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# Older children and young adolescent mortality (5 to 14 years)

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## Key facts

- An estimated 869 000 older children and young adolescents (5 to 14 years) died in 2020, a mortality rate of 7 per 1000 children. Globally the risk of death is lower than for children under 5 years.
- Older children (5–9 years) had one of the largest declines in mortality since 1990 (60%) with an annual rate of reduction of 3.1%. For young adolescents (10 to 14 years) the mortality rate declined from 10 deaths per 1000 children aged 10 to 3 deaths per 1000, an annual rate of reduction of 1.9%.
- Sub-Saharan Africa and South-East Asia have the highest regional mortality rates for both children aged 5 to 9 years and 10 to 14 years.
- Infectious diseases of childhood have declined since 2000 for those aged 5 to 14 years; however, injuries have not. Injuries (including road traffic injuries and drowning) are the leading causes of death among older children and young adolescents. In fact, injuries rank among the top causes of death and lifelong disability among those aged 5–14 years.
- COVID-19 infections among children and adolescents typically cause less severe illness and fewer deaths as compared to adults. Children and young adolescents 5 to 14 years represent approximately 8% of the global cases (9 172 397) and 0.1% of the global deaths (1444) .

## Overview

Globally, mortality falls from the peak at under 5, to a low in 10–14 year-olds, then increases again for older adolescents and young adults. While the level of mortality differs considerably between regions, this age pattern is generally consistent across regions except for Australia and New Zealand, Europe and North America, and Latin America and the Caribbean, which see the lowest mortality among those aged 5–9 years. However, survival chances for older children and young adolescents vary greatly across the world.

In sub-Saharan Africa, the probability of dying among those aged 5–14 years in 2020 was 26 deaths per 1000 children aged 5 years. Approximately 77% of deaths among those aged 5–14 years occurred in sub-Saharan Africa and South-East Asia, up from 72% in 1990. The average global probability of a 5-year-old dying before their 14<sup>th</sup> birthday was 8 times higher in sub-Saharan Africa than in the WHO Region of the Americas.

## What are the leading causes of death?

While preterm birth, birth trauma and infectious diseases cause the most deaths in children under 5 years, injuries (including road traffic injuries and drowning) rank among the top causes of death and lifelong disability among older children and young adolescents aged 5–14 years. The patterns of death in those aged 5 to 14 years reflect the underlying risk profiles of the age groups, with a shift away from infectious diseases of childhood and towards accidents and injuries. Sex differences in mortality rates become apparent starting in adolescence, with males having higher mortality rates than females.

The rise of injury deaths changes the nature of interventions to improve survival for those aged 5 to 14 years. There is a shift from health sector actions to prevent and treat the infectious diseases of early childhood towards other government sectors including education, transportation and road infrastructure, water and sanitation and law enforcement. These sectors need to work together to prevent premature mortality in older children and young adolescents.

## COVID-19 disease and children aged 5 to 14 years

The evidence on deaths directly attributable to COVID-19 infection is strongly age-dependent, with children and adolescents least effected. Children and young adolescents 5 to 14 years represent approximately 8% of the global cases (9 172 397) and 0.1% of the global deaths (1 444).

Data from civil registration and vital statistic systems (CRVS), health management information systems (HMIS) from 80 countries as well as specific country-wide monitoring systems (Mozambique and South Africa) indicate no significant deviation from expected mortality for 2020 in this age group and in some cases indicate fewer deaths than would be expected from historical data. As more data comes in from countries, and further analyses are performed, these results may change for 2021.

## **WHO response**

Actions across a range of government sectors including education, transportation and road infrastructure, water and sanitation and law enforcement are needed to prevent premature mortality in older children and young adolescents.

National governments will need to critically assess their countries' older child and young adolescent health needs, determine the most appropriate evidence-based interventions to address them and then prioritize these within their national health programming. WHO helps by providing guidance on effective interventions, prioritization, programme planning, monitoring and evaluation and research areas to strengthen the response.