

Suicide worldwide in 2019

Global Health Estimates

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Contents

Acknowledgements	iv
Introduction	01
Data sources and methods	02
Reasons for differences from official national estimates	02
Reasons for changes in suicide estimates compared to previous WHO publications	03
Global epidemiology of suicide	04
Regional epidemiology of suicide	09
Changes in suicide rates over time	11
Data quality	12
Conclusions	13
References	13
Annex	14

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Introduction

Suicide is a serious global public health issue. Globally, 703 000 people die by suicide every year. Suicide is among the leading causes of death worldwide, with more deaths due to suicide than to malaria, HIV/AIDS, breast cancer, or war and homicide. More than one in every 100 deaths (1.3%) in 2019 were the result of suicide.

The reduction of suicide mortality has been prioritized by the World Health Organization (WHO) as a global target and included as an indicator in the United Nations Sustainable Development Goals (SDGs) under target 3.4, as well as in WHO's 13th General Programme of Work 2019–2023¹ and in the WHO Mental Health Action Plan 2013–2020² which has been extended to 2030. A comprehensive and coordinated response to suicide prevention is critical to ensure that the tragedy of suicide does not continue to cost lives and affect many millions through the loss of loved ones or suicide attempts.

The timely registration and regular monitoring of suicide form the backbone of effective national suicide prevention strategies (WHO, 2014). In order to identify specific groups at risk for suicide, it is important for countries to use disaggregated rates at least by sex, age and method. Doing so provides essential information for understanding the scope of the problem so that interventions can be tailored to meet the needs of specific populations and can be adjusted to trends.

Box 1.

UN SDG Target 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

Indicator 3.4.2.

Suicide mortality rate

¹ See: <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf> (accessed 9 March 2021).

² See: <https://www.who.int/publications/i/item/9789241506021> (accessed 9 March 2021).

Data sources and methods

This booklet presents the most recent available suicide mortality estimates from the WHO Global Health Estimates for 2000–2019 (WHO, 2020)³. To facilitate comparisons across countries, rates are age-standardized according to the WHO World Standard Population, which assumes one standard age distribution of the population in all countries.

Data are presented at the global and regional levels by age and sex, as well as over time. Country-specific estimates are provided in the Annex.

Details of the methods, data sources and analyses can be found on the WHO Global Health Estimates website.⁴ Estimates were calculated using mortality data reported by countries to the WHO Mortality Database⁵ as key input data. For countries without comprehensive death registration data or other nationally representative sources of information on suicide, WHO has drawn on the Global Burden of Disease 2019 study (GBD2019) modelling by the Institute of Health Metrics and Evaluation (IHME). Estimates were made for 183 WHO Member States with populations greater than 90 000.

Reasons for differences from official national estimates

These Global Health Estimates represent WHO's best estimates, based on the evidence available up until November 2020, rather than the official estimates of Member States, and have not necessarily been endorsed by Member States. They have been computed using standard categories, definitions and methods to ensure cross-national comparability and may not be the same as official national estimates produced using alternative, potentially equally rigorous, methods. The process involved extraction of codes X60–X84 and Y870 for suicide from the WHO Mortality Database, redistribution of deaths of unknown sex/age and deaths assigned to ill-defined codes, interpolation/extrapolation of number of deaths for missing years, scaling of total deaths by age and sex to WHO all-cause envelopes for 2000–2019, and use of population estimates from the UN Population Division.

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