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WORLD HEALTH STATISTICS ANNUAL

ANNUAIRE DE STATISTIQUES SANITAIRES MONDIALES

1973-1976

VOLUME I

VITAL STATISTICS AND
CAUSES OF DEATH

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MOUVEMENT DE LA POPULATION
ET CAUSES DE DÉCÈS



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

GENÈVE

1976

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INTRODUCTION

The *World Health Statistics Annual*, the title given to this publication in 1962, is a continuation of a series of publications, the *Annual Epidemiological and Vital Statistics*, first published by the World Health Organization for the years 1939–46. The forerunner of the series was the *Annual Epidemiological Report* of the League of Nations, presenting data for the years 1921 to 1938.

This issue of the *World Health Statistics Annual* introduces a new system for dating these volumes. Henceforth they will carry the year of publication instead of, as hitherto, the year to which the data mainly relate. Thus the previous issue, the *World Health Statistics Annual 1972* contained data mainly for 1972, but was published in 1975. This present volume contains data not for a specified year as heretofore, but all data received between publication of the preceding volume—1972 and the present issue. These data relate mainly to 1973 and 1974. In order to maintain continuity of the years shown on the cover of the volume and avoid any apparent gap in the series the present issue has been designated 1973–1976, but the next issue will be designated 1977.

This publication is the result of a joint effort by the national health and statistical administrations of many countries, the Statistical Office of the United Nations, and the World Health Organization. The data included can be more fully analysed in conjunction with statistics in the *Demographic Yearbook* of the United Nations.

The *World Health Statistics Annual* is published in three volumes: Volume I—Vital Statistics and Causes of Death; Volume II—Infectious Diseases: Cases, Deaths and Vaccinations; Volume III—Health Personnel and Hospital Establishments.

Volume I: Vital Statistics and Causes of Death

This volume contains summary information on population and vital statistics, and detailed statistics on deaths specified by sex, age and cause of death. The data are official national statistics in the sense that they have been released to WHO by the competent authorities of the countries concerned. A steadily increasing number of countries submit their data on magnetic tape according to a standard record lay-out developed by WHO. This forms part of a policy gradually to replace traditional information-gathering procedures by an automated information exchange which will improve the timeliness as well as the quality of the information. In accordance with WHO regulations, Member countries are expected to comply as far as possible with the recommendations made by the World Health Assembly as regards classification, coding procedures, age groupings, territorial areas to be identified and other relevant definitions and standards (*Manual of the International Classification of Diseases, Eighth (1965) Revision*, vol. 1, 1967, p. 475).

With the growing emphasis on health programming and its integration into a broad coherent development strategy the demand for more detailed, more specialized, and qualitatively better information has been steadily increasing (see, for instance, Sixth General Programme of Work covering a specific period 1978–83 inclusive). In order to meet this demand WHO has established an information service on world health statistics (*World Health Statistics Report*, vol. 27, No. 1, 1974, pp. 2–5). The objectives of this information service on world health statistics may be summarized as follows:

- (1) to provide quantitative information essential for the identification of major health problems, for defining and evaluating health policy, for planning health programmes and for the efficient management of health services;
- (2) to open up a continuous dialogue between producers and users of statistical information as an integral part of a systematic effort to improve the health statistical information system and adjust it in time to changing needs;
- (3) to contribute to a wider and more timely dissemination of information to users, whether they are working in research or in health administration;
- (4) to promote the critical appraisal of data relevant to health and their analysis, feedback and use in the decision-making process; and
- (5) to generate a better understanding of the limitations imposed upon international comparability by national practices and to define more precisely the impact of these limiting factors upon the inferences to be drawn from comparative studies.

To attain these objectives, the programme that has been developed comprises the following main elements:

- (a) Measures to improve the timeliness, dissemination and accessibility of data, and
- (b) Measures to improve the utilization of data for administrative and research purposes.

While the *World Health Statistics Annual* and the monthly *World Health Statistics Report* together constitute the principal formal channel for the dissemination of international health statistics, the data published form only a part of the total information collected, compiled and stored by WHO in its automated health statistical data bank. In order that potential users can be aware of the availability and accessibility of unpublished or more detailed data, WHO has prepared a guide to the data available in WHO and how they may be obtained (see Annex II). Moreover, a magnetic tape service has been set up to provide upon request available statistical data according to a standardized content-fixed and form-fixed record lay-out. Confidentiality is not compromised as only aggregated statistical data are available and no information is provided about individual persons, events, or institutions.

As part of its efforts to increase the value of its published statistics, WHO carried out in 1975 an opinion poll among a large sample of the recipients of the *World Health Statistics Annual*, and a short report on this opinion poll in regard to mortality statistics has been published (*World Health Statistics Report*, vol. 29, No. 1, 1976). Some of the changes being introduced in the present and subsequent volumes, including the change of dating system, result from views expressed by respondents to this enquiry as to how WHO might improve the quality and usefulness of its international health statistics.

The number of countries included in each issue of the *Annual* varies slightly, depending upon the time when data are received. The distribution of countries for which annual data on mortality by sex, age, and cause are received by WHO and held in mortality statistics component of its data bank is shown in the following table.

Areas—WHO Regions	Number of countries for which mortality data by cause are available in WHO
AREAS	
Africa	2
America	35
Asia (excl. USSR)	8
Europe (excl. USSR)	28
Oceania	2
USSR	—
TOTAL	75
WHO REGIONS	
African Region	1
Region of the Americas	35
South-East Asia Region	2
European Region	28
Eastern Mediterranean Region	3
Western Pacific Region	6

The following table gives an indication of the extent to which the available mortality statistics by sex, age and cause of death cover the world population.

Areas WHO Regions	Estimated total population (millions)	Estimated population of the countries for which mortality data are available in WHO	
		Number (millions)	Percentage
AREAS			
Africa	401	38	9.5
America	561	439	78.3
Asia (excl. USSR)	2256	224	9.9
Europe (excl. USSR)	473	470	99.4
Oceania	21	17	81.0
USSR	255	—	—
TOTAL	3967	1189	30.0
WHO REGIONS			
African Region	272	1	0.4
Region of the Americas	561	439	78.3
South-East Asia Region	945	56	5.9
European Region	802	470	58.6
Eastern Mediterranean Region	246	44	17.9
Western Pacific Region	1141	179	15.7

Although official mortality data for only about one-quarter of the world population are available by sex, age and cause of death, estimates of mortality by sex and age are available for about half, and annual total number of deaths for about three-quarters of the world population (see next table).

Percentages of population for which specified mortality
data are available through either civil registration or
sample surveys: the world and each continent

	World	Europe	North America	Oceania	Africa	Asia	South America
<i>General mortality</i>							
Annual totals	78	100	98	89	72	68	51
Age and sex	47	100	98	85	34	22	51
Cause	32	99	98	81	17	11	51
Cause and sex	32	96	98	81	17	11	51
Cause, age and sex	27	87	94	79	7	8	47
<i>Infant mortality</i>							
Annual totals	53	100	98	87	56	30	51
Age and sex	33	100	98	84	26	12	43

SOURCE: *The availability of demographic statistics around the world*, prepared by the Statistical Office of the United Nations for the World Population Conference, Bucharest, 19–30 August 1974

The quality of mortality statistics depends on many factors, including the accuracy of the population figures to which the data relate, the completeness of the registration of vital events, and the accuracy and refinement of the statement of cause of death and of the coding and classification of the information.

Some guidance on how population estimates are provided and on the completeness of vital registration in various countries is contained in the United Nations *Demographic Yearbook*, countries being classed as “C” where birth and death registration is reported by the country as being virtually complete (90% or more) or as “U” when registration is considered less than 90% complete, the resulting statistics being for that reason unreliable. In this volume, the C or U code

is shown for the countries listed in Tables 4 and 5. In 12 countries for which mortality statistics by cause are given in this volume these statistics may be considered unreliable according to this criterion.

A rough assessment of quality of cause of death statistics can be made from the percentage of deaths assigned to senility or ill-defined or unknown causes (A137, A138). As indicated in the following table, there were 9 countries in around 1973 in which more than 20 per cent of deaths were assigned to this group, in contrast to the situation in 10 countries where less than 1 per cent of deaths were so assigned. Although a high percentage is suggestive of poor-quality data, it does not necessarily follow that a low percentage means that the quality is good.

SYMPTOMS AND ILL-DEFINED CONDITIONS (A136 & A137)

in percentage to all causes

Country or area	Year	%	Country or area	Year	%
AFRICA			Singapore	1974	10.4
Egypt	1972	21.8	Thailand	1973	52.9
Mauritius	1974	18.5	EUROPE		
AMERICA			Austria	1974	1.7
Barbados	1973	4.5	Belgium	1972	8.4
Canada	1973	0.8	Bulgaria	1974	6.3
Chile	1973	8.2	Czechoslovakia	1973	1.2
Colombia	1972	10.1	Denmark	1973	2.0
Costa Rica	1973	7.6	Finland	1973	0.2
Dominican Republic	1973	38.7	France	1973	7.6
Ecuador	1972	19.9	Germany, Federal Republic of	1973	3.8
El Salvador	1973	32.4	Greece	1974	11.0
Guadeloupe	1974	17.6	Hungary	1974	0.1
Honduras	1973	30.2	Iceland	1974	1.5
Mexico	1973	12.4	Ireland	1972	1.7
Nicaragua	1973	27.3	Italy	1973	3.3
Panama	1973	17.8	Luxembourg	1974	4.8
Paraguay	1973	19.4	Netherlands	1974	3.9
Peru	1972	9.1	Norway	1973	5.2
Puerto Rico	1973	3.2	Poland	1973	8.5
Surinam	1973	12.5	Portugal	1974	15.9
Trinidad and Tobago	1973	4.0	Romania	1973	0.2
United States	1973	1.5	Spain	1973	6.0
Uruguay	1973	6.2	Sweden	1974	0.4
Venezuela	1973	22.0	Switzerland	1973	1.3
ASIA			U.K.: England and Wales	1973	0.6
Hong Kong	1974	8.7	Northern Ireland	1973	0.6
Israel	1973	4.4	Scotland	1973	0.4
Japan	1973	6.1	Yugoslavia	1973	24.5
Jordan	1973	21.5	OCEANIA		
Kuwait	1972	10.9	Australia	1973	0.9
Philippines	1973	11.4	New Zealand	1972	0.5

A further general indication of quality of the cause of death statistics is given by the percentage of deaths for which the cause had been medically certified. This information is available for the countries shown in the following table:

Country or area	Year	%
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AFRICA

Mauritius	1973	76.1
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AMERICA

Canada	1973	99.9
Chile	1971	83.4
Colombia	1970	67.1
Costa Rica	1972	75.0
Dominican Republic	1971	45.5
Ecuador	1973	47.8
El Salvador	1973	37.1
Mexico	1973	77.0
Panama	1973	62.4
Peru	1970	57.0
Venezuela	1973	76.1

ASIA

Hong Kong	1966	95.1
Israel (total population)	1973	99.5
Jordan	1972	55.6
Philippines	1970	26.5

Country or area	Year	%
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EUROPE

Austria	1970	100.0
Czechoslovakia	1972	100.0
Finland	1972	99.8
France	1967	96.9
German Democratic Republic	1972	100.0
Germany, Federal Republic of	1970	100.0
Greece	1973	94.7
Hungary	1973	100.0
Iceland	1973	98.9
Italy	1971	100.0
Luxembourg	1973	100.0
Netherlands	1972	99.3
Poland	1973	94.2
Portugal	1973	97.7
Spain	1968	100.0
Switzerland	1972	100.0
U.K.: England and Wales	1972	78.6
U.K.: Northern Ireland	1973	84.1
Yugoslavia	1972	62.3

OCEANIA

Australia	1973	81.8
New Zealand	1969	99.7

Arrangement of contents of this volume

Table 1 contains information on area and population, compiled by the United Nations Statistical Office; and Table 2 gives population data by sex and age, the age groupings corresponding with those used in Tables 7 and 8 (deaths by sex, age and cause).

Tables 3 to 5 present summary vital statistics of interest to health workers.

Table 6 gives total numbers, rates, and proportion of deaths by sex and cause *at all ages*, and Table 7 gives numbers and rates also by age. With the exception of one country (when the B List was used), cause of death has been tabulated according to a uniform list of items selected from the A List of the *International Classification of Diseases, Eighth (1965) Revision*; causes of generally infrequent occurrence having been excluded. In more than half of the countries this select list contains the 75 most important causes of death. The statistics are based on the concept of the underlying cause of death, defined as "the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury" (*Manual of the International Classification of Diseases, Eighth (1965) Revision*, 1967, p. 469).

Table 9 gives infant deaths and death rates by sex, age, and cause.

Tables 10, 11 and 12 present three sets of data drawn from life tables calculated by WHO, namely expectation of life, proportions surviving to selected ages, and the chances of eventually dying from specified causes.

Annex III presents data according to a periodically rotating programme, the selected subjects on this occasion being malignant neoplasms. Death rates for malignant neoplasms during 1961–1970 have been published in the *World Health Statistics Annual 1970*, vol. 1; numbers of deaths by sex and age for individual forms of malignant neoplasm have been published in *Mortality from malignant neoplasms, 1955–1965*, parts 1 and 2, and corresponding death rates in the *World Health Statistics Report*, 1970, vol. 23, No. 10, 11, and 12.

NOTES

TABLE 1. AREA AND POPULATION

AFRICA

- ¹ Population is de jure; includes nationals living abroad numbering 268 868 at 1966 census.
- ² In the Departments of Oasis and Saoura enumeration took place between 22 December 1965 and 20 January 1966.
- ³ Population includes nomads estimated at 10 550 at 1971 census.
- ⁴ Created 8 November 1965 and consisting of the islands of Chagos Archipelago (former dependency of Mauritius) and the islands of Aldabra, Farquhar and Des Roches (former dependencies of Seychelles).
- ⁵ Estimate based on results of sample survey.
- ⁶ Estimate for African population based on results of sample survey. Total includes estimates of 186 000 for population not covered by survey.
- ⁷ Estimate for African population based on results of sample survey. Includes estimates of 100 000 for Fort-Lamy, enumerated in 1962 and of 630 000 for other areas not covered by survey.
- ⁸ Estimate for de jure African population, based on results of sample survey; excludes population of Brazzaville (numbering 136 200 at 1961-1962 census) and Pointe-Noire (numbering 78 300 at 1962 census) not covered by survey.
- ⁹ Estimate for African population, based on results of sample survey; total includes an adjustment for certain areas not covered by survey.
- ¹⁰ Inhabited and cultivated territory accounts for 35 580 km².
- ¹¹ Population numbered 189 in 1973.
- ¹² Estimate for African population, based on results of sample survey.
- ¹³ De jure population.
- ¹⁴ Population excludes absentee workers amounting to 12 per cent of the total population at 1966 census.
- ¹⁵ Estimate based on results of sample survey; excluding nomad population estimated at 200 000 and persons in the zone controlled by the Niger Office estimated at 30 000.
- ¹⁶ Estimate for de jure population, based on results of sample survey covering 10 per cent of the population in 365 settled rural villages, and nomad population surveyed on a variable basis (5 to 50 per cent). Including estimates of 20 000 for nomad subdivisions of Tichitt and Boghe, and of 70 000 for 27 urban centres enumerated in 1961-1962, not covered by survey.
- ¹⁷ Includes population of Chagos Archipelago which became part of British Indian Ocean Territory on 8 November 1965.
- ¹⁸ Territory formerly known as "South West Africa". Including data for Walvis Bay (see note for South Africa).
- ¹⁹ Estimate, based on results of sample survey; excludes population of Niamey city (numbering 30 030 at census of April 1959) and also an estimate of 234 300 persons for certain areas not covered by survey.
- ²⁰ The 1963 census possibly overstated the population.
- ²¹ Excluding data for dependencies, two of which are shown separately hereunder; the other dependencies, Gough (Diego Alvarez), Inaccessible and Nightingale Islands (total area 105 km²) are presumed to be uninhabited.
- ²² Population estimated at 1266 in 1969.
- ²³ Population estimated at 273 in 1969.
- ²⁴ Estimate for de jure population based on results of sample survey.
- ²⁵ Includes population of Aldabra, Farquhar and Des Roches which became part of British Indian Ocean Territory on 8 November 1965.
- ²⁶ Excludes adjustment for underenumeration estimated at 5 per cent for both sexes.
- ²⁷ Excluding data for Walvis Bay, which is an integral part of South Africa but is administered as if it were part of Namibia (area: 1124 km², population: 12 648 in 1960).

- ²⁸ Summation of estimates derived from sample surveys conducted between 1960 and 1965.
- ²⁹ Estimate based on results of sample survey; excludes an estimate of 100 000 persons for towns of Ouagadougou (numbering 59 000 at 1961 census) and Bobo-Dioulasso (estimated at 51 500 in 1959) not covered by survey.
- ³⁰ Benin formerly Dahomey.

AMERICA

- ¹ Enumerated population; total, including 8.4 per cent (227 866 persons) adjustment for underenumeration and estimate of 87 000 for tribal Indian population, is 3 019 031 for both sexes.
- ² Excluding Indian jungle population numbering 45 429 at 1950 census and estimated at 150 000 in 1956.
- ³ De jure population.
- ⁴ Created 3 March 1962 and comprising former dependencies of Falkland (Malvinas) Islands south of 60° latitude, i. e. the South Orkney Islands (area: 622 km²), South Shetland Islands (area: 4622 km²), Graham Land and the sector of Antarctic Continent between longitudes 20° W and 80° W.
- ⁵ A formal census is not taken because the population consists entirely of scientists and technicians of British Antarctic Survey, and the exact number of persons is known at all times. British population numbered 85 males in winter 1969.
- ⁶ Population excludes nomadic Indian tribes.
- ⁷ Enumerated population; excluding adjustment for underenumeration.
- ⁸ Excluding data for dependencies of which South Georgia (area: 3755 km²) had an estimated population of 499 in 1964 (494 males, 5 females). The other dependencies, i. e. the South Sandwich group (area: 337 km²) and a number of small islands, are presumed to be uninhabited.
- ⁹ Area of ice-free portion is 341 700 km².
- ¹⁰ Including data for Carriacou and other dependencies in the Grenadines.
- ¹¹ Including data for dependencies: Marie-Galante, la Désirade, les Saintes, Petite-Terre, St. Barthélemy and French part of St. Martin.
- ¹² Estimates include adjustment for underenumeration at latest census.
- ¹³ Comprising Saba, St. Eustatius and Dutch part of St. Martin.
- ¹⁴ Excluding data for Canal Zone, shown separately hereunder.
- ¹⁵ De jure population, but includes armed forces stationed in the area.
- ¹⁶ Population excludes Indian jungle population. The enumerated population, including adjustment of 412 781 for underenumeration and an estimate of 100 830 for Indian jungle population, is 10 420 357 for both sexes.
- ¹⁷ Including data for Bequia and other dependencies in the Grenadines.
- ¹⁸ Excludes inland waters.
- ¹⁹ Population excludes Indian jungle inhabitants estimated at 31 800 in 1961. The enumerated population excludes adjustment for underenumeration estimated at 5.8 per cent for both sexes.

ASIA

- ¹ De jure population.
- ² Population excludes transients afloat.
- ³ Including 1600 residents who were absent at time of census.
- ⁴ Population registered. Figure includes an estimate of 7 591 298 for Taiwan Province and 8 397 477 for persons living in outlying areas where local registration offices were not established.

- ⁵ Formerly listed as "Yemen, People's Democratic Republic of". Excluding data for islands of Perim (area: 13 km²) and Kamaran (area: 57 km²).
- ⁶ Comprising Hong Kong Island, Kowloon and the new (leased) Territories.
- ⁷ Land area only. Total including ocean area within administrative boundaries, is 2916 km².
- ⁸ Includes adjustment for underenumeration at 1971 census, estimated at 1.05 per cent.
- ⁹ The final status of Jammu & Kashmir has not yet been determined. The population figures include only the Indian held part of the territory.
- ¹⁰ The State Punjab was reorganised on 1 November 1966 into the states of Haryana and Punjab, and the Union Territory of Chandigarh. Certain parts were transferred to the Territory of Himachal Pradesh.
- ¹¹ Formerly known as the State of Madras.
- ¹² Excluding Jawar and Sentinal.
- ¹³ The autonomous State of Meghalaya within Assam was created in April 1969.
- ¹⁴ Excluding West Irian, shown separately hereunder.
- ¹⁵ Western part of New Guinea.
- ¹⁶ Includes data for East Jerusalem and Israeli residents in certain other Territories under occupation by Israeli military forces since June 1967.
- ¹⁷ Excluding diplomatic personnel abroad and foreign military and civilian personnel and their dependents stationed in the area.
- ¹⁸ Including military and diplomatic personnel and their families abroad numbering 933 at 1961 census; excluding foreign military and diplomatic personnel and their families in the country, numbering 389 at 1961 census. Also including registered Palestinian refugees numbering 722 687 at 31 May 1967.
- ¹⁹ Including adjustment for underenumeration estimated at 4 per cent.
- ²⁰ Includes the area of the demilitarized zone (1262 km²).
- ²¹ Estimates are based on results of the May 1958 administrative count which has been adjusted upwards by 30 per cent.
- ²² Data are for Lebanese nationals on population register, including those living outside the country. Excluding registered Palestinian refugees, numbering 175 958 on 30 June 1970.
- ²³ Estimate based on results of sample survey.
- ²⁴ Including 78 km² for Muria Kuria Islands which were previously part of the former British dependency of Aden and the Protectorate of South Arabia and were ceded to Oman on 30 November 1967.
- ²⁵ Data are for territory excluding Jammu and Kashmir, the final status of which has not yet been determined (area 222 870 km², of which 83 807 km² held by Pakistan. Population of the Indian held part of the territory numbered 3 560 976 at 1961 census and was estimated at 4 050 000 at mid-year 1970): data also exclude Juna-gardh, Manavadar, Gilgit and Baltistan, and census data probably also exclude a considerable number of nomads.
- ²⁶ Former mandated territory administered by the United Kingdom, until Armistice of 1949.
- ²⁷ Comprising that part of Palestine under Egyptian administration following the Armistice of 1949 until June 1967, when it was occupied by Israeli military forces.
- ²⁸ The results have been officially repudiated.
- ²⁹ Population excludes transients afloat and non-locally domiciled military and civilian personnel and their dependants, numbering 4565 and 47 959 respectively at 1970 census.

- ³⁰ Population includes Palestinian refugees numbering 174 850 on 31 December 1969.

EUROPE

- ¹ De jure population.
- ² Excludes area of frontier rivers.
- ³ Including dependencies.
- ⁴ Excluding Faeroe Islands.
- ⁵ De jure population, but excludes diplomatic personnel outside the country and includes foreign diplomatic personnel not living in embassies or consulates.
- ⁶ Excluding about 16 000 military personnel abroad with no personal residence in France.
- ⁷ The statistics which relate to the Federal Republic of Germany and the German Democratic Republic include the relevant statistics regarding Berlin for which separate data have not been supplied. This is without prejudice to any question of status which may be involved.
- ⁸ Excludes armed forces stationed outside country but includes alien armed forces stationed in the area.
- ⁹ Population excludes non-Maltese armed forces stationed in the area; includes civilian nationals temporarily abroad.
- ¹⁰ Includes inland waters.
- ¹¹ Population excludes civilian aliens within country but includes civilian nationals temporarily abroad.
- ¹² Continental Portugal, which includes the Azores and Madeira Islands.
- ¹³ Continental Spain, which includes the Balearic and Canary Islands.
- ¹⁴ Present population at 1. January 1970: 2936 (1016 Norwegians and 1920 Russians). The other Norwegian territories are uninhabited (Bouvet: 59 km² and Peter I Island: 249 km²).

OCEANIA

- ¹ De jure population but including armed forces stationed in the area.
- ² Population excludes armed forces stationed outside country numbering 48 106 in May 1959.
- ³ Comprising the Solomon Islands group (except Bougainville and Buka, which are included with New Guinea below), Ontong, Java, Rennel and Santa Cruz Islands.
- ⁴ Both islands were uninhabited at time of census.
- ⁵ Excluding Niue (shown separately below) which is part of Cook but because of remoteness is administered separately.
- ⁶ Comprising Austral, Gambier, Marquesas, Rapa, Society and Tuamotu Islands.
- ⁷ Including data for Christmas, Fanning, Ocean, Washington Islands, and the Phoenix Islands group except Canton and Enderbury Islands which are shown separately above.
- ⁸ Including Huon, Chesterfield, Loyalty and Walpole Islands and Belep Archipelago.
- ⁹ Excluding estimate of 1406 for villages where census was not taken.
- ¹⁰ Population excludes diplomatic personnel and armed forces stationed abroad, the latter numbering 1936 at 1966 census; population also excludes alien armed forces within the country.
- ¹¹ Comprising the Caroline, Mariana and Marshall Islands except Guam, shown separately.
- ¹² Including armed forces stationed in the area.
- ¹³ Comprising the eastern part of island of New Guinea, the Bismarck Archipelago, Bougainville and Buka of the Solomon Islands group and about 600 smaller islands.

¹⁴ Land area only.

¹⁵ Estimate based on results of a 10 per cent sample survey of rural villages and complete enumeration of all other areas.

¹⁶ Population estimated at 80 on 31 December 1973.

UNION OF SOVIET SOCIALIST REPUBLICS

¹ Including the White Sea (90 000 km²) and the Azov Sea (37 300 km²), these are on the other hand excluded from the area of each republic.

TABLE 2. POPULATION BY AGE ACCORDING TO SEX

ASIA

Israel: Jewish population only.

EUROPE

German Democratic Rep.:

Germany, Federal Rep. of: The statistics which relate to the Federal Republic of Germany and the German Democratic Republic include the relevant statistics regarding Berlin for which separate data have not been supplied. This is without prejudice to any question of status which may be involved.

TABLE 4. NATALITY, GENERAL MORTALITY AND NATURAL INCREASE

¹ Data exclude live-born infants dead before registration of birth.

² Data based on baptisms recorded in Roman Catholic church register.

³ Data are not representative of Ghana as they are for compulsory registration centres only, these numbered 153 in 1969 and served approximately 35 per cent of the population in 1969.

⁴ Estimates computed by the United Nations.

⁵ Data exclude live-born infants dead within 24 hours of birth.

⁶ Data based on burial permits.

⁷ Rates estimated by the United Nations for 1965–1970.

⁸ Data for these countries do not include a small part of the population: jungle inhabitants in Ecuador and Peru, Indian tribes in Venezuela and Amerindians in Guyana.

⁹ Data for Aruba, Bonaire and Curaçao only. Except for Curaçao, data exclude live-born infants dead before registration of birth.

¹⁰ Excluding data for Canal Zone, shown separately hereunder.

¹¹ Excluding data for Anguilla.

¹² Data include upward adjustment based on experience of 1952–1954.

¹³ Formerly listed as “Yemen, People’s Democratic Republic of”. Data relate only to the former Colony of Aden, excluding Perim and Kamaran Islands.

¹⁴ Excluding foreigners but including registered Palestinian refugees.

¹⁵ Not including data for Jordanian territory under occupation since June 1967 by Israeli military forces.

¹⁶ Data are for Lebanese nationals on population register including those living abroad. Excluding non-resident foreigners and registered Palestinian refugees.

¹⁷ Birth registration estimated to be 60.3 per cent complete and death registration 70.0 per cent complete in 1963.

¹⁸ Excluding data for nomad population and Palestinian refugees. Rates computed on total population.

¹⁹ The statistics which relate to the Federal Republic of Germany and the German Democratic Republic include the relevant statistics regarding Berlin for which separate data have not been supplied. This is without prejudice to any question of status which may be involved.

²⁰ Figures have been adjusted to compensate for underregistration.

²¹ Data exclude infants born alive of less than 28 weeks’ gestation, less than 1000 grammes in weight and less than 35 centimetres in length, who died within 7 days of birth.

TABLE 5. LATE FOETAL, INFANT AND PERINATAL MORTALITY

¹ Data are not representative of Ghana as they are for compulsory registration centres only, these numbered 153 in 1969 and served approximately 35 per cent of the population in 1969.

² Estimates computed by the United Nations.

³ Data for these countries do not include a small part of the population: jungle inhabitants in Ecuador and Peru, Indian tribes in Venezuela, and Amerindians in Guyana.

⁴ Data exclude live-born infants dead before registration of birth.

⁵ Excluding data for Canal Zone, shown separately hereunder.

⁶ Excluding data for Anguilla.

⁷ Excluding foreigners but including registered Palestinian refugees.

⁸ Not including data for Jordanian territory under occupation since June 1967 by Israeli military forces.

⁹ Rates estimated by the United Nations for 1965–1970.

¹⁰ Birth registration estimated to be 60.3 per cent complete and death registration 70.0 per cent complete in 1963.

¹¹ Excluding data for nomad population and Palestinian refugees. Rates computed on total population.

¹² The statistics which relate to the Federal Republic of Germany and the German Democratic Republic include the relevant statistics regarding Berlin for which separate data have not been supplied. This is without prejudice to any question of status which may be involved.

¹³ Figures have been adjusted due to underregistration.

¹⁴ Data exclude infants born alive of less than 28 weeks’ gestation, less than 1000 grammes in weight and less than 35 centimetres in length, who died within 7 days of birth.

TABLES 6 to 12 and Annex III

AMERICA

Paraguay: Deaths registered in reporting areas.

Venezuela: Excluding jungle Indians.

ASIA

Israel: Jewish population only.

EUROPE

France: Live-born babies dead before registration of their birth (i.e. within 3 days after birth) are not included.

German Democratic Rep.:

Germany, Federal Rep. of: The statistics which relate to the Federal Republic of Germany and the German Democratic Republic include the relevant statistics regarding Berlin for which separate data have not been supplied. This is without prejudice to any question of status which may be involved.

Italy: Provisional data.

Spain: Live-born babies dead before registration of their birth (i.e. within 24 hours after birth) are not included.

AVANT-PROPOS

L'*Annuaire de Statistiques sanitaires mondiales*, qui paraît sous ce titre depuis 1962, est le prolongement de la série *Statistiques épidémiologiques et démographiques annuelles* que l'Organisation mondiale de la Santé avait publiée la première fois un volume pour les années 1939–1946 et qui avait été elle-même précédée, pour les années 1921 à 1938, par le *Rapport épidémiologique annuel* de la Société des Nations.

Avec la présente livraison de l'*Annuaire de Statistiques sanitaires mondiales* commence un nouveau système de datation des volumes qui porteront désormais le millésime de l'année de publication et non plus, comme par le passé, celui de l'année à laquelle la plupart des données se rapportent. Ainsi, le numéro précédent (*Annuaire de Statistiques sanitaires mondiales*, 1972) contenait surtout des données pour l'année 1972 mais n'a paru qu'en 1975. Contrairement à ce qui se faisait jusqu'ici, le présent volume renferme non pas des données se rapportant à une année déterminée, mais toutes les données reçues depuis la publication du volume précédent (1972). Ces données se rapportent principalement aux années 1973 et 1974. Afin de ne pas rompre la séquence des dates indiquées sur la couverture et d'éviter toute apparence de discontinuité dans la série, le présent volume porte les dates 1973–1976, mais le prochain sera daté de 1977.

Cette publication est le résultat des efforts conjugués des administrations sanitaires et statistiques de divers pays, du Bureau de Statistique de l'Organisation des Nations Unies et de l'Organisation mondiale de la Santé. Pour une analyse plus complète des données, on se reportera aux statistiques publiées dans l'*Annuaire démographique* de l'Organisation des Nations Unies.

L'*Annuaire de Statistiques sanitaires mondiales* comprend chaque année trois volumes: Volume I – Mouvement de la population et causes de décès; Volume II – Maladies infectieuses: Cas, décès et vaccinations; Volume III – Personnel de santé et établissements hospitaliers.

Volume I: Mouvement de la population et causes de décès

Ce volume contient des renseignements condensés sur la population et les faits d'état civil, ainsi que des statistiques détaillées des décès selon le sexe, l'âge et la cause. Les données présentées sont des statistiques nationales officielles communiquées à l'OMS par les autorités compétentes des pays intéressés. Les Etats Membres sont de plus en plus nombreux à communiquer leurs données sur bandes magnétiques, conformément à une formule normalisée mise au point par l'OMS, l'intention étant de remplacer progressivement les procédés traditionnels de collecte de l'information par un système automatisé d'échange de données qui fournira tout à la fois une information plus récente et de meilleure qualité. En conformité des règlements de l'OMS, les Etats Membres sont censés respecter le plus possible les recommandations de l'Assemblée mondiale de la Santé concernant la classification, les procédés de codage, la structure des groupes d'âge, les divisions territoriales et diverses définitions et normes pertinentes (*Manuel de la Classification internationale des Maladies*, Huitième révision (1965), Vol. 1, page 499).

Etant donné l'importance de plus en plus grande qu'on attache à la programmation sanitaire et à son intégration dans une large stratégie du développement qui soit vraiment cohérente, on a besoin de données toujours plus détaillées, plus spécialisées et plus sûres (voir, par exemple, Sixième Programme général de Travail pour une Période déterminée: 1978–1983 inclusivement). Pour répondre à ce besoin, l'OMS a mis en place un service d'information sur les statistiques sanitaires mondiales (*Rapport de Statistiques sanitaires mondiales*, Vol. 27, N° 1, 1974, pp. 2–5) dont les objectifs peuvent se résumer comme suit:

- 1) fournir les données quantitatives qui sont indispensables pour identifier les grands problèmes de santé, définir et évaluer les politiques sanitaires, planifier les programmes et assurer la bonne marche des services;

- 2) entretenir un dialogue continu entre producteurs et utilisateurs de statistiques dans le cadre d'un effort systématique visant à améliorer les systèmes de statistiques sanitaires et les adapter au fil des années à l'évolution des besoins;
- 3) contribuer à une diffusion plus large et plus rapide de l'information parmi les utilisateurs, qu'il s'agisse de chercheurs ou d'administrateurs de la santé;
- 4) promouvoir l'examen critique des données relatives à la santé, leur analyse et leur réinjection dans le processus de prise de décision; et
- 5) faire mieux comprendre les limites que les pratiques nationales imposent à la comparabilité internationale et définir plus précisément les conséquences de ces facteurs limitatifs sur les conclusions que l'on peut tirer des études comparatives.

Pour atteindre ces objectifs, il a été mis au point un programme dont les éléments principaux sont les suivants:

- a) mesures propres à améliorer les délais de publication, la diffusion et l'accessibilité des données; et
- b) mesures propres à améliorer l'utilisation des données à des fins d'administration et de recherche.

Avec la publication mensuelle *Rapport de Statistiques sanitaires mondiales*, l'*Annuaire de Statistiques sanitaires mondiales* est le principal véhicule pour la diffusion des statistiques sanitaires internationales, mais les données qui y sont présentées ne constituent qu'une partie de l'information rassemblée, compilée et stockée par l'OMS dans sa banque automatisée de statistiques sanitaires. Pour que les utilisateurs potentiels soient renseignés sur l'existence et l'accessibilité de données non publiées ou plus détaillées, l'OMS a préparé un guide indiquant les données disponibles à l'OMS et la manière de les obtenir (voir ANNEXE II). En outre, il a été créé un système d'enregistrement sur bandes magnétiques qui fournira sur demande des séries de données statistiques normalisées quant à leur forme et à leur contenu et dont le caractère confidentiel sera préservé puisque toutes les statistiques disponibles à l'OMS sont des données récapitulatives qui ne contiennent pas d'informations sur des individus, des événements ou des organismes particuliers.

Dans le cadre des efforts qu'elle déploie pour augmenter la valeur de ses publications statistiques, l'OMS a procédé en 1975 à un sondage d'opinion sur un important échantillon de destinataires de l'*Annuaire de Statistiques sanitaires mondiales*, à l'issue duquel a été publié un bref rapport concernant les statistiques de mortalité (*Rapport de Statistiques sanitaires mondiales*, Volume 29, N° 1, 1976). Quelques-unes des modifications apportées à l'ordonnance du présent volume et de ceux qui le suivront, y compris le nouveau système de datation, donnent suite à des avis exprimés par les enquêtés sur la manière dont l'OMS pourrait améliorer la qualité et l'utilité des statistiques sanitaires internationales qu'elle publie.

Le nombre des pays représentés dans l'*Annuaire* varie légèrement d'une année à l'autre selon la date à laquelle les données sont reçues. Le tableau ci-après indique la répartition des pays pour lesquels l'OMS reçoit des données annuelles de mortalité selon le sexe, l'âge et la cause, qui sont conservées dans la section mortalité de sa banque de données.

Continents ou zones – Régions de l'OMS	Nombre de pays pour lesquels des données de mortalité selon la cause sont disponibles à l'OMS
CONTINENTS OU ZONES	
Afrique	2
Amérique	35
Asie (non compris l'URSS)	8
Europe (non compris l'URSS)	28
Océanie	2
URSS	—
Total	75
RÉGIONS DE L'OMS	
Région africaine	1
Région des Amériques	35
Région de l'Asie du Sud-Est	2
Région européenne	28
Région de la Méditerranée orientale	3
Région du Pacifique occidental	6

Le tableau ci-après indique dans quelle mesure la population mondiale est couverte par les statistiques de mortalité selon le sexe, l'âge et la cause.

Continents ou zones Régions de l'OMS	Population totale estimée (millions)	Population estimée des pays pour lesquels l'OMS dispose de statistiques de mortalité	
		Effectif (millions)	Pourcentage
CONTINENTS OU ZONES			
Afrique	401	38	9.5
Amérique	561	439	78.3
Asie (non compris l'URSS)	2256	224	9.9
Europe (non compris l'URSS)	473	470	99.4
Océanie	21	17	81.0
URSS	255	—	—
Total	3967	1189	30.0
RÉGIONS DE L'OMS			
Région africaine	272	1	0.4
Région des Amériques	561	439	78.3
Région de l'Asie du Sud-Est	945	56	5.9
Région européenne	802	470	58.6
Région de la Méditerranée orientale	246	44	17.9
Région du Pacifique occidental	1141	179	15.7

Des statistiques officielles de mortalité selon le sexe, l'âge et la cause ne sont disponibles que pour environ un quart de la population mondiale, mais des estimations de la mortalité selon le sexe et l'âge ont pu être établies pour environ la moitié de la population mondiale et des totaux annuels de décès sont calculés pour environ les trois quarts de cette population (voir tableau ci-dessous).

Pourcentages de la population pour lesquels les données de mortalité indiquées sont fournies par les registres de l'état civil ou les enquêtes par sondage: ensemble du monde et continents

	Ensemble du monde	Europe	Amérique du Nord	Océanie	Afrique	Asie	Amérique du Sud
<i>Mortalité générale</i>							
Totaux annuels	78	100	98	89	72	68	51
Selon l'âge et le sexe	47	100	98	85	34	22	51
Selon la cause	32	99	98	81	17	11	51
Selon la cause et le sexe	32	96	98	81	17	11	51
Selon la cause, l'âge et le sexe	27	87	94	79	7	8	47
<i>Mortalité infantile</i>							
Totaux annuels	53	100	98	87	56	30	51
Selon l'âge et le sexe	33	100	98	84	26	12	43

SOURCE: *Statistiques démographiques disponibles dans le monde*, Etat préparé par le Bureau de Statistique de l'Organisation des Nations Unies pour la Conférence mondiale de la Population, Bucarest, 19-30 août 1974.

La qualité des statistiques de mortalité dépend de nombreux facteurs parmi lesquels il convient de citer l'exactitude des chiffres de population auxquels les données se rapportent, la complétude de l'enregistrement des faits d'état civil, l'exactitude et le détail des indications de causes de décès ainsi que du codage et du classement de données.

Des indications sur l'établissement des estimations de population et sur la complétude de l'enregistrement des faits d'état civil dans les différents pays sont données dans l'*Annuaire démographique* de l'Organisation des Nations Unies où les pays sont désignés par «C» si l'enregistrement des naissances et des décès y est déclaré comme étant pratiquement complet (90% ou plus) ou par «U» si la complétude de l'enregistrement est considérée comme inférieure à 90%, les statistiques étant alors peu sûres. Dans le présent volume, l'indicatif «C» ou «U» accompagne le

nom des pays dans les tableaux 4 et 5. Dans 12 pays pour lesquels des statistiques de mortalité selon la cause sont présentées ici, ces statistiques peuvent être considérées comme peu sûres d'après ce critère.

On peut se faire une idée approximative de la qualité des statistiques des causes de décès d'après le pourcentage des décès attribués à la sénilité ou à des causes mal définies ou inconnues (A137, A138). Comme l'indique le tableau ci-après, aux alentours de 1973 il y avait 9 pays où plus de 20% des décès étaient attribués à ce groupe de causes, alors que l'on comptait 10 pays où moins de 1% des décès étaient ainsi classés. Un pourcentage élevé donne à penser que les données sont de mauvaise qualité, mais un pourcentage faible ne signifie pas nécessairement que les données sont de bonne qualité.

SYMPTOMES ET ÉTATS MORBIDES MAL DÉFINIS (A136 & A137)

en pour-cent de toutes causes

Pays ou zone	Année	%	Pays ou zone	Année	%
AFRIQUE			Singapour	1974	10,4
Egypte	1972	21,8	Thaïlande	1973	52,9
Maurice	1974	18,5	EUROPE		
AMÉRIQUE			Allemagne, République fédérale d'	1973	3,8
Barbade	1973	4,5	Autriche	1974	1,7
Canada	1973	0,8	Belgique	1972	8,4
Chili	1973	8,2	Bulgarie	1974	6,3
Colombie	1972	10,1	Danemark	1973	2,0
Costa Rica	1973	7,6	Espagne	1973	6,0
El Salvador	1973	32,4	Finlande	1973	0,2
Equateur	1972	19,9	France	1973	7,6
Etats Unis	1973	1,5	Grèce	1974	11,0
Guadeloupe	1974	17,6	Hongrie	1974	0,1
Honduras	1973	30,2	Irlande	1972	1,7
Mexique	1973	12,4	Islande	1974	1,5
Nicaragua	1973	27,3	Italie	1973	3,3
Panama	1973	17,8	Luxembourg	1974	4,8
Paraguay	1973	19,4	Norvège	1973	5,2
Pérou	1972	9,1	Pays-Bas	1974	3,9
Porto Rico	1973	3,2	Pologne	1973	8,5
République Dominicaine	1973	38,7	Portugal	1974	15,9
Surinam	1973	12,5	Roumanie	1973	0,2
Trinité-et-Tobago	1973	4,0	Royaume-Uni: Angleterre et Galles	1973	0,6
Uruguay	1973	6,2	Irlande du Nord	1973	0,6
Venezuela	1973	22,0	Ecosse	1973	0,4
ASIE			Suède	1974	0,4
Hong-kong	1974	8,7	Suisse	1973	1,3
Israël	1973	4,4	Tchécoslovaquie	1973	1,2
Japon	1973	6,1	Yougoslavie	1973	24,5
Jordanie	1973	21,5	OCÉANIE		
Koweït	1972	10,9	Australie	1973	0,9
Philippines	1973	11,4	Nouvelle-Zélande	1972	0,5

Une autre indication générale de la qualité des statistiques de causes de décès est fournie par le pourcentage des décès dont la cause a fait l'objet d'un certificat médical. Cette information est disponible pour les pays suivants:

Pays ou zone	Année	%
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AFRIQUE

Maurice	1973	76,1
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AMÉRIQUES

Canada	1973	99,9
Chili	1971	83,4
Colombie	1970	67,1
Costa Rica	1972	75,0
El Salvador	1973	37,1
Equateur	1973	47,8
Mexique	1973	77,0
Panama	1973	62,4
Pérou	1970	57,0
République Dominicaine	1971	45,5
Venezuela	1973	76,1

ASIE

Hong-kong	1966	95,1
Israël (population totale)	1973	99,5
Jordanie	1972	55,6
Philippines	1970	26,5

Pays ou zone	Année	%
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EUROPE

Allemagne, République fédérale d'	1970	100,0
Autriche	1970	100,0
Espagne	1968	100,0
Finlande	1972	99,8
France	1967	96,9
Grèce	1973	94,7
Hongrie	1973	100,0
Islande	1973	98,9
Italie	1971	100,0
Luxembourg	1973	100,0
Pays-Bas	1972	99,3
Pologne	1973	94,2
Portugal	1973	97,7
République démocratique allemande	1972	100,0
R.-U. : Angleterre et Galles	1972	78,6
R.-U. : Irlande du Nord	1973	84,1
Suisse	1972	100,0
Tchécoslovaquie	1972	100,0
Yougoslavie	1972	62,3

Océanie

Australie	1973	81,8
Nouvelle-Zélande	1969	99,7

Ordonnance des tableaux du présent volume

Le tableau 1 contient des renseignements sur les superficies et les populations, qui émanent du Bureau de Statistique de l'Organisation des Nations Unies; le tableau 2 indique la répartition des populations par sexe et par âge, les groupes d'âge étant ceux utilisés dans les tableaux 7 et 8 (décès selon le sexe, l'âge et la cause).

Dans les tableaux 3 à 5 sont rassemblées des données démographiques générales qui présentent de l'intérêt du point de vue sanitaire.

Le tableau 6 indique le nombre total de décès, les taux de mortalité et les proportions de décès par sexe et par cause pour l'ensemble des âges et le tableau 7 la mortalité et les taux de mortalité selon l'âge. Exception faite d'un pays (pour lequel la liste B a été utilisée) les décès sont classés par cause selon une liste uniforme dérivée de la liste A de la *Classification internationale des maladies, Huitième révision (1965)*; les causes généralement peu fréquentes n'ont pas été retenues. Pour plus de la moitié des pays, cette liste comprend les 75 causes de décès les plus importantes. Les statistiques sont établies d'après «la cause initiale de décès» définie comme étant «la maladie ou le traumatisme qui a déclenché l'évolution morbide conduisant directement au décès ou les circonstances de l'accident ou de la violence qui ont entraîné le traumatisme mortel» (*Manuel de la Classification internationale des Maladies, Huitième Révision (1965)*, 1967, p. 493).

Le tableau 9 indique les décès d'enfants et les taux de mortalité infantile selon le sexe, l'âge et la cause.

Dans les tableaux 10, 11 et 12 sont présentées des données dérivées des tables de mortalité calculées par l'OMS, à savoir: espérance de vie, proportions de survivants à différents âges et probabilité de décès pour différentes causes.

Les données de l'annexe III, qui obéissent à un système de roulement périodique, ont trait cette année aux tumeurs malignes. Des taux de mortalité par tumeurs malignes pour la période 1961-1970 ont été publiés dans l'*Annuaire de Statistiques sanitaires mondiales*, 1970, Vol. 1; les nombres de décès selon le sexe et l'âge pour différentes formes de tumeurs malignes dans *Mortalité par tumeurs malignes, 1955-1965*, parties 1 et 2 et les taux de mortalité correspondants dans *Rapport de statistiques sanitaires mondiales*, 1970, Vol. 23, Nos 10, 11 et 12.