Child, Adolescent, Youth Mortality Declined 30% Globally Since 1990

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> Understanding mortality trends in older children, adolescents, and young adults (aged 5-24 years) is essential for targeted public health interventions. A recent modelling study provides a comprehensive overview of all-cause mortality in this demographic from 1990 to 2024, indicating a substantial global reduction but highlighting persistent regional inequalities that demand focused investment.1

KEY TAKEAWAYS

- The Pivot: All-cause mortality for individuals aged 5-24 years decreased by 30% globally between 1990 and 2024.
- The Data: The global mortality rate for this age group declined from 1.5 deaths per 1,000 population in 1990 to 1.0 deaths per 1,000 population in 2024.1
- The Action: Clinicians and public health officials should note the disproportionate burden in sub-Saharan Africa and South Asia, where mortality rates remain elevated, necessitating tailored interventions.

The period spanning older childhood, adolescence, and early adulthood (5-24 years) represents a critical developmental stage, yet it is often overlooked in global health analyses, which frequently focus on younger children or older adults. Accurate data on mortality trends within this age group are vital for informing policy and resource allocation to improve health outcomes globally.1

What the study did

A modelling study estimated all-cause mortality among children, adolescents, and youths aged 5-24 years across 200 countries and areas from 1990 to 2024.1 The objective was to assess mortality levels and trends, and to identify regions and countries requiring the greatest investment.1

Key Findings

The study found a global reduction in all-cause mortality for the 5-24 age group. The mortality rate decreased from 1.5 deaths per 1,000 population in 1990 to 1.0 deaths per 1,000 population in 2024, representing a 30% decline.1 This reduction translates to an estimated 1.5 million fewer deaths in 2024 compared with 1990, had the 1990 rates persisted.1 Despite this global improvement, significant regional disparities were observed. Sub-Saharan Africa and South Asia continued to bear a disproportionate burden of mortality in this age group.1 These regions exhibited the highest mortality rates and the slowest rates of decline compared with other parts of the world.1 The study highlighted that while progress has been made, the pace and extent of improvement have been uneven, leaving certain populations vulnerable.1

Limitations

As a modelling study, the estimates are subject to the inherent limitations of statistical models, including assumptions made in data imputation and trend extrapolation.1 The accuracy of the estimates relies on the quality and availability of underlying vital registration data, which can vary significantly across countries, particularly in regions with weaker health information systems.1 Future research could benefit from improved primary data collection in these high-burden areas to refine these estimates and better understand specific causes of mortality within this broad age range.

Clinical Implications and Future Directions

The observed global decline in mortality among 5-24 year olds, while encouraging, underscores the critical need for targeted interventions in regions lagging in progress. The persistent high burden in Sub-Saharan Africa and South Asia demands a deeper understanding of the specific drivers of mortality in these areas. While the study provides an all-cause mortality overview, disaggregated data on leading causes of death within this age group - such as road traffic injuries, infectious diseases (e.g., HIV/AIDS, tuberculosis), maternal conditions, interpersonal violence, and self-harm - would be invaluable for designing effective public health strategies. For instance, in settings where infectious diseases remain prevalent, strengthening immunization programs, improving access to diagnostics and treatment, and enhancing water, sanitation, and hygiene infrastructure are paramount. Conversely, in regions where non-communicable diseases or injuries are more prominent, interventions might focus on road safety campaigns, mental health services, and violence prevention programs.

Furthermore, the broad 5-24 year age range encompasses distinct developmental stages, each with unique health challenges. Adolescents (10-19 years) and young adults (20-24 years) face different risks and require age-appropriate health services. For example, sexual and reproductive health services are particularly critical for adolescents and young women, while substance abuse prevention and mental health support are crucial across the entire spectrum. Future research should aim to disaggregate mortality trends and causes by narrower age bands within this group to allow for more nuanced policy development and resource allocation.

The study's reliance on modelling highlights a broader challenge in global health: the inadequacy of vital registration systems in many low- and middle-income countries. Strengthening these systems to ensure accurate and complete birth and death registration is not merely an academic exercise; it is fundamental for evidence-based policymaking. Improved data collection would enable more precise identification of vulnerable populations, allow for real-time monitoring of intervention effectiveness, and facilitate a more granular understanding of health disparities. Investment in health information systems, capacity building for data collection and analysis, and the integration of diverse data sources (e.g., surveys, sentinel surveillance) are essential steps towards achieving health equity for children, adolescents, and youth worldwide.

In conclusion, while the 30% global decline in mortality for the 5-24 age group since 1990 represents significant progress, the uneven distribution of this improvement necessitates a renewed focus on high-burden regions. Addressing the specific

causes of death and tailoring interventions to distinct age bands within this critical developmental period, supported by robust data collection, will be crucial for accelerating progress and ensuring that all young people have the opportunity to thrive.

CLINICAL IMPLICATIONS

The observed 30% reduction in all-cause mortality for the 5-24 age group since 1990 is a testament to global public health efforts, yet the stark regional disparities demand a recalibration of priorities. For clinicians in sub-Saharan Africa and South Asia, these data underscore the persistent challenges in preventing premature deaths among older children and young adults. It is not enough to acknowledge a global trend; specific, localized interventions are needed to address the underlying causes of mortality in these high-burden areas, which likely include infectious diseases, injuries, and maternal mortality in younger women.

From an industry perspective, the uneven progress suggests a market failure to adequately address health needs in regions with the highest mortality rates. Pharmaceutical companies and medical device manufacturers often prioritize markets with greater purchasing power, inadvertently widening the health equity gap. Investment in research and development for cost-effective interventions tailored to the epidemiological profiles of these regions, rather than solely focusing on high-income markets, could yield substantial public health returns and, in the long term, open new market segments.

For patients and their families in these vulnerable regions, these statistics are not abstract; they represent continued loss and unrealized potential. The data should serve as a call to action for international health organizations and national governments to increase funding and implement evidence-based programs that directly target the health challenges faced by older children and young adults in sub-Saharan Africa and South Asia. Without a concerted, equitable effort, the global health community risks leaving millions behind, perpetuating a cycle of preventable mortality in a demographic critical for future societal development.

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REFERENCES

1. 1. You D, Hug L, Fell GW. Global, regional, and national levels and trends in older child, adolescent, and youth (5-24 years) all cause mortality from 1990 to 2024: modelling study. BMJ. 2026. doi:10.1136/bmj-2025-088685

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