Global Progress Towards Survival Targets of International Conference on Population and Development

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Abstract

The largest International Conference on Population and Development (ICPD) ever held set targets for improving life expectancy at birth (e_0) for the next 20 years for all countries in the world starting with 1994[1]. For countries with high mortality levels the target was set at 70 years, and for countries with low mortality levels at 75 years. Review of mortality levels in 2015 conducted here suggests that among the 57 countries with high levels of mortality in 1994, 54 countries or 95% missed the ICPD target of 70 years. Out of the 107 countries with lower levels of mortality in 1994, the target of 75 years was missed by 57 countries or by 53%. Failure to fully implement the ICPD Programme of Action on life expectancy goals resulted in nearly 116 million unprevented deaths globally and in a loss of 961 million years of life over the implementation period 1995-2015.

INTRODUCTION

Life expectancy is a barometer of a society's health. Beyond being a key indicator of the health and well-being of a population, it is, in a sense, an indirect indicator of poverty, of stress, of cohesion and stability -- and of a government's willingness or ability to take care of public health. For this reason, this indicator was selected as a first component of the Human Development Index

[1] https://www.unfpa.org/publications/international-conference-population-and-development-programme-action

of the United Nations[2]. Life expectancy is computed as a summary indicator of mortality rates in a population across all ages for a given period. It expresses the average number of years a person would live if mortality in a population remain unchanged over his or her lifetime at the current levels.

The ICPD Programme of Action adopted at the conference held in Cairo in 1994 is widely recognized as a ground-breaking agreement on population and development issues rooted in a human rights-based framework. Among the many goals agreed in the ICPD PoA to be achieved over a 20-year period, were targets for improving the health of populations, in particular for increasing life expectancy at birth:

"Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years."

The ICPD PoA was built upon the ideals for improved health at all ages and universal access to primary health care articulated in the Declaration of Alma Ata, adopted by the International Conference on Primary Health Care in 1978, and provided a solid foundation for a global consensus for the health-related Millennium Development Goals (MDGs).

As the MDGs target date of 2015 approached, the world leaders renewed their nations' commitments to promote global development by adopting a new set of Goals building on the achievements of the MDGs. In 2015, the U.N. General Assembly adopted the 2030 Agenda for Sustainable Development, which includes 17 ambitious goals to ensure a sustainable future for humanity. The Sustainable Development Goals (SDGs), together with 169 targets that further specify the achievements expected, guide the actions of Governments and the development community through 2030. The ICPD PoA remains today an important document within the larger history of global priority setting on health and mortality. In December 2010, the General Assembly of the United Nations extended the PoA and the key actions for its further implementation beyond 2014, noting that its goals and objectives were still valid.[3]

[2] The other two are education and gross national income (http://hdr.undp.org/en/content/human-development-index-hdi).

In this article, the extent of improvements in life expectancy at birth over the implementation period is assessed and number of unprevented deaths and years of life lost for the countries or areas[4] failed to achieve the targets are estimated.

DATA AND METHODS

Estimates of unprevented deaths and years of life lost over the 1995-2015 period have been produced by the cohort component method with alternative scenarios of mortality decline for 110 countries or areas. The cohort component method was implemented for single calendar years and single years of age. Input parameters for the method are population age structure by single year of age (ages 0, 1, … 110+) and by sex in 1995, annual complete life tables by sex for the period 1995-2015, fertility rates by single age, and estimates of net migration by age and sex. To compute alternative scenarios of mortality decline, we used life tables with life expectancy at birth 70 or 75 years of ages for the year 2015. To compute life tables for intermediate years, from 1995 to 2015, we assumed log-linear decline between death rates in 1994 and 2015. The target life tables for 2015 were adopted from the mortality projections mortality projection prepared by the Population Division (United Nations, 2019). For example, life expectancy at birth in Russian Federation equal to 75 years of age is expected to be reached in the year 2037. We used then life tables for males and females in 2037 for the year 2015 in our alternative scenario of mortality decline. We further assumed that the number of annual births remained unchanged in the alternative projection variant. This implies that lower fertility (as defined by the fertility rates) that seems to be consistent with known correlations between trends in mortality and fertility. There were no changes in assumptions regarding net migration.

We computed estimates of unprevented deaths by subtracting the total number of deaths for two projection scenarios over the years 1995-2015, the standard and the one with accelerated mortality decline, and years of life lost by subtracting population exposure estimates for the same period. Note that estimates of unprevented deaths exclude deaths that were postponed due to lower death rates in the second projection scenario but still occurred in 1995-2015, in later years and at older ages. It must be released that by lowering death rates, deaths cannot be completely prevented as we assume that everyone will eventually die. It is possible, however, to discuss deaths prevented over a certain period of time.

[4] We use countries or areas interchangeably in this article.

Estimates of years of life lost are based on population exposure estimates for the period 1995-2015 only, and thus exclude any years of life lived by the survivors of the accelerated mortality decline scenario after 2015.

The complete life tables by single calendar year of age for 201 countries are publicly available at MortalityTrends.org[5]. Majority of the life tables for developing countries have been produced by interpolation based on abridged quinquennial life tables published in World Population Prospects 2019 (United Nations, 2019). The rest of demographic components, net migration and births by age and sex, are available on request from the authors. In future, they will also be disseminated via MortalityTrends.org.

DISTRIBUTION OF COUNTRIES BY LIFE EXPECTANCY AT BIRTH IN 1994 AND BY REGION

In 1994, at the time of the ICPD, there were 57 high mortality countries[6] in the world. The high mortality countries were in all regions[7] with exception of Australia/New Zealand and Europe and Northern America (the countries on the left of the vertical green line at level of life expectancy at birth equal to 60 in figure 1.

Overwhelming majority of the countries, 42 or three quarters, were in sub-Saharan Africa, including ten countries with the lowest life expectancies in 1994. Exceptionally low levels of life expectancy at birth were in Rwanda ravaged by genocide and in Sierra Leone that was in midst of a civil war that broke out in 1991. ICPD target for life expectancy at birth for the high mortality countries was set at 70 years (the vertical green bar at level of life expectancy at birth equal to 70 in figure 1). By 2015, at the end of the implementation period of the ICPD PoA, a median gain in life expectancy at birth in this group of countries was expected to be at least 17 years, with minimum

[5] For the overview see the poster: http://kirillandreev.com/2020_PAA/Mila-Andreeva_Mortality-Trends-at-a-Glance_Poster_PAA2020.pdf.

[6] The ICPD survival goals are somewhat ambiguous as no official classification of countries by level of mortality was adopted. In other words, a formal goal for a country could be either 70 or 75 years depending whether a country was classified as a country with "the highest levels of mortality" or not. To resolve this ambiguity level of life expectancy at birth corresponding to the 25th percentile of all 201 a countries or areas analyzed here in a given year is used as a threshold to classify whether mortality in a country is "the highest" ("high" for short) or not. In 1994, this level was 58.5 years. Consequently, countries with life expectancy at birth less than 60 years were classified as *high-mortality* countries, and the rest as *low-mortality* countries.

[7] We use regions defined for monitoring Sustainable Development Goals (SDGs).

gain of 10 years for the countries those life expectancies at birth was close to 60 in 1994 (e.g. India and Namibia) and the maximum of 42 years (Rwanda)[8].

For group of low mortality countries (the countries on the right of the vertical green line at level of life expectancy at birth equal to 60 in figure 1), 144 countries altogether , the ICPD target for life expectancy at birth was set at 75 years (the vertical green line at level of life expectancy at birth equal to 75 in figure 1). The target was relevant only for 107 countries with life expectancies lower than 75 years; in the rest of 37 countries life expectancy at birth was already higher than 75 years at the time of the ICPD. By historical standards, the progress expected from the low mortality countries by the ICPD delegates was significant as well but less ambitious as compared with the group of low mortality countries. The median life expectancy among the group of low mortality countries stood at 69.7 years and the required gain to reach the target level of 75 years, was 5.3 years. In Sweden, for example, it took about 28 years, to improve life expectancy at birth from 69.7 years to 75, from the year 1946 to 1974. In the countries, where life expectancy at birth just passed 60 years of age (e.g. Mauritania, Gabon, and Mongolia) much rapid progress in reduction of mortality was needed—life expectancy at birth was expected to increase by nearly 15 years over next two decades.

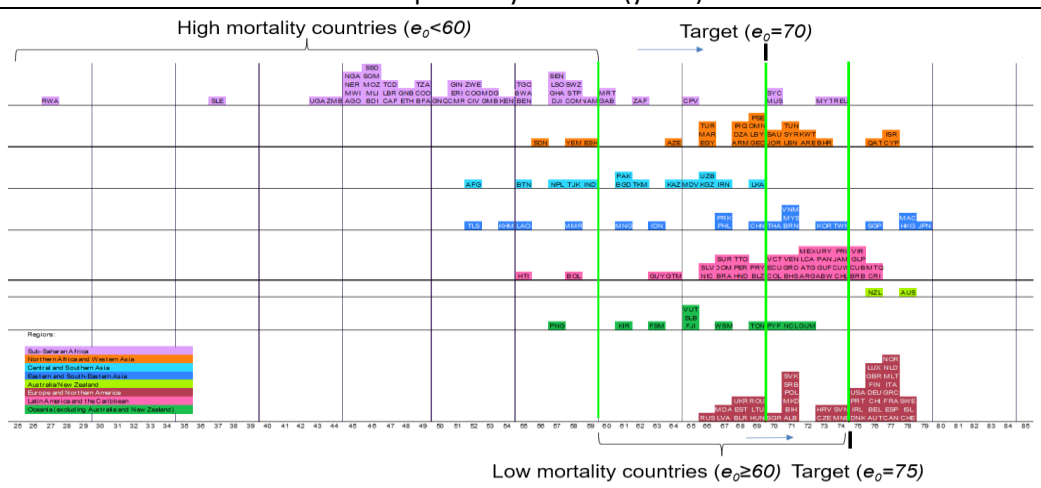
Great heterogeneity in average survival within and between each of the regions around the time of the ICPD is immediately evident from figure 1. In Sub-Saharan Africa, for example, the two countries or areas with the lowest life expectancies at birth in 1994 were Rwanda (28 years) and Sierra Leone (37 years), while the two countries or areas with the highest life expectancies were Mayotte and Réunion (74 years). The variability of mortality levels around the ICPD was only somewhat narrower in Eastern and South-Eastern Asia, where life expectancies at birth ranged from a low of 52 years in Timor-Leste to a high of 78 years in Japan. In the rest of regions, variation of mortality levels was significantly lower. Among the 25 countries or areas located in Northern Africa and Western Asia, life expectancy around the time of the ICPD ranged from 56 years in Sudan to 78 years in Israel. In Central and Southern Asia, life expectancy in 1994 ranged from 53 years in Afghanistan to 69 years in Sri Lanka, in Latin America and the Caribbean, from 56 years in Haiti to 76 years in Costa Rica, in Oceania excluding Australia and New Zealand, from 58 years in Papua New Guinea to 73 years in Guam, and in Europe and Northern America from 66 years in Russian Federation to 79 years in Iceland. Difference in life expectancy at birth between Australia

[8] By historical standards, such targets were overly ambitious. For example, it took Sweden nearly 50 years, more than twice as long, to increase life expectancy at birth from 52.7 years (the median level of the high mortality group at the time of the ICPD) to 70 years (Hofsten and Lundström, 1976).

and New Zealand, constituting Australia/New Zealand region, was slightly more than one year. Variability in life expectancy at birth across countries was the lowest in Europe and Northern America[9].

[9] Australia/New Zeeland region was excluded from the comparisons as the SDG region comprises only two countries.

FIGURE 1. DISTRIBUTION OF COUNTRIES BY LIFE EXPECTANCY AT BIRTH IN 1994 BY REGION



Note: The vertical green line at life expectancy at birth equal to 60 years separates the low- and high-mortality countries in 1994. The vertical green lines at ages 70 and 75 refer to the ICPD Programme of Action targets to be achieved by 2015, for high- and low-mortality countries, respectively. The country codes and names are provided in the Appendix Table 1.

PROGRESS MADE OVER THE 1995-2015 PERIOD

In the two decades since the ICPD, all but three countries have achieved improvements in the life expectancy at birth. Figure 2 shows the distribution of 201 countries or areas according to the change in life expectancy at birth between 1995 and 2015, separately for each region. The median gain in life expectancy at birth was 5.4 years, and for half of the countries, gains were between 4 and 7.5 years. In 33 countries gains in life expectancy at birth were 10 or more years, with the highest gain registered in Rwanda at nearly 40 years. Only three countries have experienced a net loss in life expectancy at birth since the ICPD: Lesotho, Eswatini, and Syrian Arab Republic.

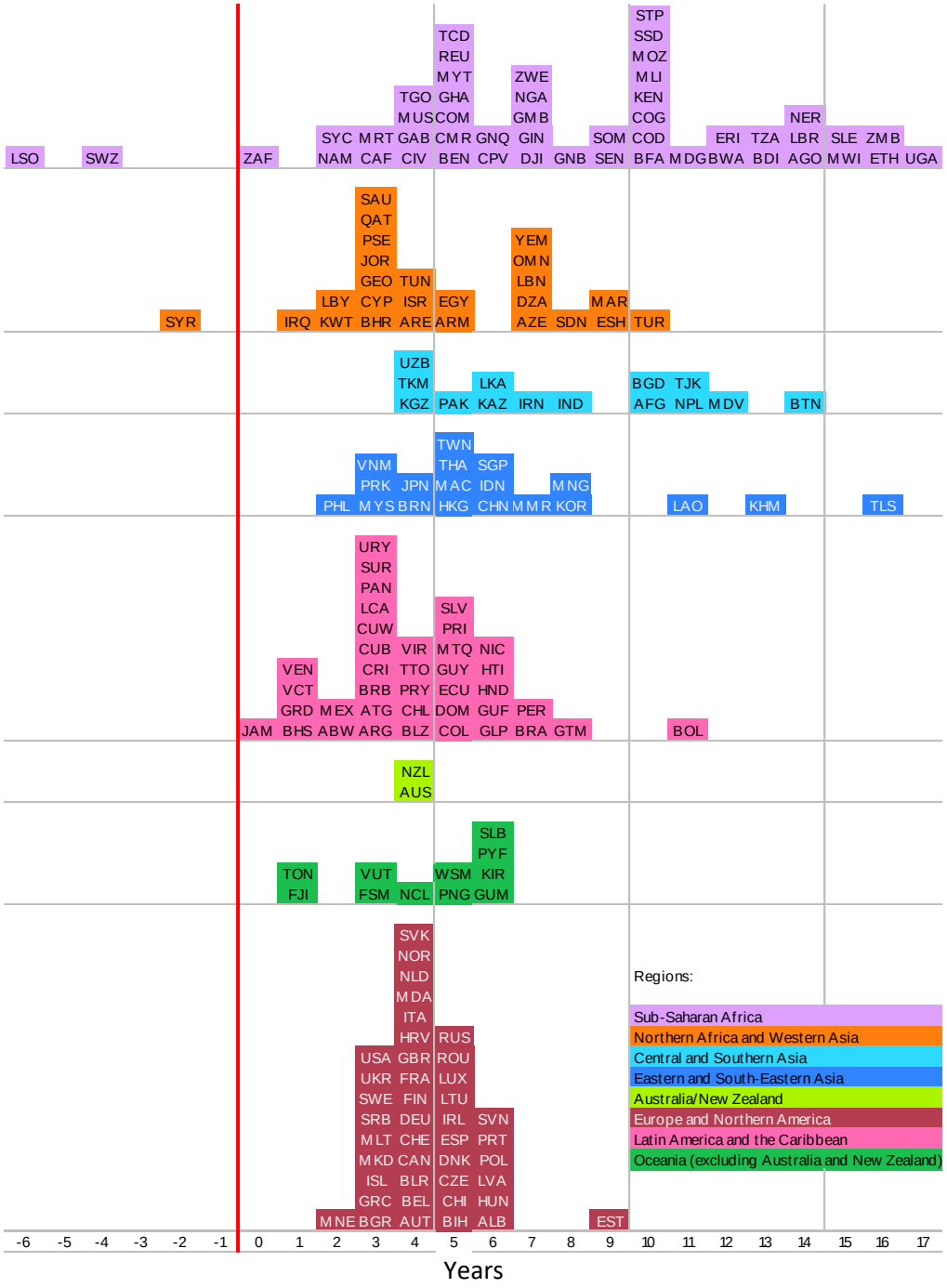
Progress towards improved survival since the ICPD varied widely both across and within the regions. Central and Southern Asia and sub-Saharan Africa registered the largest median progress increase in life expectancy at birth over the past two decades, 8.4 and 8.3 years, respectively. The largest progress took place in Bhutan and Maldives with gains of 14.5 and 12.6 years, respectively. At the lower end of the spectrum, Uzbekistan, Kyrgyzstan, and Turkmenistan registered the lowest gains in life expectancy at birth, around 4.5 years.

Changes in mortality in sub-Saharan Africa were the most heterogenous among all regions. Sierra Leone, Malawi, Ethiopia, Zambia, and Uganda each gained more than 15 years of life expectancy since the ICPD. And Rwanda, in its recovery from the 1994 genocide, gained close to 40 years. Overall, among the 50 countries or areas in sub-Saharan Africa, half of the countries experienced an increase in the average length of life between 5 and 12 years. Conversely, Lesotho and Eswatini experienced losses of life expectancy since the ICPD, 6.0 and 3.6 years, respectively, and virtually no progress was made in South Africa due to unfolding HIV/AIDS epidemics in these countries.

In the rest of the regions, the median gains were lower, about 5 years, ranging from 4.4 years in Latin America and the Caribbean to 5.9 years in Eastern and South-Eastern Asia. In Eastern and South-Eastern Asia, progress in reducing death rates was led by Timor-Leste, Cambodia, and Lao People's Democratic Republic, with gains in life expectancy at birth more than 10 years. On the other hand, in Philippines, progress was quite moderate, less than 3 years. In Oceania excluding Australia and New Zealand the highest gain was registered in Solomon Islands, 6.9 years, and the lowest in Tonga, 1.2 years. Uneven progress has been also observed in Northern Africa and Western Asia, with some countries, Turkey, Western Sahara, Morocco, gained more than 9 years in life expectancy at birth, and with some countries, Kuwait, Libya, Iraq less than 2.5 years. In the only country in this region, Syria, the war, that goes on with no end in sight, led to decline in life expectancy at birth.

Increases in life expectancy at birth in Australia/New Zealand and Europe and Northern America regions were consistent and fairly uniform between countries. In a half of the countries, life expectancy at birth increases were in narrow range from 4 to 5.7 years. Estonia achieved remarkably large progress, 9.2 years, almost double of the median progress in this region. Reduction of death rates proved the most challenging in Latin America and the Caribbean where the median progress was the lowest among all regions. In 5 countries in this region, gains in life expectancy at birth were less than 2 years (Jamaica, Saint Vincent and the Grenadines, Venezuela, Grenada, and Bahamas), and nearly in two thirds of the countries in this region, 24, the gains were less than the world's median progress. Bolivia stands out as a country with remarkable progress in life expectancy at birth at 11.6 years.

FIGURE 2 CHANGES IN LIFE EXPECTANCY AT BIRTH BETWEEN 1994 AND 2015 BY COUNTRY AND REGION



Rwanda is not shown in this plot due to space limitations, as the gain in life expectancy at birth in Rwanda was exceptionally high, 39.7 years for the period from 1994 to 2015. The vertical green lines delineate life expectancy levels: 60, 70 and 75 years. For country codes and country names, see Appendix Table 1.

DISTRIBUTION OF COUNTRIES BY LIFE EXPECTANCY AT BIRTH IN 2015 AND BY REGION

Figure 3 shows distribution of countries by life expectancy at birth and by region in 2015, at the end of the implementation period of the ICPD PoA. Out of 57 countries in the high mortality

group (the countries with life expectancy at birth less than 60 years as indicated by the first green vertical line in figure 3), only 3 countries out of 57 or about 5 percent—Bolivia, Bhutan, and Tajikistan—reached the ICPD target on life expectancy at birth equal to 70 years in 2015, with Bhutan having made the largest progress, gaining nearly 15 years. In another three countries—Nepal, Sao Tome and Principe, and Western Sahara—life expectancy at births was less than a year short of 70 years in 2015. On the other hand, in 20 high mortality countries life expectancy at birth did not increase even fast enough for them to graduate from this group, let alone to reach the ICPD target on life expectancy level set by the ICPD delegates. By 2015, high mortality countries were located only in sub-Saharan Africa while in 1994 they could be found in several regions.

The lowest life expectancy at birth in 2015 was in Central African Republic, 50.9 years, followed by Lesotho with 51.0 years of age. The group of 10 countries with the lowest life expectancies has changed significantly since the ICPD. Six countries – Angola, Malawi, Niger, Rwanda, Uganda, Zambia, fell out of the group, and were replaced by Central African Republic, Chad, Côte d'Ivoire, Eswatini, Guinea-Bissau, and Lesotho. All 10 of the countries with the lowest life expectancies worldwide are in Africa and most of them are affected by HIV/AIDS epidemics or military conflicts.

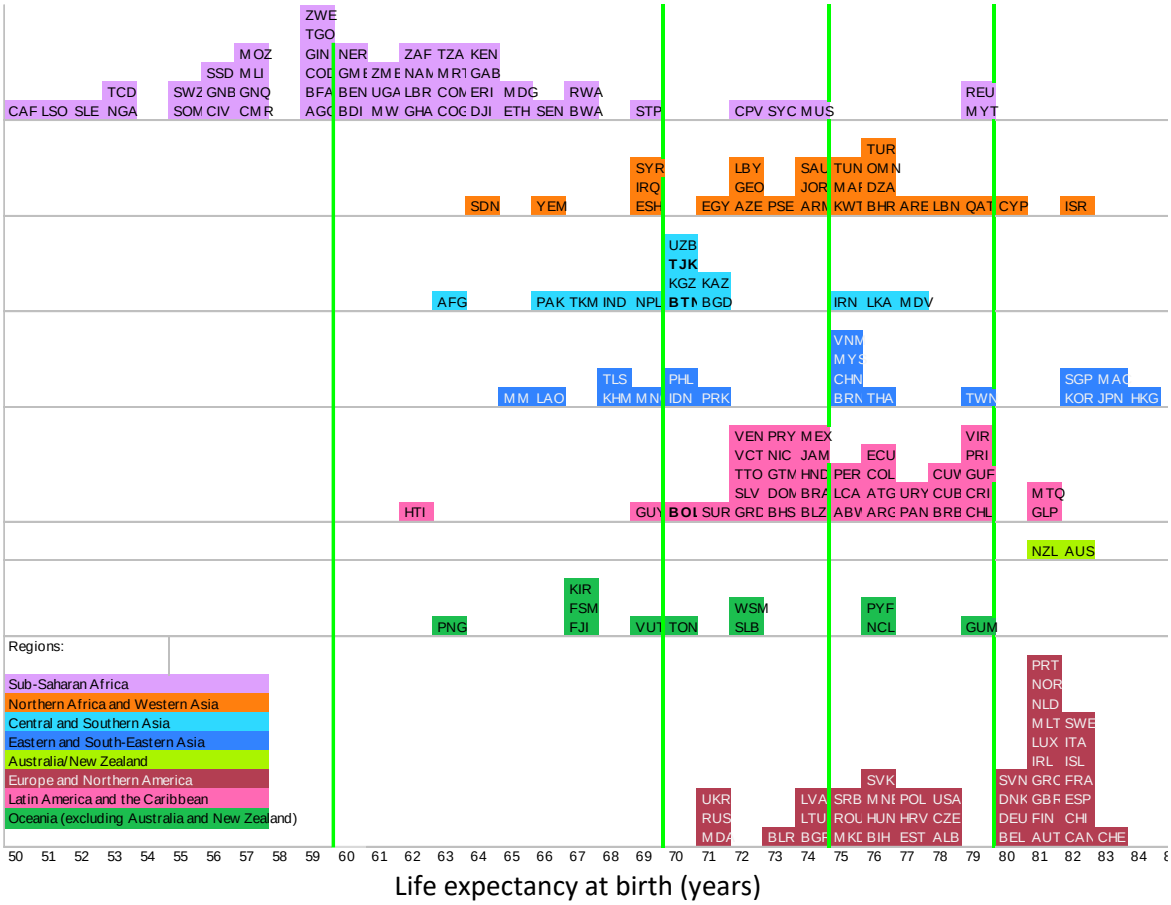
For low mortality countries (the countries with life expectancy at birth 60 years or more at the time of the ICPD), the ICPD delegates set a target for life expectancy at birth at 75 years. At the time of the ICPD, 37 countries already reached 75 years, so this target was relevant only for 107 countries out of 144 low mortality countries. During the 20-year implementation period of the ICPD PoA, only 51 out of 107 or 48 percent of the countries, improved survival to 75 years of more. The rest 56 countries fell short of the ICPD low-mortality target. Over the 20 years since the ICPD, in Syria plagued by military conflict, life expectancy at birth dropped by 1.8 years. In Jamaica and South Africa, virtually no change had been observed. On the other side of spectrum, in Bangladesh, Maldives, and Turkey, average survival over the same period has increased by more than 10 years.

Australia/New Zealand and Europe and Northern America regions saw the largest proportion of their constituent countries meeting the ICPD targets compared with the rest of regions. In 2015, in 35 out of 42 countries or 83 percent in Europe and Northern America, life expectancy at birth was higher than 75 years. In Eastern and South-Eastern Asia, 11 out of 19 or 58 percent of all countries met the ICPD targets. About half of the countries met the targets in Latin America and the Caribbean and Northern Africa and Western Asia, 20 out of 38 countries or 53 percent in the former and 12 out of 25 countries or 48 percent of all countries in the latter region. In

Central and Southern Asia and Oceania excluding Australia and New Zealand, proportion falls to about one third, 5 of 14 or 36 percent, and 3 out of 11 or 27 percent, respectively. Exceptionally low proportion of countries in sub-Saharan Africa met the ICPD targets: only 2 countries out of 50—Mayotte and Réunion—or just 4 percent.

In the two decades after the ICPD, another important development took place. In 2015, for the first time in human history, 33 countries passed an important longevity milestone—in all of them, for the first time in human history, life expectancy at birth exceeded 80 years. The high-longevity countries and areas could be found in all regions except Central and Southern Asia and sub-Saharan Africa. The highest life expectancy at birth was in China, Hong Kong SAR, Japan, and China, Macao SAR, 84.0, 83.9, and 83.7 years, respectively. Two other high-longevity countries from Eastern and South-Eastern Asia are Singapore and Republic of Korea. Most of the high-longevity countries, 24, are in Australia/New Zealand and Europe and Northern America with the highest of life expectancies in Switzerland, Spain, and Italy. In Latin America and the Caribbean, the leaders in longevity are Martinique and Guadeloupe, and in Northern Africa and Western Asia are Israel and Cyprus.

FIGURE 3 DISTRIBUTION OF COUNTRIES BY LIFE EXPECTANCY AT BIRTH IN 2015 BY REGION

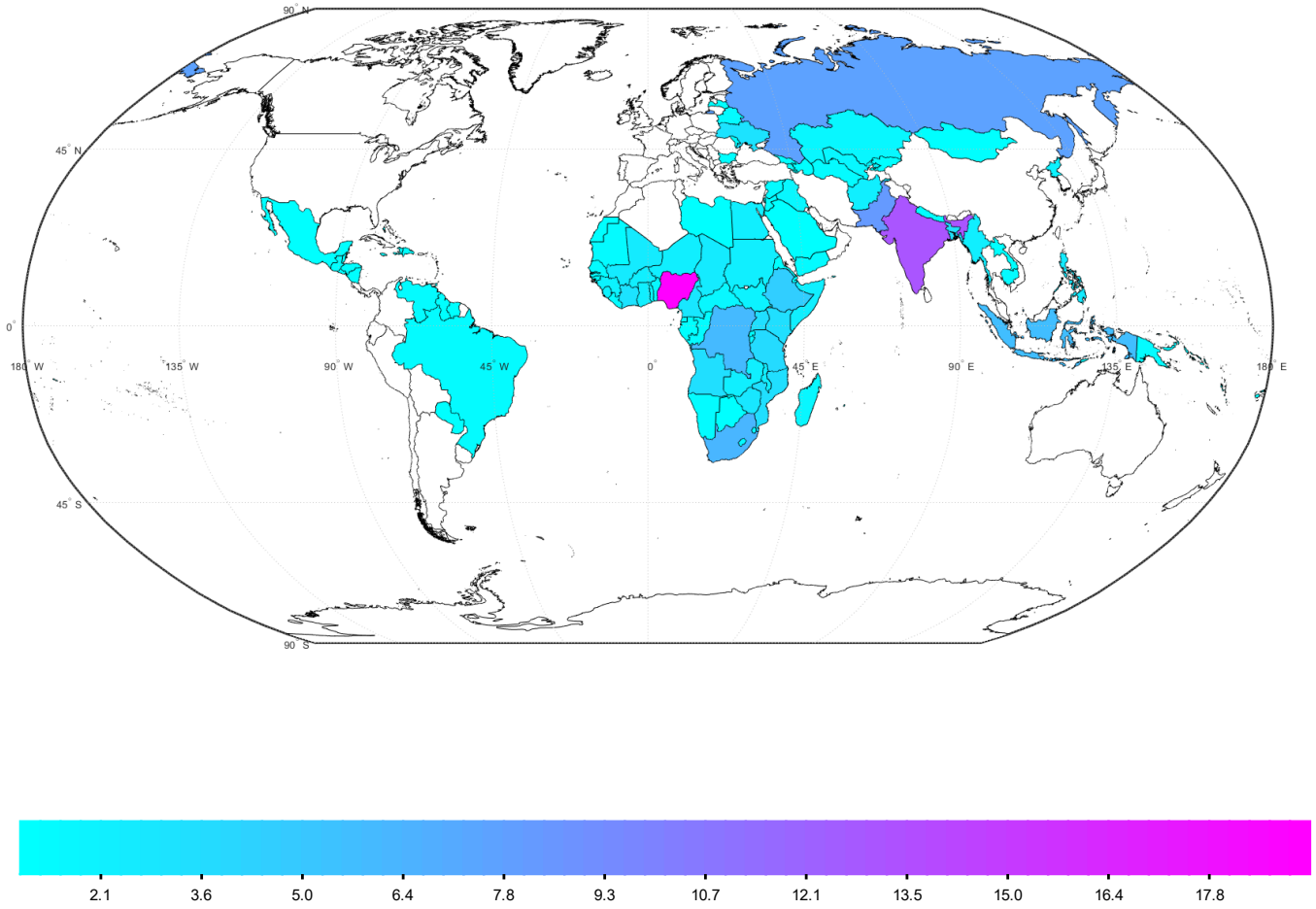


The vertical green lines delineate life expectancy levels: 60, 70 and 75 years. For country codes and country names, see Appendix Table 1.

NUMBER OF UNPREVENTED DEATHS DURING THE ICPD IMPLEMENTATION PERIOD

How many deaths could have been averted during the two decades after the ICPD if the ICPD Programme of Action would be have been fully implemented by the governments? Globally, nearly 116 million deaths in the period 1995-2015 could be averted if the survival targets both for low and high mortality countries had been reached by all countries (Appendix Table 1). Three quarters of all unprevented deaths occurred only in 19 countries. The largest number of unprevented deaths occurred in Nigeria, 19 million people, followed by India, 12 million, and Pakistan, 7 million. Other countries where unprevented deaths exceeded 3 million people are Russian Federation (7 million), South Africa (5 million), Democratic Republic of the Congo (5 million), Indonesia (5 million), and Ethiopia (4 million). Figure 4 shows distribution of unprevented deaths by country and Appendix Table 1 provides estimates for all countries.

FIGURE 4 DISTRIBUTION OF UNPREVENTED DEATHS OVER THE 1995-2015 PERIOD (MILLIONS)

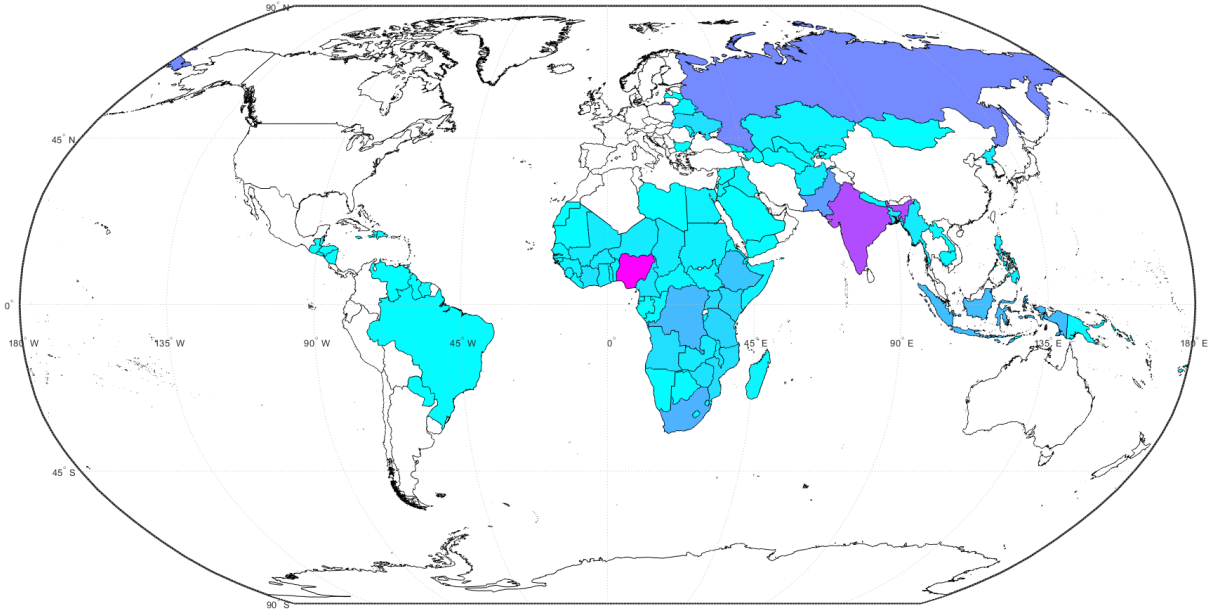


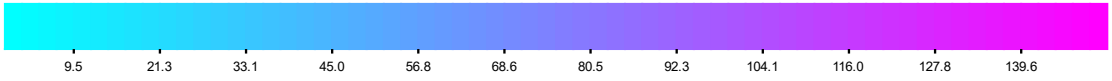
YEARS OF LIFE LOST DURING THE ICPD IMPLEMENTATIO PERIOD

Overall, 961 million years of life have been lost during the ICPD implementation period, from 1995 to 2015 because of slower than planned reductions in death rates[10]. Similar to the number of unprevented deaths, three quarters of all years of life lost took place only in 19 countries. The composition of this group is, however, is slightly different. The largest number of years of life lost occurred in Nigeria (147 million), followed by India (102 million), Russian Federation (67 million), Pakistan (56 million), and South Africa (45 million). Figure 5 shows distribution of years of life lost by country and estimates for all countries are given in Appendix Table 1.

[10] The estimate of the global number of years of life lost is based only on the 1995-2015 period and exclude any years of life lived by the survivors of the alternative mortality scenarios after 2015.

FIGURE 5 DISTRIBUTION OF YEARS OF LIFE LOST OVER THE 1995-2015 PERIOD (MILLIONS)





WHEN WE EXPECT THE ICPD SURVIVAL TARGETS TO BE REACHED?

Using the latest population projections prepared by the U. N. Population Division (United Nations, 2019) it is possible to compute when the ICPD goal for low mortality countries, life expectancy at birth of 75 years of age, is expected to be reached (Figure 6).

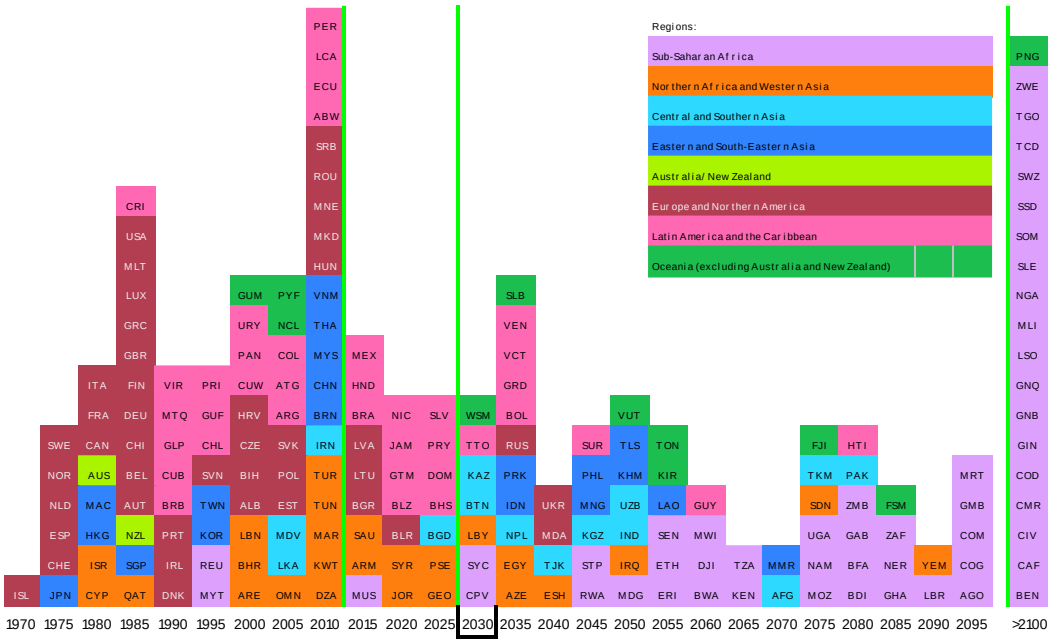
Out of 50 countries in sub-Saharan Africa, 47 countries will not achieve this ICPD target by 2030, the last year of the SDG implementation period, another 43 countries are not expected to attain this goal before 2050, three decades later, and in 18 countries, or more than in a third, life expectancy at birth is not expected to exceed 75 years before the end of this century, eight decades later.

In Oceania excluding Australia and New Zealand, in 3 countries or areas (Guam, New Caledonia, French Polynesia), life expectancy at birth exceeded 75 years already in 2010. In the remaining eight countries, the target is not expected to be reached before 2030. Average survival in Papua New Guinea, the most populous country of this region, is not expected to reach 75 years before 2100. Central and Southern Asia is another region where majority of countries will reach the ICPD survival target after 2030 only—out of 14 countries in this region, 10 countries will attain 75 years of age after 2030, and 5 of them after 2050 only.

In the rest of regions, life expectancy at birth is expected to exceed 75 years in more than a half of the constituent countries before 2030. In Eastern and South-Eastern Asia, life expectancy at birth is expected to be higher than 75 years by 2030 in 11 out of 19 countries. Out of remaining 8 countries, 4 will exceed this target by 2050, and 4 after 2050 (Cambodia, Timor-Leste, Lao People's Democratic Republic, and Myanmar). In Northern Africa and Western Asia, almost three quarters of the countries, 18 out of 25 countries, are expected to reach the 75-years target before 2030, another 3 countries before 2050, and the remaining 3 countries (Iraq, Sudan, and Yemen) well after 2050 only, with Sudan in 2079 and Yemen in 2091. Similarly, in Latin America and the Caribbean, life expectancy at birth is expected to exceed 75 years of age by 2030 in majority of the countries (80 percent). In another six countries the target is expected to be attained before 2050. In only two countries, the target will be reached after 2050—in Guyana in 2065, and in Haiti in 2083.

In Australia/New Zealand and Europe and Northern America, in more than half of the countries life expectancy at birth already exceeded 75 years at the time of the ICPD and close to 85 percent of the countries in these regions reached the ICPD target by 2015. Another 4 countries are expected to reach it before 2030, and the only 3 remaining countries—Republic of Moldova, Russian Federation, and Ukraine—are expected to reach it in about 10 years, before 2050.

Figure 6 Distribution of countries by life expectancy at birth equal to 75 years of age



Calendar year when life expectancy at birth reaches 75 years of age

The vertical green lines delineate years: 2015, 2030, and 2100 years. For country codes and country names, see Appendix Table 1.

CONCLUSIONS

The Programme of Action of International Conference on Population and Development held in 1994 in Cairo, the largest intergovernmental conference ever held, set goals and targets for improving the health of populations and for reducing disparities between and within countries and regions to be achieved over a 20-year period, from 1995 to 2015. Targets for levels of life expectancy at birth were set for two group of countries, high and low mortality countries. The countries with life expectancy levels below 60 years in 1994 were included in the former group, and the rest in the latter. For countries with high mortality levels the target was set at 70 years, and for countries with lower mortality levels at 75 years. In 2015, a new agenda, the 2030 Agenda for Sustainable Development to be implemented by 2030, was adopted by all United Nations Member States, providing "a shared blueprint for peace and prosperity for people and the planet, now and into the future"[11]. Any quantifiable goals on life expectancy at birth have been dropped, and were replaced instead with more vague Goal 3, to "ensure healthy lives and promote well-being for all at all ages".

Review of mortality levels and trends over the ICPD implementation period, 1995-2015, conducted here reveals that the implementation of the ICPD Programme of Action has failed for majority of the countries. Moreover, by the end of the implementation period for Sustainable Development Goals, by 2030, 15 years later, 91 countries are still not expected to reach life expectancy level of 75 years. And 80 years later, by the end of the century, in 19 countries, all but one in Africa, life expectancy at birth is still expected to be below 75. The Sustainable Development Goal 3, if interpreted as living in a country with life expectancy at birth higher than 75 years of age, does not seem to be attainable for about half of the countries in the world.

The question whether demographic community failed to communicate realities of demographic trends, efforts and resources needed to shape mortality trends, and thus the goals adapted by the U.N. Member States are detached from the reality and thus unattainable, or whether a major acceleration in improving health of population of the lagging countries is possible remains open.

[11] https://sdgs.un.org/2030agenda

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Appendix Table 1. Unprevented deaths and Years of Life Lost over the ICPD implementation period, 1995-2015

Name	ID	ISO3	Unprevented Deaths	Years of Life Lost
Afghanistan	4	AFG	1,275,150	9,886,813
Angola	24	AGO	2,236,706	19,024,830
Azerbaijan	31	AZE	125,676	1,105,725
Bahamas	44	BHS	3,807	26,079
Bangladesh	50	BGD	2,009,706	13,984,599
Belarus	112	BLR	323,384	3,972,443
Belize	84	BLZ	2,799	32,593
Benin	204	BEN	534,311	4,111,776
Botswana	72	BWA	122,951	1,272,134
Brazil	76	BRA	219,246	1,359,868
Bulgaria	100	BGR	61,959	841,450
Burkina Faso	854	BFA	1,263,287	10,524,303
Burundi	108	BDI	611,863	5,109,953
Cabo Verde	132	CPV	5,265	35,283
Cambodia	116	KHM	184,973	1,943,625
Cameroon	120	CMR	1,734,846	13,936,249
Central African Republic	140	CAF	655,825	5,421,039
Chad	148	TCD	1,501,234	11,375,674
Comoros	174	COM	25,819	191,630
Congo	178	COG	231,985	2,082,814
Côte d'Ivoire	384	CIV	2,022,687	16,495,519
Dem. People's Rep. of Korea	408	PRK	844,788	9,144,581
Dem. Republic of the Congo	180	COD	5,013,135	40,742,954
Djibouti	262	DJI	38,547	316,004
Dominican Republic	214	DOM	67,935	492,019
Egypt	818	EGY	1,210,325	8,139,107
El Salvador	222	SLV	61,906	406,577
Equatorial Guinea	226	GNQ	67,061	459,430
Eritrea	232	ERI	110,480	900,167
Eswatini	748	SWZ	169,348	1,479,957
Ethiopia	231	ETH	3,658,222	32,481,101
Fiji	242	FJI	29,271	213,535
Gabon	266	GAB	104,933	865,293
Gambia	270	GMB	90,626	662,701
Georgia	268	GEO	98,328	991,257
Ghana	288	GHA	1,132,844	9,330,446
Grenada	308	GRD	687	1,846

Guatemala	320	GTM	95,409	565,938
Guinea	324	GIN	845,191	7,175,777
Guinea-Bissau	624	GNB	132,014	1,039,076
Guyana	328	GUY	17,011	128,404
Haiti	332	HTI	389,962	2,969,217
Honduras	340	HND	17,539	96,471
India	356	IND	12,400,126	102,201,649
Indonesia	360	IDN	4,753,736	37,564,937
Iraq	368	IRQ	629,461	4,195,934
Jamaica	388	JAM	13,621	100,610
Jordan	400	JOR	25,647	161,807
Kazakhstan	398	KAZ	686,510	6,708,375
Kenya	404	KEN	2,229,015	22,038,548
Kiribati	296	KIR	3,262	23,696
Kyrgyzstan	417	KGZ	142,271	1,233,846
Lao People's Dem. Republic	418	LAO	133,930	1,096,113
Latvia	428	LVA	19,230	213,388
Lesotho	426	LSO	349,591	2,893,805
Liberia	430	LBR	203,661	1,626,993
Libya	434	LBY	45,243	269,184
Madagascar	450	MDG	522,592	3,741,671
Malawi	454	MWI	1,299,242	12,217,371
Mali	466	MLI	1,442,353	11,765,509
Mauritania	478	MRT	196,338	1,447,851
Mauritius	480	MUS	4,776	50,911
Micronesia (Fed. States of)	583	FSM	3,514	29,534
Mongolia	496	MNG	75,861	631,004
Mozambique	508	MOZ	2,292,742	18,131,644
Myanmar	104	MMR	1,311,788	10,584,152
Namibia	516	NAM	181,712	1,696,240
Nepal	524	NPL	95,230	682,531
Nicaragua	558	NIC	24,465	126,414
Niger	562	NER	1,327,792	10,587,544
Nigeria	566	NGA	18,654,943	146,718,509
Pakistan	586	PAK	7,406,202	56,371,542
Papua New Guinea	598	PNG	252,107	1,894,241
Paraguay	600	PRY	37,110	262,413
Philippines	608	PHL	1,428,287	9,630,845
Republic of Moldova	498	MDA	143,106	1,349,860
Russian Federation	643	RUS	6,737,925	67,235,212
St. Vincent and the Grenadines	670	VCT	1,424	11,179

Samoa	882	WSM	2,031	16,967
Sao Tome and Principe	678	STP	1,176	13,065
Saudi Arabia	682	SAU	48,648	224,611
Senegal	686	SEN	435,807	4,135,388
Seychelles	690	SYC	775	6,890
Sierra Leone	694	SLE	876,238	7,485,888
Solomon Islands	90	SLB	6,141	44,499
Somalia	706	SOM	1,058,128	7,253,191
South Africa	710	ZAF	5,251,570	45,059,551
South Sudan	728	SSD	762,590	5,750,246
State of Palestine	275	PSE	13,462	68,979
Sudan	729	SDN	1,146,854	8,819,204
Suriname	740	SUR	10,110	83,945
Syrian Arab Republic	760	SYR	174,939	437,086
Timor-Leste	626	TLS	4,547	20,455
Togo	768	TGO	453,730	3,754,253
Tonga	776	TON	1,911	14,222
Trinidad and Tobago	780	TTO	13,609	106,124
Turkmenistan	795	TKM	170,192	1,325,823
Uganda	800	UGA	2,387,789	21,291,044
Ukraine	804	UKR	2,027,581	19,418,853
United Republic of Tanzania	834	TZA	2,559,738	22,390,186
Uzbekistan	860	UZB	578,006	4,501,743
Vanuatu	548	VUT	4,349	29,712
Venezuela	862	VEN	170,170	997,975
Western Sahara	732	ESH	3,134	25,477
Yemen	887	YEM	424,409	3,453,926
Zambia	894	ZMB	1,190,010	11,456,105
Zimbabwe	716	ZWE	1,698,080	16,164,216
Total			**115,899,581**	**961,180,939**