - 94) 35	-2	(2 - 3)	(2 - 3)	(1 - 2)	20	(92 - 127) 17	(29 - 103)	(24 - 05)
Dominican Republic	(17 - 20)	(18 - 21) 40	(31 - 41) 31	(-2.51.5)	(0 - 0) 13 (12 - 14)	(0 - 0)	(U - U) 6 (F - O)	(18 - 21) 64	(16 - 19) 55	(33 - 44) 34	(28 - 39) 29
Ecuador	(56 - 63)	(37 - 43)	(22 - 45)	(0.8 - 3) 4.3	(12 - 14) 17	(8 - 9)	(5 - 9)	(60 - 69)	(51 - 59)	(24 - 49)	(20 - 41)
Egypt	(48 - 60) 86	(26 - 33) 47	(12 - 14) 18	(3.8 - 4.8) 4.8	(15 - 18) 167	(9 - 11) 92	(3 - 4) 42	(54 - 67) 86	(43 - 53) 85	(13 - 16) 19	(10 - 13) 16
El Salvador	(82 - 90) 59	(44 - 50) 32	(11 - 28) 10	(3.4 - 6.2) 5.3	(159 - 175)	(86 - 98) 5	(26 - 68)	(82 - 91) 64	(81 - 90) 55	(12 - 30)	(10 - 26) 9
Equatorial Guinea	(54 - 65) 179	(29 - 36) 156	(6 - 18) 71	(3.6 - 6.8) 2.8	(10 - 12) 4	(5 - 6) 4	(1 - 2) 4	(58 - 70) 187	(49 - 60) 169	(7 - 19) 76	(6 - 16) 65
Eritrea	(158 - 200) 154	(140 - 178) 85	(38 - 130) 35	(0.9 - 4.7) 4.4	(3 - 4) 13	(4 - 5) 7	(2 - 7) 3	(165 - 211) 166	(149 - 191) 140	(41 - 141) 40	(35 - 120) 31
Estonia	(140 - 168) 18	(78 - 94) 11	(19 - 66) 2	(2.6 - 6.3) 6.4	(12 - 14) 0	(7 - 8) 0	(2 - 6) 0	(151 - 183) 20	(127 - 154) 15	(22 - 74) 2	(17 - 58) 2
Eswatini	(17 - 18) 68	(10 - 12) 109	(2 - 2) 45	(5.9 - 7) 1.2	(0 - 0) 2	(0 - 0) 4	(0 - 0) 1	(19 - 21) 74	(15 - 16) 61	(2 - 3) 49	(2 - 2) 40
Ethiopia	(60 - 76) 202	(99 - 121) 140	(30 - 68) 46	(-0.1 - 2.4) 4.4	(2 - 3) 455	(3 - 4) 417	(1 - 2) 187	(65 - 84) 215	(53 - 69) 188	(33 - 75) 52	(27 - 61) 40
Fiii	(188 - 216)	(132 - 150)	(34 - 63)	(3.5 - 5.4)	(426 - 487)	(392 - 444)	(137 - 256) 0	(200 - 231)	(175 - 202)	(38 - 72)	(30 - 55)
Finland	(25 - 33)	(22 - 24)	(25 - 35)	(-0.7 - 0.7)	(1 - 1)	(0-0)	(0 - 1)	(26 - 36)	(23 - 31)	(27 - 38)	(22 - 32)
France	(6 - 7) 9	(4 - 4)	(2-3)	(2.9 - 3.6)	(0-0)	(0-0)	(0-0)	(7 - 8) 10	(6 - 6)	(2-3)	(2 - 2)
Cabon	(9 - 9)	(5 - 5)	(4 - 4)	(2.1 - 2.3)	(7 - 7)	(4 - 4)	(3 - 3)	(10 - 10)	(7 - 8)	(5 - 5)	(4 - 4)
Gamhia	(74 - 97)	(66 - 83)	(24 - 48)	(1.7 - 3.9)	(3 - 3)	(3 - 3)	(2-3)	(80 - 105)	(67 - 89)	(26 - 53)	(21 - 43)
Coorgio	(151 - 184)	(103 - 124)	(32 - 60)	(3.1 - 5)	(7 - 9)	(6 - 7)	(3 - 5)	(159 - 195)	(141 - 172)	(36 - 66)	(29 - 53)
Georgia	(42 - 53)	(32 - 42)	(8 - 11)	(4.3 - 5.6)	(4 - 6)	(2 - 2)	(0 - 0)	(47 - 59)	(37 - 48)	(8 - 12)	(7 - 10)
Germany	9 (8 - 9)	(5 - 5)	(4 - 4)	(2.5 - 2.7)	8 (7 - 8)	4 (4 - 4)	(3 - 3)	(9 - 10)	(7 - 8)	4 (4 - 4)	(3 - 3)
Ghana	(121 - 135)	(95 - 106)	(30 - 46)	(3 - 4.5)	(73 - 82)	(64 - 71)	(26 - 41)	(127 - 143)	(113 - 127)	(33 - 52)	(26 - 41)
Greece	(10 - 11)	6 (6 - 7)	4 (3 - 4)	3.1 (2.6 - 3.6)	(1 - 1)	(1 - 1)	(0 - 0)	(11 - 12)	(9 - 10)	4 (3 - 5)	(3 - 4)
Grenada	(21 - 24)	16 (14 - 17)	18 (14 - 23)	0.6 (-0.1 - 1.4)	(0 - 0)	(0 - 0)	(0 - 0)	(22 - 26)	21 (19 - 23)	20 (15 - 25)	17 (13 - 21)
Guatemala	80 (75 - 86)	52 (48 - 56)	21 (15 - 31)	4 (2.9 - 5.1)	28 (26 - 30)	21 (19 - 22)	8 (6 - 12)	86 (80 - 92)	/4 (69 - 79)	24 (16 - 34)	19 (13 - 28)
Guinea	233 (218 - 250)	165 (154 - 177)	95 (73 - 124)	2.7 (1.9 - 3.5)	65 (60 - 69)	57 (53 - 61)	45 (35 - 59)	240 (224 - 258)	226 (210 - 242)	102 (79 - 133)	88 (68 - 115)
Guinea-Bissau	222 (199 - 249)	174 (156 - 194)	69 (39 - 120)	3.5 (1.9 - 5.3)	10 (9 - 11)	9 (8 - 10)	4 (2 - 8)	233 (208 - 261)	211 (189 - 237)	75 (42 - 129)	63 (36 - 110)
Guyana	61 (55 - 67)	47 (42 - 52)	26 (14 - 47)	2.6 (0.8 - 4.4)	1 (1 - 2)	1 (1 - 1)	0 (0 - 1)	68 (61 - 76)	53 (48 - 59)	29 (16 - 52)	22 (13 - 41)
Haiti	145 (135 - 156)	103 (95 - 112)	55 (36 - 84)	2.9 (1.6 - 4.2)	37 (34 - 39)	27 (25 - 29)	14 (9 - 22)	153 (142 - 165)	136 (126 - 146)	60 (40 - 92)	50 (33 - 76)
Honduras	58 (54 - 63)	37 (34 - 40)	16 (11 - 22)	4 (2.9 - 5)	11 (10 - 12)	8 (8 - 9)	4 (3 - 5)	63 (58 - 69)	53 (48 - 57)	17 (12 - 24)	14 (10 - 20)
Hungary	17	10	(4 - 4)	4.6	2	(1 - 1)	0	19	15 (15 - 16)	(12 2 1) 4 (4 - 4)	(3 - 4)
Iceland	6 (6 - 7)	(10 - 10) 4 (4 - 4)	(2 - 3)	2.7	0	(0 - 0)	0	(6 - 7)	(13 - 10) 6 (5 - 6)	3	2
India ^d	127	92 (89 0E)	28	4.6 (4.2 E 1)	3,508	2,620	644 (554 741)	122	131	28	28
Indonesia	<u>(80 - 88)</u>	52 (49 - 55)	21 (15 - 28)	4.3 (3.3 - 5.2)	397 (378 - 415)	244 (232 - 257)	93 (<u>69 - 1</u> 26)	90 (<u>86 - 95</u>)	(73 - 81)	23	18 (14 - 25)

	Infant mortality rate (deaths per 1,000 live births) (thousands) ^a 1990 2023 1990 2023			fant deaths ands) ^a	Neona (deaths	tal mortalit per 1,000 live	y rate births)	Annual rate of reduction (ARR) (per cent)	Numb	r er of neonatal deaths (thousands) ^a		
Country	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023	
Cook Islands (New Zealand)	(18 - 22)	12 (7 - 19)	(0 - 0)	(0 - 0)	(9 - 16)	(7 - 13)	/ (3 - 13)	1.7	(0 - 0)	(0 - 0)	(0 - 0)	
Costa Rica	14 (14 - 15)	9 (9 - 10)	1 (1 - 1)	0 (0 - 1)	9 (9 - 9)	8 (7 - 8)	/ (7 - 8)	0.7 (0.4 - 0.9)	1 (1 - 1)	1 (1 - 1)	(0 - 0)	
Croatia	11 (11 - 12)	4 (4 - 4)	1 (1 - 1)	0 (0 - 0)	8 (8 - 9)	6 (5 - 6)	3 (3 - 3)	3.2 (2.9 - 3.6)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
Cuba	11 (10 - 12)	7 (5 - 8)	2 (2 - 2)	1 (1 - 1)	7 (6 - 8)	4 (4 - 5)	4 (3 - 5)	1.5 (0.7 - 2.2)	1 (1 - 1)	1 (1 - 1)	0 (0 - 1)	
Cyprus ^b	10 (9 - 11)	3 (2 - 4)	0 (0 - 0)	0 (0 - 0)	6 (5 - 7)	4 (3 - 4)	2 (1 - 3)	3.5 (2.3 - 4.6)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	
Czechia	10 (10 - 11)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	7 (7 - 7)	3 (3 - 3)	1 (1 - 1)	5.2 (4.9 - 5.5)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	
Côte d'Ivoire	101 (94 - 108)	47 (38 - 57)	55 (51 - 59)	46 (37 - 56)	48 (43 - 53)	41 (37 - 45)	28 (22 - 35)	1.6 (0.8 - 2.4)	27 (24 - 30)	32 (29 - 35)	28 (22 - 35)	
Democratic People's Republic of	32 (25 - 41)	15 (11 - 19)	14 (11 - 17)	5	21 (14 - 30)	37	10 (5 - 15)	2.4	9 (6 - 13)	16 (9 - 25)	3	
Democratic Republic of the Congo	102	44	167	191	42	38	25	1.5	70	88	111	
Denmark	(52 - 114) 7 (7 0)	(20 - 70)		0	(30 - 43) 4 (4 5)	(33 - 44)	(13 - 40)	(-0.4 - 3.3)	0 (0 0)	0	(0 0)	
Djibouti	(7 - 0) 88 (75 - 102)	44	2	(0 - 0)	49 (40 EP)	43	28	1.6	(0 - 0)	(0 - 0)	(0 - 0)	
Dominica	15	33	(2 - 2)	0	11	13	31	-3.2	0	0	(0 - 1)	
Dominican Republic	(14 - 10) 48 (45 - 51)	(29 - 38) 28	(0 - 0) 10	(0 - 0)	24	(11 - 14) 23	(27 - 30)	(-3.82.0) 0.3	(0 - 0)	(U - U) 5	(0 - 0)	
Ecuador	(40 - 51) 43 (20 47)	(20 - 40)	(10 - 11) 13 (12 - 15)	(4 - 8)	(22 - 27)	(21 - 25) 14 (12 - 17)	(15-32)	(-0.8 - 1.5) 3.5	(5-0) 7 (C 0)	(0-0) 5 (4 E)	(3 - 0)	
Egypt	(38 - 47) 67	16	(12 - 15) 131	(3 - 3)	(19 - 26)	(12 - 17) 22	(0 - 8) 9 (0 - 15)	(2.8 - 4.1) 3.9	(0 - 8) 65	(4 - 5) 45	(2 - 2)	
El Salvador	(64 - 71) 47	(10 - 26)	(125 - 138)	(24 - 62)	(31 - 36)	(21 - 24)	(6 - 15)	(2.4 - 5.4) 4.9	(60 - 70)	(41 - 49)	(14 - 37)	
Equatorial Guinea	(43 - 52) 119	(6 - 15) 49	(8 - 9)	(1 - Z) 3	(20 - 26)	(13 - 16) 46	(3 - 8) 27	(3.2 - 6.6) 1.8	(4 - 5)	(Z - 3) 1	(U - 1)	
Eritrea	(105 - 133) 80	(27 - 91)	(2 - 3)	(1 - 5)	(38 - 65)	(37 - 58)	(12 - 55)	(-0.5 - 4.5)	(1 - 1)	(1 - 2)	(1 - 3)	
Estonia	(73 - 88)	(14 - 47)	(6 - 8)	(1 - 5)	(30 - 40)	(24 - 31)	(9 - 31)	(0.3 - 4.2)	(3 - 4)	(2 - 3)	(1 - 3)	
Eswatini	(14 - 15) 57	(1 - 2)	(U - U) 2	(0 - 0)	(9 - 11)	(5 - 6)	(1 - 1)	(6.3 - 7.7) -0.3	(0 - 0)	(0 - 0)	(0 - 0)	
Ethiopia	(50 - 64) 127	(29 - 66) 36	(2 - 2) 295	(1 - 2) 145	(18 - 26) 60	(23 - 30)	(16 - 38) 27	(-1.8 - 1.1) 2.4	(1 - 1) 144	(1 - 1) 147	(U - 1) 112	
Fiji	(118 - 136) 21	(26 - 49)	(2/6 - 315)	(106 - 198)	(54 - 66)	(43 - 52)	(20 - 38)	(1.3 - 3.4) -0.4	(129 - 159)	(132 - 161)	(80 - 156)	
Finland	(18 - 25)	(20 - 28)	(U - 1) 0	(U - U)	(10 - 16)	(9 - 11)	(12 - 19)	(-1.5 - 0.7) 3.2	(0 - 0)	(0 - 0)	(U - U) 0	
France	(5 - 6)	(2 - 2)	(0 - 0)	(0 - 0)	(4 - 4)	(2 - 3)	(1 - 1)	(2.9 - 3.6)	(0 - 0)	(0 - 0)	(0 - 0)	
Gabon	(7 - 8)	(3 - 4) 26	(6 - 6)	(2 - 2)	(3 - 4)	(3 - 3) 27	(3 - 3)	(0.7 - 1) 1.6	(3 - 3)	(2 - 2)	(2 - 2)	
Gambia	(51 - 67) 99	(19 - 38) 34	(2 - 2)	(1 - 3)	(23 - 34)	(23 - 31) 40	(12 - 25) 24	(0.2 - 2.8)	(1 - 1)	(1 - 1)	(1 - 2)	
Georgia	(90 - 110) 38	(25 - 46) 8	(4 - 5)	(2 - 4)	(41 - 59) 25	(35 - 46) 23	(17 - 33)	(1 - 3.5) 4.7	(2 - 3)	(2 - 3)	(1 - 3) 0	
Germany	(34 - 43)	(7 - 10)	(4 - 4)	(0 - 0)	(21 - 28)	(20 - 27)	(4 - /)	(3.9 - 5.4)	(2 - 3)	(1 - 1)	(0 - 0)	
Ghana	(/ - /) 73	(3 - 3) 28	(6 - 6) 44	(2 - 2) 25	(3 - 3) 42	(3 - 3) 36	(2 - 2)	(1 - 1.3) 2.1	(3 - 3) 26	(2 - 2) 25	(2 - 2) 19	
Greece	(69 - 77) 9	(22 - 35)	(42 - 47)	(20 - 31)	(38 - 46)	(33 - 39)	(17 - 26)	(1.4 - 2.8) 3.2	(24 - 28)	(23 - 27)	(15 - 23) 0	
Grenada	(9 - 9) 18	(3 - 4) 17	(1 - 1) 0	(0 - 0) 0	(6 - 7) 12	(4 - 4) 8	(2 - 3) 12	(2.5 - 3.9) 0	(1 - 1) 0	(0 - 0) 0	(0 - 0) 0	
Guatemala	(17 - 20) 61	(13 - 21) 18	(0 - 0) 21	(0 - 0) 7	(11 - 14) 28	(7 - 9) 21	(10 - 16) 10	(-0.9 - 0.9) 3.1	(0 - 0) 10	(0 - 0) 9	(0 - 0) 4	
Guinea	(57 - 64) 134	(12 - 26) 62	(20 - 23) 38	(5 - 10) 30	(25 - 31) 62	(19 - 24) 46	(7 - 15) 30	(1.9 - 4.4) 2.2	(9 - 11) 18	(8 - 10) 16	(3 - 6) 15	
Guinea-Bissau	(125 - 143) 123	(48 - 80) 43	(35 - 40) 5	(23 - 39) 3	(55 - 69) 63	(41 - 51) 55	(21 - 43) 33	(1 - 3.3) 2	(16 - 20) 3	(14 - 18) 3	(10 - 21) 2	
Guyana	(110 - 138) 53	(24 - 74) 24	(5 - 6) 1	(2 - 5) 0	(54 - 75) 31	(47 - 64) 27	(18 - 58) 16	(0.2 - 3.9) 2.1	(2 - 3) 1	(2 - 3) 1	(1 - 4) 0	
Haiti	(48 - 58) 98	(13 - 43) 40	(1 - 1) 25	(0 - 1) 10	(27 - 35) 39	(24 - 31) 30	(9 - 29) 23	(0.2 - 4) 1.5	(1 - 1) 10	(0 - 1) 8	(0 - 0) 6	
Honduras	(91 - 105) 44	(27 - 61) 13	(23 - 27) 8	(7 - 16) 3	(34 - 44) 22	(26 - 34) 18	(14 - 38) 9	(0 - 3) 2.7	(9 - 11) 4	(7 - 9) 4	(4 - 10) 2	
Hungary	(41 - 48) 15	(10 - 19) 3	(8 - 9) 2	(2 - 4) 0	(19 - 25) 11	(16 - 20) 6	(6 - 13) 2	(1.5 - 3.9) 5	(4 - 5) 1	(4 - 5) 1	(1 - 3) 0	
Iceland	(15 - 15) 5	(3 - 3) 2	(2 - 2)	(0 - 0) 0	(11 - 11) 3	(5 - 6) 2	(2 - 2) 1	(4.7 - 5.3) 2.9	(1 - 1) 0	(1 - 1) 0	(0 - 0) 0	
India ^d	(5 - 6) 84	(1 - 3) 24	(0 - 0) 2,341	(0 - 0) 567	(3 - 4) 57	(2 - 2) 45	(1 - 2) 17	(1.8 - 3.9) 3.6	(0 - 0) 1,609	(0 - 0) 1,298	(0 - 0) 401	
Indonesia	(81 - 87) 64	(21 - 28) 17	(2,261 - 2,422) 303	(488 - 652) 76	(54 - 60)	(42 - 47)	(15 - 20) 11	(3.1 - 4.1)	(1,520 - 1,703) 145	(1,221 - 1,376) 107	(343 - 467) 47	
	(61 - 67)	(13 - 23)	(289 - 317)	(56 - 103)	(28-33)	(21 - 24)	(8 - 14)	(23-42)	(135 - 156)	(99 - 114)	(34 - 64)	

	Under-five with 90 per (deathe	e mortality ra cent uncerta s per 1,000 live	ate (U5MR) inty interval e births)	Annual rate of reduction (ARR) (per cent)	Number o 90 per c	of under-five dea ent uncertainty (thousands)ª	aths with interval	Sex-specific under-five mortality ra (deaths per 1,000 live births)			ty rate
								19	90	20	23
Country	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
iran (islamic Republic of)	(53 - 63)	(33 - 40)	(6 - 21)	4.8 (3 - 6.7)	(104 - 124)	(35 - 42)	(8 - 25)	(53 - 64)	(52 - 62)	(7 - 22)	(6 - 20)
Iraq	80 (73 - 88)	44 (40 - 49)	(16 - 32)	3.8 (2.7 - 4.9)	54 (50 - 60)	(35 - 42)	(18 - 37)	84 (76 - 92)	(69 - 83)	25 (17 - 35)	20 (14 - 29)
Ireland	9 (9 - 10)	7 (7 - 7)	4 (3 - 4)	2.7 (2.3 - 3)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	10 (10 - 11)	8 (8 - 9)	4 (4 - 5)	4 (3 - 4)
Israel	12 (11 - 12)	7 (7 - 7)	3 (3 - 4)	3.7 (3.6 - 3.9)	1 (1 - 1)	1 (1 - 1)	1 (1 - 1)	12 (12 - 13)	11 (11 - 11)	4 (3 - 4)	3 (3 - 3)
Italy	10 (9 - 10)	6 (5 - 6)	3 (3 - 3)	3.8 (3.7 - 3.9)	5 (5 - 6)	3 (3 - 3)	1 (1 - 1)	11 (10 - 11)	9 (9 - 9)	3 (3 - 3)	3 (2 - 3)
Jamaica	28 (23 - 34)	21 (18 - 24)	19 (18 - 21)	1.1 (0.5 - 1.7)	2 (1 - 2)	1 (1 - 1)	1 (1 - 1)	32 (26 - 38)	24 (20 - 29)	22 (20 - 23)	17 (16 - 18)
Japan	6 (6 - 6)	5 (4 - 5)	2 (2 - 2)	3 (2.9 - 3.1)	8 (8 - 8)	5 (5 - 5)	2 (2 - 2)	7 (7 - 7)	6 (6 - 6)	2 (2 - 3)	2 (2 - 2)
Jordan	35 (33 - 38)	26	13 (10 - 18)	3	(4 - 5)	(4 - 4)	(2 - 4)	38 (35 - 40)	(31 - 36)	14 (11 - 20)	(9 - 17)
Kazakhstan	52 (47 - 57)	42	10	5.1	21	11 (10 - 12)	(4 - 4)	58	45	11 (10 - 11)	(8 - 9)
Kenya	101	96 (00 102)	40	2.8	99	(10 12)	59 (40 71)	107	95 (90 102)	(10 11) 44 (27 52)	36
Kiribati	(93 - 100) 91 (91 - 102)	(50 - 105) 66 (E0 7E)	(33 - 40) 55	1.5	(0 0)	0	(43-71)	97	(03 - 102) 85 (75 06)	60	(30 - 43) 50
Kosovo (UNSCR 1244)º	104	48	(34 - 00) 9 (7 11)	7.4	(0 - 0) 6 (E 0)	2	0	(00 - 110) 111 (05 - 140)	96	10	8
Kuwait	(80 - 139) 17	(40 - 58)	(7 - 11)	(0.3 - 8.5) 2.1	(5-8)	(1 - 2)	(0 - 0)	(85 - 148)	16	(8 - 12)	(7 - 10)
Kyrgyzstan	(17 - 18) 65	(12 - 13) 51	(8 - 9)	(1.9 - 2.3) 4.1	(1 - 1) 9	(1 - 1)	(0 - 0)	(18 - 19) 72	(15 - 16) 58	(9 - 10) 19	(7 - 8)
Lao People's Democratic Republic	(58 - 73) 154	(46 - 56) 108	(16 - 18) 39	(3.6 - 4.5) 4.2	(8 - 10) 27	(5 - 6) 19	(2 - 3)	(63 - 81) 163	(52 - 66) 144	(18 - 20) 43	(14 - 16) 34
Latvia	(141 - 168) 17	(98 - 118) 14	(26 - 58) 3	(2.9 - 5.4) 5.3	(25 - 29) 1	(18 - 21) 0	(4 - 9) 0	(149 - 179) 19	(132 - 159) 15	(29 - 64) 3	(23 - 52) 3
Lebanon	(16 - 18) 32	(14 - 15) 20	(2 - 4) 18	(4.8 - 5.8) 1.7	(1 - 1) 3	(0 - 0)	(0 - 0) 2	(18 - 20) 33	(14 - 15) 30	(3 - 4) 20	(2 - 3) 17
Lesotho	(28 - 36) 85	(17 - 23) 109	(16 - 20) 59	(1.2 - 2.1) 1.1	(3 - 4) 5	(2 - 2) 6	(2 - 2) 3	(29 - 37) 92	(27 - 34) 77	(17 - 22) 65	(15 - 19) 53
Liberia	(77 - 94) 268	(100 - 119) 192	(43 - 78) 73	(0.2 - 2.1) 3.9	(5 - 6) 30	(6 - 7) 22	(2 - 4) 12	(83 - 102) 282	(70 - 86) 252	(47 - 86) 79	(38 - 70) 66
Lihva	(246 - 292)	(179 - 207)	(52 - 102)	(2.9 - 5)	(28 - 33)	(21 - 24)	(9 - 17)	(259 - 308)	(231 - 276)	(57 - 111)	(48 - 93) 30
Lithuania	(36 - 49)	(27 - 30)	(17 - 55)	(-0.9 - 2.8)	(4 - 6)	(3-3)	(2 - 7)	(38 - 53)	(33 - 46)	(17 - 57)	(16 - 53)
	(15 - 16)	(10 - 11)	(3 - 4)	(4.1 - 5.1)	(1 - 1)	(0 - 0)	(0 - 0)	(16 - 17)	(13 - 14)	(3 - 4)	(3 - 4)
Madagasaar	(8 - 9)	(4 - 5)	(2 - 3)	(3.2 - 4.8)	(0 - 0)	(0 - 0)	(0 - 0)	(9 - 11)	(7 - 8)	(2 - 3)	(2-3)
Malayasta	(145 - 167)	(98 - 113)	(52 - 83)	(1.9 - 3.4)	(73 - 83)	(66 - 76)	(50 - 81)	(151 - 174)	(138 - 159)	(56 - 89)	(47 - 76)
Malawi	(229 - 258)	(163 - 184)	(22 - 65)	(4 - 7.3)	(98 - 110)	(80 - 90)	(14 - 42)	(239 - 270)	(217 - 246)	(24 - 72)	(19 - 58)
walaysia	(16 - 17)	(10 - 10)	8 (7 - 9)	(1.9 - 2.5)	(7 - 8)	(5 - 5)	(3 - 4)	(17 - 19)	(14 - 16)	9 (8 - 10)	(7 - 8)
Maldives	(78 - 94)	39 (35 - 43)	(5 - 7)	8.2 (7.5 - 8.9)	(1 - 1)	(0 - 0)	(0 - 0)	92 (84 - 102)	/9 (71 - 87)	(5 - 8)	(4 - 6)
Mali	231 (217 - 246)	188 (176 - 200)	91 (69 - 121)	2.8 (2 - 3.7)	97 (91 - 103)	96 (90 - 102)	84 (63 - 111)	239 (225 - 255)	222 (208 - 237)	96 (72 - 128)	86 (65 - 115)
Malta	11 (11 - 12)	8 (7 - 8)	5 (4 - 7)	2.2 (1.5 - 2.9)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	12 (11 - 13)	10 (9 - 11)	6 (5 - 7)	5 (4 - 6)
Marshall Islands	48 (41 - 56)	42 (36 - 50)	28 (16 - 49)	1.6 (-0.2 - 3.4)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	52 (44 - 61)	43 (36 - 51)	31 (18 - 54)	25 (14 - 43)
Mauritania	115 (105 - 127)	98 (90 - 108)	38 (27 - 53)	3.4 (2.3 - 4.4)	9 (8 - 10)	9 (9 - 10)	6 (5 - 9)	123 (111 - 135)	107 (97 - 118)	42 (29 - 59)	34 (24 - 48)
Mauritius	23 (22 - 24)	19 (18 - 20)	15 (14 - 17)	1.3 (1 - 1.6)	1 (0 - 1)	0 (0 - 0)	0 (0 - 0)	26 (25 - 27)	20 (19 - 21)	17 (15 - 19)	14 (12 - 15)
Mexico	45 (42 - 49)	28 (26 - 30)	12 (10 - 15)	3.9 (3.2 - 4.6)	110 (102 - 118)	67 (62 - 72)	26 (20 - 32)	49 (45 - 53)	41 (38 - 45)	14 (11 - 17)	11 (9 - 14)
Micronesia (Federated States of)	49 (41 - 59)	39 (30 - 49)	23	2.3	0	0	(0 - 0)	55	43	26	20
Monaco	(11 00)	(00 10) 5 (5 - 5)	(2 - 5)	3.1	0	0	0	(10 00) 9 (8 - 10)	(6 - 8)	3	(0 1 1) 2 (1 - 4)
Mongolia	106	63	14	6.2	(0 0)	3	(0 0)	119	93 (95 102)	15	12
Montenegro	(30 - 110) 16	(10 - 00)	3	5.6	0	0	0	(103 - 130) 17 (16 - 10)	16	3	2
Montserrat	(10 - 17) 20 (15 - 20)	(13 - 15) 14	(2 - 3) 6 (2 - 17)	(5-6.2) 3.5	(0 - 0)	(U - U) 0	(U - U) 0	(10 - 18) 19 (14 - 20)	(15 - 16)	(2 - 3) 6	(2 - 3) 7 (2 - 10)
Morocco	(15 - 28) 81	(9 - 22) 52	(3 - 17)	(U.5 - b.3) 4.8	(0 - 0)	(U - U) 34	(0 - 0)	(14 - 26) 86	(16 - 30) 76	(2 - 17)	(3 - 18)
Mozambique	(75 - 87) 233	(48 - 58) 163	(11 - 25) 62	(3.6 - 6.1)	(54 - 63) 143	(31 - 37) 123	(7 - 16) 76	(79 - 92) 242	(70 - 82) 224	(12 - 27) 66	(10 - 22) 57
Myanmar	(214 - 253)	(151 - 176) 89	(50 - 76) 39	(3.4 - 4.7) 3.3	(131 - 155) 124	(115 - 133) 93	(62 - 93) 35	(222 - 263) 124	(206 - 244) 106	(53 - 82) 43	(46 - 70) 35
Namibia	(105 - 127) 74	(82 - 97) 78	(24 - 61) 41	(1.9 - 4.9) 1.8	(113 - 136)	(86 - 101) 4	(21 - 55) 3	(112 - 136) 79	(96 - 117) 68	(26 - 68) 45	(21 - 55) 37
	(67 - 82)	(69 - 89)	(33 - 55)	(0.9 - 2.5)	(3 - 4)	(4 - 5)	(3 - 4)	(71 - 88)	(61 - 76)	(36 - 60)	(30 - 49)

	Infant mortality rate (deaths per 1,000 live births)		Number of infant deaths (thousands) ^a		hs Neonatal mortality r (deaths per 1,000 live bir 1990 2000		Annual rate of reduction (ARR) (per cent)		Numb	er of neonatal (thousands)ª	deaths
Country	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Iran (Islamic Republic of)	49 (45 - 53)	11 (6 - 19)	95 (87 - 104)	13 (7 - 23)	25 (17 - 32)	20 (16 - 23)	7 (3 - 15)	3.7 (1.1 - 6.2)	49 (32 - 63)	21 (17 - 25)	9 (4 - 17)
Iraq	55 (50 - 60)	21 (15 - 30)	38 (35 - 42)	24 (17 - 34)	27 (24 - 30)	24 (21 - 27)	13 (9 - 19)	2.2 (1 - 3.4)	19 (17 - 21)	21 (19 - 24)	15 (10 - 22)
Ireland	8 (7 - 8)	3 (3 - 4)	0 (0 - 0)	0 (0 - 0)	5 (4 - 5)	4 (4 - 4)	3 (2 - 3)	1.9 (1.4 - 2.5)	0	0 (0 - 0)	0 (0 - 0)
Israel	10 (9 - 10)	3	1 (1 - 1)	0	6 (6 - 6)	(3 - 4)	2	3.9	(0 0) 1 (1 - 1)	0	0
Italy	(8 - 9)	2	5 (5 - 5)	(0 0) 1 (1 - 1)	6 (6 - 7)	(3 - 4)	2 (1 - 2)	4.2	4 (4 - 4)	2 (2 - 2)	(0 0) 1 (1 - 1)
Jamaica	25 (21 - 30)	18	2	1 (1 - 1)	19	16 (14 - 19)	15 (13 - 16)	0.7	1 (1 - 1)	(1 - 1)	0
Japan	(21 30) 5 (5 - 5)	2	(1 2) 5 (5 - 6)	1 (1 - 1)	3	2	(13 10)	3.5	3	2	(0 1)
Jordan	31	12	(3 0) 4 (4 4)	3	20	15	(6 11)	2.9	3	2	2
Kazakhstan	(29-33) 45 (40 49)	(3-17) 8 (7 9)	18	(2 - 4)	23	(14 - 17) 24 (21 - 27)	(0 - 11) 4 (4 - 5)	(1.0-5.5)	(2 - 3) 9 (9 10)	(2 - 3) 6 (5 - 7)	(1-3)
Kenya	(40 - 43) 67 (62 - 72)	35	67 (62 71)	(12 G2)	27	27	22	0.7	27	33	32
Kiribati	(03 - 72) 69	40	(0.0)	(43-02)	34	(24 - 29)	(17 - 20)	1.3	(24 - 30)	(30 - 30)	(20-40)
Kosovo (UNSCR 1244)°	(61 - 77) 91	(25-62)	(U - U) 5 (4 - 7)	(0 - 0)	43	(22 - 33) 27	(10 - 41) 7	(-0.7 - 4) 5.6	(0-0)	(0 - 0)	(0 - 0)
Kuwait	(70 - 121) 15	(7 - 10)	(4 - 7)	(0 - 0)	(32 - 59)	(22 - 33)	(5 - 9)	(4.4 - 6.8) 2.2	(2 - 3) 1	(1 - 1)	(0 - 0)
Kyrgyzstan	(14 - 15) 57	(7 - 8)	(1 - 1)	(0 - 0)	(9 - 11)	(6 - 7) 21	(4 - 5)	(1.9 - 2.6)	(1 - 1)	(0 - 0)	(0 - 0)
Lao People's Democratic Republic	(50 - 64) 113	(14 - 16)	(7 - 9)	(2 - 2)	(20 - 29)	(18 - 24)	(9 - 13)	(1.7 - 3.2) 2.6	(3 - 4)	(2 - 3)	(1 - 2)
Latvia	(104 - 124)	(23 - 52)	(18 - 22)	(4 - 8)	(42 - 54)	(34 - 43)	(13 - 30)	(1.3 - 4) 5.2	(8 - 10)	(6 - 8) 0	(2 - 5)
Lebanon	(13 - 14)	(2 - 3)	(0 - 1)	(0 - 0)	(8 - 9)	(7 - 8)	(1 - 2)	(4.5 - 5.9)	(0 - 0)	(0 - 0)	(0 - 0)
Lesotho	(25 - 32) 74	(14 - 18)	(3 - 3)	(1 - 2)	(18 - 23)	(10 - 14) 37	(10 - 13) 29	(1.2 - 2.3)	(2 - 2)	(1 - 1)	(1 - 1)
Liberia	(68 - 82) 170	(41 - 73)	(4 - 5) 19	(2 - 4) 9	(34 - 44) 61	(34 - 41) 49	(20 - 39) 30	(-0.1 - 2) 2.2	(2 - 3) 7	(2 - 2)	(1 - 2)
Libya	(156 - 185) 32	(38 - 73) 16	(18 - 21)	(6 - 12)	(53 - 70) 21	(43 - 55) 15	(20 - 44) 6	(0.9 - 3.4) 4	(6 - 8) 3	(5 - 7)	(3 - 7)
Lithuania	(27 - 37) 12	(9 - 28) 3	(3 - 4) 1	(1 - 4) 0	(18 - 25) 8	(13 - 18) 5	(3 - 10) 2	(2.1 - 5.8) 4.2	(2 - 3) 0	(1 - 2) 0	(0 - 1) 0
Luxembourg	(12 - 12) 7	(2 - 3) 2	(1 - 1) 0	(0 - 0) 0	(7 - 8)	(4 - 5) 2	(2 - 2)	(3.6 - 4.8) 2.8	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0
Madagascar	(7 - 8) 91	(2 - 3)	(0 - 0) 47	(0 - 0) 44	(4 - 5)	(2 - 3) 31	(1 - 2)	(1.8 - 3.8) 1.5	(0 - 0) 20	(0 - 0) 22	(0 - 0) 24
Malawi	(85 - 98) 133	(35 - 56) 29	(44 - 50) 59	(35 - 56) 19	(35 - 43)	(28 - 34) 39	(19 - 31) 19	(0.6 - 2.3) 3	(19 - 23) 23	(20 - 24) 19	(19 - 31)
Malaysia	(126 - 141)	(17 - 50) 7	(56 - 63) 6	(11 - 33)	(45 - 55)	(35 - 42)	(11 - 33)	(1.3 - 4.7) 1.9	(21 - 26)	(18 - 21)	(7 - 22)
Maldives	(12 - 13) 72	(6 - 7) 5	(6 - 6)	(3 - 3)	(6 - 9) 42	(4 - 6) 22	(4 - 5)	(1.1 - 2.6) 7.3	(3 - 4)	(2 - 3)	(2 - 2)
Mali	(65 - 79) 124	(4 - 6) 58	(1 - 1) 52	(0 - 0) 54	(36 - 50) 67	(19 - 26) 51	(3 - 5) 32	(6.3 - 8.2) 2.2	(0 - 0) 29	(0 - 0) 28	(0 - 0) 31
Malta	(117 - 132) 10	(43 - 77) 5	(49 - 56) 0	(40 - 71) 0	(60 - 75) 8	(46 - 57) 5	(23 - 46) 4	(1.1 - 3.3) 2.2	(26 - 32) 0	(25 - 31) 0	(22 - 43) 0
Marshall Islands	(9 - 11) 37	(4 - 6) 24	(0 - 0) 0	(0 - 0) 0	(7 - 8) 19	(5 - 6) 19	(3 - 5)	(1.5 - 2.9)	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0
Mauritania	(32 - 43) 73	(13 - 41) 31	(0 - 0) 6	(0 - 0) 5	(15 - 23) 44	(15 - 23) 39	(7 - 25) 21	(-1.1 - 3.4) 2.2	(0 - 0) 4	(0 - 0) 4	(0 - 0) 4
Mauritius	(66 - 80) 20	(22 - 44) 14	(5 - 6) 0	(4 - 7) 0	(39 - 50) 15	(35 - 44) 12	(15 - 31) 9	(1.1 - 3.3) 1.5	(3 - 4) 0	(3 - 4) 0	(3 - 5) 0
Mexico	(19 - 21) 38	(12 - 15) 11	(0 - 0) 91	(0 - 0) 22	(14 - 15) 22	(12 - 13) 14	(8 - 10) 8	(1.1 - 1.9) 3.3	(0 - 0) 55	(0 - 0) 34	(0 - 0) 15
Micronesia (Federated States of)	(35 - 41) 42	(9 - 13) 21	(85 - 98) 0	(18 - 27) 0	(20 - 25) 24	(13 - 16) 20	(6 - 10) 12	(2.4 - 4.2) 2.1	(48 - 61) 0	(30 - 38) 0	(12 - 20) 0
Monaco	(35 - 50) 6	(9 - 46) 2	(0 - 0) 0	(0 - 0) 0	(17 - 33) 4	(13 - 30) 3	(5 - 30) 1	(-0.6 - 4.8) 3.2	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0
Mongolia	(6 - 7) 73	(1 - 4) 11	(0 - 0) 5	(0 - 0) 1	(3 - 5) 29	(2 - 4) 23	(1 - 3) 7	(1.4 - 5.2) 4.2	(0 - 0) 2	(0 - 0) 1	(0 - 0) 0
Montenegro	(68 - 80) 15	(11 - 12) 2	(5 - 6) 0	(1 - 1) 0	(25 - 34) 11	(20 - 27) 8	(7 - 8) 1	(3.6 - 4.7) 7.3	(2 - 2) 0	(1 - 1) 0	(0 - 1) 0
Montserrat	(14 - 16) 19	(2 - 3) 6	(0 - 0) 0	(0 - 0) 0	(10 - 12)	(8 - 9) 7	(1 - 1) 3	(6 - 8.6) 3.5	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0
Morocco	(14 - 25) 65	(2 - 17) 15	(0 - 0) 47	(0 - 0) 10	(7 - 16) 37	(4 - 13) 28	(1 - 10) 10	(0.5 - 6.6) 3.9	(0 - 0) 27	(0 - 0) 18	(0 - 0) 6
Mozambique	(60 - 70) 147	(10 - 23) 45	(44 - 50) 89	(6 - 15) 56	(33 - 40) 60	(26 - 32) 44	(7 - 15) 25	(2.6 - 5.3) 2.6	(24 - 29) 37	(16 - 20) 35	(4 - 10) 32
Myanmar	(135 - 159) 91	(37 - 56) 34	(82 - 96) 97	(46 - 69) 31	(53 - 68) 48	(40 - 49) 38	(20 - 33) 21	(1.7 - 3.5) 2.5	(33 - 42) 52	(31 - 39) 39	(25 - 42) 19
Namibia	(83 - 100) 56	(21 - 54) 38	(88 - 106) 3	(19 - 49) 3	(41 - 56) 29	(33 - 43) 21	(12 - 34) 24	(1 - 4.3) 0.6	(45 - 61) 2	(35 - 45) 1	(11 - 31) 2
	(51 - 62)	(31 - 52)	(3 - 3)	(2 - 4)	(26 - 34)	(18 - 24)	(18 - 34)	(-0.5 - 1.6)	(1 - 2)	(1 - 1)	(1 - 3)

	Under-five with 90 per (deaths	e mortality ra cent uncerta s per 1,000 live	ite (U5MR) inty interval e births)	Annual rate of reduction (ARR) (per cent)	Number o 90 per c	of under-five de ent uncertainty (thousands)ª	aths with interval	Sex-specific under-five mortality rat (deaths per 1,000 live births) 1990 2023 Male Female Male Female 73 62 10 10 (57-93) (49-79) (6-17) (5 140 138 28 28			ty rate
								19	90	20	23
Country	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Nauru	(53 - 86)	(36 - 48)	(5 - 16)	(4.3 - 8)	(0 - 0)	(0 - 0)	(0 - 0)	/3 (57 - 93)	62 (49 - 79)	10 (6 - 17)	(5 - 14)
Nepal	139 (131 - 148)	79 (74 - 84)	26 (21 - 33)	5 (4.4 - 5.7)	100 (94 - 106)	60 (57 - 64)	15 (12 - 19)	140 (132 - 150)	138 (129 - 147)	28 (23 - 35)	24 (19 - 30)
Netherlands (Kingdom of the)	8 (8 - 8)	6 (6 - 6)	4 (4 - 4)	2.3 (2.1 - 2.4)	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	9 (9 - 10)	7 (7 - 7)	4 (4 - 5)	4 (3 - 4)
New Zealand	11 (11 - 11)	7 (7 - 8)	5 (4 - 5)	2.6	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	12 (12 - 13)	10 (9 - 10)	5 (4 - 6)	4 (4 - 5)
Nicaragua ^f	67	39 (35 - 43)	13 (11 - 15)	4.8	10 (9 - 11)	(5 - 6)	2	73	61	15 (13 - 17)	12 (10 - 14)
Niger	332	228	115	3.2	142	130	120	334	329	118	111 (85 - 1/13)
Nigeria	210	182	105	(2.4 - 4) 2.1	864	950	768	219	200	(31 - 133) 110 (76 - 162)	(00 - 140) 99 (60 - 146)
Niue (New Zealand)	26	33	(75-154)	0.2	000 - 523)	0	0	28	23	27	22
North Macedonia	(22 - 30)	(25 - 42)	(10 - 57)	(-2.5 - 2.8) 7.4	(0 - 0)	(0 - 0)	(0 - 0)	(24 - 34)	(19 - 27) 35	(11 - 62)	(9-51)
Norway	(36 - 38)	(15 - 17)	(3 - 4)	(6.8 - 7.9) 3.9	(1 - 1)	(U - U)	(U - U)	(37 - 40)	(34 - 36) 8	(3 - 4)	(3 - 4)
Oman	(8 - 9) 39	(5 - 5) 16	(2 - 3) 10	(3.6 - 4.3) 4	(0 - 1) 3	(0 - 0) 1	(0 - 0) 1	(9 - 10) 42	(7 - 8) 36	(2 - 3) 11	(2 - 2) 9
Pakistan	(34 - 45) 140	(14 - 19) 108	(9 - 12) 58	(3.4 - 4.6) 2.6	(2 - 3) 670	(1 - 1) 597	(1 - 1) 397	(37 - 49) 144	(31 - 41) 136	(10 - 13) 63	(8 - 11) 54
Palau	(135 - 145) 35	(104 - 113) 26	(48 - 72) 22	(2 - 3.3) 1.4	(645 - 696) 0	(572 - 622) 0	(325 - 487) 0	(138 - 150) 39	(130 - 142) 32	(51 - 77) 25	(44 - 66) 20
Panama	(31 - 41) 30	(23 - 31) 26	(13 - 37) 13	(-0.2 - 3.2) 2.5	(0 - 0)	(0 - 0)	(0 - 0) 1	(33 - 45) 33	(27 - 37) 28	(14 - 41) 14	(11 - 33) 12
Panua New Guinea	(27 - 34) 85	(22 - 29)	(13 - 14)	(2.1 - 2.9)	(2 - 2)	(2 - 2)	(1 - 1)	(29 - 37) 89	(24 - 31)	(13 - 15)	(11 - 13)
Paranuav	(77 - 93)	(65 - 80)	(26 - 63)	(0.9 - 3.6)	(11 - 13)	(12 - 15)	(7 - 16)	(80 - 98)	(72 - 89)	(28 - 68)	(24 - 58)
Poru	(41 - 51)	(28 - 41)	(8 - 36)	(0.7 - 5.2)	(6 - 7)	(4 - 6)	(1 - 5)	(44 - 55)	(37 - 47)	(9 - 40) 17	(7 - 33)
Philippings	(76 - 85)	(36 - 40)	(12 - 21)	(4 - 5.8)	(52 - 57)	(23 - 25)	(7 - 11)	(80 - 90)	(72 - 80)	(13 - 23)	(11 - 19)
Philippines	(52 - 60)	(34 - 40)	(21 - 36)	(1.3 - 3.1)	(111 - 127)	(79 - 91)	(38 - 66)	(57 - 66)	(47 - 54)	(23 - 40)	(18 - 32)
Poland	17 (17 - 18)	9 (9 - 10)	4 (4 - 5)	4.2 (4.1 - 4.3)	10 (10 - 10)	4 (3 - 4)	(1 - 1)	19 (19 - 20)	15 (15 - 16)	5 (5 - 5)	4 (4 - 4)
Portugal	15 (14 - 15)	7 (7 - 7)	3 (3 - 3)	4.7 (4.4 - 4.9)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	16 (16 - 17)	13 (13 - 13)	3 (3 - 4)	3 (3 - 3)
Qatar ^g	21 (19 - 22)	12 (12 - 13)	6 (6 - 7)	3.8 (3.4 - 4.1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	22 (21 - 24)	19 (18 - 21)	6 (6 - 7)	6 (5 - 6)
Republic of Korea	16 (15 - 17)	8 (7 - 8)	3 (3 - 3)	5.3 (5 - 5.5)	11 (10 - 11)	5 (4 - 5)	1 (1 - 1)	17 (16 - 18)	14 (13 - 15)	3 (3 - 3)	2 (2 - 3)
Republic of Moldova	33 (29 - 39)	31 (26 - 37)	15 (11 - 20)	2.5 (1.4 - 3.4)	3 (2 - 3)	2 (1 - 2)	0 (0 - 1)	37 (32 - 44)	29 (25 - 34)	16 (12 - 22)	13 (10 - 18)
Romania	31 (31 - 32)	(22)	(6 - 7)	4.7	11 (11 - 11)	(5 - 5)	(1 - 1)	35 (34 - 36)	28	(7 - 8)	6 (6 - 6)
Russian Federation	22	19	(0 - 7) 4 (4 - 5)	4.8	47	25	6 (5 - 7)	25	18 (18 - 19)	5	(0 0) 4 (4 - 5)
Rwanda	151	185	40	(4.4 - 3.1)	(40 - 40) 49 (46 - 52)	(24 - 23) 59 (EE 62)	16	159	143	44	36
Saint Kitts and Nevis	30	(173 - 197) 24 (21 - 27)	(31 - 32) 16 (10 - 25)	(3.2 - 4.0) 1.9	(40 - 52)	(0 0)	(12 - 20)	33	(134 - 132) 27	(34 - 57) 18 (11 - 20)	(20-47)
Saint Lucia	(28 - 33)	(21 - 27) 18	(10 - 25)	0.9	(0 - 0)	(0 - 0)	(0 - 0)	(30 - 37)	(24 - 30)	17	(9 - 23)
Saint Vincent and the Grenadines	(20 - 22)	(17 - 20)	(13 - 18)	(0.4 - 1.4) 2.4	(U - U)	(U - U)	(U - U) 0	(22 - 24) 26	(18 - 20)	(14 - 20)	(12 - 17)
Samoa	(22 - 25) 30	(21 - 24) 21	(8 - 14) 16	(1.6 - 3.3) 1.9	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0	(24 - 28) 32	(20 - 24) 27	(9 - 15) 17	(7 - 13) 14
San Marino	(26 - 34) 13	(19 - 24) 5	(10 - 24) 1	(0.6 - 3.3) 6.6	(0 - 0) 0	(0 - 0) 0	(0 - 0) 0	(28 - 37) 14	(24 - 31) 11	(11 - 26) 2	(9 - 22) 1
Sao Tome and Principe	(7 - 21) 108	(4 - 7) 82	(1 - 3) 14	(3.5 - 9.6) 6.2	(0 - 0)	(0 - 0) 0	(0 - 0) 0	(8 - 23) 114	(7 - 19) 102	(1 - 3) 15	(1 - 3) 13
Saudi Arabia	(96 - 122) 44	(72 - 93) 22	(8 - 26) 6	(4.3 - 8) 6	(0 - 1) 18	(0 - 1) 10	(0 - 0) 3	(101 - 130) 47	(89 - 116) 42	(8 - 28) 6	(7 - 23) 6
Senegal	(37 - 53) 137	(20 - 25) 129	(4 - 9)	(4.7 - 7.2)	(15 - 21)	(9 - 11) 48	(2 - 5) 20	(39 - 56) 145	(35 - 50) 130	(4 - 9) 43	(4 - 9) 34
Serhia	(131 - 145)	(122 - 137)	(31 - 48)	(3.2 - 4.5)	(41 - 45)	(46 - 51)	(16 - 25)	(137 - 152)	(123 - 137)	(35 - 53)	(28 - 42)
Sevenalles	(28 - 29)	(12 - 13)	(5 - 6)	(4.9 - 5.4)	(3 - 3)	(1 - 1)	(0 - 0)	(29 - 31)	(26 - 27)	(5 - 6)	(4 - 5)
Ciorro Loopo	(15 - 18)	(12 - 15)	(11 - 18)	(-0.4 - 1.3)	(0 - 0)	(0 - 0)	(0 - 0)	(16 - 19)	(14 - 17)	(12 - 20)	(10 - 17)
Sierra Leone	(239 - 280)	(209 - 240)	(74 - 122)	(2.3 - 3.8)	(43 - 51)	(41 - 47)	(19 - 31)	(250 - 294)	(227 - 267)	(78 - 130)	(69 - 114)
Singapore	8 (7 - 8)	4 (4 - 4)	(2 - 2)	4 (3.4 - 4.5)	(0 - 0)	(0 - 0)	(0 - 0)	(8 - 9)	(7 - 7)	(2 - 3)	(2 - 2)
Slovakia	15 (14 - 15)	10 (9 - 10)	6 (6 - 6)	2.7 (2.5 - 2.9)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	17 (16 - 17)	13 (12 - 13)	7 (6 - 7)	5 (5 - 6)
Slovenia	10 (10 - 11)	5 (5 - 6)	2 (2 - 3)	4.6 (4.2 - 5.1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)	12 (11 - 12)	9 (9 - 10)	2 (2 - 3)	2 (2 - 2)
Solomon Islands	38 (33 - 44)	31 (27 - 34)	21 (14 - 31)	1.9 (0.6 - 3.2)	0 (0 - 1)	0 (0 - 1)	0 (0 - 1)	41 (36 - 47)	35 (31 - 41)	22 (15 - 33)	19 (13 - 28)

	Infant mortality rate (deaths per 1,000 live births) 1990 2023 59 (2000 100 100 100 100 100 100 100 100 100		Number of infant deaths (thousands) ^a		s Neonatal mortality (deaths per 1,000 live f		Annual rate of reduction (ARR) (per cent)		Numb	e r of neonatal (thousands)ª	deaths
Country	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Nauru	59 (47 - 75)	8 (5 - 15)	0 (0 - 0)	0 (0 - 0)	32 (22 - 45)	24 (20 - 29)	5 (3 - 9)	5.8 (3.5 - 8)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)
Nepal	101 (95 - 108)	23 (19 - 29)	73 (69 - 78)	13 (11 - 17)	58 (53 - 63)	40 (37 - 43)	17 (13 - 21)	3.8 (3.1 - 4.5)	43 (40 - 47)	30 (28 - 33)	10 (8 - 12)
Netherlands (Kingdom of the)	7 (7 - 7)	3	1 (1 - 1)	1 (1 - 1)	5 (4 - 5)	4 (4 - 4)	3	1.7	1 (1 - 1)	1 (1 - 1)	0
New Zealand	(9 - 9)	(3 - 5)	1 (1 - 1)	0	4 (4 - 5)	(3 - 4)	3	1.4	0	0	0
Nicaragua ^f	(8 5) 51 (48 - 54)	11 (10 - 13)	(1 - 1) 8 (7 - 9)	(1 - 2)	23	17 (15 - 19)	(2 0) 7 (6 - 9)	(2.5 - 3.5)	(3 - 4)	2	(0 0) 1 (1 - 1)
Niger	(127 157)	67 (52 97)	64 (60 60)	72	55	(10 10) 44 (20 50)	34	1.5	25	27	37
Nigeria	106	60	444	(300 640)	(40-02) 50	(33 - 30) 46 (42 - 51)	(23-47) 34	1.2	215	257	253
Niue (New Zealand)	(99 - 113)	(42 - 88)	(415-474)	(309-649)	(44 - 50)	(42 - 51)	(23 - 51)	(-0.1 - 2.4)	(192 - 240)	(231 - 284)	(170 - 380)
North Macedonia	(19 - 26) 33	(10 - 52)	(U - U) 1 (1 - 1)	(0 - 0)	(10 - 18) 18	(11 - 25)	(5 - 32)	(-2.5 - 3.1) 7.6	(0 - 0)	(0 - 0)	(0 - 0)
Norway	(32 - 34)	(2 - 3)	(1 - 1)	(U - U)	(17 - 19)	(8 - 10)	(1 - 2)	(6.9 - 8.4)	(1 - 1)	(U - U)	(0 - 0)
Oman	(/ - /) 31	(2 - 2) 8	(0 - 0)	(0 - 0)	(4 - 4) 18	(3 - 3)	(1 - 1)	(3 - 3.8) 4	(0 - 0)	(0 - 0)	(U - U) O
Pakistan	(27 - 36) 113	(7 - 10) 50	(2 - 2) 545	(1 - 1) 341	(15 - 21) 64	(5 - 9) 57	(3 - 7) 38	(2.8 - 5.7) 1.6	(1 - 1) 320	(0 - 1) 322	(0 - 1) 259
Palau	(109 - 117) 30	(41 - 61) 19	(525 - 566) 0	(279 - 418) 0	(60 - 69) 19	(54 - 61) 14	(30 - 47) 12	(0.9 - 2.3) 1.5	(298 - 341) 0	(304 - 343) 0	(208 - 321) 0
Panama	(26 - 35) 24	(11 - 32) 11	(0 - 0)	(0 - 0)	(14 - 25) 16	(9 - 19) 12	(5 - 22) 7	(-0.4 - 3.7) 2.6	(0 - 0)	(0 - 0)	(0 - 0) 0
Papua New Guinea	(21 - 27) 65	(10 - 11) 32	(1 - 2) 9	(1 - 1) 8	(12 - 19) 32	(10 - 15) 30	(6 - 8) 21	(1.7 - 3.5) 1.4	(1 - 1) 5	(1 - 1) 6	(0 - 1) 5
Paraguay	(59 - 72) 38	(20 - 50) 15	(8 - 10) 5	(5 - 13) 2	(28 - 36) 22	(27 - 35) 18	(13 - 33) 9	(-0.1 - 2.8) 2.7	(4 - 5) 3	(5 - 7) 2	(3 - 8) 1
Peru	(34 - 42) 60	(7 - 32) 14	(5 - 6) 40	(1 - 4) 7	(19 - 25) 28	(15 - 22) 16	(4 - 20) 8	(0.3 - 5.1) 3.9	(3 - 4) 19	(2 - 3) 10	(1 - 3) 4
Philippines	(57 - 63) 39	(10 - 18) 22	(38 - 43)	(6 - 10) 40	(26 - 30) 19	(15 - 17) 17	(6 - 11) 14	(2.9 - 4.8)	(18 - 21)	(9 - 11) 39	(3 - 6) 26
Poland	(36 - 41) 15	(17 - 30) 4	(77 - 88) 8	(31 - 54)	(17 - 21)	(15 - 18) 6	(10 - 19) 2	(-0.1 - 1.9) 4.7	(37 - 45) 6	(35 - 43)	(19 - 35) 1
Portugal	(15 - 15)	(4 - 4)	(8 - 9)	(1 - 1)	(11 - 11)	(6 - 6)	(2 - 2)	(4.5 - 4.9)	(6 - 6)	(2 - 2)	(1 - 1)
Oatar ^g	(11 - 12)	(2-3)	(1 - 1)	(0 - 0)	(7 - 8)	(3 - 4)	(1 - 2)	(4.3 - 4.9)	(1 - 1)	(0 - 0)	(0 - 0)
Republic of Korea	(16 - 19)	(4 - 5)	(0 - 0)	(0 - 0)	(9 - 14)	(6 - 7)	(3 - 4)	(2.7 - 4.1)	(0 - 0)	(0 - 0)	(0-0)
Republic of Moldova	(11 - 13)	(2-2)	(8 - 9)	(1 - 1)	(6 - 9)	(3 - 4)	(1 - 1) 11	(5 - 6.3)	(4 - 6)	(2 - 2)	(0 - 0)
Republic of Moldova	(25 - 34)	(10 - 18)	(2-3)	(0 - 1)	(15 - 22)	(16 - 25)	(8 - 15)	(0.4 - 2.7)	(1 - 2)	(1 - 1)	(0 - 1)
Running Running Endoration	(24 - 25)	(5 - 6)	(8 - 9)	(1 - 1)	(12 - 20)	(9 - 12)	(3 - 4)	(3.8 - 5.7)	(4 - 6)	(2-3)	(1 - 1)
Russian reueration	(17 - 18)	(3 - 4)	(36 - 37)	(4 - 5)	(8 - 14)	(8 - 10)	(1 - 2)	(4.3 - 6.9)	(17 - 28)	(10 - 13)	(2-3)
Soint Kitte and Nevia	(81 - 92)	(24 - 39)	(26 - 29)	(9 - 15)	(37 - 45)	(39 - 48)	(13 - 24)	(1.5 - 3.4)	(12 - 15)	(13 - 16)	(5 - 10)
Saint Lucia	(23 - 28)	(9 - 22)	(0 - 0)	(0 - 0)	(16 - 21)	(13 - 17)	(6 - 17)	(0.3 - 3.4)	(0 - 0)	(0 - 0)	(0 - 0)
Saint Lucia	(17 - 18)	(12 - 17)	(0 - 0)	(0 - 0)	(11 - 13)	(10 - 12)	(8 - 12)	(-0.1 - 1.2)	(0 - 0)	(0 - 0)	(0 - 0)
Saint vincent and the Grenaumes	(18 - 21)	(8 - 13)	(0 - 0)	(0 - 0)	(11 - 14)	(12 - 15)	(4 - 8)	(1.4 - 3.4)	(0 - 0)	(0 - 0)	(0 - 0)
Samoa	(20 - 26)	(8 - 19)	(0 - 0)	(0 - 0)	(10 <u>-</u> 18)	9 (7 - 11)	(4 - 10)	(0.5 - 4.4)	(0 - 0)	(0 - 0)	(0 - 0)
San Marino	(6 - 19)	(1 - 3)	(0 - 0)	(0 - 0)	(4 - 12)	(2 - 4)	(0 - 2)	(3.6 - 12.2)	(0 - 0)	(0 - 0)	(0 - 0)
Sao Iome and Principe	(57 - 74)	9 (5 - 17)	(0 - 0)	(0 - 0)	(20 - 33)	(17 - 28)	(3 - 13)	4.1 (1.8 - 6.3)	(0 - 0)	(0 - 0)	(0 - 0)
Saudi Arabia	(34 - 48)	5 (3 - 7)	(14 - 19)	(2 - 4)	(16 - 30)	(9 - 14)	(2 - 5)	6.1 (4.4 - 8.1)	9 (7 - 12)	(4 - 6)	(1 - 3)
Senegal	/3 (69 - 77)	30 (25 - 37)	(22 - 24)	16 (13 - 19)	40 (37 - 44)	38 (34 - 41)	22 (18 - 28)	1.8 (1.1 - 2.5)	13 (12 - 14)	15 (13 - 16)	12 (10 - 15)
Serbia	25 (24 - 25)	4 (4 - 5)	2 (2 - 2)	(0 - 0)	18 (16 - 19)	8 (7 - 8)	3 (3 - 3)	5.2 (4.8 - 5.6)	2 (1 - 2)	1 (1 - 1)	0 (0 - 0)
Seychelles	13 (12 - 14)	13 (10 - 17)	0 (0 - 0)	0 (0 - 0)	11 (10 - 12)	9 (8 - 10)	9 (6 - 11)	0.8 (-0.2 - 1.8)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)
Sierra Leone	135 (125 - 146)	56 (44 - 73)	25 (23 - 27)	14 (11 - 19)	52 (45 - 60)	48 (43 - 54)	29 (22 - 39)	1.7 (0.8 - 2.8)	10 (9 - 11)	10 (9 - 11)	8 (6 - 10)
Singapore	6 (6 - 6)	2 (1 - 2)	0 (0 - 0)	0(0-0)	4 (4 - 4)	2 (1 - 2)	1 (1 - 1)	4.6 (3.8 - 5.3)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)
Slovakia	13 (12 - 13)	5 (5 - 5)	1 (1 - 1)	0 (0 - 0)	9 (8 - 9)	5 (5 - 5)	3 (3 - 3)	3.2 (2.9 - 3.5)	1 (1 - 1)	0 (0 - 0)	0(0-0)
Slovenia	9 (8 - 9)	2 (2 - 2)	0 (0 - 0)	0 (0 - 0)	6 (5 - 6)	3 (3 - 4)	1 (1 - 2)	4.5 (3.9 - 5 1)	0 (0 - 0)	0 (0 - 0)	0 (0 - 0)
Solomon Islands	28	17	0	0	15	13	8	1.8	0	0	0

	Under-five with 90 per (deaths	e mortality ra cent uncerta s per 1,000 live	ite (U5MR) inty interval births)	Annual rate of reduction (ARR) (per cent)	Number o 90 per c	of under-five dea ent uncertainty (thousands)ª	nths with interval	Sex-specific under-five mortality rate (deaths per 1,000 live births) 1990 2023			
								19	90	20	123
Country	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Somana	(148 - 221)	(135 - 223)	(48 - 226)	(-0.5 - 3.9)	(52 - 77)	(57 - 93)	(37 - 169)	(154 - 231)	(141 - 211)	(51 - 239)	(46 - 214)
South Africa	58 (51 - 67)	/1 (66 - 76)	35 (31 - 39)	1.6 (1.1 - 2.1)	69 (61 - 79)	/5 (69 - 80)	(37 - 46)	64 (56 - 73)	52 (46 - 60)	(33 - 42)	32 (28 - 36)
South Sudan	303 (250 - 356)	183 (155 - 215)	99 (29 - 256)	3.4 (0.4 - 7.2)	69 (58 - 77)	51 (44 - 60)	31 (9 - 81)	308 (255 - 364)	296 (245 - 351)	104 (30 - 270)	93 (27 - 239)
Spain	9 (9 - 9)	5 (5 - 6)	3 (3 - 3)	3.3 (3.1 - 3.5)	4 (4 - 4)	2 (2 - 2)	1 (1 - 1)	10 (10 - 10)	8 (8 - 8)	3 (3 - 4)	3 (3 - 3)
Sri Lanka	23 (23 - 24)	16 (16 - 17)	6 (5 - 7)	4.1 (3.6 - 4.5)	8 (8 - 8)	6 (5 - 6)	2 (2 - 2)	25 (25 - 26)	21 (21 - 22)	7 (6 - 8)	5 (5 - 6)
State of Palestine	45 (41 - 49)	30 (28 - 33)	26 (18 - 38)	1.6 (0.4 - 2.8)	4 (4 - 5)	4 (3 - 4)	4 (3 - 6)	47 (43 - 51)	42 (39 - 46)	27 (19 - 40)	25 (17 - 37)
Sudan	132 (122 - 142)	103 (95 - 113)	50 (33 - 76)	2.9	123 (114 - 133)	114 (104 - 124)	83 (54 - 125)	140 (129 - 151)	124 (114 - 134)	55 (36 - 84)	45 (29 - 69)
Suriname	45	31	16	3.1	(111 100) 1 (0 - 1)	0	0	(120 101) 49 (42 - 58)	40	18	14 (9 - 25)
Sweden	7	4	2	3.1	(0 1)			8	6 (6 6)	3	2
Switzerland	(7 - 7)	(4 - 4) 6 (F - C)	(2 - 3)	(2.9 - 3.4)	(1 - 1)	(0 - 0)	0	(7 - 0)	(0 - 0) 7	(2 - 3) 4 (4 - 5)	(2 - 2) 4
Syrian Arab Republic	(8 - 8) 37	(5-6) 23	(4 - 4)	(2 - 2.4)	(1 - 1) 17 (10 - 10)	(0 - 0) 12 (11 - 12)	(0 - 0) 10 (5 - 15)	(9 - 9) 40	34	(4 - 5)	(3 - 4) 18
Tajikistan	(34 - 41) 99	(21 - 26)	(10 - 31) 27	(0.5 - 4)	(16 - 19) 22	(11 - 13) 15	(5 - 15) 7	(36 - 44)	(31 - 38) 91	(11 - 34) 31	(9 - 28)
Thailand	(90 - 109) 37	(72 - 89)	(20 - 37) 9	(3 - 4.8) 4.2	(20 - 25) 40	(14 - 17) 21	(6 - 10)	(97 - 117) 41	(83 - 101) 33	(23 - 41)	(18 - 32)
Timor-Leste	(34 - 39) 225	(19 - 24) 111	(8 - 12) 50	(3.5 - 4.6) 4.6	(37 - 42) 7	(19 - 23) 4	(5 - 7) 2	(38 - 44) 232	(30 - 35) 218	(9 - 13) 54	(7 - 10) 46
Togo	(203 - 251) 147	(101 - 122) 120	(35 - 74) 58	(3.4 - 5.7) 2.8	(6 - 8) 24	(3 - 4) 22	(1 - 2) 17	(208 - 260) 156	(195 - 243) 138	(38 - 80) 63	(32 - 67) 54
Tonga	(137 - 158) 22	(112 - 128) 17	(42 - 81) 10	(1.8 - 3.8) 2.4	(22 - 25) 0	(21 - 24) 0	(12 - 23) 0	(144 - 168) 25	(128 - 149) 19	(45 - 88) 11	(38 - 75) 9
Trinidad and Tobago	(19 - 26) 33	(15 - 20) 29	(6 - 15) 19	(1.1 - 3.8) 1.6	(0 - 0) 1	(0 - 0) 1	(0 - 0) 0	(21 - 30) 35	(16 - 23) 30	(7 - 16) 21	(6 - 13) 17
Tunisia	(28 - 37) 55	(25 - 34) 29	(12 - 30) 13	(0.1 - 3)	(1 - 1)	(0 - 1) 5	(0-0)	(30 - 40) 57	(25 - 34) 52	(13 - 33)	(11 - 27) 12
Turkmenistan	(48 - 63)	(26 - 33)	(12 - 14)	(4 - 4.8)	(11 - 14)	(4 - 5)	(2 - 2)	(50 - 66)	(46 - 60)	(13 - 14)	(11 - 13)
Turks and Caicos Islands	(70 - 91)	(60 - 80)	(24 - 65)	(0.5 - 3.6)	(9 - 12)	(7 - 9)	(4 - 11)	(78 - 103)	(60 - 79)	(27 - 74)	(21 - 57)
Tuvolu	(13 - 28)	(9 - 13)	(2 - 16)	(-0.2 - 7.8)	(0 - 0)	(0 - 0)	(0 - 0)	(15 - 33)	(10 - 22)	(2 - 18)	(2 - 15)
Täskine	(45 - 64)	(39 - 47)	(11 - 36)	(1.1 - 5)	(0 - 0)	(0 - 0)	(0 - 0)	(50 - 71)	(40 - 57)	(12 - 41)	(9 - 32)
тигктуе 	(69 - 79)	(34 - 41)	(11 - 15)	(4.8 - 5.8)	(99 - 114)	(49 - 58)	(12 - 17)	(71 - 83)	(65 - 76)	(12 - 16)	(10 - 14)
Uganda	(172 - 194)	(137 - 155)	39 (25 - 59)	4.7 (3.4 - 6)	(145 - 163)	(151 - 171)	(42 - 98)	(183 - 207)	(160 - 182)	43 (28 - 65)	35 (22 <u>-</u> 52)
Ukraine"	19 (17 - 22)	18 (17 - 20)	8 (7 - 9)	2.6 (2.2 - 3.1)	13 (12 - 15)	/ (7 - 8)	(2 - 2)	21 (19 - 24)	17 (15 - 20)	9 (8 - 10)	/ (6 - 8)
United Arab Emirates ⁱ	15 (14 - 16)	11 (10 - 11)	5 (4 - 6)	3.3 (2.9 - 3.8)	1 (1 - 1)	1 (1 - 1)	0 (0 - 1)	17 (16 - 18)	13 (12 - 14)	5 (5 - 6)	5 (4 - 5)
United Kingdom	9 (9 - 9)	7 (6 - 7)	4 (4 - 5)	2.2 (2 - 2.5)	7 (7 - 7)	5 (4 - 5)	3 (3 - 3)	10 (10 - 11)	8 (8 - 8)	5 (4 - 5)	4 (4 - 4)
United Republic of Tanzania	167 (157 - 177)	128 (121 - 137)	39 (30 - 49)	4.4 (3.7 - 5.2)	181 (170 - 192)	175 (165 - 186)	89 (70 - 112)	174 (163 - 185)	160 (150 - 170)	43 (33 - 54)	35 (27 - 44)
United States	11 (11 - 11)	8 (8 - 9)	6 (6 - 7)	1.7 (1.6 - 1.8)	46 (45 - 47)	33 (32 - 33)	24 (23 - 25)	12 (12 - 13)	10 (10 - 10)	7 (7 - 7)	6 (6 - 6)
Uruguay	24	17	(6 - 7)	3.8	1 (1 - 1)	(1 - 1)	(0 - 0)	26	21	7	6 (5 - 7)
Uzbekistan ⁱ	(23 24) 70 (62 - 79)	61 (54 - 70)	13 (12 - 15)	(0.5 - 4.1) 5 (4 5 - 5 5)	47 (42 - 53)	34 (30 - 39)	12 (11 - 14)	79 (70 - 89)	61 (54 - 70)	(7 0) 15 (13 - 17)	12
Vanuatu	36	27	17	2.3	0	0	0	38	34	18	16
Venezuela (Bolivarian Republic of)	30	22	(12 - 24) 24	0.6	17	12	10	(31 - 40) 32	(20 - 40)	26	22
Viet Nam	(29 - 30)	(21 - 22) 30	(16 - 37)	(-0.7 - 1.9)	(16 - 17) 96	(12 - 13) 41	(7 - 16) 29	(32 - 33) 59	(20 - 27)	(17 - 40)	(15 - 34)
Yemen	(48 - 56) 125	(25 - 34) 93	(17 - 24) 39	(2.3 - 3.5) 3.5	(88 - 104) 85	(35 - 47) 73	(24 - 34) 53	(54 - 65) 131	(40 - 48) 119	(20 - 28)	(14 - 20) 36
Zambia	(117 - 133) 181	(86 - 101) 153	(31 - 50) 45	(2.8 - 4.2) 4.2	(79 - 90) 63	(67 - 79) 67	(42 - 68) 30	(122 - 140) 189	(111 - 127) 172	(34 - 54) 49	(28 - 45) 41
Zimbabwe	(169 - 192) 80	(142 - 163) 98	(35 - 57) 44	(3.5 - 5) 1.8	(59 - 67) 29	(62 - 71) 40	(24 - 38) 22	(176 - 201) 86	(161 - 184) 73	(38 - 62) 49	(32 - 52) 39
	(73 - 87)	(89 - 108)	(27 - 71)	(0.4 - 3.3)	(26 - 31)	(36 - 44)	(13 - 35)	(79 - 94)	(66 - 80)	(30 - 78)	(24 - 63)

	Infant mortality rate (deaths per 1,000 live births) (thousands) ^a			nfant deaths sands) ^a	Neona (deaths	tal mortalit per 1,000 live	t y rate births)	Annual rate of reduction (ARR) (per cent)	Numb	e r of neonatal deaths (thousands) ^a		
Country	1990	2023	1990	2023	1990	2000	2023	1990–2023	1990	2000	2023	
Somalia	107	68	37	52	46	45	35	0.8	16	20	28	
South Africa	53	24	(31 - 40) 62	29	21	(33-01)	12	1.7	24	(10 - 27)	(12 - 04) 14	
South Sudan	(46 - 60) 157	(22 - 27) 73	(55 - 71)	(26 - 32)	65	(11 - 17)	(10 - 14) 40	(1 - 2.5) 1.5	(20 - 29)	(12 - 17) 17	(11 - 17)	
Spain	(130 - 185) 7 (7 - 0)	(21 - 187)	(32 - 45)	(/-59) 1 (1_1)	(45 - 88) 5 (5 - 5)	(42 - 74)	(11 - 113)	(-2.1 - 5.6) 3.2	(11 - 22)	(13 - 22)	(4 - 37) 1 (1 - 1)	
Sri Lanka	(7 - 8)	(2 - 3)	(3 - 3)	(1 - 1)	(5-5)	(3 - 3)	(2 - 2)	(3 - 3.5)	(2 - 2)	(1 - 1)	(1 - 1)	
State of Palestine	(18 - 18) 39	(5 - 6) 14	(b - b) 4	(2 - 2)	(14 - 15) 23	(9 - 10)	(3 - 5) 9	(3.3 - 4.3) 2.9	(5 - 5)	(3 - 4)	(1 - 2)	
Sudan	(36 - 42) 84	(10 - 21) 39	(3 - 4) 80	(1 - 3) 65	(20 - 25) 43	(15 - 19) 37	(6 - 13) 25	(1.6 - 4.1) 1.6	(2 - 2) 41	(2 - 2) 42	(1 - 2) 42	
Suriname	(78 - 91) 37	(25 - 60) 15	(74 - 86) 0	(42 - 99) 0	(38 - 48) 21	(32 - 41) 17	(16 - 39) 10	(0.3 - 3.1) 2.2	(37 - 46) 0	(37 - 47) 0	(26 - 65) 0	
Sweden	(32 - 44) 6	(9 - 26) 2	(0 - 1) 1	(0 - 0)	(12 - 28)	(13 - 21) 2	(5 - 19) 1	(-0.4 - 4.5) 2.8	(0 - 0)	(0 - 0)	(0 - 0)	
Switzerland	(6 - 6)	(2 - 2)	(1 - 1)	(0 - 0)	(3 - 4)	(2 - 2)	(1 - 2)	(2.5 - 3.1)	(0 - 0)	(0 - 0)	(0 - 0)	
Swrize Arab Popublic	(6 - 7)	(3 - 4)	(1 - 1)	(0 - 0)	(4 - 4)	(3 - 4)	(3 - 3)	(0.7 - 1.2)	(0 - 0)	(0 - 0)	(0 - 0)	
Taillister	(29 - 35)	(9 - 29)	(13 - 16)	(5 - 14)	(15 - 19)	(11 - 14)	(5 - 16)	(0 - 3.8)	(7 - 9)	(6 - 7)	(3 - 8)	
	(69 - 83)	(17 - 31)	(16 - 19)	(5 - 8)	(26 - 37)	(24 - 33)	(6 - 25)	(0.5 - 4.9)	(6 - 9)	(4 - 6)	(2 - 7)	
Ihailand	31 (29 - 33)	8 (7 - 10)	33 (31 - 36)	5 (4 - 6)	21 (16 - 24)	12 (9 - 15)	5 (3 - 7)	4.2 (3.2 - 5.2)	(18 - 25)	11 (8 - 14)	3 (2 - 4)	
Timor-Leste	164 (148 - 183)	36 (25 - 53)	5 (5 - 6)	1 (1 - 2)	58 (49 - 68)	39 (34 - 45)	22 (14 - 35)	2.9 (1.4 - 4.5)	2 (2 - 2)	1 (1 - 1)	1 (0 - 1)	
Togo	85 (79 - 92)	36 (26 - 50)	14 (13 - 15)	10 (7 - 14)	44 (39 - 49)	37 (33 - 41)	23 (16 - 33)	1.9 (0.8 - 3.2)	7 (7 - 8)	7 (6 - 8)	7 (5 - 10)	
Tonga	18 (15 - 22)	8 (5 - 12)	0 (0 - 0)	0	10 (8 - 13)	7 (6 - 9)	4 (3 - 7)	2.5 (0.8 - 4.2)	0	0 (0 - 0)	0 (0 - 0)	
Trinidad and Tobago	30	17	(3 6) 1 (1 - 1)	0	22	20	13	1.6	1	0	0	
Tunisia	37	(11 - 27) 11 (10 - 11)	(1 - 1) 8 (7 0)	2	27	(17 - 23) 17 (15 - 20)	(0 - 20) 8 (7 0)	3.6	(0 - 1) 6 (5 - 7)	(0 - 0)	(0 - 0)	
Turkmenistan	(53 - 45) 69	31	9	(2 - 2)	27	30	23	0.5	(3 - 7)	(2 - 3)	4	
Turks and Caicos Islands	(60 - 79) 14	(19-51)	(8 - 10)	(3 - 8)	10	(25-36)	(13 - 39)	(-1.3 - 2.2) 3.7	(3 - 4)	(3 - 4)	(2 - 6)	
Tuvalu	(10 - 21) 45	(1 - 12)	(U - U)	(U - U)	(6 - 16)	(4 - 8)	(1 - 9)	(-0.3 - 8)	(U - U)	(U - U)	(U - U)	
Türkiye	(37 - 53)	(9 - 31) 9	(0 - 0) 87	(0 - 0) 10	(23 - 36) 32	(21 - 28) 19	(5 - 18) 5	(1.3 - 5.8) 5.7	(0 - 0) 45	(0 - 0) 26	(0 - 0)	
Uganda	(57 - 65) 107	(8 - 11) 28	(81 - 94) 93	(8 - 12) 47	(29 - 35) 39	(17 - 21) 32	(4 - 6) 18	(5.1 - 6.2) 2.4	(41 - 50) 35	(23 - 29) 37	(4 - 6) 31	
Ukraine ^h	(101 - 114) 18	(18 - 42) 8	(87 - 98) 13	(30 - 70) 2	(35 - 44) 12	(29 - 36) 11	(11 - 28) 5	(1 - 3.9) 2.8	(31 - 39) 8	(33 - 42)	(19 - 48) 1	
United Arab Emirates ⁱ	(16 - 21) 12	(7 - 9) 4	(11 - 14) 1	(2 - 2)	(10 - 14) 8	(9 - 13) 6	(3 - 6) 2	(1.8 - 4.1) 3.5	(7 - 10) 0	(4 - 5) 0	(1 - 1) 0	
United Kingdom	(11 - 13) 8	(3 - 5)	(1 - 1) 6	(0 - 0)	(7 - 9)	(5 - 6)	(2 - 3)	(2.9 - 4.1)	(0 - 0)	(0 - 0)	(0 - 0)	
United Republic of Tanzania	(8 - 8)	(4 - 4)	(6 - 6) 115	(3 - 3)	(4 - 5)	(4 - 4)	(2 - 3)	(1.3 - 1.9)	(3 - 4)	(3 - 3)	(2 - 2)	
United States	(99 - 112)	(23 - 38)	(109 - 122)	(54 - 87)	(36 - 44)	(29 - 36)	(16 - 27)	(1.1 - 2.9)	(40 - 49)	(42 - 52)	(37 - 63)	
	(9 - 10)	(5 - 6)	(38 - 39)	(20 - 21)	(6 - 6)	(5 - 5)	(3 - 4)	(1.5 - 1.8)	(23 - 25)	(18 - 19)	(12 - 13)	
Uzbakiatani	(20 - 21)	(5 - 6)	(1 - 1)	(0 - 0)	(10 - 13)	(8 - 9)	(4 - 5)	(2.5 - 3.8)	(1 - 1)	(0 - 0)	(0 - 0)	
Uzbekistan	(54 - 68)	(12 - 14)	(36 - 46)	(11 - 14)	(26 - 36)	(24 - 33)	(7 - 9)	(3.4 - 4.9)	(18 - 25)	(13 - 18)	(6 - 9)	
Vanuatu	(23 - 34)	14 (10 - 20)	0 (0 - 0)	(0 <u>-</u> 0)	20 (12 - 29)	14 (11 - 19)	9 (5 - 14)	2.5 (0.1 - 5)	0 (0 <u>-</u> 0)	(0 - 0)	(0 - 0)	
Venezuela (Bolivarian Republic of)	24 (24 - 25)	21 (14 - 33)	14 (13 - 14)	9 (6 - 14)	13 (12 - 14)	11 (10 - 11)	15 (10 - 22)	-0.5 (-1.7 - 0.6)	7 (7 - 8)	6 (6 - 7)	6 (4 - 9)	
Viet Nam	37 (34 - 41)	14 (12 - 17)	69 (64 - 76)	20 (16 - 24)	24 (21 - 27)	15 (12 - 18)	10 (8 - 13)	2.5 (1.6 - 3.5)	45 (40 - 51)	21 (17 - 25)	14 (11 - 19)	
Yemen	97 (91 - 103)	35 (28 - 44)	66 (62 - 71)	47 (38 - 60)	43 (40 - 47)	37 (33 - 40)	21 (17 - 27)	2.2 (1.4 - 2.9)	31 (28 - 33)	29 (27 - 32)	30 (23 - 38)	
Zambia	(95 - 108)	31	36	21	36	34	22 (14 - 33)	1.5 (0.2 - 2.8)	13	15	15	
Zimbabwe	53 (48 - 58)	41 (25 - 65)	19 (17 - 21)	20 (12 - 32)	24 (22 - 27)	25 (22 - 28)	22 (13 - 37)	0.3 (-1.3 - 1.9)	9 (8 - 10)	11 (10 - 12)	11 (7 - 18)	

Estimates of mortality among children under age 5 by Sustainable Development Goal region $^{\rm k}$

	Under-five with 90 per (deatha	e mortality ra cent uncerta s per 1,000 live	te (U5MR) inty interval births)	Annual rate of reduction (ARR) (per cent)	Number o per ce	f under-five death ent uncertainty in (thousands)ª	ns with 90 terval	Sex-specific under-five mortality (deaths per 1,000 live births)			l ity rate s)
				(p=:===:;)				19	90	20	123
Region	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Sub-Saharan Africa	181	152	69	2.9	3,829	3,974	2,684	190	172	74	64
	(178 - 185)	(149 - 156)	(62 - 82)	(2.4 - 3.3)	(3,753 - 3,914)	(3,896 - 4,067)	(2,427 - 3,195)	(186 - 195)	(168 - 176)	(67 - 88)	(57 - 76)
Northern Africa and Western Asia	78	51	24	3.5	732	484	283	82	75	26	22
	(76 - 80)	(50 - 53)	(21 - 29)	(3 - 4)	(716 - 750)	(470 - 499)	(247 - 339)	(80 - 84)	(73 - 77)	(23 - 32)	(19 - 27)
Northern Africa	86	59	28	3.5	405	272	161	90	83	30	25
	(83 - 89)	(57 - 62)	(22 - 37)	(2.6 - 4.2)	(392 - 419)	(261 - 285)	(128 - 213)	(86 - 93)	(80 - 86)	(24 - 40)	(20 - 33)
Western Asia	70	43	21	3.6	327	211	121	74	66	23	19
	(68 - 73)	(41 - 45)	(19 - 25)	(3.2 - 4)	(316 - 339)	(203 - 220)	(107 - 141)	(71 - 76)	(64 - 69)	(20 - 27)	(17 - 22)
Central and Southern Asia	125 (122 - 128)	91 (89 - 94)	33 (30 - 37)	(3.7 - 4.3)	5,192 (5,067 - 5,320)	3,858 (3,758 - 3,965)	1,292 (1,178 - 1,430)	123 (120 - 126)	127 (124 - 130)	34 (31 - 38)	32 (29 - 36)
Central Asia	70	60	17	4.3	110	73	33	78	62	19	15
	(66 - 75)	(56 - 65)	(15 - 20)	(3 8 - 4 7)	(104 - 117)	(68 - 78)	(30 - 38)	(73 - 83)	(58 - 66)	(17 - 22)	(13 - 17)
Southern Asia	127 (124 - 130)	92 (90 - 95)	34 (31 - 38)	4 (3.7 - 4.3)	5,082 (4,957 - 5,209)	3,785 (3,685 - 3,892)	1,259 (1,144 - 1,397)	125 (121 - 128)	129 (126 - 133)	35 (32 - 39)	33 (30 - 37)
Eastern and South-Eastern Asia	57	40	14	4.2	2,361	1,239	303	60	53	16	13
	(54 - 60)	(39 - 41)	(13 - 17)	(3.7 - 4.5)	(2.250 - 2.494)	(1.200 - 1.284)	(273 - 350)	(57 - 64)	(51 - 57)	(14 - 18)	(12 - 15)
Eastern Asia	51	35	6	6.3	1,507	689	72	53	49	7	6
	(47 - 55)	(34 - 37)	(6 - 7)	(6 - 6.7)	(1,397 - 1,637)	(654 - 729)	(66 - 79)	(49 - 58)	(45 - 53)	(6 - 7)	(5 - 7)
South-Eastern Asia	/2	48	22	3.5	855	550	231	/8	65	25	20
	(70 - 74)	(46 - 49)	(20 - 27)	(3 - 4)	(830 - 881)	(533 - 569)	(201 - 277)	(76 - 81)	(63 - 67)	(22 - 30)	(17 - 24)
Latin America and the Caribbean	55	33	16	3.8	647	380	149	59	50	17	14
	(53 - 56)	(32 - 34)	(15 - 18)	(3.4 - 4)	(629 - 667)	(370 - 391)	(139 - 165)	(58 - 61)	(48 - 52)	(16 - 19)	(13 - 16)
Oceania	33	31	19	1.6	17	17	13	35	31	21	18
	(31 - 35)	(29 - 34)	(14 - 28)	(0.5 - 2.6)	(16 - 18)	(16 - 18)	(9 - 19)	(33 - 38)	(29 - 33)	(15 - 30)	(13 - 25)
Australia and New Zealand	10 (9 - 10)	6 (6 - 7)	4 (4 - 4)	2.8	3 (3 - 3)	2 (2 - 2)	1 (1 - 1)	11 (10 - 11)	8 (8 - 9)	4 (4 - 4)	4 (3 - 4)
Oceania (exc. Australia and New	70	61	37	1.9	14	(15 ⁻⁷)	12	74	66	40	34
Zealand)	(65 - 76)	(56 - 68)	(25 - 55)	(0.7 - 3.1)	(13 - 15)	(14 - 16)	(8 - 17)	(68 - 81)	(61 - 72)	(27 - 60)	(23 - 51)
Europe and Northern America	14	10	5	3.1	201	112	54	16	12	6	5
	(14 - 14)	(10 - 10)	(5 - 5)	(3.1 - 3.2)	(199 - 204)	(111 - 113)	(53 - 55)	(16 - 16)	(12 - 13)	(5 - 6)	(5 - 5)
Europe	16	10	4	(2.0 / 1)	152	77	28	18	14	(5 5) (5 5)	4
Northern America	11	8	6	1.7	49	35	26	12	10	7	6
	<u>(11 - 11)</u> 94	(8 - 8)	<u>(6 - 7)</u> 37	<u>(1.6 - 1.7)</u> 2 8	(48 - 50)	(34 - 36)	(25 - 27) 4 777	<u>(12 - 12)</u> 96	<u>(10 - 10)</u> 91	(7 - 7)	(6 - 6)
World	(92 - 95)	(76 - 78)	(35 - 41)	(2.5 - 3)	(12,799 - 13,188)	(9,937 - 10,217)	(4,511 - 5,329)	(94 - 97)	(90 - 93)	(37 - 44)	(32 - 38)

Estimates of mortality among children under age 5 by Sustainable Development Goal region^k (continued)

	Infant mor (deaths p live b	tality rate per 1,000 irths)	Number of i (thous	nfant deaths sands) ^a	Neon (deaths	a tal mortali per 1,000 liv	t y rate e births)	Annual rate of reduction (ARR) (per cent)	Numb	er of neonatal d (thousands)ª	eaths
Region	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Sub-Saharan Africa	103 (101 - 105)	44 (41 - 52)	2,227 (2,185 - 2,275)	1,754 (1,600 - 2,060)	46 (44 - 48)	40 (38 - 42)	26 (24 - 32)	1.7 (1.1 - 2)	1,011 (972 - 1,057)	1,095 (1,054 - 1,141)	1,059 (946 - 1,279)
Northern Africa and Western Asia	60 (58 - 61)	21 (18 - 25)	561 (549 - 575)	239 (209 - 286)	31 (30 - 32)	23 (22 - 24)	13 (11 - 15)	2.7 (2.1 - 3.1)	292 (282 - 304)	225 (216 - 234)	150 (130 - 182)
Northern Africa	64 (62 - 66)	23 (18 - 30)	300 (290 - 310)	135 (108 - 178)	34 (32 - 35)	26 (25 - 28)	15 (12 - 19)	2.5 (1.7 - 3.2)	160 (152 - 168)	123 (117 - 130)	86 (69 - 114)
Western Asia	56 (54 - 58)	18 (16 - 21)	261 (253 - 271)	104 (91 - 122)	28 (27 - 29)	20 (19 - 22)	11 (10 - 13)	2.8 (2.3 - 3.3)	132 (126 - 140)	101 (96 - 107)	64 (56 - 76)
Central and Southern Asia	87 (85 - 89)	29 (26 - 32)	3,617 (3,533 - 3,704)	1,123	56 (54 - 58)	45 (43 - 47)	21 (19 - 23)	3	2,376 (2,280 - 2,475)	1,943 (1 863 - 2 027)	810 (734 - 904)
Central Asia	59 (56 - 63)	15 (13 - 17)	93 (88 - 99)	28 (26 - 33)	28	27 (25 - 29)	(10 20) 9 (8 - 12)	3.4 (2.6 - 4)	44 (40 - 48)	32 (29 - 35)	18 (15 - 22)
Southern Asia	88 (86 - 90)	30	3,524 (3,440 - 3,611)	1,094 (995 - 1,215)	57 (55 - 60)	46 (44 - 48)	21 (19 - 24)	3	2,332	1,911 (1.832 - 1.995)	793 (716 - 886)
Eastern and South-Eastern Asia	45 (43 - 47)	(10 - 13)	1,867 (1.778 - 1.974)	237	28 (26 - 30)	20 (19 - 21)	7 (6 - 9)	4.1 (3.5 - 4.6)	1,184 (1.089 - 1.289)	636 (605 - 671)	149 (130 - 176)
Eastern Asia	41 (38 - 45)	5 (4 - 5)	1,221 (1.132 - 1.326)	48 (44 - 53)	28 (25 - 31)	20 (19 - 22)	3 (3 - 3)	6.9 (6.3 - 7.4)	851 (758 - 954)	396 (367 - 428)	30 (26 - 34)
South-Eastern Asia	54 (53 - 56)	18 (16 - 22)	646 (628 - 666)	189	28 (26 - 29)	21	12 (10 - 14)	2.6	333 (317 - 349)	240	119 (101 - 146)
Latin America and the Caribbean	44 (43 - 45)	14 (13 - 15)	519 (504 - 535)	126 (118 - 140)	23	16 (15 - 17)	9 (8 - 10)	2.9	268 (255 - 283)	184 (174 - 194)	81 (74 - 91)
Oceania	26	15	13 (12 - 14)	11 (8 - 15)	13 (12 - 15)	14 (12 - 15)	10	0.9	(100 - 100) 7 (6 - 8)	8 (7 - 9)	7 (5 - 10)
Australia and New Zealand	(8 - 8)	3 (3 - 3)	(2 - 3)	(1 - 1)	5 (4 - 5)	(3 - 4)	2	(18-22)	(1 - 2)	1 (1 - 1)	1 (1 - 1)
Oceania (exc. Australia and New	54 (50 - 59)	29	11 (10 - 12)	9 (6 - 14)	27	26	19	1.2	(1 2) 6 (5 - 6)	(1 - 1) 7 (6 - 7)	6 (1 - 9)
Europe and Northern America	12	4	167	45	7	(23-30)	3	(-0.2 - 2.4)	103	60	28
Europe	13	(4 - 4)	(100 - 109) 125	23	8	(5 - 5)	(3 - 3)	(2.8 - 3.2)	(97 - 109) 77	40	(27 - 30)
Northorn America	(13 - 13) 9	(4 - 4) 5	(123 - 128) 41	(23 - 24) 22	(8 - 9)	(5 - 6) 5	(2 - 2)	(3.5 - 4.1) 1.6	(/1 - 83) 26	(38 - 42) 20	(14 - 16) 14
Nor thern America	(9 - 9)	(5 - 6)	(41 - 42)	(21 - 23)	(5 - 6)	(4 - 5)	(3 - 4)	(1.4 - 1.7)	(25 - 27)	(19 - 20)	(13 - 14)
World	63 - 65)	27 (26 - 30)	8,842 - 9,121)	3,335 (3,365 - 3,886)	37 (36 - 38)	31 (30 - 32)	(16 - 19)	2.3 (1.9 - 2.5)	5,240 (5,084 - 5,413)	4,151	2,284 (2,142 - 2,557)

Estimates of mortality among children under age 5 by UNICEF region^k

	Under-five with 90 per (deaths	e mortality ra cent uncerta s per 1,000 live	te (U5MR) i nty interval births)	Annual rate of reduction (ARR) (per cent)	Number 90 per c	of under-five dea ent uncertainty (thousands) ^a	aths with interval	Sex-s	pecific under (deaths per 1,C	- five mortali 000 live births	ty rate
								19	90	20	23
Region	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Sub-Saharan Africa	179	150	68	2.9	3,952	4,087	2,766	188	170	73	63
	(176 - 183)	(147 - 154)	(62 - 81)	(2.4 - 3.2)	(3,876 - 4,038)	(4,009 - 4,181)	(2,505 - 3,277)	(184 - 192)	(167 - 174)	(66 - 87)	(57 - 75)
West and Central Africa	196	167	86	2.5	2,078	2,249	1,777	205	188	91	80
	(190 - 203)	(163 - 173)	(73 - 107)	(1.8 - 3)	(2,015 - 2,150)	(2,183 - 2,326)	(1,506 - 2,225)	(199 - 212)	(181 - 194)	(77 - 114)	(68 - 101)
Eastern and Southern Africa	163	133	50	3.6	1,874	1,838	989	172	154	54	45
	(160 - 168)	(130 - 137)	(45 - 60)	(3.1 - 3.9)	(1,832 - 1,923)	(1,797 - 1,889)	(899 - 1,183)	(168 - 177)	(150 - 158)	(49 - 65)	(41 - 54)
Middle East and North Africa	69	44	20	3.7	587	342	197	71	66	22	18
	(67 - 71)	(43 - 45)	(18 - 24)	(3.2 - 4.1)	(572 - 604)	(332 - 353)	(175 - 233)	(69 - 73)	(64 - 68)	(19 - 25)	(16 - 22)
South Asia	130	93	35	4	4,968	3,747	1,245	128	133	36	34
	(127 - 134)	(91 - 96)	(32 - 39)	(3.7 - 4.3)	(4,844 - 5,095)	(3,647 - 3,853)	(1,131 - 1,382)	(125 - 131)	(130 - 137)	(33 - 40)	(30 - 37)
East Asia and Pacific	57	40	14	4.1	2,378	1,256	316	60	53	16	13
	(54 - 60)	(39 - 41)	(13 - 17)	(3.7 - 4.5)	(2,268 - 2,511)	(1,217 - 1,300)	(285 - 364)	(57 - 63)	(50 - 56)	(14 - 18)	(12 - 15)
Latin America and Caribbean	55	33	16	3.8	647	380	149	59	50	17	14
	(53 - 56)	(32 - 34)	(15 - 18)	(3.4 - 4)	(629 - 667)	(370 - 391)	(139 - 165)	(58 - 61)	(48 - 52)	(16 - 19)	(13 - 16)
North America	11	8	6	1.7	49	35	26	12	10	7	6
	(11 - 11)	(8 - 8)	(6 - 7)	(1.6 - 1.7)	(48 - 50)	(34 - 36)	(25 - 27)	(12 - 12)	(10 - 10)	(7 - 7)	(6 - 6)
Europe and Central Asia	31	21	8	4.1	398	216	78	34	28	9	7
	(30 - 32)	(20 - 22)	(8 - 9)	(3.8 - 4.3)	(388 - 409)	(209 - 223)	(74 - 84)	(33 - 35)	(27 - 29)	(8 - 10)	(7 - 8)
Eastern Europe and Central Asia	47	35	12	4.2	340	185	62	51	42	13	10
	(45 - 48)	(34 - 37)	(11 - 13)	(3.9 - 4.5)	(330 - 351)	(179 - 193)	(58 - 68)	(49 - 52)	(41 - 44)	(12 - 14)	(10 - 11)
Western Europe	10	6	4	3.1	58	31	16	12	9	4	3
	(10 - 11)	(6 - 6)	(4 - 4)	(3 - 3.2)	(58 - 59)	(30 - 31)	(16 - 17)	(12 - 12)	(9 - 9)	(4 - 4)	(3 - 3)
World	94	77	37	2.8	12,980	10,063	4,777	96	91	39	34
	(92 - 95)	(76 - 78)	(35 - 41)	(2.5 - 3)	(12,799 - 13,188)	(9,937 - 10,217)	(4,511 - 5,329)	(94 - 97)	(90 - 93)	(37 - 44)	(32 - 38)

Estimates of mortality among children under age 5 by World Health Organization region^k

	Under-five with 90 per (death	e mortality rat cent uncertai s per 1,000 live	t e (U5MR) nty interval births)	Annual rate of reduction (ARR) (per cent)	Number o per ce	f under-five deat nt uncertainty in (thousands)ª	hs with 90 Iterval	Sex-s	p ecific under (deaths per 1,C	- five mortali 100 live births	ty rate)
								19	90	20	23
Region	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Africa	177	149	67	2.9	3,804	3,924	2,624	186	168	72	62
	(173 - 181)	(146 - 153)	(60 - 80)	(2.4 - 3.3)	(3,727 - 3,888)	(3,848 - 4,014)	(2,360 - 3,119)	(182 - 190)	(164 - 172)	(65 - 86)	(56 - 74)
Americas	43	26	13	3.6	696	415	174	46	39	14	12
	(42 - 44)	(26 - 27)	(12 - 14)	(3.3 - 3.8)	(678 - 716)	(405 - 426)	(165 - 190)	(45 - 48)	(38 - 40)	(13 - 16)	(11 - 13)
Eastern Mediterranean	106	82	42	2.8	1,509	1,229	812	110	102	45	39
	(104 - 109)	(80 - 85)	(37 - 50)	(2.3 - 3.2)	(1,477 - 1,547)	(1,196 - 1,267)	(723 - 962)	(107 - 112)	(100 - 105)	(40 - 54)	(34 - 46)
Europe	31	21	8	4.1	399	216	79	34	28	9	7
	(30 - 32)	(20 - 22)	(8 - 9)	(3.9 - 4.3)	(389 - 410)	(210 - 224)	(75 - 85)	(33 - 35)	(27 - 29)	(8 - 9)	(7 - 8)
South-East Asia	119	84	27	4.5	4,773	3,424	908	117	121	27	26
	(116 - 123)	(82 - 87)	(24 - 30)	(4.2 - 4.9)	(4,649 - 4,901)	(3,326 - 3,529)	(817 - 1,015)	(114 - 121)	(118 - 125)	(25 - 31)	(23 - 29)
Western Pacific	52	35	11	4.6	1,794	851	175	54	49	12	10
	(49 - 56)	(33 - 37)	(10 - 13)	(4.2 - 5)	(1,684 - 1,925)	(816 - 891)	(161 - 199)	(51 - 59)	(46 - 53)	(11 - 14)	(9 - 12)
World	94	77	37	2.8	12,980	10,063	4,777	96	91	39	34
	(92 - 95)	(76 - 78)	(35 - 41)	(2.5 - 3)	(12,799 - 13,188)	(9,937 - 10,217)	(4,511 - 5,329)	(94 - 97)	(90 - 93)	(37 - 44)	(32 - 38)

Estimates of mortality among children under age 5 by UNICEF region^k (continued)

	Infant mor (deaths per 1,0	tality rate 00 live births)	Number of in (thous	nfant deaths ands) ^a	Neon (deaths	atal mortalit ; per 1,000 live	t y rate e births)	Annual rate of reduction (ARR) (per cent)	Numb	er of neonatal d (thousands) ^a	leaths
Region	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Sub-Saharan Africa	102	44	2,307	1,819	45	40	26	1.7	1,052	1,137	1,100
	(100 - 105)	(40 - 52)	(2,265 - 2,355)	(1,665 - 2,127)	(44 - 47)	(38 - 41)	(24 - 32)	(1.1 - 2)	(1,012 - 1,098)	(1,096 - 1,184)	(987 - 1,323)
West and Central Africa	104	52	1,127	1,084	48	43	29	1.5	535	607	626
	(101 - 108)	(44 - 64)	(1,094 - 1,165)	(926 - 1,344)	(45 - 51)	(40 - 45)	(24 - 38)	(0.7 - 2.1)	(505 - 568)	(574 - 643)	(521 - 810)
Eastern and Southern Africa	101	37	1,180	735	43	37	23	1.9	517	530	474
	(98 - 103)	(33 - 43)	(1,153 - 1,211)	(671 - 867)	(41 - 45)	(35 - 39)	(21 - 28)	(1.2 - 2.2)	(493 - 545)	(507 - 557)	(421 - 579)
Middle East and North Africa	54	18	465	175	28	22	11	2.8	244	171	110
	(53 - 56)	(16 - 21)	(453 - 479)	(154 - 207)	(26 - 30)	(21 - 23)	(10 - 13)	(2.2 - 3.3)	(226 - 260)	(164 - 179)	(97 - 132)
South Asia	90	30	3,429	1,082	59	46	22	3	2,283	1,891	784
	(88 - 92)	(27 - 34)	(3,346 - 3,515)	(982 - 1,201)	(56 - 61)	(44 - 48)	(20 - 24)	(2.6 - 3.3)	(2,190 - 2,381)	(1,811 - 1,974)	(707 - 876)
East Asia and Pacific	45	12	1,880	248	28	20	7	4	1,191	644	156
	(42 - 47)	(10 - 13)	(1,791 - 1,987)	(223 - 287)	(25 - 30)	(19 - 21)	(6 - 9)	(3.5 - 4.5)	(1,095 - 1,296)	(612 - 679)	(137 - 184)
Latin America and Caribbean	44	14	519	126	23	16	9	2.9	268	184	81
	(43 - 45)	(13 - 15)	(504 - 535)	(118 - 140)	(21 - 24)	(15 - 17)	(8 - 10)	(2.5 - 3.2)	(255 - 283)	(174 - 194)	(74 - 91)
North America	9	5	41	22	6	5	3	1.6	26	20	14
	(9 - 9)	(5 - 6)	(41 - 42)	(21 - 23)	(5 - 6)	(4 - 5)	(3 - 4)	(1.4 - 1.7)	(25 - 27)	(19 - 20)	(13 - 14)
Europe and Central Asia	26	7	329	64	14	10	4	3.7	177	104	40
	(25 - 26)	(6 - 7)	(321 - 338)	(61 - 69)	(13 - 15)	(10 - 11)	(4 - 5)	(3.2 - 4)	(169 - 187)	(100 - 109)	(36 - 45)
Eastern Europe and Central Asia	39	9	280	50	20	17	6	3.9	146	87	30
	(38 - 40)	(9 - 10)	(272 - 289)	(47 - 55)	(19 - 22)	(16 - 18)	(5 - 7)	(3.3 - 4.3)	(138 - 156)	(83 - 92)	(27 - 35)
Western Europe	9	3	49	14	5	3	2	2.7	31	17	10
	(9 - 9)	(3 - 3)	(49 - 49)	(14 - 14)	(5 - 6)	(3 - 4)	(2 - 2)	(2.6 - 2.8)	(30 - 31)	(17 - 17)	(9 - 10)
World	64	27	8,971	3,535	37	31	17	2.3	5,240	4,1 <mark>5</mark> 1	2,284
	(63 - 65)	(26 - 30)	(8,842 - 9,121)	(3,365 - 3,886)	(36 - 38)	(30 - 32)	(16 - 19)	(1.9 - 2.5)	(5,084 - 5,413)	(4,042 - 4,268)	(2,142 - 2,557)

Estimates of mortality among children under age 5 by World Health Organization region^k (continued)

	Infant mor (deaths per 1,0	tality rate 100 live births)	Number of in (thous	n fant deaths ands) ^a	Neon (death:	atal mortalit s per 1,000 live	y rate births)	Annual rate of reduction (ARR) (per cent)	Numb	er of neonatal ((thousands)ª	deaths
Region	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Africa	101	43	2,218	1,718	45	39	26	1.7	1,012	1,088	1,044
	(99 - 103)	(39 - 51)	(2,176 - 2,266)	(1,563 - 2,016)	(43 - 47)	(38 - 41)	(23 - 31)	(1.1 - 2)	(973 - 1,057)	(1,047 - 1,133)	(932 - 1,258)
Americas	34	11	560	148	18	13	7	2.8	294	204	94
	(33 - 35)	(10 - 12)	(546 - 577)	(140 - 162)	(17 - 19)	(12 - 14)	(7 - 8)	(2.5 - 3.1)	(280 - 309)	(194 - 214)	(87 - 105)
Eastern Mediterranean	83	36	1,183	687	44	39	24	1.8	649	605	474
	(81 - 85)	(32 - 42)	(1,158 - 1,212)	(614 - 805)	(42 - 46)	(38 - 41)	(21 - 29)	(1.3 - 2.2)	(619 - 679)	(582 - 631)	(419 - 562)
Europe	26	7	330	64	14	10	4	3.7	178	105	40
	(25 - 26)	(6 - 7)	(322 - 339)	(61 - 69)	(13 - 15)	(10 - 11)	(4 - 5)	(3.3 - 4)	(170 - 187)	(100 - 109)	(37 - 45)
South-East Asia	81	23	3,248	785	53	41	16	3.6	2,145	1,678	548
	(79 - 83)	(21 - 26)	(3,165 - 3,333)	(705 - 878)	(51 - 55)	(39 - 43)	(14 - 18)	(3.2 - 4)	(2,052 - 2,243)	(1,600 - 1,760)	(487 - 619)
Western Pacific	41	9	1,428	130	27	19	6	4.8	961	470	83
	(38 - 44)	(8 - 10)	(1,339 - 1,534)	(119 - 149)	(24 - 30)	(18 - 20)	(5 - 6)	(4.2 - 5.2)	(868 - 1,064)	(440 - 501)	(74 - 96)
World	64	27	8,971	3,5 <mark>35</mark>	37	31	17	2.3	5,240	4,151	2,284
	(63 - 65)	(26 - 30)	(8,842 - 9,121)	(3,365 - 3,886)	(36 - 38)	(30 - 32)	(16 - 19)	(1.9 - 2.5)	(5,084 - 5,413)	(4,042 - 4,268)	(2,142 - 2,557)

Estimates of mortality among children under age 5 by World Bank region $^{\rm k}$

	Under (U5MI unc (deaths	-five mortali R) with 90 pe ertainty inte per 1,000 live	ty rate r cent rval e births)	Annual rate of reduction (ARR) (per cent)	Number o per ce	f under-five deatl nt uncertainty in (thousands)ª	ns with 90 terval	Sex-s	p ecific under (deaths per 1,C	- five mortali 100 live births	ty rate
								19	90	20	23
Region	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
East Asia and Pacific	57	40	14	4.1	2,378	1,256	316	60	53	16	13
	(54 - 60)	(39 - 41)	(13 - 17)	(3.7 - 4.5)	(2,268 - 2,511)	(1,217 - 1,300)	(285 - 364)	(57 - 63)	(50 - 56)	(14 - 18)	(12 - 15)
Europe and Central Asia	31	21	8	4.1	398	216	78	34	28	9	7
	(30 - 32)	(20 - 22)	(8 - 9)	(3.8 - 4.3)	(388 - 409)	(209 - 223)	(74 - 84)	(33 - 35)	(27 - 29)	(8 - 10)	(7 - 8)
Latin America and the Caribbean	55	33	16	3.8	647	380	149	59	50	17	14
	(53 - 56)	(32 - 34)	(15 - 18)	(3.4 - 4)	(629 - 667)	(370 - 391)	(139 - 165)	(58 - 61)	(48 - 52)	(16 - 19)	(13 - 16)
Middle East and North Africa	69	44	20	3.7	589	345	198	71	66	22	18
	(67 - 71)	(43 - 45)	(18 - 24)	(3.2 - 4.1)	(574 - 606)	(335 - 356)	(176 - 234)	(69 - 73)	(65 - 68)	(19 - 26)	(16 - 22)
North America	11	8	6	1.7	49	35	26	12	10	7	6
	(11 - 11)	(8 - 8)	(6 - 7)	(1.6 - 1.7)	(48 - 50)	(34 - 36)	(25 - 27)	(12 - 12)	(10 - 10)	(7 - 7)	(6 - 6)
South Asia	130	93	35	4	4,968	3,747	1,245	128	133	36	34
	(127 - 134)	(91 - 96)	(32 - 39)	(3.7 - 4.3)	(4,844 - 5,095)	(3,647 - 3,853)	(1,131 - 1,382)	(125 - 131)	(130 - 137)	(33 - 40)	(30 - 37)
Sub-Saharan Africa	179	150	68	2.9	3,950	4,085	2,765	188	170	73	63
	(176 - 183)	(147 - 154)	(62 - 81)	(2.4 - 3.2)	(3,874 - 4,035)	(4,007 - 4,179)	(2,504 - 3,276)	(184 - 192)	(167 - 174)	(66 - 87)	(57 - 75)
Low income	184	145	62	3.3	2,338	2,328	1,526	193	175	67	57
	(180 - 189)	(142 - 149)	(56 - 75)	(2.7 - 3.6)	(2,288 - 2,396)	(2,277 - 2,389)	(1,380 - 1,828)	(188 - 198)	(171 - 180)	(61 - 81)	(52 - 69)
Lower-middle income	128	98	43	3.3	7,458	6,092	2,754	129	127	46	41
	(125 - 130)	(97 - 101)	(39 - 50)	(2.8 - 3.6)	(7,319 - 7,603)	(5,976 - 6,221)	(2,496 - 3,171)	(126 - 131)	(125 - 130)	(41 - 53)	(37 - 48)
Upper-middle income	56	38	14	4.2	2,942	1,502	423	60	53	15	13
	(54 - 59)	(37 - 39)	(13 - 16)	(3.9 - 4.4)	(2,829 - 3,077)	(1,463 - 1,545)	(397 - 468)	(57 - 63)	(51 - 56)	(14 - 17)	(12 - 14)
High income	14	9	5	3.1	225	129	63	15	12	5	5
	(14 - 14)	(9 - 9)	(5 - 5)	(3 - 3.2)	(221 - 228)	(128 - 130)	(62 - 65)	(15 - 16)	(12 - 12)	(5 - 6)	(4 - 5)
World	94	77	37	2.8	12,980	10,063	4,777	96	91	39	34
	(92 - 95)	(76 - 78)	(35 - 41)	(2.5 - 3)	(12,799 - 13,188)	(9,937 - 10,217)	(4,511 - 5,329)	(94 - 97)	(90 - 93)	(37 - 44)	(32 - 38)

Estimates of mortality among children under age 5 by United Nations Population Division region^k

	Under- (U5MR unce (deaths	five mortality) with 90 per ertainty inter per 1,000 live	/ rate cent val births)	Annual rate of reduction (ARR) (per cent)	Number o per ce	f under-five deat nt uncertainty ir (thousands)ª	hs with 90 terval	Sex-s	pecific under (deaths per 1,0	- five mortali DOO live births	ty rate
								19	90	20	23
Region	1990	2000	2023	1990-2023	1990	2000	2023	Male	Female	Male	Female
Sub-Saharan Africa	181	152	69	2.9	3,829	3,974	2,684	190	172	74	64
	(178 - 186)	(149 - 156)	(62 - 82)	(2.4 - 3.3)	(3,753 - 3,914)	(3,896 - 4,067)	(2,427 - 3,195)	(186 - 195)	(168 - 176)	(67 - 88)	(57 - 76)
Africa	165	139	63	2.9	4,235	4,246	2,845	172	156	68	59
	(162 - 168)	(136 - 142)	(58 - 75)	(2.4 - 3.2)	(4,157 - 4,321)	(4,168 - 4,341)	(2,589 - 3,358)	(169 - 176)	(153 - 160)	(62 - 81)	(53 - 70)
Asia	90	68	26	3.7	7,880	5,308	1,716	90	89	27	25
	(88 - 92)	(67 - 70)	(24 - 29)	(3.5 - 3.9)	(7,711 - 8,062)	(5,201 - 5,427)	(1,605 - 1,867)	(88 - 93)	(87 - 92)	(26 - 30)	(23 - 27)
Europe	16	10	4	4	152	77	28	18	14	5	4
	(16 - 16)	(10 - 11)	(4 - 4)	(3.9 - 4.1)	(150 - 155)	(76 - 78)	(27 - 29)	(17 - 18)	(14 - 14)	(5 - 5)	(4 - 4)
Latin America and the Caribbean	55	33	16	3.8	647	380	149	59	50	17	14
	(53 - 56)	(32 - 34)	(15 - 18)	(3.4 - 4)	(629 - 667)	(370 - 391)	(139 - 165)	(58 - 61)	(48 - 52)	(16 - 19)	(13 - 16)
Northern America	11	8	6	1.7	49	35	26	12	10	7	6
	(11 - 11)	(8 - 8)	(6 - 7)	(1.6 - 1.7)	(48 - 50)	(34 - 36)	(25 - 27)	(12 - 12)	(10 - 10)	(7 - 7)	(6 - 6)
Oceania	33	31	19	1.6	17	17	13	35	31	21	18
	(31 - 35)	(29 - 34)	(14 - 28)	(0.5 - 2.6)	(16 - 18)	(16 - 18)	(9 - 19)	(33 - 38)	(29 - 33)	(15 - 30)	(13 - 25)
World	94	77	37	2.8	12,980	10,063	4,777	96	91	39	34
	(92 - 95)	(76 - 78)	(35 - 41)	(2.5 - 3)	(12,799 - 13,188)	(9,937 - 10,217)	(4,511 - 5,329)	(94 - 97)	(90 - 93)	(37 - 44)	(32 - 38)

Estimates of mortality among children under age 5 by World Bank region^k(continued)

	Infant mor (deaths p live bi	tality rate er 1,000 rths)	Number of in (thous	ifant deaths ands) ^a	Neon (deaths	atal mortalit s per 1,000 live	ry rate e births)	Annual rate of reduction (ARR) (per cent)	Numb	er of neonatal ((thousands) ^a	deaths
Region	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
East Asia and Pacific	45 (42 - 47)	12 (10 - 13)	1,880 (1,791 - 1,987)	248 (223 - 287)	28 (25 - 30)	20 (19 - 21)	7 (6 - 9)	4 (3.5 - 4.5)	1,191 (1,095 - 1,296)	644 (612 - 679)	156 (137 - 184)
Europe and Central Asia	26 (25 - 26)	7 (6 - 7)	329 (321 - 338)	64 (61 - 69)	14 (13 - 15)	10 (10 - 11)	4 (4 - 5)	3.7 (3.2 - 4)	177 (169 - 187)	104 (100 - 109)	40 (36 - 45)
Latin America and the Caribbean	44 (43 - 45)	14 (13 - 15)	519 (504 - 535)	126 (118 - 140)	23 (21 - 24)	16 (15 - 17)	9 (8 - 10)	2.9 (2.5 - 3.2)	268 (255 - 283)	184 (174 - 194)	81 (74 - 91)
Middle East and North Africa	54 (53 - 56)	18 (16 - 21)	467 (455 - 481)	176 (156 - 208)	28 (26 - 30)	22 (21 - 23)	11 (10 - 13)	2.8 (2.2 - 3.3)	245 (227 - 262)	173 (166 - 180)	111 (98 - 133)
North America	9 (9 - 9)	5 (5 - 6)	41 (41 - 42)	22 (21 - 23)	6 (5 - 6)	5 (4 - 5)	3 (3 - 4)	1.6 (1.4 - 1.7)	26 (25 - 27)	20 (19 - 20)	14 (13 - 14)
South Asia	90 (88 - 92)	30 (27 - 34)	3,429 (3.346 - 3.515)	1,082 (982 - 1,201)	59 (56 - 61)	46 (44 - 48)	(20 - 24)	3 (2.6 - 3.3)	2,283 (2.190 - 2.381)	1,891 (1.811 - 1.974)	784 (707 - 876)
Sub-Saharan Africa	102 (100 - 105)	44 (40 - 52)	2,305 (2,263 - 2,354)	1,818 (1.663 - 2.127)	45 (44 - 47)	40 (38 - 41)	26 (24 - 32)	1.7	1,051 (1.011 - 1.097)	1,136 (1.095 - 1.183)	1,100 (986 - 1,322)
Low income	109 (107 - 112)	43 (39 - 51)	1,423 (1,393 - 1,459)	1,063 (969 - 1,261)	49 (47 - 51)	42 (40 - 44)	26 (23 - 32)	1.9 (1.3 - 2.3)	652 (625 - 683)	701 (673 - 733)	652 (581 - 798)
Lower-middle income	85 (83 - 86)	33 (30 - 37)	4,974 (4,886 - 5,067)	2,071 (1.906 - 2,330)	51 (49 - 53)	41 (39 - 42)	22 (20 - 24)	2.6 (2.2 - 2.9)	3,032 (2.927 - 3,143)	2,603 (2,511 - 2,700)	1,382 (1.263 - 1.569)
Upper-middle income	45 (44 - 48)	12 (11 - 13)	2,375	339 (317 - 376)	27	19 (19 - 20)	(7 - 8)	(3.6 - 4.3)	1,437	774 (741 - 811)	211 (194 - 237)
High income	(11 - 12)	(1.1 10) 4 (4 - 4)	185 (182 - 188)	53 (52 - 54)	(7 - 7)	(5 - 5)	(3 - 3)	3	112	67	33
World	64 (63 - 65)	27 (26 - 30)	8,971 (8,842 - 9,121)	3,535 (3,365 - 3,886)	37 (36 - 38)	31 (30 - 32)	17 (16 - 19)	2.3 (1.9 - 2.5)	5,240 (5,084 - 5,413)	4,151 (4,042 - 4,268)	2,284 (2,142 - 2,557)

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Estimates of mortality among children under age 5 by United Nations Population Division region^k(continued)

	Infant mor (deaths per 1,0	tality rate 100 live births)	Number of i i) (thous	nfant deaths ands) ^a	Neon (death:	atal mortalit s per 1,000 live	y rate e births)	Annual rate of reduction (ARR) (per cent)	Numbo	er of neonatal (thousands) ^a	deaths
Region	1990	2023	1990	2023	1990	2000	2023	1990-2023	1990	2000	2023
Sub-Saharan Africa	103	44	2,227	1,754	46	40	26	1.7	1,011	1,095	1,059
	(101 - 105)	(41 - 52)	(2,185 - 2,275)	(1,600 - 2,060)	(44 - 48)	(38 - 42)	(24 - 32)	(1.1 - 2)	(972 - 1,057)	(1,054 - 1,141)	(946 - 1,279)
Africa	96	42	2,527	1,889	43	38	25	1.7	1,170	1,219	1,145
	(95 - 98)	(38 - 49)	(2,484 - 2,577)	(1,736 - 2,200)	(42 - 45)	(37 - 39)	(22 - 30)	(1.1 - 2)	(1,129 - 1,219)	(1,176 - 1,266)	(1,032 - 1,372)
Asia	65	22	5,745	1,464	41	34	16	2.9	3,692	2,681	1,023
	(64 - 67)	(21 - 24)	(5,622 - 5,882)	(1,367 - 1,595)	(40 - 43)	(33 - 35)	(14 - 17)	(2.6 - 3.2)	(3,552 - 3,841)	(2,593 - 2,774)	(946 - 1,127)
Europe	13	4	125	23	8	5	2	3.8	77	40	15
	(13 - 13)	(4 - 4)	(123 - 128)	(23 - 24)	(8 - 9)	(5 - 6)	(2 - 2)	(3.5 - 4.1)	(71 - 83)	(38 - 42)	(14 - 16)
Latin America and the Caribbean	44	14	519	126	23	16	9	2.9	268	184	81
	(43 - 45)	(13 - 15)	(504 - 535)	(118 - 140)	(21 - 24)	(15 - 17)	(8 - 10)	(2.5 - 3.2)	(255 - 283)	(174 - 194)	(74 - 91)
Northern America	9	5	41	22	6	5	3	1.6	26	20	14
	(9 - 9)	(5 - 6)	(41 - 42)	(21 - 23)	(5 - 6)	(4 - 5)	(3 - 4)	(1.4 - 1.7)	(25 - 27)	(19 - 20)	(13 - 14)
Oceania	26	15	13	11	13	14	10	0.9	7	8	7
	(24 - 27)	(11 - 22)	(12 - 14)	(8 - 15)	(12 - 15)	(12 - 15)	(7 - 15)	(-0.3 - 2)	(6 - 8)	(7 - 9)	(5 - 10)
World	64	27	8,971	3,535	37	31	17	2.3	5,240	4,151	2,284
	(63 - 65)	(26 - 30)	(8,842 - 9,121)	(3,365 - 3,886)	(36 - 38)	(30 - 32)	(16 - 19)	(1.9 - 2.5)	(5,084 - 5,413)	(4,042 - 4,268)	(2,142 - 2,557)

STATISTICAL TABLE (CONTINUED)

	Probab dying a those 5–14 y (per 1,000 aged 5	ility of among aged years) children years)	Number of among aged 5– (thous	of deaths those 14 years ands) ^a	Sex-sp amou (per 1	pecific pro ng those a 1,000 childr	bability o ged 5–14 en aged 5	of dying years years)	Probab dying amo aged 15– (per 1 adoles aged 15	aility of ang those 24 years 1,000 scents 5 years)	Number of among th 15–24 (thous	of deaths ose aged years ands) ^a	s d Sex-specific proba among those ager (per 1,000 adolescent 1990 Male Female		bability o ed 15–24 ents aged 1	f dying years 5 years)
0					19	90	20	23					19	190 Earra la	20	23
Afghanistan	29	2023 5	1990	2023 6	29	29	fiviale 6	Female 4	78	2023	1990	2023	94	62	29	28
Albania	(15 - 62) 6	(3 - 10)	(7 - 21) 0	(4 - 11) 0	(19 - 64) 7	(18 - 62) 5	(4 - 12) 2	(3 - 8) 2	(41 - 181) 8	(14 - 61) 3	(10 - 44)	(13 - 54) 0	(50 - 221)	(34 - 144) 4	(14 - 64) 4	(14 - 61) 2
Algeria	(6 - 7) 9	(1 - 2)	(0 - 0) 6	(0 - 0)	(7 - 8) 10	(5 - 5)	(1 - 2) 3	(1 - 2) 3	(8 - 8)	(3 - 4)	(0 - 1) 6	(0 - 0)	(11 - 12)	(4 - 5) 8	(3 - 5) 8	(2 - 3) 4
Andorra	(9 - 10) 3	(3 - 3)	(6 - 7)	(3 - 3)	(10 - 11)	(7 - 9) 2	(3 - 4)	(3 - 3)	(10 - 13)	(6 - 6)	(5 - 7)	(4 - 4)	(11 - 16)	(7 - 10) 5	(8 - 9) 4	(3 - 4)
Angola	(2 - 4)	(1 - 1) 15	(0 - 0) 18	(0 - 0) 15	(3 - 4)	(2 - 3)	(1 - 1) 15	(0 - 1) 14	(7 - 11)	(2 - 4)	(0 - 0) 20	(0 - 0) 19	(10 - 16)	(4 - 7) 81	(3 - 5) 31	(1 - 3) 26
Anguilla	(43 - 71)	(11 - 19)	(14 - 23)	(12 - 19)	(43 - 72)	(42 - 70)	(12 - 19)	(11 - 18)	(70 - 114)	(22 - 36)	(15 - 25)	(15 - 25)	(72 - 130)	(62 - 104)	(22 - 42)	(17 - 36)
Antiqua and Barbuda	(3 - 4)	(1 - 2)	(0 - 0)	(0 - 0)	(3 - 5)	(2 - 3)	(1 - 2)	(1 - 2)	(8 - 14)	(5 - 8)	(0 - 0)	(0 - 0)	(12 - 20)	(4 - 8)	(6 - 11)	(2 - 5)
Argontina	(2 - 3)	(2-3)	(0 - 0)	(0 - 0)	(2 - 4)	(2-3)	(2-3)	(1 - 2)	(4 - 10)	(3 - 7)	(0 - 0)	(0 - 0)	(5 - 14)	(2 - 6)	(4 - 11)	(2 - 4)
Argentina	(3 - 3)	(2-2)	(2 - 2)	(1 - 2)	(4 - 4)	(3 - 3)	(2-2)	(2 - 2)	(8 - 9)	(7 - 8)	(4 - 5)	(5 - 6)	(11 - 12)	(5 - 6)	(9 - 11)	(4 - 5)
Auntrolio	(3 - 4)	(2-2)	(0 - 0)	(0 - 0)	(4 - 4)	(2 - 3)	(2-3)	(2 - 2)	(6 - 7)	(5 - 6)	(0 - 0)	(0 - 0)	(9 - 10)	(4 - 5)	(8 - 10)	(2 - 3)
Austria	(2 - 2)	(1 - 1)	(0 - 0)	(0 - 0)	(2 - 2)	(1 - 2)	(1 - 1)	(1 - 1)	(8 - 8)	(3 - 4)	(2 - 2)	(1 - 1)	(11 - 12)	(4 - 4)	(4 - 5)	(2 - 2)
Austria	(2 - 2)	(1 - 1)	(0 - 0)	(0 - 0)	(2 - 2)	(1 - 2)	(1 - 1)	(1 - 1)	(8 - 8)	(3 - 4)	(1 - 1)	(0 - 0)	(12 - 12)	(3 - 4)	9 (4 - 5)	(2-3)
Azerbaijan	(5 - 5)	(3 - 3)	(1 - 1)	(0 - 1)	(6 - 6)	(4 - 4)	(3 - 4)	(2 - 3)	(6 - 6)	(6 - 8)	(1 - 1)	(1 - 1)	(8 - 9)	(4 - 4)	(9 - 11)	(3 - 4)
Banamas	4 (3 - 5)	(2 - 3)	(0 - 0)	(0 - 0)	5 (4 - 6)	(3 - 4)	(2 - 4)	(1 - 3)	(10 - 14)	(7 - 14)	(0 - 0)	(0 - 0)	(14 - 19)	(6 - 9)	(11 - 22)	(3 - 6)
Bahrain	4 (3 - 4)	(2 - 2)	(0 - 0)	(0 - 0)	4 (4 - 5)	(3 - 3)	(2 - 2)	(1 - 2)	б (5 - 7)	(3 - 4)	(0 - 0)	(0 - 0)	8 (7 - 9)	(3 - 4)	(2 - 3)	б (5 - 7)
Bangladesh	(22 - 27)	5 (3 - 6)	(69 - 85)	(11 - 19)	(22 - 27)	(22 - 27)	5 (4 - 7)	4 (3 - 5)	(21 - 26)	10 (8 - 12)	49 (45 - 53)	32 (27 - 39)	(19 - 24)	(22 - 28)	(9 - 14)	8 (7 - 10)
Barbados	(2 - 4)	2 (1 - 3)	(0 - 0)	(0 - 0)	3 (3 - 4)	(2 - 3)	2 (1 - 3)	1 (1 - 2)	10 (9 - 11)	5 (3 - 11)	(0 - 0)	(0 - 0)	14 (12 - 16)	6 (5 - 7)	/ (4 - 15)	4 (2 - 8)
Belarus	4 (4 - 4)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	5 (5 - 5)	3 (3 - 3)	1 (1 - 1)	1 (1 - 1)	(11 - 12)	4 (3 - 5)	2 (2 - 2)	0 (0 - 0)	17 (17 - 18)	5 (5 - 6)	5 (4 - 7)	2 (1 - 3)
Belgium	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	2 (2 - 2)	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	8 (7 - 8)	3 (2 - 3)	1 (1 - 1)	0 (0 - 0)	11 (11 - 11)	4 (4 - 4)	4 (3 - 4)	2 (1 - 2)
Belize	5 (4 - 6)	3 (2 - 3)	0 (0 - 0)	0 (0 - 0)	6 (5 - 7)	4 (3 - 5)	3 (2 - 4)	2 (2 - 3)	9 (7 - 11)	15 (13 - 17)	0 (0 - 0)	0 (0 - 0)	13 (11 - 16)	5 (4 - 7)	22 (19 - 25)	8 (6 - 9)
Benin	41 (35 - 47)	18 (14 - 24)	6 (6 - 7)	7 (6 - 9)	41 (36 - 48)	40 (35 - 46)	18 (14 - 25)	18 (14 - 25)	28 (23 - 34)	21 (12 - 36)	3 (2 - 3)	6 (3 - 10)	30 (23 - 37)	26 (21 - 32)	24 (13 - 43)	18 (10 - 31)
Bhutan	16 (11 - 26)	7 (4 - 12)	0 (0 - 0)	0 (0 - 0)	17 (14 - 30)	16 (12 - 24)	8 (5 - 14)	6 (3 - 11)	30 (18 - 51)	11 (5 - 25)	0 (0 - 1)	0 (0 - 0)	32 (20 - 58)	28 (19 - 46)	15 (7 - 34)	7 (3 - 18)
Bolivia (Plurinational State of)	12 (10 - 14)	4 (2 - 7)	2 (2 - 2)	1 (0 - 2)	12 (10 - 15)	11 (9 - 13)	4 (2 - 8)	3 (2 - 6)	23 (19 - 27)	9 (4 - 23)	3 (3 - 4)	2 (1 - 5)	26 (21 - 32)	19 (16 - 23)	12 (5 - 32)	6 (2 - 14)
Bosnia and Herzegovina	3 (2 - 3)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	3 (3 - 3)	2 (2 - 2)	1 (1 - 2)	1 (1 - 1)	7 (6 - 7)	3 (3 - 4)	0 (0 - 1)	0 (0 - 0)	9 (9 - 10)	4 (3 - 4)	5 (4 - 5)	2 (2 - 2)
Botswana	19 (16 - 24)	6 (4 - 8)	1 (1 - 1)	0 (0 - 0)	20 (16 - 25)	19 (16 - 24)	7 (5 - 9)	5 (3 - 6)	38 (30 - 50)	14 (9 - 22)	1 (1 - 1)	1 (0 - 1)	38 (29 - 51)	38 (28 - 51)	18 (11 - 28)	10 (6 - 17)
Brazil	4 (4 - 4)	3 (2 - 3)	15 (14 - 15)	7 (7 - 8)	5 (5 - 5)	3 (3 - 4)	3 (3 - 3)	2 (2 - 2)	14 (13 - 15)	13 (12 - 14)	40 (38 - 42)	41 (38 - 44)	20 (19 - 22)	7 (6 - 8)	20 (19 - 22)	5 (4 - 6)
British Virgin Islands	4 (3 - 5)	3 (2 - 3)	0 (0 - 0)	0 (0 - 0)	5 (4 - 6)	3 (2 - 4)	3 (2 - 4)	2 (2 - 3)	12 (9 - 15)	9 (7 - 11)	0 (0 - 0)	0 (0 - 0)	17 (13 - 22)	7 (5 - 9)	13 (9 - 17)	5 (3 - 8)
Brunei Darussalam	4 (4 - 4)	2 (1 - 2)	0 (0 - 0)	0 (0 - 0)	5 (4 - 5)	3 (3 - 3)	2 (2 - 3)	1 (1 - 2)	10 (9 - 11)	4 (3 - 5)	0 (0 - 0)	0 (0 - 0)	14 (12 - 16)	5 (4 - 6)	5 (4 - 7)	3 (2 - 4)
Bulgaria	4 (4 - 4)	2 (1 - 2)	0 (0 - 1)	0 (0 - 0)	5 (5 - 5)	3 (3 - 3)	2 (2 - 2)	1 (1 - 2)	8 (8 - 8)	5 (5 - 6)	1 (1 - 1)	0 (0 - 0)	11 (11 - 12)	5 (5 - 5)	7 (7 - 8)	3 (3 - 4)
Burkina Faso	37 (31 - 43)	8 (5 - 13)	10 (9 - 11)	5 (4 - 9)	37 (32 - 44)	36 (30 - 42)	9 (6 - 16)	7 (5 - 11)	37 (32 - 43)	18 (13 - 25)	6 (6 - 7)	8 (6 - 12)	34 (29 - 41)	40 (34 - 47)	25 (17 - 36)	11 (8 - 16)
Burundi	58 (47 - 71)	18 (10 - 36)	10 (8 - 12)	7 (4 - 15)	59 (48 - 72)	57 (46 - 71)	18 (11 - 39)	17 (10 - 35)	73 (44 - 125)	16 (8 - 33)	8 (5 - 13)	4 (2 - 8)	73 (43 - 129)	73 (45 - 126)	21 (11 - 44)	11 (6 - 22)
Cabo Verde	5 (4 - 6)	2 (2 - 2)	0 (0 - 0)	0 (0 - 0)	6 (5 - 7)	4 (4 - 5)	2 (2 - 3)	2 (1 - 2)	8 (7 - 9)	5 (4 - 6)	0 (0 - 0)	0 (0 - 0)	11 (9 - 13)	5 (4 - 6)	7 (5 - 9)	3 (2 - 4)
Cambodia	32 (25 - 39)	4 (2 - 7)	6 (5 - 8)	1 (1 - 2)	32 (26 - 39)	31 (26 - 39)	5 (3 - 8)	3 (2 - 6)	37 (29 - 47)	10 (6 - 17)	6 (5 - 7)	3 (2 - 5)	40 (31 - 53)	33 (26 - 42)	13 (8 - 23)	6 (4 - 12)
Cameroon	31 (28 - 36)	19 (13 - 27)	10 (9 - 12)	15 (10 - 20)	32 (28 - 36)	31 (27 - 35)	20 (14 - 29)	18 (12 - 25)	30 (25 - 35)	27 (16 - 45)	6 (6 - 8)	15 (9 - 25)	32 (26 - 38)	29 (24 - 35)	31 (18 - 52)	24 (13 - 40)
Canada	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	2 (2 - 3)	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	8 (7 - 8)	5 (5 - 5)	3 (3 - 3)	2 (2 - 3)	11 (11 - 11)	4 (4 - 4)	6 (6 - 7)	4 (3 - 4)
Central African Republic	29 (23 - 36)	21 (13 - 35)	2 (2 - 3)	3 (2 - 6)	29 (23 - 36)	29 (23 - 36)	22 (14 - 36)	21 (14 - 35)	44 (36 - 54)	33 (11 - 96)	2 (2 - 3)	4 (1 - 11)	41 (33 - 51)	47 (38 - 58)	34 (12 - 97)	32 (10 - 96)
Chad	48	21 (15 - 29)	8 (7 - 10)	12	50 (42 - 60)	47	21 (15 - 30)	21 (15 - 29)	57	32	7 (6 - 8)	12	69 (55 - 87)	44 (36 - 54)	36	27
Chile	3	1 (1 - 1)	1 (1 - 1)	0	4 (4 - 4)	2	1 (1 - 2)	(1 - 1)	8 (8 - 9)	(5 - 6)	2	1 (1 - 2)	12	(4 - 4)	(8 - 9)	3
China	7 (6 - 8)	2	146	31 (19 - 50)	8 (7 - 10)	6 (5 - 7)	2	1 (1 - 2)	9 (7 - 11)	4 (2 - 8)	218	59 (28 - 122)	(9 - 15)	6 (4 - 7)	5 (2 - 11)	2
Colombia	(4 - 5)	3	3 (3 - 4)	2	5 (5 - 6)	(3 - 4)	(3 - 3)	2	20	13	14 (13 - 14)	11 (11 - 11)	32	(7 - 9)	20	(5 - 6)
Comoros	16 (12 - 22)	5 (3 - 8)	0 (0 - 0)	0 (0 - 0)	17 (13 - 23)	16 (12 - 21)	6 (4 - 9)	(3 - 7)	24 (17 - 36)	7 (4 - 13)	0 (0 - 0)	0 (0 - 0)	29 (20 - 45)	19 (14 - 28)	9 (5 - 17)	6 (3 - 10)

	Probab dying a those 5–14 y (per 1,000 aged 5	ility of among aged years) children years)	Number of among aged 5– (thous	of deaths those 14 years ands) ^a	Sex-sj amo (per	pecific pro ng those a 1,000 childr	bability o ged 5–14 en aged 5	of dying years years)	Probal dying am aged 15- (per adole aged 1	bility of ong those - 24 years 1,000 scents 5 years)	Number among th 15–24 (thous	of deaths lose aged years sands) ^a	Sex-sj amon (per 1,0	pecific pro Ig those ag 00 adolesce	bability o j ed 15–24 ents aged f	of dying years 15 years)
					19	90	20	023					19	90	20	023
Country	1990	2023	1990	2023	Male	Female	Male	Female	1990	2023	1990	2023	Male	Female	Male	Female
Congo Os a la la la nala (Nassa Za a la nal)	(16 - 51)	(3 - 11)	(1 - 4)	(1 - 2)	(21 - 55)	(21 - 53)	(4 - 13)	(3 - 9)	(31 - 96)	(7 - 31)	(2 - 5)	(1 - 3)	(34 - 93)	(35 - 102)	(8 - 41)	(4 - 23)
COOK ISlands (New Zealand)	(4 - 6)	(2 - 4)	(0 - 0)	(0 - 0)	(5 - 8)	(3 - 5)	(3 - 5)	(2 - 3)	(14 - 22)	8 (3 - 21)	(0 - 0)	(0 - 0)	(20 - 31)	(7 - 12)	(5 - 32)	(2 - 13)
Costa Rica	3 (3 - 3)	2 (1 - 2)	0 (0 - 0)	0 (0 - 0)	(3 - 4)	2 (2 - 3)	(2 - 2)	1 (1 - 2)	6 (6 - 7)	8 (7 - 9)	U (0 - 0)	1 (1 - 1)	9 (9 - 10)	4 (3 - 4)	12 (11 - 14)	4 (3 - 4)
Croatia	3 (3 - 3)	1 (1 - 2)	0 (0 - 0)	0 (0 - 0)	4 (3 - 4)	2 (2 - 2)	1 (1 - 2)	1 (1 - 1)	10 (10 - 10)	4 (3 - 4)	1 (1 - 1)	0 (0 - 0)	15 (15 - 16)	5 (4 - 5)	6 (5 - 6)	2 (2 - 2)
Cuba	4 (4 - 4)	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	5 (4 - 5)	3 (3 - 3)	2 (2 - 3)	2 (2 - 2)	11 (10 - 11)	6 (5 - 6)	2 (2 - 2)	1 (1 - 1)	13 (13 - 13)	8 (8 - 8)	7 (7 - 8)	4 (4 - 4)
Cyprus ^b	2 (2 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	2 (2 - 2)	1 (1 - 2)	1 (1 - 1)	1 (1 - 1)	6 (6 - 7)	3 (2 - 4)	0 (0 - 0)	0 (0 - 0)	9 (8 - 10)	3 (3 - 4)	4 (3 - 5)	1 (1 - 2)
Czechia	2	1 (1 - 1)	0	0	3	2	1 (1 - 1)	1 (1 - 1)	7	4 (3 - 4)	1 (1 - 1)	0	10	4 (4 - 4)	(5 - 5)	2
Côte d'Ivoire	28	16	10	13 (10 - 18)	29	28	16	15	31	15	7	(0 0) 9 (6 - 13)	32	30	18	12
Democratic People's Republic	8	4	3	1	9	7	5	3	14	9	(0 - 3) 7 (5 0)	3	20 20	8	13	5
of Korea ^c Democratic Republic of the	(6 - 10) 37	(3 - 5) 18	(2 - 4) 37	(1 - 2) 55	37	(5 - 9) 36	(4 - 6) 19	(2 - 4) 18	46	(7 - 12) 34	(5 - 8) 32	(3 - 4) 68	(16 - 26) 43	(6 - 11) 48	(10 - 17) 34	(3 - 8) 33
Congo Denmark	(27 - 51) 2	(12 - 28)	(30 - 50) 0	(38 - 82) 0	(29 - 52) 2	(28 - 51) 2	(13 - 29) 1	(12 - 27) 1	(28 - 78) 5	(16 - 71) 2	(21 - 54) 0	(35 - 144) 0	(28 - 76) 8	(31 - 83) 3	(17 - 74) 3	(16 - 72) 2
Diihouti	(2 - 2) 26	(1 - 1) 12	(0 - 0)	(0 - 0)	(2 - 2)	(1 - 2) 25	(1 - 1) 12	(0 - 1) 11	(5 - 6) 41	(2 - 3) 24	(0 - 0)	(0 - 0)	(7 - 8) 37	(3 - 3)	(3 - 4) 29	(1 - 2) 19
Dominica	(20 - 33)	(9 - 15)	(0 - 1)	(0 - 0)	(20 - 33)	(20 - 33)	(10 - 16)	(8 - 14)	(32 - 53) g	(19 - 31)	(0 - 1)	(0 - 1)	(28 - 50)	(34 - 59)	(21 - 39)	(13 - 28)
Dominican Ponublic	(3 - 6)	(1 - 4)	(0 - 0)	(0 - 0)	(4 - 7)	(3 - 5)	(1 - 5)	(1-3)	(6 - 15)	(7 - 16)	(0 - 0)	(0 - 0)	(9 - 21)	(4 - 9)	(10 - 25)	(3 - 9)
	(6 - 8)	(2 - 5)	(1 - 1)	(0 - 1)	(6 - 9)	(5 - 7)	(2 - 6)	(1 - 4)	(9 - 18)	(5 - 24)	(1 - 3)	(1 - 5)	(12 - 25)	(5 - 11)	(8 - 35)	(3 - 14)
Ecuador	(7 - 7)	(3 - 4)	(2 - 2)	(1 - 1)	(8 - 9)	6 - 7)	(4 - 4)	(3 - 3)	(14 - 15)	(17 - 18)	3 (3 - 3)	6 (5 - 6)	(18 - 20)	9 (8 - 10)	(27 - 29)	(6 - 7)
Egypt	(11 - 11)	(3 - 4)	(16 - 17)	9 (8 - 10)	(11 - 12)	(10 - 11)	4 (4 - 5)	(3 - 3)	(13 - 13)	8 (7 - 9)	(14 - 15)	(14 - 18)	(14 - 16)	(10 - 11)	(9 - 12)	(4 - 6)
El Salvador	6 (6 - 6)	4 (3 - 4)	1 (1 - 1)	0 (0 - 0)	/ (7 - 7)	5 (5 - 5)	4 (3 - 5)	3 (3 - 4)	28 (27 - 28)	9 (7 - 12)	3 (3 - 3)	1 (1 - 1)	46 (44 - 47)	10 (9 - 10)	15 (11 - 19)	4 (3 - 5)
Equatorial Guinea	35 (27 - 45)	14 (11 - 18)	0 (0 - 1)	1 (0 - 1)	35 (27 - 45)	35 (27 - 45)	15 (11 - 19)	14 (10 - 18)	41 (32 - 52)	23 (18 - 30)	0 (0 - 0)	1 (1 - 1)	39 (29 - 51)	43 (33 - 57)	29 (22 - 39)	16 (11 - 24)
Eritrea	42 (34 - 51)	6 (3 - 14)	2 (2 - 3)	1 (0 - 1)	42 (35 - 52)	41 (34 - 51)	8 (4 - 17)	5 (3 - 12)	58 (45 - 74)	19 (15 - 25)	2 (2 - 3)	1 (1 - 2)	62 (46 - 81)	54 (41 - 70)	27 (20 - 35)	12 (8 - 18)
Estonia	5 (5 - 5)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	6 (5 - 6)	4 (3 - 4)	1 (1 - 2)	1 (1 - 1)	13 (13 - 14)	4 (4 - 5)	0 (0 - 0)	0	20 (19 - 21)	6 (6 - 7)	5 (5 - 6)	3 (3 - 4)
Eswatini	11 (6 - 20)	12 (7 - 21)	0 (0 - 1)	0	12	10 (8 - 18)	13	11 (6 - 20)	29	22	0 (0 - 1)	1 (0 - 1)	31	26	28	15 (10 - 23)
Ethiopia	72	(/ _ 11)	98 (82 - 119)	21	75	69 (56 - 86)	(5 - 13)	(3 - 9)	73	15	67 (56 - 82)	41 (22 - 79)	84	61 (50 - 76)	20	10
Fiji	12	5	0 (0 0)		13	(0 15)	6	4	17	10		0	23	10	(10 +0)	8
Finland	(3-10)	(4 - 0)	0 - 0)	0 (0 - 0)	2	(0 - 13)	(J - 7) 1 (1 - 1)	(4 - 3)	8	(7 - 13) 5 (F - C)	(0 - 0)	0	12	(0 - 20) 4 (4 - 4)	(0 - 13) 7 (C 0)	3
France	(2 - 2)	(1 - 1)	(0 - 0)	(0 - 0)	(2 - 2)	(1 - 2)	(1 - 1)	(1 - 1)	(8 - 9)	(0 - 0)	(1 - 1)	(0 - 0)	(12 - 13)	(4 - 4)	(0 - 8) 4 (4 E)	(3 - 4)
Gabon	(2 - 2)	(1 - 1)	(1 - 2)	(1 - 1)	(2 - 2)	(2 - 2) 17	(1 - 1)	(1 - 1) 10	(8 - 8)	(3 - 3)	(b - 7) 0	(2 - 3) 0	28	(4 - 4)	(4 - 5)	(2 - 2)
Gambia	(12 - 26) 32	(5 - 24)	(0 - 1)	(0 - 1)	(13 - 28)	(12 - 26) 32	(6 - 25) 10	(5 - 23)	(16 - 32)	(5 - 22)	(0 - 1)	(0 - 1)	(19 - 39) 37	(12 - 26) 41	(6 - 27) 24	(4 - 18)
Georgia	(25 - 42) 3	(7 - 12) 2	(1 - 1) 0	(1 - 1) 0	(26 - 42)	(25 - 42) 2	(8 - 13) 2	(6 - 11) 1	(31 - 50) 8	(14 - 22) 6	(1 - 1) 1	(1 - 1) 0	(28 - 49) 12	(31 - 53) 5	(18 - 32) 9	(7 - 15) 3
Germany	(3 - 3) 2	(1 - 2) 1	(0 - 0) 2	(0 - 0) 1	(3 - 4)	(2 - 3) 2	(2 - 2) 1	(1 - 1)	(8 - 9)	(6 - 7) 3	(1 - 1) 7	(0 - 0) 2	(11 - 13) 9	(4 - 5) 4	(8 - 10) 4	(3 - 4) 2
Ghana	(2 - 2) 24	(1 - 1) 10	(2 - 2) 11	(1 - 1) 8	(2 - 2) 25	(2 - 2) 23	(1 - 1) 11	(1 - 1) 9	(6 - 7) 29	(3 - 3) 14	(7 - 7) 9	(2 - 2) 9	(9 - 9) 31	(3 - 4) 27	(3 - 4) 18	(2 - 2) 10
Greece	(21 - 28)	(8 - 14) 1	(10 - 12) 0	(6 - 11) 0	(22 - 29) 2	(20 - 27) 2	(8 - 15) 1	(7 - 13) 1	(18 - 51) 7	(6 - 30) 3	(6 - 16) 1	(5 - 19) 0	(19 - 54) 10	(17 - 48) 3	(9 - 38) 4	(5 - 23) 1
Grenada	(2 - 2)	(1 - 1)	(0 - 0)	(0 - 0)	(2 - 2)	(1 - 2)	(1 - 1)	(0 - 1)	(7 - 7)	(2-3)	(1 - 1) 0	(0 - 0) 0	(10 - 10)	(3 - 3)	(3 - 5) 7	(1 - 2)
Guatemala	(3 - 5)	(3 - 6)	(0-0)	(0 - 0)	(4 - 6)	(2 - 4)	(4 - 8)	(3 - 5)	(7 - 11)	(3 - 7)	(0 - 0)	(0-0)	(10 - 15)	(4 - 6)	(5 - 10)	(2-4)
Cuinco	(13 - 14)	(3 - 4)	(3 - 4)	(1 - 1)	(13 - 14)	(13 - 14)	(4 - 4)	(3 - 3)	(20 - 21)	(12 - 14)	(4 - 4)	(4 - 5)	(26 - 27)	(15 - 16)	(17 - 19)	(7 - 8)
Guinea	43 (36 - 51)	(12 - 25)	(6 - 9)	(5 - 9)	43 (37 - 52)	42 (36 - 51)	(12 - 26)	(12 - 25)	(26 - 41)	30 (15 - 58)	(3 - 5)	9 (4 - 17)	(26 - 42)	32 (26 - 41)	(15 - 64)	(14 - 56)
Guinea-Bissau	44 (16 - 107)	12 (7 - 20)	1 (1 - 3)	1 (0 - 1)	45 (34 - 130)	42 (32 - 121)	13 (8 - 22)	11 (7 - 19)	4/ (36 - 60)	23 (18 - 29)	1 (1 - 1)	1 (1 - 1)	43 (32 - 57)	50 (38 - 65)	30 (22 - 39)	16 (11 - 23)
Guyana	5 (5 - 6)	3 (3 - 4)	0 (0 - 0)	0 (0 - 0)	6 (6 - 7)	4 (4 - 5)	4 (3 - 5)	3 (2 - 4)	15 (14 - 16)	12 (8 - 20)	0 (0 - 0)	0 (0 - 0)	20 (18 - 22)	10 (9 - 11)	17 (11 - 29)	7 (5 - 12)
Haiti	27 (23 - 33)	9 (6 - 15)	5 (4 - 6)	2 (2 - 4)	27 (23 - 33)	27 (22 - 32)	10 (6 - 16)	9 (6 - 14)	40 (31 - 52)	18 (10 - 34)	5 (4 - 7)	4 (2 - 8)	36 (28 - 47)	45 (34 - 59)	24 (13 - 45)	13 (7 - 25)
Honduras	9 (7 - 10)	5 (3 - 8)	1 (1 - 2)	1 (1 - 2)	10 (8 - 12)	8 (6 - 9)	5 (3 - 9)	4 (2 - 7)	19 (15 - 24)	10 (8 - 12)	2 (1 - 2)	2 (2 - 3)	26 (20 - 34)	12 (9 - 16)	14 (10 - 18)	5 (3 - 8)
Hungary	3 (2 - 3)	1 (1 - 1)	0 (0 - 0)	0	3 (3 - 3)	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	8 (8 - 9)	3 (3 - 4)	1 (1 - 1)	0 (0 - 0)	12	5 (4 - 5)	5 (4 - 5)	2 (2 - 2)
Iceland	2	0	0 (0 - 0)	0	2	2 (1 - 2)	1 (0 - 1)	0	7	2	0 (0 - 0)	0	10 (9 - 11)	4 (3 - 4)	3	1 (1 - 2)

	Probab dying a those 5–14 y (per 1,000 aged 5	ility of among aged years) children years)	Number o among aged 5–1 (thousa	of deaths those 4 years ands) ^a	Baths Se aars j ^a Sex-specific probability of dying among those aged 5–14 years (per 1,000 children aged 5 years) Probability of dying among those aged 15–24 years aged 15–24 years adolescents aged 15 years) Number of deaths among those aged 15–24 years (thousands) ^a Sex-specific p among those (per 1,000 adoles 1990 2023 1990 2023 1990 2023 1023 Male Female 1990 2023 1990 2023			g those ag OO adolesco	bability o ged 15–24 ents aged f	f dying years 15 years)						
Country	1000	2022	1000	2022	19	90	20	23 Famala	1000	2022	1000	2022	19	90	20	23
India ^d	21	4	443	2023 89	20	22	4	3	23	8	383	2023	21	26	9	remaie 7
Indonesia	(19 - 22) 13	(3 - 4) 4	(421 - 465) 58	(75 - 104) 21	(18 - 21) 14	(20 - 23) 13	(3 - 5) 5	(3 - 4) 4	(22 - 24)	(6 - 10) 9	(360 - 406) 47	(160 - 253) 42	(19 - 22) 15	(24 - 27) 10	(7 - 11) 13	(5 - 9) 5
Iran (Islamic Republic of)	(12 - 15) 14	(3 - 7)	(52 - 65)	(15 - 34) 5	(12 - 15)	(11 - 14)	(4 - 8)	(3 - 6) 3	(10 - 15) 22	(4 - 21)	(39 - 56)	(20 - 93) 13	(12 - 18) 28	(8 - 12) 16	(6 - 31) 15	(2 - 11) 6
Iraq	(11 - 17) 23	(3 - 4) 5	(18 - 28) 12	(4 - 6) 5	(11 - 18) 24	(11 - 17) 22	(3 - 5) 6	(2 - 3) 4	(15 - 32)	(7 - 16) 8	(16 - 33) 15	(9 - 19) 7	(18 - 42) 68	(11 - 24) 14	(10 - 23) 11	(4 - 10) 4
Ireland	(16 - 33) 2	(3 - 10) 1	(8 - 16) 0	(3 - 11) 0	(17 - 34) 2	(16 - 31) 2	(3 - 12) 1	(2 - 8) 1	(32 - 52) 6	(6 - 10) 3	(12 - 19) 0	(6 - 9) 0	(52 - 87) 9	(10 - 19) 3	(8 - 15) 4	(3 - 7) 2
Israel	(2 - 2)	(1 - 1)	(0 - 0) 0	(0 - 0) 0	(2 - 2)	(1 - 2) 2	(1 - 1) 1	(0 - 1) 1	(6 - 6) 5	(2 - 3) 3	(0 - 0) 0	(0 - 0) 0	(9 - 9) 7	(3 - 3) 3	(3 - 4) 4	(1 - 2) 2
Italy	(2 - 2)	(1 - 1)	(0-0)	(0 - 0) 0	(2 - 2)	(2 - 2)	(1 - 1)	(1 - 1) 1	(5 - 5)	(3 - 3)	(0 - 0)	(0 - 0)	(7 - 8) 10	(3 - 3)	(4 - 5)	(1 - 2)
lamaioa	(2-2)	(1 - 1)	(1 - 1)	(0 - 0)	(2 - 2)	(1 - 2)	(1 - 1)	(1 - 1)	(6 - 6)	(2 - 2)	(6 - 6)	(1 - 1)	(9 - 10)	(3 - 3)	(3 - 3)	(1 - 2)
Janiarca	(3-6)	(3 - 4)	(0 - 0)	(0 - 0)	(4 - 7)	(3 - 4)	(3 - 5)	(2 - 4)	(10 - 17)	(9 - 15)	(1 - 1)	(0 - 1)	(15 - 24)	(6 - 10)	(13 - 23)	(4 - 9)
Japan	(2 - 2)	(1 - 1)	(3 - 3)	(1 - 1)	(2 - 2)	(1 - 1)	(1 - 1)	(1 - 1)	(5 - 5)	(3 - 3)	(9 - 9)	(4 - 4)	(7 - 7)	(3 - 3)	(4 - 4)	(2-3)
Joruan	(4 - 6)	(1 - 1)	(0 - 1)	(0 - 0)	(5 - 7)	(3 - 5)	(1 - 1)	(1 - 1)	9 (7 - 12)	(5 - 8)	(1 - 1)	(1 - 2)	(10 - 17)	9 (4 - 7)	9 (7 - 12)	(2 - 5)
Kazakhstan	6 - 6)	3 (3 - 3)	(2 - 2)	(1 - 1)	(7 - 7)	4 (4 - 4)	(3 - 3)	(2 - 2)	(14 - 14)	/ (6 - 7)	(4 - 4)	(2 - 2)	19 (18 - 19)	9 (8 - 9)	9 (9 - 10)	4 (4 - 4)
Kenya	16 (14 - 19)	5 (3 - 7)	11 (10 - 13)	6 (4 - 10)	17 (14 - 20)	15 (13 - 18)	5 (3 - 9)	4 (3 - 6)	23 (18 - 28)	15 (7 - 30)	11 (9 - 13)	17 (9 - 34)	26 (21 - 32)	20 (15 - 25)	19 (9 - 39)	10 (5 - 22)
Kiribati	15 (12 - 20)	10 (8 - 13)	0 (0 - 0)	0 (0 - 0)	16 (12 - 20)	15 (11 - 19)	11 (9 - 14)	9 (7 - 12)	22 (17 - 28)	17 (13 - 21)	0 (0 - 0)	0 (0 - 0)	29 (22 - 37)	15 (11 - 20)	23 (17 - 31)	10 (6 - 15)
Kosovo (UNSCR 1244)°	7 (6 - 9)	2 (2 - 3)	0 (0 - 0)	0 (0 - 0)	8 (7 - 11)	6 (5 - 8)	2 (2 - 3)	2 (1 - 2)	13 (10 - 17)	6 (5 - 7)	1 (0 - 1)	0 (0 - 0)	19 (14 - 24)	7 (5 - 10)	8 (6 - 11)	3 (2 - 5)
Kuwait	5 (5 - 6)	2 (2 - 2)	0 (0 - 0)	0 (0 - 0)	6 (6 - 7)	4 (4 - 5)	2 (2 - 2)	2 (1 - 2)	15 (13 - 16)	4 (3 - 4)	0 (0 - 0)	0 (0 - 0)	25 (23 - 27)	4 (3 - 4)	5 (5 - 6)	2 (2 - 3)
Kyrgyzstan	6 (5 - 6)	3 (3 - 3)	1 (1 - 1)	0	7 (7 - 7)	4 (4 - 5)	3 (3 - 4)	2 (2 - 2)	11 (11 - 12)	6 (6 - 6)	1 (1 - 1)	1 (1 - 1)	15 (14 - 16)	8 (7 - 8)	8 (8 - 9)	4 (4 - 4)
Lao People's Democratic Republic Latvia	40 (27 - 60)	6 (4 - 10)	5 (4 - 7)	(1 - 2)	41 (32 - 62) 7	39 (30 - 61) 4	7 (4 - 12)	(3 - 8) 1	27 (14 - 47) 14	11 (5 - 24)	2 (1 - 4)	2 (1 - 4)	31 (18 - 59) 21	23 (14 - 38)	14 (7 - 30)	8 (4 - 19)
Labanon	(5 - 6)	(1 - 1)	(0 - 0)	(0 - 0)	(6 - 7)	(4 - 4)	(1 - 1)	(1 - 1)	(13 - 14)	(4 - 6)	(1 - 1)	(0 - 0)	(20 - 22)	(6 - 7)	(5 - 6)	(4 - 5)
	(5 - 8)	(3 - 5)	(0 - 1)	(0 - 1)	(6 - 9)	(4 - 7)	(4 - 6)	(2 - 4)	(30 - 50)	(6 - 9)	(2 - 4)	(1 - 1)	(55 - 90)	(5 - 9)	(8 - 13)	(3 - 6)
Liberia	(12 - 20)	(6 - 12)	(1 - 1)	(0 - 1)	(13 - 21)	(12 - 20)	(7 - 13)	(5 - 11)	(16 - 50)	(6 - 17)	(1 - 2)	(0 - 1)	(18 - 56)	(15 - 45)	(8 - 24)	(4 - 11)
Liberia	(24 - 42)	(10 - 27)	(2-3)	(1 - 4)	(24 - 42)	(24 - 42)	(11 - 29)	(9 - 25)	(78 - 161)	(16 - 44)	(3 - 7)	(2 - 5)	(121 - 261)	42 (29 - 61)	(18 - 50)	(14 - 40)
Libya	/ (5 - 11)	(10 - 61)	(1 - 1)	3 (1 - 9)	9 (6 - 13)	6 (5 - 9)	23 (10 - 60)	24 (11 - 61)	(8 - 13)	(11 - 18)	(1 - 1)	(1 - 2)	14 (11 - 18)	6 (4 - 8)	(11 - 19)	(9 - 20)
Lithuania	4 (4 - 4)	(1 - 1)	(0 - 0)	0 (0 - 0)	5 (5 - 6)	(3 - 3)	1 (1 - 1)	1 (1 - 1)	12 (12 - 13)	5 (4 - 5)	1 (1 - 1)	0 (0 - 0)	18 (18 - 19)	6 (5 - 6)	6 (6 - 7)	(2 - 3)
Luxembourg	2 (1 - 2)	0 (0 - 1)	0 (0 - 0)	0 (0 - 0)	2 (2 - 2)	1 (1 - 2)	1 (0 - 1)	0 (0 - 1)	10 (9 - 11)	2 (1 - 3)	0 (0 - 0)	0 (0 - 0)	14 (12 - 15)	5 (4 - 6)	3 (2 - 4)	1 (1 - 2)
Madagascar	36 (31 - 42)	18 (12 - 30)	12 (11 - 15)	14 (10 - 24)	36 (31 - 43)	35 (30 - 42)	19 (13 - 33)	17 (12 - 30)	31 (26 - 37)	17 (10 - 30)	8 (6 - 9)	11 (6 - 19)	31 (26 - 38)	31 (26 - 38)	21 (12 - 38)	12 (7 - 23)
Malawi	37 (34 - 41)	11 (9 - 15)	10 (9 - 11)	6 (5 - 8)	38 (34 - 42)	37 (33 - 41)	12 (10 - 16)	10 (8 - 13)	40 (34 - 47)	17 (10 - 30)	7 (6 - 9)	8 (5 - 13)	37 (31 - 45)	42 (35 - 50)	22 (13 - 39)	12 (7 - 21)
Malaysia	5 (5 - 5)	1 (1 - 2)	2 (2 - 2)	1 (1 - 1)	6 (6 - 6)	4 (4 - 4)	2 (1 - 2)	1 (1 - 1)	11 (10 - 13)	6 (5 - 7)	4 (4 - 4)	3 (3 - 4)	16 (15 - 18)	6 (6 - 7)	8 (7 - 9)	3 (3 - 4)
Maldives	9 (8 - 10)	1 (1 - 2)	0 (0 - 0)	0 (0 - 0)	10 (9 - 11)	8 (7 - 9)	2 (1 - 2)	1 (1 - 2)	12 (11 - 14)	3 (2 - 5)	0 (0 - 0)	0 (0 - 0)	15 (13 - 17)	9 (8 - 11)	4 (3 - 6)	2 (1 - 3)
Mali	39 (35 - 44)	19 (14 - 28)	11 (10 - 12)	14 (10 - 19)	40 (35 - 45)	39 (34 - 44)	20 (14 - 28)	19 (14 - 28)	36 (30 - 43)	22 (13 - 38)	6 (5 - 7)	11 (7 - 18)	32 (26 - 40)	40 (33 - 48)	27 (16 - 47)	17 (10 - 31)
Malta	1 (1 - 2)	1 (1 - 1)	(0 - 0)	0	1 (1 - 2)	1 (1 - 2)	1 (1 - 1)	1 (0 - 1)	5 (4 - 5)	3 (2 - 4)	(0 - 0)	0	6 (5 - 8)	3 (2 - 3)	4 (3 - 5)	1 (1 - 2)
Marshall Islands	9 (7 - 11)	6	0	0	10	8 (6 - 10)	7	(4 - 6)	15	12	0	0	22	9	16	6 (4 = 10)
Mauritania	20	7	(0 0)	(0 0)	20	20	(5 5) 8 (6 12)	(4 0) 6 (4 0)	20	14	(0 0)	1	27	13	17	12
Mauritius	3	(4 - 10)			$\begin{pmatrix} 17 - 24 \end{pmatrix}$	3	2	(4 - 3) 2 (1 - 2)	(14 - 30) 9 (8 a)	(0 - 23) 7 (7 0)	0	0	10	(3 - 20) 7 (6 9)	10 - 30)	(0 - 22) 4 (4 - 5)
Mexico	(5 - 4) 5 (5 - 5)	(2 - 2)	11	(0 - 0) 6 (C _ C)	6	(3 - 3)	(2 - 2)	2	12	11	20	23	(3 - 11) 17	(0-0) 7 (C 7)	(3 - 12) 16 (15 - 10)	(4 - J) 5 (F C)
Micronesia (Federated States of)	(5 - 5) 9 (7 - 12)	(3 - 3) 5 (4 - 6)	(11 - 11) 0 (0 - 0)	(0 - 0) (0 - 0)	(0 - 0) 10 (8 - 13)	(4 - 4) 8 (6 - 10)	(3 - 3) 6 (4 - 7)	(2 - 2) 4 (3 - 5)	(11 - 12) 16 (12 - 20)	(10 - 11) 11 (8 - 13)	(20 - 21) 0 (0 - 0)	(23 - 24) 0 (0 - 0)	(16 - 17) 22 (17 - 28)	(0 - 7) 9 (7 - 13)	(15 - 16) 15 (11 - 20)	(5 - 6) 6 (4 - 9)
Monaco	2 (1 - 2)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	2 (2 - 3)	1 (1 - 2)	1 (1 - 1)	1 (0 - 1)	6 (5 - 8)	3 (2 - 4)	0 (0 - 0)	0 (0 - 0)	9 (7 - 12)	3 (3 - 5)	4 (3 - 6)	2 (1 - 3)
Mongolia	11 (11 - 12)	3 (3 - 4)	1 (1 - 1)	0 (0 - 0)	12 (12 - 13)	10 (10 - 11)	4 (4 - 4)	2 (2 - 3)	17 (16 - 18)	9 (8 - 9)	1 (1 - 1)	0 (0 - 0)	23 (20 - 25)	11 (10 - 13)	12 (11 - 13)	5 (4 - 5)
Montenegro	3 (2 - 3)	1 (1 - 1)	0 (0 - 0)	0 (0 - 0)	3 (3 - 4)	2 (2 - 2)	1 (1 - 2)	1 (1 - 1)	6 (6 - 7)	5 (4 - 6)	0 (0 - 0)	0 (0 - 0)	9 (8 - 10)	4 (3 - 5)	7 (5 - 8)	3 (2 - 4)
Montserrat	4 (3 - 5)	2 (1 - 2)	0 (0 - 0)	0 (0 - 0)	4 (3 - 5)	3 (2 - 4)	2 (1 - 2)	1 (1 - 2)	11 (9 - 14)	6 (5 - 8)	0 (0 - 0)	0 (0 - 0)	16 (12 - 21)	6 (5 - 8)	9 (7 - 11)	3 (2 - 5)
Morocco	9 (8 - 10)	3 (2 - 5)	6 (5 - 7)	2 (1 - 3)	10 (9 - 12)	8 (7 - 9)	3 (2 - 6)	3 (2 - 5)	12 (10 - 14)	5 (2 - 13)	6 (5 - 7)	3 (1 - 8)	16 (13 - 19)	8 (6 - 10)	7 (3 - 18)	3 (1 - 8)

Probability of dying among those aged 5–14 years (per 1,000 children aged 5 years) Number of deaths among those aged 5–14 years (thousands) ^a aged 5 years) Sex-specific probability of dying among those aged 5–14 years (per 1,000 children aged 5 years)	Probability of lying among those aged 15–24 years (per 1,000 adolescents aged 15 years)	Number of deaths among those aged 15–24 years (thousands) ^a	Sex-specific pro among those ag (per 1,000 adolesc	bability of dying ged 15–24 years ents aged 15 years)
19902023			1990	2023
Country 1990 2023 1990 2023 Male Female Male Female Matambiana 60 9 22 9 61 50 10 7	1990 2023	1990 2023	Male Female	Male Female
(44 - 79) (6 - 13) (18 - 30) (6 - 12) (48 - 81) (45 - 79) (7 - 15) (5 - 11) (Myanmar	(30 - 48) (13 - 27)	(8 - 12) (9 - 18)	(31 - 50) (28 - 47)	(13-30) (12-25)
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	(18 - 42) (6 - 23)	(15-35) (5-21)	(20 - 54) (16 - 33)	(8 - 32) (3 - 14)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	(23 - 32) (12 - 28)	(1 - 1) (1 - 1)	(26 - 38) (18 - 28)	(16 - 37) (8 - 19)
Nauru 12 2 0 0 13 11 3 2 $(9-13)$ $(9-14)$ $(2-3)$ $(1-2)$ $(10-16)$ $(9-14)$ $(2-3)$ $(1-2)$ $(1-2)$	(14 - 24) (5 - 8)	(0 - 0) (0 - 0)	(20 - 33) (8 - 15)	(7 - 12) (2 - 5)
(22 - 30) (3 - 8) (12 - 15) (2 - 5) (22 - 30) (3 - 9) (2 - 6) ((17 - 24) (5 - 18)	(6 - 9) (3 - 11)	(17 - 26) (16 - 23)	(6 - 23) (4 - 14)
Netherlands (Kingdom of the) 2 1 0 0 2 2 1 1 $(2 - 2)$ $(1 - 1)$ $(0 - 0)$ $(0 - 0)$ $(2 - 2)$ $(1 - 2)$ $(1 - 1)$ $(1 - 1)$	5 3 (4 - 5) (2 - 3)	(1 - 1) (1 - 1)	(6 - 6) (3 - 3)	(3 - 4) (2 - 2)
New Zealand 3 1 0 0 3 2 1 1 (2 - 3) (1 - 1) (0 - 0) (0 - 0) (3 - 3) (2 - 2) (1 - 1) (1 - 1) (1	11 5 (11 - 12) (4 - 5)	1 U (1 - 1) (0 - 0)	1/ 6 (16 - 18) (5 - 6)	6 3 (5 - 7) (3 - 4)
Nicaragua ¹ 7 3 1 0 8 6 4 3 (6 - 9) (1 - 7) (1 - 1) (0 - 1) (7 - 11) (5 - 8) (2 - 8) (1 - 5) (20 10 (16 - 26) (7 - 12)	2 1 (2 - 2) (1 - 1)	27 14 (20 - 35) (10 - 19)	14 6 (10 - 18) (4 - 9)
Niger 63 30 15 24 66 60 30 30 (55 - 72) (22 - 42) (13 - 17) (18 - 32) (58 - 75) (52 - 70) (23 - 42) (22 - 42) (39 25 (31 - 47) (11 - 55)	6 13 (5 - 7) (6 - 28)	37 41 (28 - 46) (32 - 50)	26 23 (12 - 57) (10 - 54)
Nigeria 38 18 105 114 38 37 19 17 (32 - 43) (13 - 26) (91 - 120) (86 - 160) (33 - 44) (31 - 43) (14 - 28) (13 - 25) (38 17 (27 - 53) (10 - 27)	68 78 (51 - 94) (49 - 124)	38 37 (27 - 55) (27 - 53)	19 15 (12 - 31) (9 - 25)
Niue (New Zealand) $5 5 0 0 6 4 6 4$ (4 - 7) (4 - 7) (0 - 0) (0 - 0) (5 - 8) (3 - 6) (5 - 8) (3 - 5)	11 11 (9 - 14) (9 - 14)	$\begin{pmatrix} 0 & 0 \\ 0 & -0 \end{pmatrix}$ $(0 - 0)$	15 6 (12 - 20) (4 - 8)	17 7 (12 - 22) $(4 - 9)$
North Macedonia $3 \ 1 \ 0 \ 0 \ 4 \ 3 \ 1 \ 1 \ (3 \ 4) \ (1 \ 2) \ (0 \ 0) \ (0 \ 0) \ (4 \ 4) \ (2 \ 3) \ (1 \ 2) \ (1 \ 1)$	(5 - 6) $(4 - 5)$	$\begin{pmatrix} 0 & 0 \\ 0 & 0 \\ (0 - 0) & (0 - 0) \end{pmatrix}$	$\begin{pmatrix} 12 & 23 \\ 7 & 3 \\ (7 - 8) & (3 - 4) \end{pmatrix}$	(12, 22, (1, 3)) 5 3 (5, 6) $(2, 3)$
Norway $\begin{pmatrix} 2 & 1 \\ 2 & 2 \\ 2 & 1 \\ 2 & 2 \\ 2 & 1 \\ 2 & 2 \\ 2 & 1 \\ 1 & 0 \\ 2 & 1 \\ 2 & 2 \\ 1 & 1 \\ 2 & 2 \\ 1 & 1 \\ 2 & 2 \\ 1 & 1 \\ 1 & 1 \\ 1 & 1 \\ 2 & 2 \\ 2 & 1 \\ 1 & 1 \\ 1 & 1 \\ 2 & 2 \\ 1 & 1 \\ 1 &$			$\begin{pmatrix} 7 & 0 \\ 9 & 3 \\ (0 & 0) & (2 & 2) \end{pmatrix}$	$\begin{pmatrix} 3 & 0 \end{pmatrix} \begin{pmatrix} 2 & 3 \end{pmatrix} \begin{pmatrix} 4 & 2 \end{pmatrix} \begin{pmatrix} 4 & 5 \end{pmatrix} \begin{pmatrix} 2 & 2 \end{pmatrix}$
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	(0 - 0) $(3 - 4)10 6(0 - 12)$ (5 - 0)		(3-3) $(3-3)13 5(10 17) (4-7)$	(4-5) (2-2) 8 3 (6 10) (2 E)
(0 - 10) $(2 - 3)$ $(0 - 0)$ $(1 - 11)$ $(3 - 8)$ $(2 - 4)$ $(1 - 2)$ Pakistan 14 7 43 44 14 14 8 6 (12) (4)	(8 - 13) $(5 - 8)21 10$	(0 - 0) $(0 - 1)46 50(40 52) (21 110)$	(10 - 17) $(4 - 7)23 20(10 - 27)$ $(17 - 22)$	(0 - 10) (2 - 5) 16 4 (7 - 20) (2 - 0)
Palau 7 5 0 0 8 6 6 4 $(10, 10)$	(18 - 25) (4 - 24) 16 28		(19 - 27) (17 - 23) 23 8	(7 - 39) (2 - 9) 27 28
(5 - 9) $(4 - 6)$ $(0 - 0)$ $(6 - 10)$ $(5 - 8)$ $(4 - 7)$ $(3 - 5)$ $(1 - 7)$ Panama 5 3 0 0 6 4 4 3	(13 - 20) (15 - 50) 11 10		(18 - 28) (6 - 11)	(15 - 50) (14 - 53)
(5 - 5) (3 - 3) (0 - 0) (0 - 0) (5 - 6) (4 - 4) (3 - 4) (2 - 3) (Papua New Guinea 14 8 1 2 15 14 9 7	(11 - 12) (9 - 10) 21 14	(1 - 1) (1 - 1) 2 3	(15 - 17) (6 - 7) 27 13	(12 - 15) (4 - 6) 20 8
(11 - 18) (6 - 10) (1 - 2) (12 - 19) (11 - 18) (7 - 11) (5 - 9) (Paraguay 5 2 0 0 6 4 2 2	(16 - 27) (11 - 18) 17 10	(1 - 2) (2 - 4) 1 1	(21 - 35) (10 - 18) 24 10	(15 - 26) (5 - 12) 15 6
(4 - 6) (2 - 2) (0 - 1) (0 - 0) (5 - 7) (3 - 5) (2 - 3) (2 - 2) (Peru 9 3 5 2 10 8 3 2 ((13 - 22) (8 - 13) 19 7	(1 - 2) (1 - 2) 8 4	(18 - 30) (7 - 13) 24 13	(11 - 19) (4 - 9) 9 5
(8 - 11) (2 - 3) (5 - 6) (1 - 2) (9 - 12) (7 - 10) (2 - 4) (2 - 3) (Philippines 9 4 15 10 10 8 5 4	(16 - 21) (5 - 11) 14 10	(7 - 10) (3 - 6) 18 23	(21 - 28) (11 - 15) 18 9	(6 - 14) (3 - 7) 13 7
(9-9) (4-5) (15-15) (10-11) (10-10) (8-8) (5-5) (4-4) (Poland 3 1 2 0 3 2 1 1	(13 - 14) (10 - 11) 8 5	(17 - 18) (21 - 24) 4 2	(18 - 19) (9 - 9) 13 4	(13 - 14) (6 - 8) 7 3
(3 - 3) (1 - 1) (2 - 2) (0 - 0) (3 - 3) (2 - 2) (1 - 1) (1 - 1) Portugal 4 1 1 0 5 3 1 1	(8 - 9) (5 - 5) 11 3	(4 - 5) (2 - 2) 2 0	(13 - 13) (3 - 4) 17 5	(6 - 7) (3 - 3) 4 2
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	(11 - 11) (3 - 3)	(2-2) (0-0)	(17 - 17) (5 - 5)	(4 - 5) (2 - 2)
$\begin{array}{c} (3-5) & (1-2) & (0-0) & (0-0) & (4-6) & (3-4) & (1-2) & (1-2) \\ \end{array}$	(6-8) (4-5)	(0-0) (0-0)	(7 - 10) (3 - 4)	(5-6) (2-3)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	(9 - 9) (3 - 3)	(8-8) (1-2)	(12 - 12) (5 - 6)	(3 - 4) (2 - 3)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	(12 - 13) (7 - 8)	(1 - 1) (0 - 0)	(18 - 20) (6 - 7)	(10 - 11) (3 - 5)
Romania 5 1 2 0 6 4 2 1 $(5 \cdot 5)$ $(1 \cdot 2)$ $(2 \cdot 2)$ $(0 \cdot 0)$ $(6 \cdot 7)$ $(4 \cdot 4)$ $(1 \cdot 2)$ $(1 \cdot 1)$	(9 - 9) (4 - 4)	(3 - 3) (1 - 1)	(12 - 12) (5 - 6)	(6-6) (2-3)
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	(14 - 14) (10 - 17)	(27 - 28) (15 - 25)	(20 - 21) (6 - 7)	(17 - 28) (3 - 6)
Kwanda 60 5 14 2 62 58 6 4 (50 - 72) (3 - 9) (12 - 17) (1 - 3) (52 - 75) (48 - 71) (4 - 11) (2 - 7) (5	80 9 (59 - 109) (6 - 14)	(8 - 15) (2 - 4)	94 66 (67 - 129) (49 - 90)	(7 - 18) (4 - 12)
Saint Kitts and Nevis 5 3 0 0 6 4 4 2 (4 - 6) (2 - 4) (0 - 0) (0 - 0) (4 - 7) (3 - 5) (3 - 5) (2 - 3)	/ 16 (4 - 11) (8 - 30)	0 0 (0 - 0) (0 - 0)	10 4 (6 - 16) (3 - 7)	24 9 (13 - 45) (4 - 17)
Saint Lucia 4 2 0 5 3 3 2 (3 - 5) (2 - 3) (0 - 0) (0 - 0) (4 - 6) (2 - 4) (2 - 4) (1 - 3)	11 12 (9 - 12) (9 - 16)	0 0 (0 - 0) (0 - 0)	15 6 (13 - 17) (5 - 8)	18 7 (13 - 23) (5 - 10)
Saint Vincent and the 4 4 0 0 4 3 5 3 Grenadines (3 - 4) (3 - 6) (0 - 0) (0 - 0) (4 - 5) (2 - 4) (3 - 7) (2 - 5)	9 11 (8 - 10) (8 - 16)	0 0 (0 - 0) (0 - 0)	12 5 (11 - 14) (4 - 6)	16 6 (11 - 22) (4 - 10)
Samoa 5 2 0 0 6 4 3 2 (3-9) (1-4) (0-0) (0-0) (4-11) (3-8) (2-4) (1-3)	26 7 (8 - 82) (3 - 13)	$\begin{pmatrix} 0 & 0 \\ (0 - 0) & (0 - 0) \end{pmatrix}$	30 22 (13 - 93) (8 - 75)	9 5 (5 - 17) (3 - 10)
San Marino $\begin{pmatrix} 3 & 0 \\ 2 & 3 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 1 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 0 & 0 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 2 & 4 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 2 & 4 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 0 & 0 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 2 & 4 \end{pmatrix}$ $\begin{pmatrix} 0 & 0 \\ 0 & 0 \end{pmatrix}$	$\begin{pmatrix} 3 & 32 \\ 9 & 2 \\ (7 - 11) & (2 - 3) \end{pmatrix}$	$\begin{pmatrix} 0 & 0 \\ 0 & 0 \\ (0 - 0) & (0 - 0) \end{pmatrix}$	(10 - 16) $(0 - 70)$	$\begin{pmatrix} 2 & 1 \\ 3 & 1 \\ (2 - 4) & (1 - 2) \end{pmatrix}$
Sao Tome and Principe $21 \ 3 \ 0 \ 0 \ 22 \ 21 \ 4 \ 2 \ 17 \ 27) \ (2 \ 4) \ (0 \ 0) \ (17 \ 27) \ (2 \ 4) \ (2 \ 5) \ (17 \ 27) \ (17 \ 27) \ (2 \ 5) \ (17 \ 27) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17) \ (17)$	(7 - 11) $(2 - 3)25 17(7 - 01)$ $(7 - 20)$		(10 - 10) $(4 - 7)30 20(12 - 114)$ (9 77)	(2 - 4) $(1 - 2)23 11(10 E4) (E 29)$
Saudi Arabia 8 2 1 9 7 2 1 $(7, 11)$ $(1, 2)$ $(2, 3)$	(7 - 31) (7 - 39) 14 9 (C 40) (F 17)	(0 - 0) (0 - 0) 3 5 (1 0) (2 0)	(12 - 114) (0 - 77) 19 8 (11 - 72) (5 - 20)	13 (10 - 34) (5 - 28) 13 4 (7 - 24) (2 - 0)
Senegal $(7 - 11)$ $(1 - 2)$ $(2 - 3)$ $(1 - 1)$ $(7 - 12)$ $(0 - 10)$ $(1 - 2)$ $(1 - 2)$ (33) 9 8 4 33 32 10 7 $(30, 90)$ $(2 - 3)$ $(2 - 3)$ $(2 - 3)$ $(2 - 3)$ $(2 - 3)$ $(2 - 3)$	$(0 - 4\delta)$ $(5 - 17)$ 25 11	(1 - 9) $(2 - 9)4 4(2 4) (2 - 7)$	28 22	(7 - 24) $(2 - 8)13 8(0 - 22) (5 - 42)$
(28 - 38) (b - 13) (7 - 9) (3 - 6) (28 - 38) (27 - 37) (7 - 16) (5 - 11) (Serbia 3 1 0 0 4 3 1 1	(21 - 30) (6 - 19) 7 4	(3 - 4) (2 - 7) 1 0	(22 - 34) (18 - 27) 10 4	(8 - 23) (5 - 16) 6 2
(3 - 3) (1 - 1) (U - 0) (3 - 4) (2 - 3) (1 - 2) (1 - 1) Seychelles 4 2 0 0 4 3 3 2	/			10 10 01
	(7 - 7) $(4 - 4)8 8$		(9 - 10) $(4 - 4)11 4$	(3 - 6) (2 - 2)

	Probability of dying among those aged 5-14 years (per 1,000 children aged 5 years) 				Sex-sp amoi (per 1	Decific pro 1g those a 1,000 childr	bability o ged 5–14 en aged 5	if dying years years)	Probab dying amo aged 15- (per 7 adoles aged 15	ility of ong those 24 years 0,000 scents 5 years)	Number among th 15–24 (thous	of deaths ose aged years ands) ^a	Sex-sp amon (per 1,0	bability o jed 15–24 ents aged 1	f dying years 5 years)	
•					19	90	20	23					19	90	20	23
Country Singapore	1990 2	2023	1990 0	2023 0	Male 3	Pemale 2	Male 1	Female 1	1990 6	2023	1990 0	2023 0	Male 8	Female 4	Male 3	Female 2
Slovakia	(2-3)	(1 - 1)	(0 - 0)	(0 - 0)	(3 - 3)	(2 - 2)	(1 - 1)	(1 - 1)	(6 - 6)	(2 - 3)	(0 - 0)	(0 - 0)	(7 - 8)	(3 - 4)	(3 - 4)	(1 - 2)
Slovenia	(2 - 3)	(1 - 1)	(0-0)	(0 - 0)	(3 - 3)	(2 - 2)	(1 - 1)	(1 - 1)	(7 - 7)	(4 - 4)	(1 - 1)	(0 - 0)	(10 - 10)	(3 - 4)	(5 - 6)	(2-3)
Solomon Jolondo	(2 - 2)	(1 - 1)	(0 - 0)	(0 - 0)	(3 - 3)	(2 - 2)	(1 - 1)	(0 - 1)	(8 - 9)	(2 - 3)	(0 - 0)	(0 - 0)	(12 - 13)	(4 - 5)	(3 - 4)	(1 - 2)
Sololion Islanus	(6 - 10)	(3 - 6)	(0 - 0)	(0 - 0)	0 (7 - 11)	(5 - 8)	(4 - 7)	(3 - 5)	(11 - 18)	(8 - 13)	(0 - 0)	(0 - 0)	(15 - 25)	(6 - 11)	(10 - 17)	(3 - 8)
Somalia	(30 <u>-</u> 50)	(18 - 30)	8 (6 - 10)	(10 - 16)	39 (31 - 51)	(30 - 50)	23 (18 <u>-</u> 30)	23 (17 - 30)	84 (66 - 108)	46 (36 - 59)	(9 - 14)	(13 - 22)	(80 - 142)	(46 - 79)	(35 - 71)	41 (28 - 56)
South Africa	(5 - 10)	(5 - 6)	/ (6 - 10)	(5 - 7)	8 (6 - 12)	(5 - 9)	(6 - 8)	5 (4 - 5)	(16 - 27)	(18 - 23)	(13 - 21)	(19 - 24)	(22 - 37)	(10 - 17)	(23 - 30)	(13 - 17)
South Sudan	157 (122 - 201)	22 (17 - 28)	23 (17 - 30)	/ (5 - 9)	169 (131 - 217)	145 (112 - 187)	22 (17 - 29)	22 (16 - 28)	191 (148 - 245)	37 (29 - 48)	20 (15 - 26)	10 (7 - 12)	198 (146 - 266)	183 (139 - 238)	35 (24 - 49)	40 (27 - 54)
Spain	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	0 (0 - 0)	3 (3 - 3)	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	8 (8 - 9)	2 (2 - 3)	6 (5 - 6)	1 (1 - 1)	13 (12 - 13)	4 (4 - 4)	3 (3 - 4)	1 (1 - 2)
Sri Lanka	7 (6 - 7)	1 (1 - 2)	2 (2 - 2)	0 (0 - 1)	7 (7 - 7)	6 (6 - 6)	1 (1 - 2)	1 (1 - 2)	25 (24 - 25)	4 (2 - 7)	8 (8 - 8)	1 (1 - 2)	37 (36 - 38)	12 (11 - 13)	5 (3 - 9)	3 (1 - 5)
State of Palestine	5 (4 - 7)	28 (17 - 50)	0 (0 - 0)	4 (2 - 7)	6 (5 - 8)	4 (3 - 5)	30 (18 - 54)	26 (16 - 45)	12 (9 - 15)	55 (43 - 70)	0 (0 - 1)	6 (4 - 7)	18 (14 - 23)	6 (4 - 8)	82 (62 - 108)	27 (18 - 40)
Sudan	26 (21 - 33)	7 (4 - 12)	16 (14 - 21)	9 (6 - 16)	26 (21 - 33)	25	8 (5 - 14)	6 (4 - 10)	45 (35 - 58)	28	19 (15 - 25)	29 (22 - 37)	42	48	37 (27 - 50)	18 (12 - 26)
Suriname	(4 - 5)	3	0 (0 - 0)	0	5 (5 - 6)	3	(3 - 4)	4 (3 - 5)	12	10	0	0	16 (14 - 17)	9 (8 - 10)	12	(5 - 11)
Sweden	1	(1 - 1)	0	0	(2 - 2)	(0 1) 1 (1 - 1)	1	(0 0) 1 (1 - 1)	5	(3 - 3)	(0 0) 1 (1 - 1)	0	7	(3 - 3)	(0 17) 4 (4 - 5)	2
Switzerland	2	(1 - 1)	0	0	$\binom{2}{2}$	2	1 (1 1)	(1 - 1)	8	3	1 (1 1)	0	12	(J - J) 4 (A E)	(4 - J) 4 (2 - 4)	2
Syrian Arab Republic	(2 - 2) 9 (0 11)	7	(0 - 0)	(0 - 0)	10	(1 - 2)	7	6	(0 - 9)	10	(1 - 1)	(0 - 0)	17	(4 - 5)	(3 - 4)	6
Tajikistan	(8 - 11)	(4 - 12)	(3 - 4)	(2 - 6)	(9 - 12)	(7 - 10)	(4 - 13)	(4 - 11)	9	(3 - 34)	(3 - 6)	(3 - 19)	10	(7 - 16)	(7 - 47)	(3 - 21)
Thailand	(6 - 6) 7	(2 - 2)	(1 - 1)	(0 - 1)	(7 - 8)	(5 - 5)	(2 - 2)	(1 - 2)	(9 - 9)	(4 - 5)	(1 - 1) 20	(1 - 1)	(10 - 10) 24	(8 - 9)	(4 - 6) 17	(3 - 4)
Timor-Leste	(6 - 7) 45	(4 - 4) 9	(7 - 8) 1	(3 - 3) 0	(7 - 8) 46	(5 - 6) 44	(5 - 5) 10	(3 - 3) 8	(16 - 17) 31	(11 - 12) 29	(19 - 20) 0	(10 - 11) 1	(23 - 25) 39	(7 - 9) 22	(16 - 17) 24	(6 - 6) 35
Togo	(35 - 58) 33	(7 - 12) 10	(1 - 1) 4	(0 - 0) 3	(36 - 58) 34	(35 - 57) 32	(8 - 13) 11	(6 - 11) 10	(14 - 64) 24	(13 - 71) 16	(0 - 1) 2	(0 - 2) 3	(20 - 82) 27	(12 - 45) 21	(11 - 60) 20	(17 - 86) 13
Tonga	(28 - 40) 3	(7 - 16) 2	(3 - 5) 0	(2 - 4) 0	(29 - 41) 4	(27 - 39) 2	(7 - 17) 2	(7 - 15) 1	(19 - 30) 7	(8 - 34) 8	(2 - 2) 0	(1 - 6) 0	(21 - 34) 10	(17 - 27) 4	(9 - 42) 12	(6 - 28) 5
Trinidad and Tobago	(2 - 4) 4	(1 - 3) 2	(0 - 0) 0	(0 - 0) 0	(3 - 5) 5	(2 - 3) 3	(2 - 3) 3	(1 - 2) 2	(4 - 10) 11	(5 - 13) 14	(0 - 0) 0	(0 - 0) 0	(6 - 14) 14	(2 - 6) 7	(7 - 20) 21	(3 - 8) 6
Tunisia	(4 - 4) 7	(2 - 3) 3	(0 - 0) 1	(0 - 0) 1	(4 - 5) 8	(3 - 4) 6	(2 - 3) 3	(2 - 3) 2	(10 - 11) 9	(10 - 19) 7	(0 - 0) 1	(0 - 0) 1	(13 - 15) 12	(7 - 8) 5	(15 - 29) 9	(4 - 9) 4
Turkmenistan	(6 - 7) 6	(3 - 3)	(1 - 2)	(1 - 1)	(7 - 9) 8	(5 - 6)	(3 - 4)	(2 - 3)	(7 - 11) 12	(6 - 7) 8	(1 - 2)	(1 - 1) 1	(9 - 15) 15	(4 - 7)	(8 - 10) 10	(3 - 5) 6
Turks and Caicos Islands	(6 - 7) 3	(3 - 5)	(1 - 1)	(0 - 1)	(7 - 8) 4	(5 - 6)	(3 - 6)	(2 - 4)	(11 - 12)	(5 - 14) 6	(1 - 1)	(1 - 2)	(14 - 16)	(8 - 9)	(6 - 18) 9	(4 - 11)
	(3 - 4)	(1 - 2)	(0 - 0)	(0 - 0)	(3 - 5)	(2 - 3)	(1 - 2)	(1 - 2)	(8 - 14)	(5 - 7)	(0 - 0)	(0 - 0)	(12 - 19)	(4 - 8)	(6 - 11)	(2 - 5)
Türkiyo	(8 - 13)	(3 - 6)	(0 - 0)	(0 - 0)	(8 - 14)	(7 - 11)	(4 - 7)	(3 - 4)	(13 - 21)	(8 - 13)	(0 - 0)	(0 - 0)	(18 - 30)	(7 - 13)	(10 - 18)	(4 - 8)
laondo	(7 - 10)	(6 - 7)	(9 - 14)	(8 - 9)	(8 - 12)	(6 - 9)	(6 - 6)	(6 - 7)	(11 - 22)	(8 - 9)	(13 - 26)	(10 - 12)	(15 - 31)	(7 - 14)	(9 - 10)	(7 - 8)
Ularsia sh	(25 - 33)	(8 - 18)	(13 - 17)	(11 - 25)	(25 - 33)	(24 - 33)	(9 - 20)	(8 - 17)	(40 - 55)	(13 - 49)	(14 - 20)	(15 - 51)	(36 - 52)	(42 - 59)	(16 - 59)	(11 - 40)
Ukraine"	(4 - 5)	(2 - 2)	(3 - 3)	(1 - 1)	(5 - 6)	(3 - 3)	(2 - 2)	(1 - 2)	(11 - 12)	(17 - 22)	(8 - 9)	(6 - 8)	(17 - 18)	(6 - 6)	(27 - 37)	(4 - 6)
United Arab Emirates'	(3 - 4)	(1 - 2)	(0 - 0)	(0 - 0)	(3 - 5)	(2 - 3)	(1 - 2)	(1 - 1)	(5 - 9)	(3 - 6)	(0 - 0)	(1 - 1)	9 (7 - 11)	3 (2 - 5)	(4 - 8)	(2 - 4)
United Kingdom	(2 - 2)	(1 - 1)	1 (1 - 1)	1 (1 - 1)	(2 - 2)	1 (1 - 2)	1 (1 - 1)	1 (1 - 1)	6 (6 - 6)	3 (3 - 4)	5 (5 - 5)	3 (2 - 3)	8 (8 - 9)	3 (3 - 3)	4 (4 - 5)	(2 - 2)
United Republic of Tanzania	27 (23 - 32)	12 (7 - 24)	21 (18 - 24)	22 (16 - 42)	27 (23 - 32)	27 (23 - 31)	13 (9 - 27)	11 (8 - 22)	27 (22 - 33)	12 (8 - 20)	14 (12 - 17)	1/ (11 - 26)	29 (23 - 36)	25 (20 - 31)	14 (9 - 23)	10 (6 - 17)
United States	2 (2 - 2)	1 (1 - 2)	9 (8 - 9)	6 (6 - 6)	3 (3 - 3)	2 (2 - 2)	2 (2 - 2)	1 (1 - 1)	10 (10 - 10)	8 (7 - 8)	37 (36 - 38)	34 (33 - 36)	15 (14 - 15)	5 (5 - 5)	11 (10 - 11)	4 (4 - 4)
Uruguay	3 (3 - 3)	2 (1 - 2)	0 (0 - 0)	0 (0 - 0)	4 (4 - 4)	3 (2 - 3)	2 (1 - 2)	1 (1 - 2)	8 (8 - 9)	10 (9 - 11)	0 (0 - 0)	0 (0 - 1)	11 (11 - 12)	5 (5 - 6)	14 (13 - 16)	5 (4 - 6)
Uzbekistan ^j	7 (6 - 7)	5 (5 - 5)	3 (3 - 3)	3 (3 - 3)	8 (7 - 8)	5 (5 - 6)	6 (6 - 6)	4 (4 - 4)	11 (11 - 11)	8 (8 - 8)	4 (4 - 4)	4 (4 - 4)	14 (13 - 14)	8 (7 - 9)	10 (9 - 10)	7 (6 - 7)
Vanuatu	7 (6 - 9)	4 (3 - 5)	0 (0 - 0)	0 (0 - 0)	8 (6 - 10)	6 (5 - 8)	4 (3 - 6)	3 (2 - 4)	13 (10 - 17)	9 (7 - 11)	0 (0 - 0)	0 (0 - 0)	18 (14 - 24)	7 (5 - 10)	13 (10 - 17)	5 (3 - 7)
Venezuela (Bolivarian Republic	4 (4 - 5)	3	2	2	5	4	4	3	12	25	5	12	18	7 (6 - 7)	40	9 (4 - 20)
Viet Nam	10	3	17	(2 6)	11	(0 ⁻¹ 4) (0 ⁻¹¹)	3	2	13	6	16	(7 24) 8 (6 11)	17	8	9	3
Yemen	(9 - 13) 17	(2 - 4) 8 (5 - 40)	(13 - 21)	(3 - 0) 8 (5 - 10)	(9 - 14)	17	(2 - 5) 9	(1 - 3) 7 (F - 10)	(9 - 17)	(4 - 8)	(12 - 21)	(U - 11) 8 (7 - 11)	(13 - 24)	(0 - 10) 9 (7 - 10)	16	(2 - 5) 6
Zambia	(15 - 20)	(5 - 13)	(7 - 9)	(5 - 13)	(15 - 21) 27	(14 - 20)	(o - 15) 10	(5 - 12)	48	(9 - 14) 19	(3 - 5)	(7 - 11)	42	(7 - 12)	(12 - 21)	(4 - 8)
Zimbabwe	(23 - 30) 13	(6 - 14) 11	(5 - 7) 4	(4 - 8) 5	(23 - 31)	(22 - 30) 12	(7 - 16)	(5 - 12) 10	(41 - 57) 22	(11 - 32) 23	(7 - 9) 4	(5 - 13) 8	(35 - 50) 25	(46 - 64) 18	(14 - 42) 28	(7 - 24) 18
	(11 - 16)	(6 - 17)	(3 - 5)	(3 - 8)	(11 - 16)	(10 - 15)	(7 - 18)	(6 - 16)	(18 - 25)	(12 - 42)	(4 - 5)	(4 - 14)	(21 - 30)	(15 - 22)	(15 - 51)	(9 - 34)

Estimates of mortality among children, adolescents and youth ages 5–24 by Sustainable Development Goal region^k

	Probat dying a those 5–14 (per childre 5 ye	bility of among aged years 1,000 n aged ears)	Number of de those 5–14 (thous	eaths among aged years ands)ª	Sex-sp amon (per 1,	ecific pro g those a 000 childr	bability ged 5–14 en aged 5	of dying years years)	Probat dying those 15–24 (per adoles aged 15	among aged years 1,000 scents 5 years)	Number of d those aged (thous	Sex-sp among (per 1,00	of dying I years 15 years)			
Region	1990	2023	1990	2023	19 	90 Female	20 Male	23 Fomalo	1990	2023	1990	2023	19 	90 Female	20 Male	Eemale
negion	38	14	544	451	39	37	15	13	43	2023	415	491	46	40	23	17
Sub-Saharan Africa	(36 - 41)	(13 - 16)	(500 - 580)	(401 - 520)	(36 - 42)	(34 - 40)	(13 - 17)	(12 - 15)	(40 - 48)	(18 - 26)	(389 - 464)	(442 - 612)	(43 - 52)	(37 - 45)	(21 - 29)	(15 - 22)
Northern Africa and	12	5	88	59	12	11	6	5	17	11	98	103	22	12	14	7
Western Asia	(11 - 13)	(5 - 6)	(82 - 95)	(50 - 72)	(11 - 14)	(10 - 12)	(5 - 7)	(4 - 6)	(16 - 20)	(10 - 13)	(85 - 112)	(93 - 120)	(19 - 26)	(10 - 14)	(13 - 17)	(6 - 8)
Northern Africa	12 (12 - 14)	5 (4 - 6)	48	2b (18 - 36)	(12 - 15)	1Z (11 - 13)	5 (4 - 7)	4 (3 - 5)	/ /15 _ 10)	12	48 (43 - 54)	55 (48 - 64)	19 (17 - 21)	15 (13 - 18)	10 (13 - 10)	8 (6 - 10)
Mastern Asia	11	(4 - 0)	40	32	11	10	6	(3 - 3)	17	9	50	48	25	9	13	6
Western Asia	(9 - 12)	(5 - 7)	(35 - 45)	(27 - 41)	(10 - 13)	(8 - 11)	(5 - 8)	(4 - 7)	(15 - 22)	(8 - 12)	(36 - 63)	(41 - 61)	(19 - 32)	(6 - 11)	(11 - 16)	(5 - 8)
Central and Southern Asia	19	4	619	167	19	20	5	4	23	9	546	337	22	24	10	7
	(19 - 20)	(4 - 5) A	(595 - 646) 7	(141 - 205) 6	(18 - 20)	(19-21)	(4 - b) 1	(3 - 4)	(22 - 25)	(/ - 11)	(520 - 585) 11	(284 - 428)	(ZI - Z4) 15	(23 - 26)	(9 - 14) q	(6 - 9)
Central Asia	(6 - 6)	(4 - 4)	(7 - 7)	(6 - 6)	(7 - 8)	(5 - 5)	(4 - 4)	(3 - 3)	(12 - 12)	(7 - 8)	(11 - 11)	(8 - 9)	(15 - 15)	(8 - 9)	(8 - 10)	(5 - 6)
Southern Asia	20	4	611	161	19	20	5	4	23	9	535	329	22	25	11	7
	(19 - 21)	(4 - 5)	(587 - 639)	(136 - 199)	(18 - 20)	(20 - 22)	(4 - 6)	(3 - 5)	(22 - 25)	(7 - 11)	(509 - 574)	(276 - 420)	(21 - 24)	(23 - 26)	(9 - 14)	(6 - 9)
Eastern and South-Eastern	(0 10)	(2 2)	296 (250 220)	/9 (65 102)	9 (0 11)	(7 0)	3	(2 2)	10	b (/ 0)	(222 /20)	1/U (120 257)	13	(6 9)	8 /6 12)	(2 5)
Asia	7	(2 - 3)	156	33	8	6	(2 - 4)	(2 - 3)	(3 - 12)	(4 - 3)	242	68	11	6	(0 - 12)	(3 - 3)
Eastern Asia	(6 - 8)	(1 - 3)	(134 - 183)	(22 - 53)	(6 - 9)	(5 - 7)	(1 - 3)	(1 - 2)	(7 - 11)	(2 - 7)	(200 - 301)	(37 - 132)	(9 - 14)	(4 - 7)	(3 - 10)	(1 - 4)
South-Eastern Asia	13	4	140	46	14	12	5	3	`15 <i>´</i>	`9 <i>′</i>	135	102	19	`11 <i>`</i>	13	5
	(12 - 15)	(3 - 5)	(110 - 157)	(38 - 59)	(11 - 16)	(10 - 14)	(4 - 6)	(3 - 4)	(14 - 17)	(7 - 14)	(121 - 152)	(78 - 156)	(17 - 22)	(9 - 12)	(10 - 20)	(4 - 8)
Latin America and the	(G G)	3	59 (E7 CO)	(20 22)	(G 7)	5 /F F)	3	(2 2)	4 /1/1 1E)	1Z /11 12\	124 (122 120)	IZb (110 140)	20	۲۵ ۱۵ ۵۱	18	(F C)
Caribbean	(0 - 0)	(3 - 3)	(57 - 60)	(20-32)	6	(0-0)	(3 - 3)	(2 - 3)	(14 - 15)	(11 - 13)	(122 - 120)	(119-140)	16	(0 - 9)	10	(3 - 0)
Oceania	(5 - 7)	(3 - 4)	(2 - 3)	(2-3)	(5 - 7)	(4 - 6)	(3 - 5)	(2 - 4)	(10 - 12)	(6 - 9)	(5 - 6)	(4 - 5)	(14 - 17)	(6 - 7)	(9 - 12)	(3 - 6)
Australia and New	2	1	1	0	2	2	1	1	8	4	3	1	12	4	5	2
Zealand	(2 - 2)	(1 - 1)	(1 - 1)	(0 - 0)	(2 - 2)	(2 - 2)	(1 - 1)	(1 - 1)	(8 - 9)	(3 - 4)	(3 - 3)	(1 - 1)	(12 - 12)	(4 - 5)	(5 - 5)	(2 - 2)
Uceania (exc. Australia and New Zealand)	13 (11 - 16)	(P _ A)	(2 - 2)	(2 - 3)	13 (11 - 16)	12 (10 - 15)	8 (6 - 10)	(5 - 8)	(16 - 25)	13 (11 - 16)	(2 - 3)	3 (3 - 1)	20 (21 - 33)	12 (10 - 16)	18	8 (5 - 11)
Europe and Northern	3	1	42	15	4	2	1	1	9	6	134	82	13	5	9	3
America	(3 - 3)	(1 - 1)	(42 - 42)	(15 - 16)	(4 - 4)	(2 - 2)	(1 - 1)	(1 - 1)	(9 - 9)	(6 - 7)	(133 - 135)	(77 - 88)	(13 - 14)	(4 - 5)	(9 - 10)	(3 - 3)
Europe	3	1	33	9	4	2	1	1	9	6	94	45	13	4	9	3
20.000	(3 - 3)	(1 - 1)	(33 - 33)	(8 - 9)	(4 - 4)	(2 - 2)	(1 - 1)	(1 - 1)	(9 - 9)	(5 - 6)	(93 - 95)	(41 - 51)	(13 - 13)	(4 - 4)	(8 - 10)	(2 - 3)
Northern America	(2 - 2)	(1 - 1)	9 (9 - 10)	(6 - 7)	(3 - 3)	(2 - 2)	(2 - 2)	(1 - 1)	10 (9 - 10)	(7 - 8)	40 (39 - 41)	37	(14 - 15)	5 (5 - 5)	(10 - 11)	4 (4 - 4)
14/	15	6	1,650	803	15	14	6	5	17	10	1,699	1,313	19	14	13	8
vvoria	(14 - 15)	(6 - 7)	(1,586 - 1,708)	(748 - 895)	(14 - 16)	(14 - 15)	(6 - 7)	(5 - 6)	(16 - 18)	(10 - 12)	(1,645 - 1,801)	(1,249 - 1,513)	(19 - 21)	(14 - 15)	(12 - 15)	(7 - 9)

Estimates of mortality among children, adolescents and youth ages 5–24 by UNICEF region $^{\rm k}$

	Probab dying a those 5–14 (per children 5 ye	Probability of dying among those aged 5–14 years (per 1,000 children aged 5 years)			Sex-sp amon (per 1,	ecific pro g those a 000 childr	bability ged 5–1 4 en aged S	of dying 4 years 5 years)	Probability of dying among those aged 15–24 years (per 1,000 adolescents aged 15 years)		Number of o those aged (thou	Sex-specific probability of dy among those aged 15–24 yea (per 1,000 adolescents aged 15 ye				
. .					19	1990 202		23					1990		2023	
Region	1990	2023	1990	2023	Male	Female	Male	Female	1990	2023	1990	2023	Male	Female	Male	Female
Sub-Saharan Africa	37 (36 - 40)	14 (13 - 16)	561 (516 - 597)	460 (410 - 529)	39 (35 - 41)	36 (33 - 39)	15 (13 - 17)	13 (12 - 15)	43 (41 - 48)	21 (19 - 26)	434 (409 - 484)	520 (471 - 642)	46 (43 - 51)	40 (38 - 45)	24 (22 - 30)	17 (15 - 22)
West and Central Africa	37 (34 - 40)	17 (15 - 21)	258 (227 - 282)	295 (252 - 352)	37 (33 - 41)	36 (32 - 40)	18 (15 - 22)	17 (14 - 20)	38 (33 - 47)	22 (18 - 30)	178 (156 - 220)	264 (219 - 363)	39 (34 - 49)	37 (32 - 47)	24 (20 - 33)	19 (15 - 28)
Eastern and Southern Africa	38 (36 - 42)	10 (9 - 12)	303 (276 - 329)	166 (138 - 197)	40 (36 - 43)	37 (34 - 41)	11 (9 - 13)	9 (8 - 11)	48 (45 - 52)	20 (18 - 24)	256 (242 - 279)	256 (227 - 314)	52 (48 - 57)	43 (40 - 47)	24 (21 - 30)	15 (13 - 19)
Middle East and North Africa	12 (11 - 13)	4 (4 - 6)	81 (75 - 89)	45 (39 - 56)	12 (11 - 14)	11 (10 - 12)	5 (4 - 6)	4 (3 - 5)	17 (15 - 20)	9 (8 - 11)	82 (74 - 97)	74 (66 - 90)	23 (20 - 27)	11 (9 - 13)	12 (11 - 15)	5 (5 - 7)
South Asia	20 (19 - 21)	4 (4 - 5)	589 (565 - 616)	157 (131 - 194)	20 (19 - 21)	21 (20 - 22)	5 (4 - 6)	4 (3 - 5)	23 (22 - 25)	9 (7 - 11)	512 (487 - 548)	316 (263 - 407)	22 (21 - 24)	25 (24 - 27)	10 (8 - 14)	7 (6 - 9)
East Asia and Pacific	9 (8 - 10)	3 (2 - 3)	299 (262 - 332)	82 (68 - 106)	9 (8 - 11)	8 (7 - 9)	3 (2 - 4)	2 (2 - 3)	10 (9 - 12)	6 (5 - 9)	382 (338 - 444)	174 (135 - 262)	13 (12 - 15)	7 (6 - 8)	8 (6 - 12)	3 (3 - 5)
Latin America and Caribbean	6 (6 - 6)	3 (3 - 3)	59 (57 - 60)	29 (28 - 32)	6 (6 - 7)	5 (5 - 5)	3 (3 - 3)	2 (2 - 3)	14 (14 - 15)	12 (11 - 13)	124 (122 - 128)	126 (119 - 140)	20 (20 - 21)	8 (8 - 9)	18 (17 - 20)	6 (5 - 6)
North America	2 (2 - 2)	1 (1 - 1)	9 (9 - 10)	7 (6 - 7)	3 (3 - 3)	2 (2 - 2)	2 (2 - 2)	1 (1 - 1)	10 (9 - 10)	7 (7 - 8)	40 (39 - 41)	37 (35 - 38)	14 (14 - 15)	5 (5 - 5)	10 (10 - 11)	4 (4 - 4)
Europe and Central Asia	4 (4 - 4)	2 (2 - 2)	53 (51 - 55)	24 (23 - 25)	5 (5 - 5)	3 (3 - 3)	2 (2 - 2)	2 (2 - 2)	10 (9 - 10)	6 (6 - 7)	125 (108 - 132)	66 (62 - 72)	14 (12 - 15)	5 (4 - 6)	9 (8 - 10)	3 (3 - 4)
Eastern Europe and Central Asia	6 (5 - 6)	3 (3 - 3)	40 (38 - 42)	20 (19 - 20)	7 (7 - 7)	4 (4 - 5)	3 (3 - 4)	3 (3 - 3)	12 (12 - 14)	10 (9 - 11)	77 (59 - 84)	50 (45 - 56)	18 (14 - 19)	7 (5 - 8)	14 (12 - 16)	5 (5 - 6)
Western Europe	2 (2 - 2)	1 (1 - 1)	13 (13 - 13)	4 (4 - 4)	3 (3 - 3)	2 (2 - 2)	1 (1 - 1)	1 (1 - 1)	7 (7 - 7)	3 (3 - 3)	48 (48 - 48)	16 (16 - 17)	10 (10 - 11)	4 (4 - 4)	4 (4 - 4)	2 (2 - 2)
World	15 (14 - 15)	6 (6 - 7)	1,650 (1,586 - 1,708)	803 (748 - 895)	15 (14 - 16)	14 (14 - 15)	6 (6 - 7)	5 (5 - 6)	17 (16 - 18)	10 (10 - 12)	1,699 (1,645 - 1,801)	1,313 (1,249 - 1,513)	19 (19 - 21)	14 (14 - 15)	13 (12 - 15)	8 (7 - 9)

Estimates of mortality among children, adolescents and youth ages 5–24 by World Health Organization region^k

	Probat dying those 5–14 (per childre 5 ye	bility of among aged years 1,000 en aged ears)	of 19 Number of deaths among those aged 5 5-14 years (thousands) ^a			ecific pro g those ag 000 childro	bability ged 5–1 4 en aged 5	of dying 4 years 5 years)	Probat dying those 15–24 (per adole: aged 1	oility of among aged years 1,000 scents 5 years)	Number of d those aged (thous	Sex-sp among (per 1,00	of dying years 15 years)			
					19	90	20	23				1990		2023		
Region	1990	2023	1990	2023	Male	Female	Male	Female	1990	2023	1990	2023	Male	Female	Male	Female
Africa	37 (35 - 39)	14 (13 - 16)	542 (498 - 578)	441 (391 - 510)	38 (35 - 40)	36 (33 - 38)	14 (13 - 17)	13 (11 - 15)	41 (38 - 46)	19 (18 - 25)	409 (384 - 458)	477 (428 - 598)	43 (40 - 49)	38 (35 - 43)	23 (20 - 28)	16 (14 - 21)
Americas	5 (5 - 5)	2 (2 - 3)	68 (67 - 69)	36 (34 - 38)	5 (5 - 6)	4 (4 - 4)	3 (3 - 3)	2 (2 - 2)	13 (13 - 13)	10 (10 - 11)	164 (161 - 168)	163 (156 - 177)	18 (18 - 19)	7 (7 - 8)	16 (15 - 17)	5 (5 - 6)
Eastern Mediterranean	15 (14 - 16)	6 (5 - 8)	152 (140 - 167)	109 (88 - 148)	15 (14 - 17)	14 (13 - 16)	7 (5 - 9)	5 (4 - 7)	24 (22 - 29)	13 (10 - 18)	171 (157 - 204)	185 (152 - 263)	29 (26 - 35)	19 (17 - 23)	17 (14 - 25)	8 (7 - 11)
Europe	4 (4 - 4)	2 (2 - 2)	53 (51 - 55)	24 (24 - 25)	5 (5 - 5)	3 (3 - 3)	2 (2 - 2)	2 (2 - 2)	10 (9 - 10)	6 (6 - 7)	125 (108 - 133)	67 (62 - 72)	14 (12 - 15)	5 (4 - 6)	9 (8 - 10)	3 (3 - 4)
South-East Asia) 19 (19 - 20)	4 (3 - 4)	633 (597 - 662)	137 (120 - 157)	19 (18 - 20)	20 (19 - 21)	4 (4 - 5)	3 (3 - 4)	21	8 (7 - 10)	542 (516 - 572)	307 (259 - 384)	21 (19 - 22)	22 (20 - 23)	10 (8 - 13)	7 (6 - 8)
Western Pacific	7 (6 - 8)	2 (2 - 3)	202 (178 - 229)	52 (40 - 72)	8 (7 - 9)	6 (5 - 7)	2 (2 - 3)	2 (1 - 2)	9 (8 - 11)	5 (3 - 7)	287 (245 - 346)	108	12 (10 - 15)	6 (5 - 7)	6 (4 - 10)	3 (2 - 4)
World	15 (14 - 15)	6 (6 - 7)	1,650 (1,586 - 1,708)	803 (748 - 895)	15 (14 - 16)	14 (14 - 15)	6 (6 - 7)	5 (5 - 6)	17 (16 - 18)	10 (10 - 12)	1,699 (1,645 - 1,801)	1,313 (1,249 - 1,513)	19 (19 - 21)	14 (14 - 15)	13 (12 - 15)	8 (7 - 9)

Estimates of mortality among children, adolescents and youth ages 5–24 by World Bank region^k

	Probal dying those 5–14 (per childre 5 ye	bility of among a aged years 1,000 en aged ears)	Number of de those aged (thouse	Sex-sp amon (per 1,	ecific pro g those a 000 childr	bability ged 5–14 en aged 5	of dying years years)	Probability of dying among those aged 15–24 years (per 1,000 adolescents aged 15 years)		Number of d those aged (thous	Sex-sp among (per 1,00	ecific pro j those aç O adolesci	bability of dying ed 15–24 years ents aged 15 years)			
Region	1990	2023	1990	2023	1: Male	Female	Male	Female	1990	2023		2023	19 Male	Female	 Male	Z3 Female
negion	1550	2023	200	2023		1 cinute	a	o	10	2023	000	174	10	7	o	1 cinute
East Asia and Pacific	/0 10\	12 21	(262 222)	82 (69 106)	(0 11)	(7 0)	(2 1)	(2 2)		(5 0)	382 (220 AAA)	1/4	(12 15)	(6 0)	(G 12)	(2 E)
	(0 - 10)	2 2	53	24	5	3	(2 - 4)	2 - 31	10	(J - 3)	125	66	14	(0-0)	q	(3 - 3)
Europe and Central Asia	(4 - 4)	(2 - 2)	(51 - 55)	(23 - 25)	(5 - 5)	(3 - 3)	(2 - 2)	(2 - 2)	(9 - 10)	(6 - 7)	(108 - 132)	(62 - 72)	(12 - 15)	(4 - 6)	(8 - 10)	(3 - 4)
Latin America and the	6	3	59	29	6	5	3	2	14	12	124	126	20	8	18	6
Caribbean	(6 - 6)	(3 - 3)	(57 - 60)	(28 - 32)	(6 - 7)	(5 - 5)	(3 - 3)	(2 - 3)	(14 - 15)	(11 - 13)	(122 - 128)	(119 - 140)	(20 - 21)	(8 - 9)	(17 - 20)	(5 - 6)
Middle East and North	12	4	81	45	12	11	5	4	17	9	83	75	23	11	12	5
Africa	(11 - 13)	(4 - 6)	(75 - 89)	(40 - 57)	(11 - 14)	(10 - 12)	(4 - 6)	(3 - 5)	(15 - 20)	(8 - 11)	(74 - 98)	(66 - 91)	(20 - 27)	(9 - 13)	(11 - 15)	(5 - 7)
North America	2	1	9	7	3	2	2	1	10	7	40	37	14	5	10	4
North America	(2 - 2)	(1 - 1)	(9 - 10)	(6 - 7)	(3 - 3)	(2 - 2)	(2 - 2)	(1 - 1)	(9 - 10)	(7 - 8)	(39 - 41)	(35 - 38)	(14 - 15)	(5 - 5)	(10 - 11)	(4 - 4)
South Asia	ZU (10 21)	4 (4 E)	589	15/	20	ZI	5	(2 5)	23	/7 11)	51Z	310	22	25 (24 27)	10	/C 0)
	(19-21)	(4 - 5)	(202 - 010)	(131 - 194)	1(19-21)	(20 - 22)	(4 - 0)	(3 - 5)	12 (22 - 23)	21	(487 - 348)	(203 - 407)	(21 - 24)	(24 - 27)	(8 - 14)	(0 - 9)
Sub-Saharan Africa	(36 - 40)	(13 - 16)	(516 - 597)	(409 - 529)	(35 - 41)	(33 - 39)	(13 - 17)	(12 - 15)	(41 - 48)	(19 - 26)	(408 - 483)	(471 - 641)	(43 - 51)	(38 - 45)	(22 - 30)	(15 - 22)
1 in	43	13	352	246	44	41	13	12	50	22	284	335	54	46	26	18
Low income	(40 - 48)	(12 - 15)	(311 - 387)	(215 - 289)	(39 - 49)	(36 - 46)	(12 - 16)	(10 - 14)	(46 - 58)	(20 - 30)	(264 - 329)	(290 - 443)	(49 - 63)	(42 - 53)	(23 - 34)	(16 - 26)
I ower middle income	20	7	915	422	20	21	7	6	23	10	768	586	23	23	12	8
Lower made meome	(20 - 21)	(6 - 8)	(876 - 949)	(375 - 489)	(19 - 21)	(20 - 22)	(7 - 9)	(5 - 7)	(22 - 25)	(9 - 12)	(736 - 811)	(531 - 696)	(22 - 25)	(22 - 25)	(11 - 15)	(7 - 10)
Upper middle income	(7 0)	(2 /)	333	115	(0 0)	/ 7)	3	(2)		(7 10)	494	289 (240, 270)	15	/C 0)	(0 14)	4 (4 E)
	(7 - 8)	(3 - 4)	(300 - 302)	(101 - 141)	(0 - 9)	(0 - 7)	(3 - 4)	(2 - 3)	q (10 - 13)	(7 - 10)	(450 - 556) 149	(249 - 370) 91	12	(0 - 8)	(9 - 14)	(4 - 5)
High income	(3 - 3)	(1 - 1)	(47 - 49)	(18 - 18)	(4 - 4)	(2 - 2)	(1 - 1)	(1 - 1)	(8 - 9)	(5 - 6)	(146 - 155)	(85 - 98)	(12 - 13)	(4 - 5)	(8 - 9)	(3 - 3)
Marid	15	6	1,650	803	15	14	6	5	17	10	1,699	1,313	19	14	13	8
aanin	(14 - 15)	(6 - 7)	(1,586 - 1,708)	(748 - 895)	(14 - 16)	(14 - 15)	(6 - 7)	(5 - 6)	(16 - 18)	(10 - 12)	(1,645 - 1,801)	(1,249 - 1,513)	(19 - 21)	(14 - 15)	(12 - 15)	(7 - 9)

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

	Probability of dying among those aged 5–14 years (per 1,000 children aged 5 years)	Number of de those aged (thouse	eaths among 5–14 years ands) ^a	Sex-sp amon (per 1,	ecific pro g those a 000 childr	bability ged 5–14 en aged 5	of dying I years i years)	Probability of dying among those aged 15–24 years (per 1,000 adolescents aged 15 years)		Number of deaths among those aged 15–24 years (thousands) ^a		Sex-sp among (per 1,00	ecific pro j those aç O adolesco	bability of dying J ed 15–24 years Ants aged 15 years)	
				19	90	20	23				19	90	2023		
Region	1990 2023	1990	2023	Male	Female	Male	Female	1990	2023	1990	2023	Male	Female	Male	Female
Sub-Saharan Africa	38 14 (36 - 41) (13 - 16)	544 (500 - 580)	451 (401 - 520)	39 (36 - 42)	37 (34 - 40)	15 (13 - 17)	13 (12 - 15)	43 (40 - 48)	20 (18 - 26)	415 (389 - 464)	491 (442 - 612)	46 (43 - 52)	40 (37 - 45)	23 (21 - 29)	17 (15 - 22)
Africa	33 13 (31 - 35)(12 - 15)	592 (548 - 629)	478 (428 - 547)	34 (31 - 36)	32 (29 - 34)	13 (12 - 15)	12 (11 - 14)	37 (35 - 41)	19 (17 - 23)	463 (437 - 513)	546 (498 - 668)	40 (37 - 44)	35 (32 - 39)	22 (20 - 27)	16 (14 - 20)
Asia	14 4 (13 - 14) (3 - 4)	955 (910 - 999)	279 (250 - 328)	14 (13 - 15)	13 (13 - 14)	4 (4 - 5)	3 (3 - 4)	15 (14 - 16)	8 (7 - 10)	973 (923 - 1.053)	555 (493 - 692)	17 (16 - 19)	13 (12 - 14)	10 (8 - 12)	5 (5 - 7)
Europe	3 1 (3 - 3) (1 - 1)	33 (33 - 33)	9 (8 - 9)	4 (4 - 4)	2	1 (1 - 1)	1 (1 - 1)	9 (9 - 9)	6 (5 - 6)	94 (93 - 95)	45 (41 - 51)	13 (13 - 13)	4 (4 - 4)	9 (8 - 10)	3 (2 - 3)
Latin America and the Caribbean	6 3 (6 - 6) (3 - 3)	59 (57 - 60)	29 (28 - 32)	6 (6 - 7)	5 (5 - 5)	3 (3 - 3)	2 (2 - 3)	14 (14 - 15)	12 (11 - 13)	124 (122 - 128)	126 (119 - 140)	20 (20 - 21)	8 (8 - 9)	18 (17 - 20)	6 (5 - 6)
Northern America	2 1 (2 - 2) (1 - 1)	9 (9 - 10)	7 (6 - 7)	3 (3 - 3)	2 (2 - 2)	2 (2 - 2)	1 (1 - 1)	10 (9 - 10)	7 (7 - 8)	40 (39 - 41)	37 (35 - 38)	14 (14 - 15)	5 (5 - 5)	10 (10 - 11)	4 (4 - 4)
Oceania	6 4	3	2	6	5	4	3	11	7	5	5	16	6	10	4
World	15 6 (14 - 15) (6 - 7)	(<u>2 - 3)</u> 1,650 (1,586 - 1,708)	(<u>2 - 3)</u> 803 (748 - 895)	(5 - 7) 15 (14 - 16)	(4 - 6) 14 (14 - 15)	<u>(3 - 5)</u> 6 (6 - 7)	(<u>∠ - 4)</u> 5 (5 - 6)	17 (16 - 18)	<u>(6 - 9)</u> 10 (10 - 12)	(<u>5 - 6)</u> 1,699 (1,645 - 1,801)	(4 - 5) 1,313 (1,249 - 1,513)	(14 - 17) 19 (19 - 21)	<u>(b - /)</u> 14 (14 - 15)	(<u>9 - 12)</u> 13 (12 - 15)	(3 - 6) 8 (7 - 9)

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 5 years 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

- Note: values in parentnesses represent the sol per cert uncertainty intervals. Estimated by 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 <<u>childmortality.org</u>> for download.
 b) Some UN IGME indicators are calculated using population and live birth numbers from World Population Prospects: 2024 (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 10,295 (https://ec.europa.eu/eurostat/databrowser/view/tps00204/), the population on 1 January 2023 was 920,701 (https://ec.europa.eu/eurostat/databrowser/view/tps00001/), the population under 5 was 49,326, adolescent population was 99,207 and the number of women of reproductive age was 235,268 (https://doi.org/10.2908/DEMO_PJAN).
- The UN IGME estimates are not the official statistics of the Democratic People's Republic of Korea. The UN IGME estimates are not the official statistics of the Democratic People's Republic of Korea. 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. All references to Kosovo in the UN IGME estimates should be understood in the context of United Nations Security Council resolution 1244 (1999). Values shown are from the previous round of UN IGME estimation and the 2024 round is still undergoing consultation.
- The most recent official national estimates of neonatal, infant and under-five mortality rates in Qatar are from the vital registration system, with a rate of 4.6, 6.5 and 8.0 deaths per 1,000 live births for both sexes, The State Statistics Service of Ukraine (SSSU) have suspended the compilation of impartial statistical information on births and deaths starting from 2022 and on the number of population starting from data as of
- January 1, 2023, onwards. Consequently, no data is available for 2022. The UN IGME estimates are not the official statistics of the United Arab Emirates.
- The most recent official national estimates of neonatal, infant and under-five mortality rates in Uzbekistan are from the vital registration system, with a rate of 5.8, 8.5 and 12.3 deaths per 1,000 live births for both sexes, respectively, in 2023. The most recent official sex-specific estimates from the vital registration system for infant and under-five mortality for males are 9.5 and 13.6 deaths per 1,000 live births and 7.5 and 10.8
- deaths per 1,000 live births for females, respectively, in 2023.
 k) The sum of the number of deaths by region may differ from the world total because of rounding

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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World Health Organization WORLD BANK GROUP



The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) was formed in 2004 to share data on child mortality, improve methods for child mortality estimation, report on progress towards child survival goals and enhance country capacity to produce timely and properly assessed estimates of child mortality. The UN IGME is led by the United Nations Children's Fund and includes the World Health Organization, the World Bank Group and the United Nations Department of Economic and Social Affairs, Population Division, as full members.

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 <<u>https://childmortality.org</u>>.

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