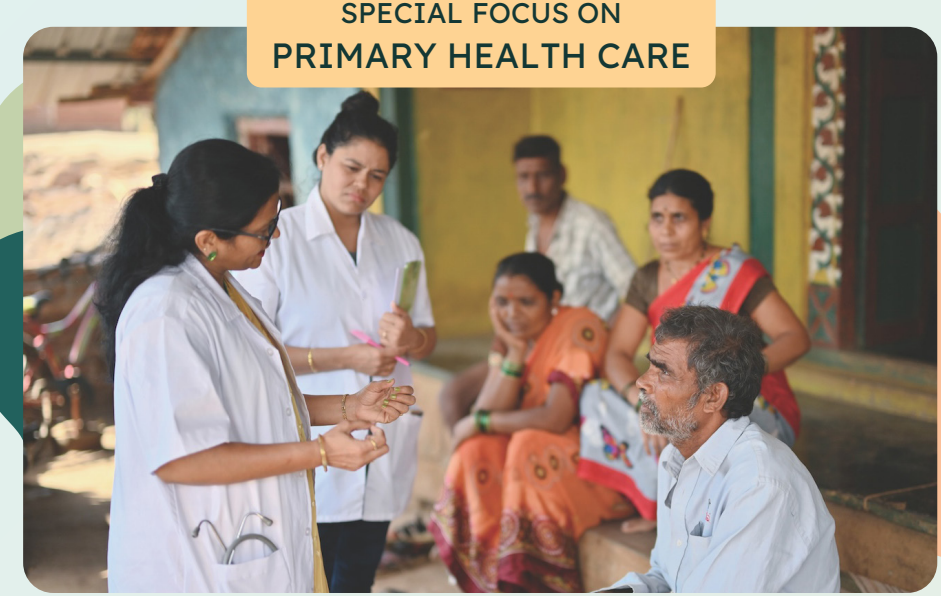


2024 WORLD POPULATION DATA SHEET



8.1 BILLION WORLD POPULATION, 38 PER 10,000 POPULATION NURSING AND MIDWIFERY PERSONNEL, 2.2 BIRTHS GLOBAL TOTAL FERTILITY RATE

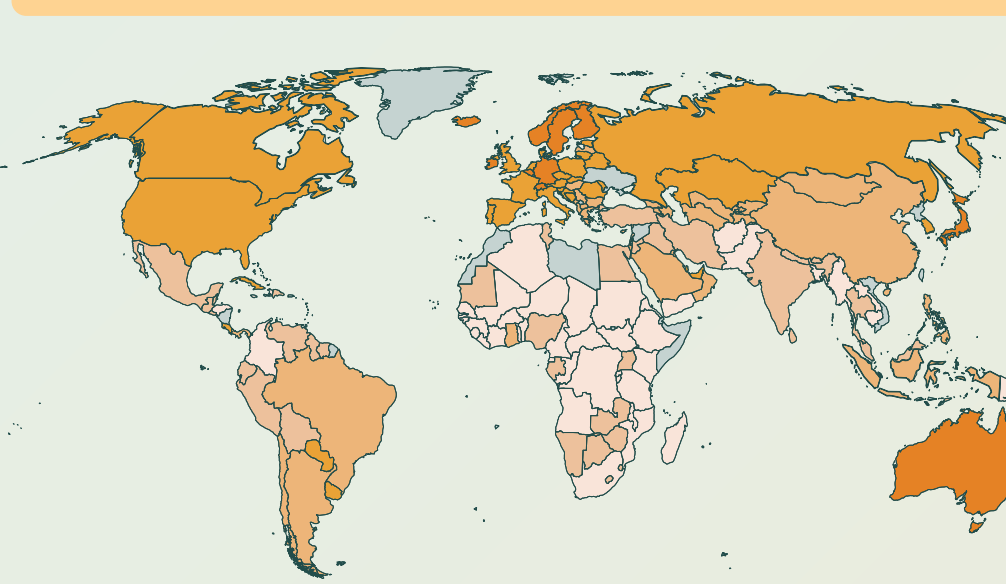
Increasing Investments in Primary Health Care Can Improve Health Outcomes

About 50% of the world's population lacks access to good primary health care (PHC). PHC is a platform for integrated health service delivery to meet people's changing needs at every age, such as pregnancy care, childhood immunizations, and care for noncommunicable diseases like high blood pressure (hypertension). It can support people to live longer, healthier lives.

Investments to scale up access to quality PHC across low- and middle-income countries, including resources to increase the availability and retention of staff, could prevent as many as 60 million deaths by 2030. As a result, average life expectancy could increase by 3.7 years. To realize these advances, we must ensure quality care that is centered on people and is continuous, comprehensive, and coordinated to meet their evolving health needs at all stages of life.

Yet many countries do not have sufficient resources, including adequate numbers of trained health professionals, to meet their populations' basic health needs. Around the world, shortages in skilled professionals contribute to overworked health care personnel and reduced quality of care. (See figure.)

FIGURE Number of Nursing and Midwifery Personnel per 10,000 Population



Legend for population size: <15, 15-35, 35.1-60, 60.1-120, 120.1-525, Data not available. Note: Data presented are the most recent available between 2018 and 2022.

- DATA TABLE NOTES: a. Deaths among children <1 year of age per 1,000 live births... b. Lifetime live births per woman... c. Current international dollars... d. Data are for married or in-unions women ages 15-49... e. Percent of women who are married or in union with a need for family planning... f. Percent of adults ages 30-70 with hypertension... g. Data refer to sexually active women, ever-married women, or all women... h. Kosovo declared independence from Serbia on Feb. 17, 2008... i. A slash between years indicates that data presented are the most recent available between the two years... j. (-) Indicates data unavailable or not applicable.

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Main data table with columns for Population (millions), Births per 1,000 Population, Deaths per 1,000 Population, Rate of Natural Increase (%), Net Migration Rate, Projected Population (millions), Infant Mortality Rate, Total Fertility Rate, Percent of Population, Life Expectancy at Birth (Years), Health Care Workers per 10,000 Population, and Health Spending per Capita (US\$).

Continuation of the main data table, covering countries from Western Asia to Oceania.



PRB is a nonpartisan, not-for-profit research organization focused on improving people's health and well-being through evidence-based policies and practices.

Acknowledgments

This publication is made possible by the generous support of USAID under cooperative agreement T200A22CA00023. The information provided in this document is the responsibility of the PROPEL Health Project, is not official U.S. Government information, and does not necessarily reflect the views or positions of USAID or the U.S. Government. The contents are the responsibility of Population Reference Bureau.

Notes

The Data Sheet lists all geopolitical entities with populations of 150,000 or more and all members of the United Nations, including sovereign states, dependencies, overseas departments, and some territories whose status or boundaries may be undetermined or in dispute. **More-developed, less-developed, and least-developed** regions follow the UN classification (<https://www.un.org/ohrli/content/least-developed-countries>). **High-income, middle-income** (composed of **upper middle-income** and **lower middle-income**), and **low-income** economies follow the World Bank classification based on GNI per capita (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

World and Regional Totals: Regional population totals are independently rounded and include small countries or areas not shown. Regional and world rates and percentages are weighted averages of countries for which data are available. Regional averages are shown when data or estimates are available for at least three-quarters of the region's population.

World Population Data Sheets from different years **should not be used as a time series**. Fluctuations in values from year to year often reflect revisions based on new data or estimates rather than actual changes in levels.

Sources

The rates and figures are primarily compiled from the following sources: online databases, reports, and other materials from national statistical offices and regional organizations; demographic and family planning surveys such as the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring for Action (PMA) surveys; the *UN Demographic Yearbook 2022 and Population and Vital Statistics Report*, vol. LXVI (January 2024) of the UN Statistics Division; *World Population Prospects: The 2024 Revision, World Contraceptive Use 2022, and World Urbanization Prospects: The 2018 Revision* of the UN Population Division; the International Database of the International Programs Center, U.S. Census Bureau; World Development Indicators online database of the World Bank; and the National Health Workforce Accounts database, the Global

Health Observatory, and the Global Health Expenditure Database of the World Health Organization (WHO). The sources also include direct communication with national statistical offices, demographers, and country experts from around the world. Specific data sources may be obtained by contacting the authors of the *2024 World Population Data Sheet*.

Demographic rates for countries with complete vital registration are those most recently reported. For more-developed countries, the rates refer to 2023 or 2022. For other indicators, see Definitions for data years.

Definitions

POPULATION, MID-2024 AND PROJECTED POPULATION, MID-2035 AND MID-2050 (MILLIONS)

Current estimates and projections are based on recent censuses, official national data, or analyses conducted by national statistical offices, regional organizations, PRB, the UN Population Division, or the International Programs Center of the U.S. Census Bureau. The effects of refugee movements, large numbers of foreign workers, and population shifts due to current events are taken into account to the extent possible. Projected populations are based on reasonable assumptions on the future course of fertility, mortality, and migration.

BIRTHS/DEATHS PER 1,000 POPULATION

Crude birth and death rates, or the annual number of births and deaths per 1,000 total population, respectively.

RATE OF NATURAL INCREASE (%)

The birth rate minus the death rate, expressed as a percentage. This value represents the estimated rate of population growth (or decline) without regard for migration.

NET MIGRATION RATE

The estimated net migration (immigration minus emigration) per 1,000 total population. For some countries, data are derived as a residual from estimated birth, death, and population growth rates. A value of “0” indicates that the net migration rate is less than 0 but greater than -0.5; a value of “0” means that the net migration rate is greater than or equal to 0 and less than 0.5.

INFANT MORTALITY RATE

The annual number of deaths among children from birth to <1 year, per 1,000 live births. Decimals indicate national statistics reported as completely registered; those without decimals are estimates from the sources cited.

TOTAL FERTILITY RATE

The average number of children a woman would have assuming current age-specific birth rates remain constant throughout her childbearing years (usually considered to be ages 15-49).

POPULATION AGES <15 AND AGES 65+ (%)

The percentage of the total population in those age groups, often considered the dependent ages.

LIFE EXPECTANCY AT BIRTH, TOTAL AND BY SEX

The average number of years that a newborn could expect to live, based on sex- and age-specific death rates prevailing at the time of their birth, in a given country, territory, or geographic area.

URBAN POPULATION (%)

The percentage of the total population living in areas termed urban by that country or the UN.

GNI PER CAPITA, PPP, 2023 (\$ CURRENT INTERNATIONAL)

Gross national income in purchasing power parity (PPP) divided by mid-year population. Data prior to 2023 are in italics.

FAMILY PLANNING AMONG MARRIED WOMEN (AGES 15-49): USING ALL METHODS, USING MODERN METHODS, DEMAND SATISFIED BY MODERN METHODS (%)

The percentage of currently married or in-united women (unless otherwise indicated in footnotes) of reproductive age who are currently using any form of contraception; any modern form of contraception; and among those with a need for family planning, the percentage who report having their need met by modern methods. Modern methods include clinic and supply methods, including the pill, injectable, implant, IUD, condom, and sterilization. The inclusion of lactational amenorrhea and/or Standard Days Method in modern methods varies across countries. Data are from the most recently available national-level surveys since 2014. Data prior to 2019 are shown in italics. The classification of women as currently married or in union may vary by country. The age range of women surveyed varies in some countries.

HYPERTENSION CONTROLLED, AGES 30-79 (%), 2019

The percentage of adults ages 30-79 with hypertension (high blood pressure) who are classified as having their hypertension controlled. Controlled hypertension is defined as a systolic blood pressure of ≤ 140 mmHg, a diastolic blood pressure of ≤ 90 mmHg, or taking medication for hypertension.

UNIVERSAL HEALTH CARE SERVICE COVERAGE INDEX, 2021

This index by the WHO measures coverage of essential primary health care services among the general and most disadvantaged populations on a scale of 0 (worst) to 100 (best). It consists of a weighted average of coverage of selected interventions across four areas: 1) reproductive, maternal, newborn, and child health; family planning, pregnancy care, child immunization, and child treatment;

2) infectious diseases: tuberculosis, HIV/AIDS, malaria, and water, sanitation, and hygiene; 3) noncommunicable diseases: hypertension, diabetes, and tobacco; 4) service capacity and access: hospital access, health workforce, and health security.

HEALTH CARE WORKERS PER 10,000 POPULATION, 2018/2022: GENERALISTS AND TOTAL MEDICAL DOCTORS, NURSING AND MIDWIFERY PERSONNEL, COMMUNITY HEALTH WORKERS

Number of health care workers by occupation per 10,000 population. Total medical doctors include generalists and specialists. Generalist medical practitioners (including family doctors, pediatricians, and other non-specialized physicians), nursing and midwifery personnel, and community health workers are part of the primary health care workforce, which encompasses all occupations formally trained and involved in delivering primary health care such as health promotion, disease prevention, treatment, and rehabilitation. Definition of the primary health care workforce may vary across countries. PRB produced the numbers of generalists and community health workers per capita from the total number of each occupation available from the WHO. According to the WHO, the numbers tend to be more complete for the public sector; they may be an underestimate where the private sector, military sector, or nongovernmental or faith-based organizations provide services. Data presented are the most recent available between 2018 and 2022.

HEALTH SPENDING PER CAPITA, UIS: TOTAL HEALTH SPENDING, 2020/2022; PHC-SPECIFIC SPENDING, 2018/2022

The current spending on total health care and on PHC per person in U.S. dollars from all sources. The ways in which these expenditures are defined, collected, and estimated may vary across countries. Data presented are the most recent available within the time range indicated.

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The World Population Data Sheet, produced annually by PRB since 1962, is both a reference document and an educational tool. With two dozen critical **POPULATION, HEALTH, AND ENVIRONMENT** indicators carefully researched, developed, and vetted by PRB demographers and analysts for more than 200 countries and territories, it provides a snapshot of the demographic patterns shaping our world today and previews what we can expect in the future.