Suicide worldwide in 2019

Global Health Estimates

Suicide worldwide in 2019

Global Health Estimates

World Health Organization

Contents

Acknowledgements

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 2019–2023[1] and in the WHO Mental Health Action Plan 2013–2020[2] 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

Reasons for differences from official national estimates

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 Database[5] 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.

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.

[3] See: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death (accessed 9 March 2021).
[4] See: https://www.who.int/docs/default-source/gho-documents/global-health-estimates/ghe2019_cod_methods.pdf?sfvrsn=37bcfacc_5 (accessed 9 March 2021).
[5] See: https://www.who.int/data/data-collection-tools/who-mortality-database (accessed 9 March 2021).

Reasons for changes in suicide estimates compared to previous WHO publications

As with previous revisions of WHO Global Health Estimates, the entire time series from the year 2000 were revised, including for suicide. Because the estimates for the years 2000–2019 draw on new data and on the results of the GBD2019 study, and because there have been substantial revisions to the methods used, these estimates are not comparable with previous estimates for 2000–2016 or with earlier revisions published by WHO. Therefore, suicide estimates in this booklet supersede suicide estimates previously published by WHO, and differences between published revisions should not be interpreted as time trends.[6] Rather, to identify time trends in WHO Global Health Estimates, including suicide, one should look at the latest published revision of WHO Global Health Estimates (Figure 10).

---

[6] See section 11.1 of WHO methods and data sources for country-level causes of death 2000–2019: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death (accessed 9 March 2021).

Global epidemiology of suicide

In 2019, an estimated 703 000 people died by suicide.

The global age-standardized suicide rate was 9.0 per 100 000 population for 2019. Rates varied between countries from fewer than two deaths by suicide per 100 000 to over 80 per 100 000 (Figure 1).

Figure 1. Age-standardized suicide rates (per 100 000 population), both sexes, 2019

Suicide rates (per 100 000 population)
- <5.0
- 5.0-9.9
- 10.0-14.9
- ≥15.0
- Data not available
- Not applicable
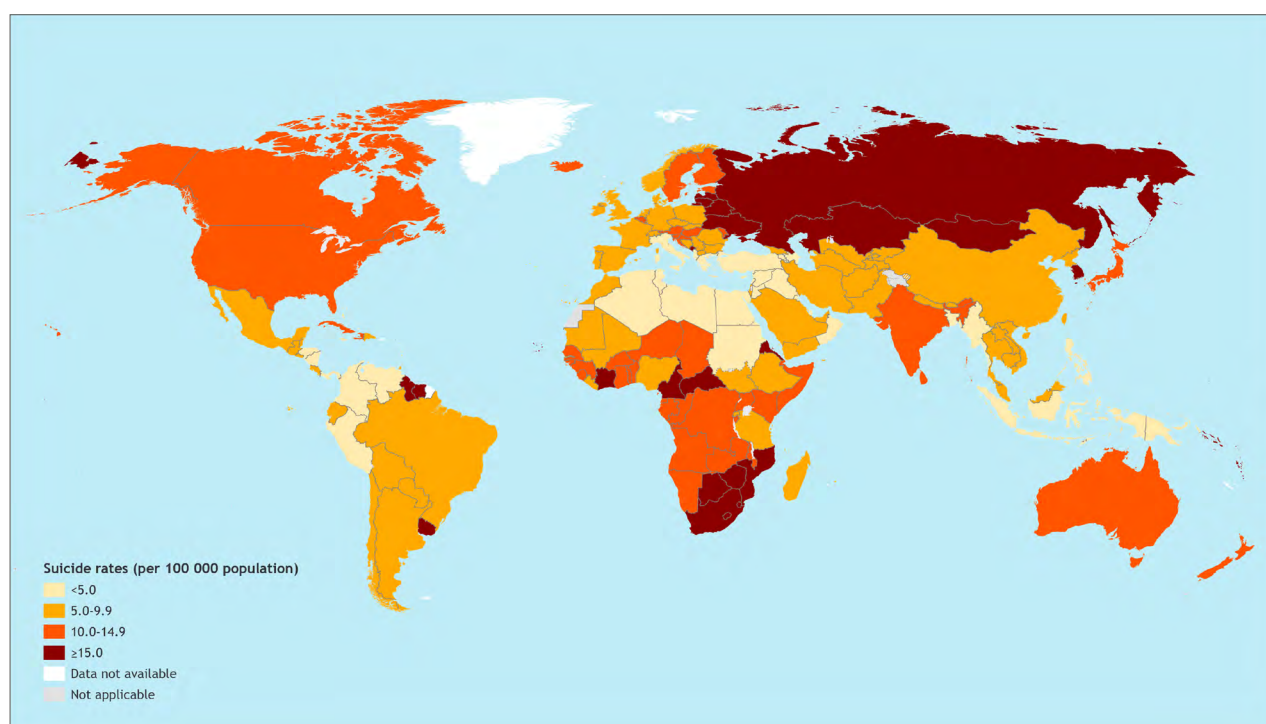
Source: WHO Global Health Estimates 2000-2019

The global age-standardized suicide rate was higher in males (12.6 per 100 000) than in females (5.4 per 100 000) (Figures 2 and 3). While for females, the highest rates in countries were above 10 per 100 000 (Figure 2), for males they were above 45 per 100 000 (Figure 3).

Figure 2. Age-standardized suicide rates (per 100 000 population), females, 2019

Suicide rates (per 100 000 population)
- <5.0
- 5.0-9.9
- 10.0-14.9
- ≥15.0
- Data not available
- Not applicable
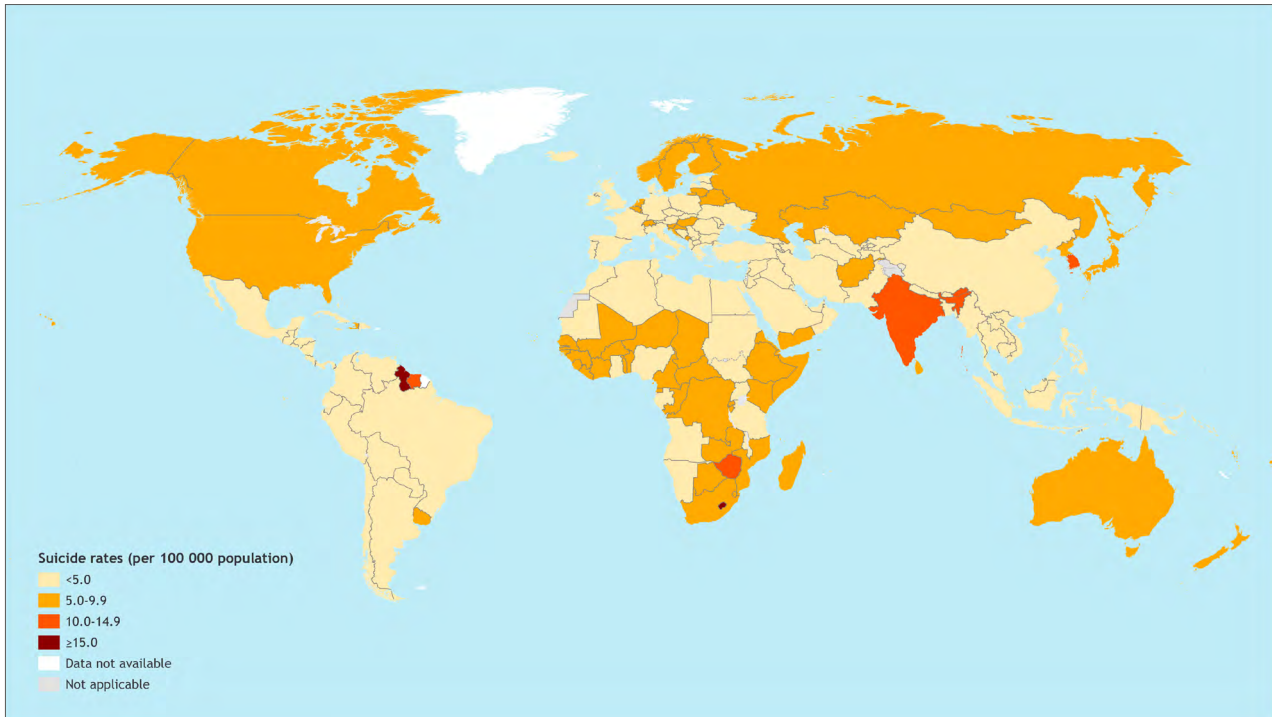
Source: WHO Global Health Estimates 2000-2019

Figure 3. Age-standardized suicide rates (per 100 000 population), males, 2019

Suicide rates (per 100 000 population)
- <5.0
- 5.0-9.9
- 10.0-14.9
- ≥15.0
- Data not available
- Not applicable
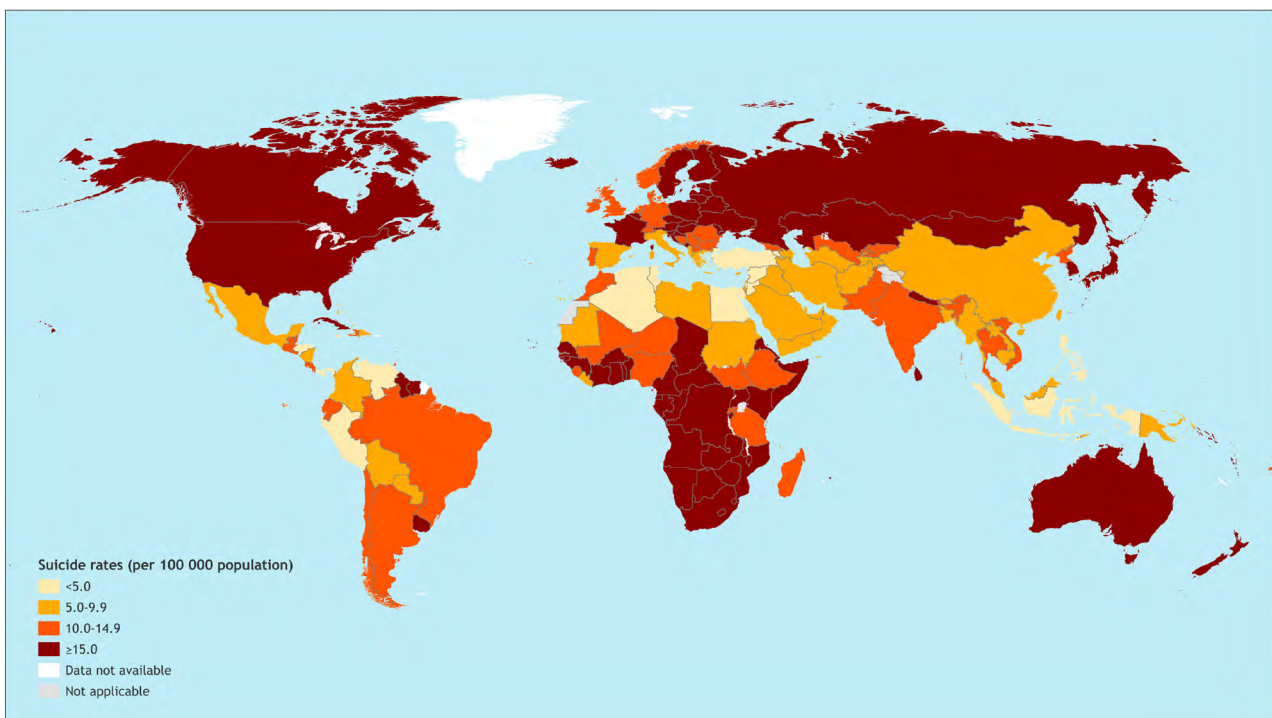
Source: WHO Global Health Estimates 2000-2019

Globally, the age-standardized suicide rate was 2.3 times higher in males than in females. Male:female (M:F) suicide ratios greater than 1 indicate that suicide rates are higher in males than in females. While the ratio was a little over 3 in high-income countries, it was lower in low- and middle-income countries (low-income countries: 2.9; lower-middle-income countries: 1.8; upper-middle-income countries: 2.6) (Figure 4).

Figure 4. Male:female ratio of age-standardized suicide rates, 2019
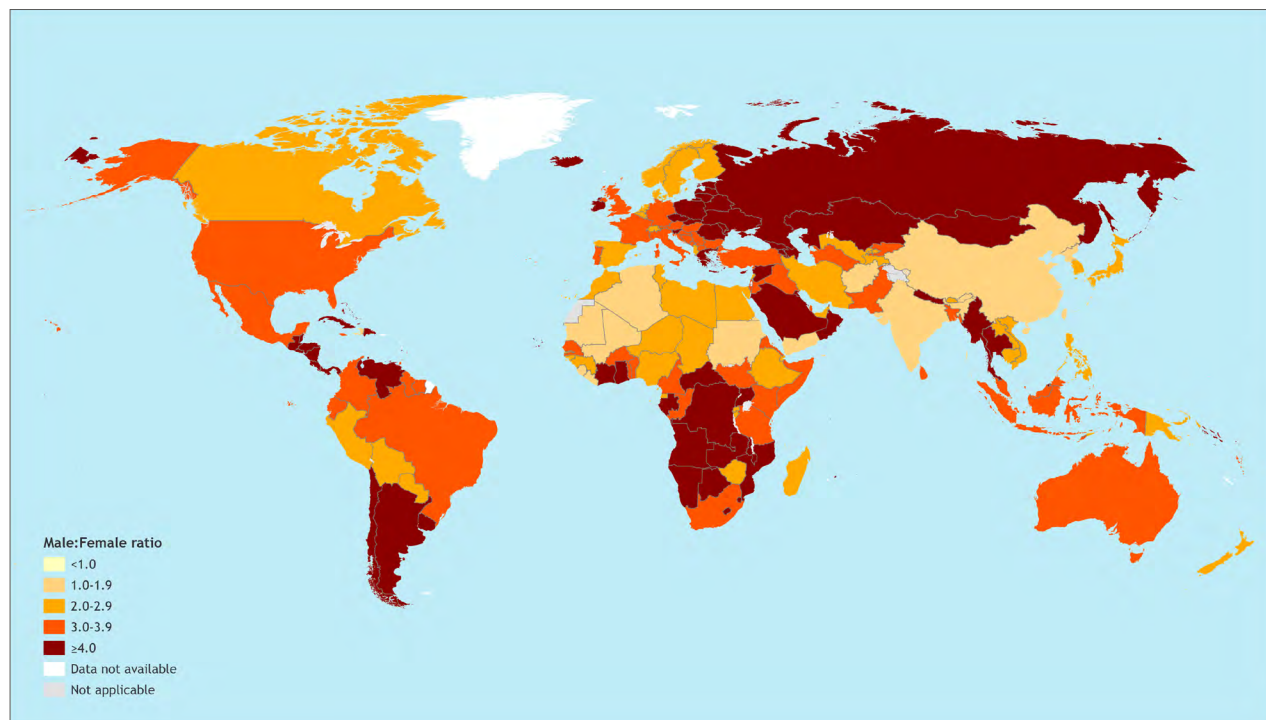
Source: WHO Global Health Estimates 2000-2019

Globally, the majority of deaths by suicide occurred in low-and-middle-income countries (77%), where most of the world's population live (Figure 5). More than half of global suicides (58%) occurred before the age of 50 years. Most adolescents who died by suicide (88%) were from low- and middle-income countries where nearly 90% of the world's adolescents live.

Figure 5. Global suicides, by age and country income level* (thousands), 2019
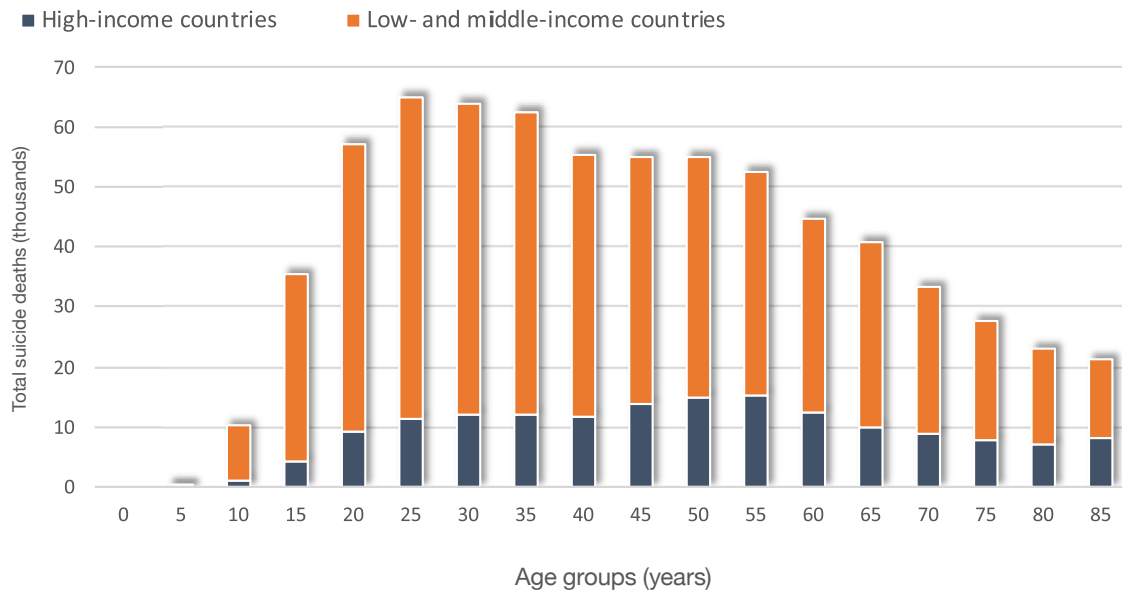
* World Bank income groups, 2020
Source: WHO Global Health Estimates 2000-2019

Suicide was the fourth leading cause of death in young people aged 15–29 years for both sexes, after road injury, tuberculosis and interpersonal violence (Figure 6). For females and males, respectively, suicide was the third and fourth leading cause of death in this age group.

Figure 6. Global top four causes of death, ages 15–29 years, 2019
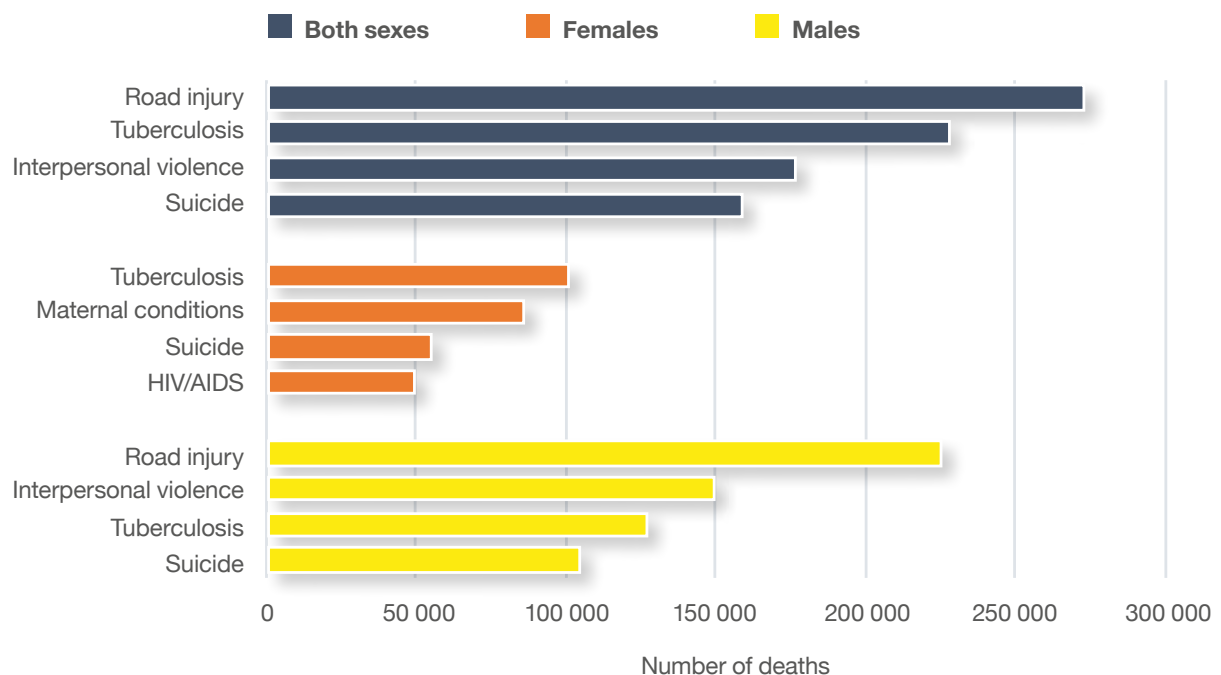
Source: WHO Global Health Estimates 2000-2019

Suicide was the fourth leading cause of death in 15–19-year-olds for both sexes, with the number of deaths relatively similar between females and males in this age group (Figure 7). Suicide was the third leading cause of death in 15–19-year-old girls (after maternal conditions) and the fourth leading cause of death in males (after tuberculosis) in this age group.

Figure 7. Global top four causes of death, ages 15–19 years, 2019
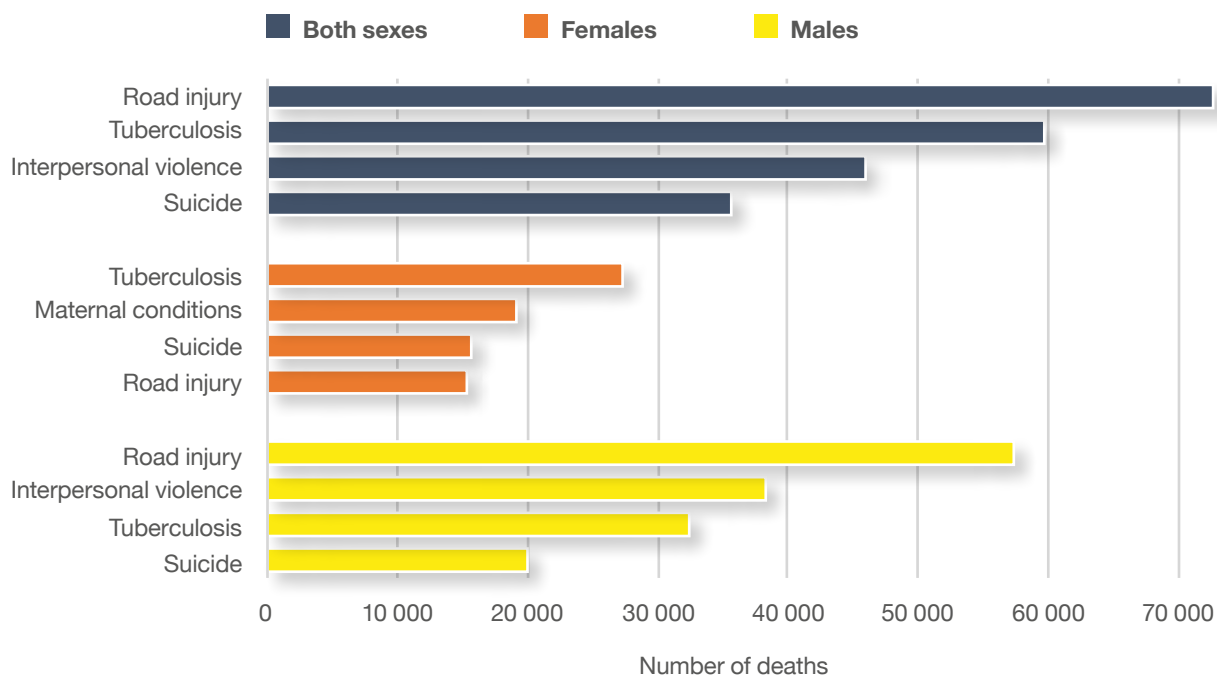
Source: WHO Global Health Estimates 2000-2019

Regional epidemiology of suicide

Differences in age-standardized suicide rates can be seen across WHO regions (Figure 8). Suicide rates in the African (11.2 per 100 000), European (10.5 per 100 000) and South-East Asia (10.2 per 100 000) regions were higher than the global average (9.0 per 100 000) in 2019. The lowest suicide rate was in the Eastern Mediterranean region (6.4 per 100 000).

The South-East Asia region had a much higher female age-standardized suicide rate (8.1 per 100 000) compared to the global female average (5.4 per 100 000). In males, the regions of Africa (18.0 per 100 000), the Americas (14.2 per 100 000) and Europe (17.1 per 100 000) all had suicide rates which were higher than the global male average (12.6 per 100 000).

Figure 8. Age-standardized suicide rates (per 100 000 population) by WHO regions, 2019
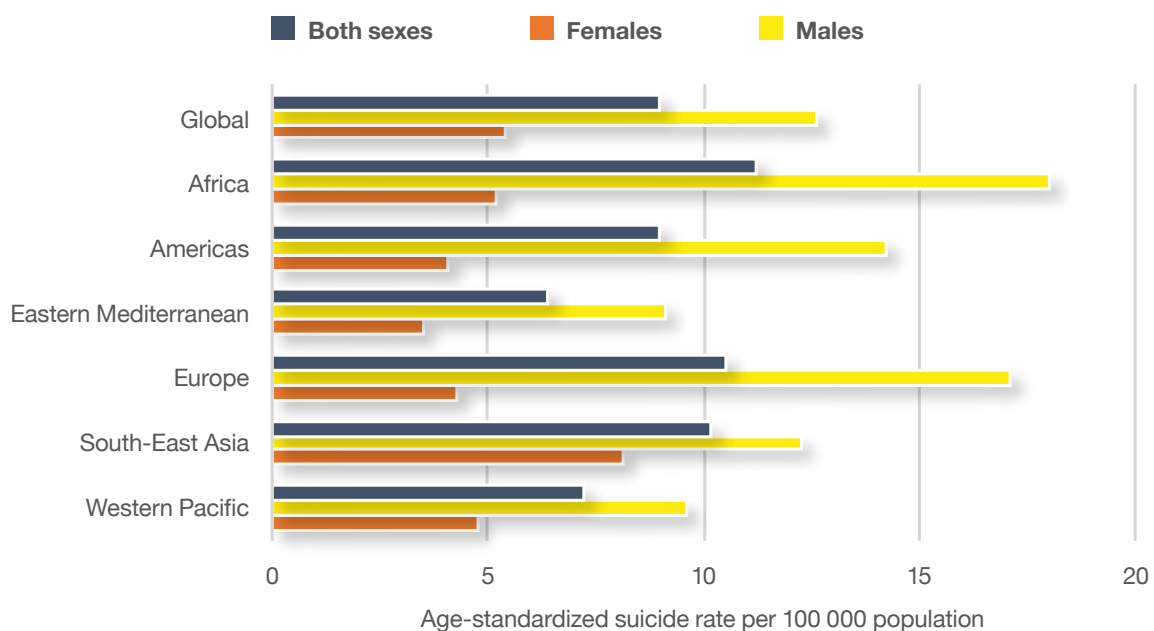
Source: WHO Global Health Estimates 2000-2019

While most of the world's suicides occurred in low- and-middle-income countries (77%), high-income countries have the highest age-standardized suicide rate (10.9 per 100 000). Lower-middle-income countries had a slightly lower rate (10.1 per 100 000), and low-income and upper-middle-income countries had lower rates (9.9 per 100 000 and 7.3 per 100 000 respectively) (Figure 9). Females in lower-middle-income countries had the highest suicide rate (7.1 per 100 000) compared to females in other income level groupings. Males in high-income countries had the highest rate (16.5 per 100 000) as compared to males in other income level groupings.

Figure 9. Age-standardized suicide rates (per 100 000 population) by country income level*, 2019

Age-standardized suicide rate per 100 000 population
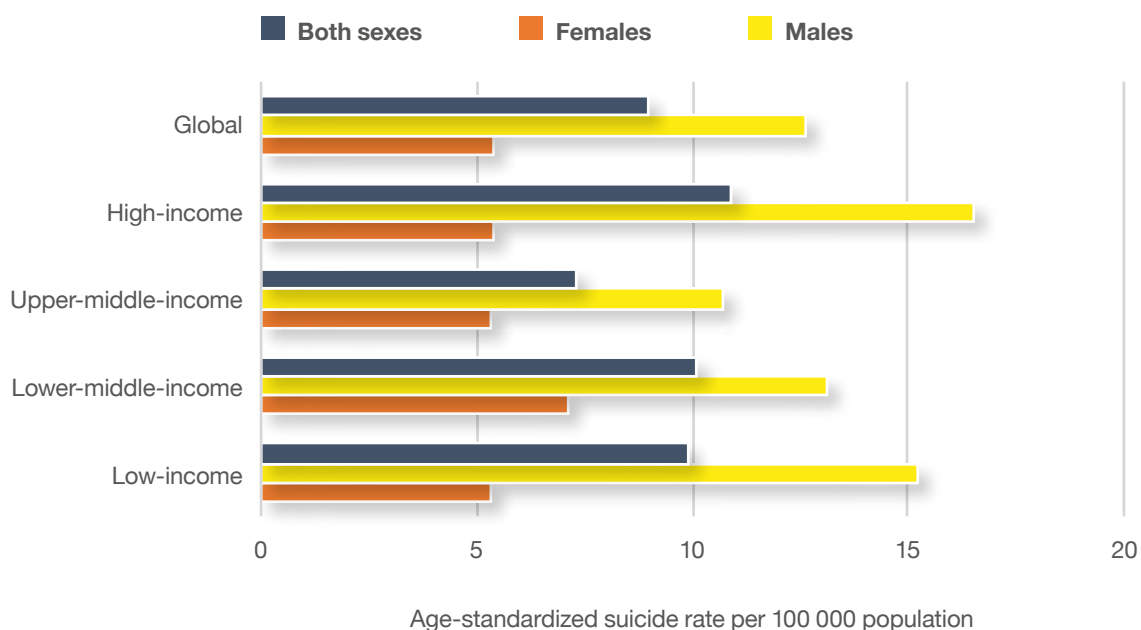
* World Bank income groups, 2020
Source: WHO Global Health Estimates 2000-2019

Changes in suicide rates over time

In the 20 years between 2000 and 2019, the global age-standardized suicide rate decreased by 36%, with decreases ranging from 17% in the Eastern Mediterranean Region to 47% in the European Region and 49% in the Western Pacific Region (Figure 10). The only increase in age-standardized suicide rates was in the Region of the Americas, reaching 17% in the same time-period. The global rate also decreased for age-group specific rates.

With regard to the SDGs, a global acceleration of the decrease in the suicide mortality rate is needed to reach the global target of a one-third reduction by 2030 that countries have committed to.

Figure 10. Age-standardized suicide rates (per 100 000 population) over time by WHO regions, both sexes
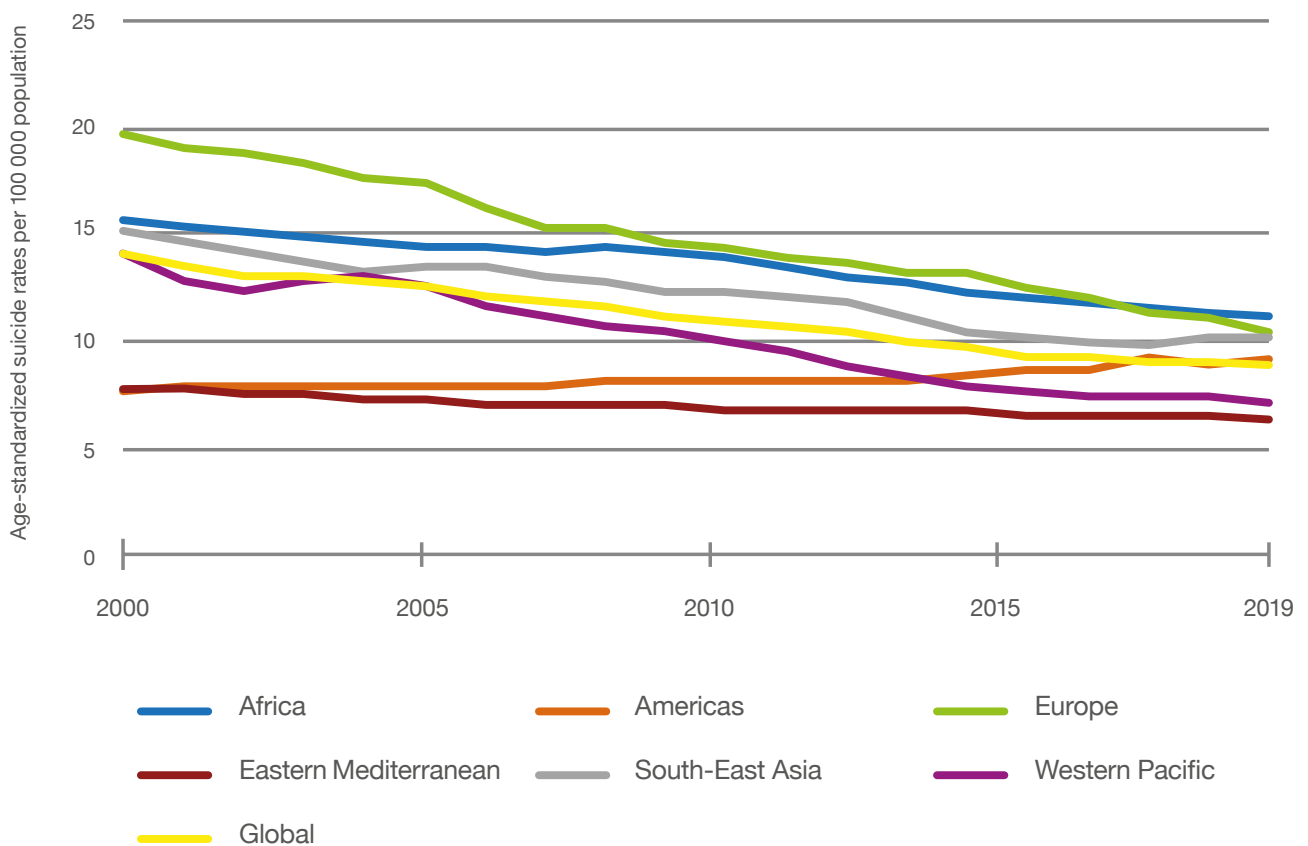
Source: WHO Global Health Estimates 2000-2019

Data quality

Of the 183 WHO Member States for which estimates were made for 2000-2019, just over 60 had high-quality vital registration data. Modelling methods were required to generate estimates for the majority of remaining countries, which were mostly low- and middle-income.

The type and complexity of models used for global health estimates vary widely by research/institutional group and health estimate. More complex models are necessary to generate more accurate uncertainty intervals. Where data are available and of high quality, estimates from different institutions are usually in agreement. Discrepancies are more likely to arise for countries where data quality is low and when data are sparse and potentially biased. These discrepancies are best addressed by improving the primary data.

In addition, because it is a stigmatized cause of death, suicide is often miscoded. The assignment of the underlying cause of death is limited by the information provided on death certificates, and variability in coding practices needs to be addressed.

Country health information systems, including vital registration, need to be strengthened as a matter of priority in order to provide a more solid empirical basis for monitoring health situation and trends. Such data are also crucial for Member States' monitoring of national and subnational trends in order to respond to the changing needs of their populations.

To improve the monitoring of suicide, self-harm and associated factors, health information systems should focus on strengthening:

- death registration through civil registration and vital statistics systems (CRVS), local health and demographic studies and other sources;

- cause-of-death data collection through vital registration and verbal autopsy in communities;

- regular household health surveys; and

- complete facility recording and reporting with regular quality control.

As the majority of suicides are estimated to occur in low- and middle-income countries, good-quality vital registration data are urgently needed in these settings. Improving the surveillance of suicide is important in order to inform planning, priority setting, monitoring and evaluation in countries, and to assess progress towards global suicide mortality targets accurately.

Conclusions

The suicide mortality data presented in this booklet underscore the imperative that urgent action is needed to prevent suicide. Suicide is a global public health issue. All ages, sexes and regions of the world are affected. Each item of data here represents a life that has been lost to suicide; each loss is one too many.

Overall, the global age-standardized suicide rate is somewhat in decline, but this is not observed in all countries. Should the decline continue at its current rate, global SDG and WHO targets to reduce suicide mortality by one third by 2030 will not be met.

Lives will be lost, while suicides are preventable. The *LIVE LIFE implementation guide for suicide prevention in countries* (WHO, 2021) describes four effective evidence-based interventions to prevent suicide. These are:

- limiting access to the means of suicide, such as highly hazardous pesticides and firearms;

- interacting with the media for responsible reporting of suicide;

- fostering socio-emotional life skills in adolescents; and

- early identification, assessment, management and follow-up of anyone who is affected by suicidal behaviours.

Further action, strengthening and acceleration of ongoing efforts in suicide prevention are crucially needed to save lives lost to this serious public health issue.

References

WHO (2021). *LIVE LIFE: an implementation guide for suicide prevention in countries*. Geneva: World Health Organization.

WHO (2020). *Global Health Estimates 2019: deaths by cause, age, sex, by country and by region*, 2000–2019. Geneva: World Health Organization.

WHO (2014). *Preventing suicide: a global imperative*. Geneva: World Health Organization.

Annex

WHO African Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Algeria	4	AFR	LMI	both sexes	1072	2.5	2.6
				females	390	1.8	1.9
				males	682	3.1	3.3
Angola	4	AFR	LMI	both sexes	1936	6.1	12.6
				females	369	2.3	4.7
				males	1567	9.9	21.7
Benin	4	AFR	LMI	both sexes	922	7.8	12.7
				females	226	3.8	6.1
				males	695	11.8	20.3
Botswana	4	AFR	UMI	both sexes	370	16.1	20.2
				females	76	6.4	7.8
				males	294	26.3	35.5
Burkina Faso	4	AFR	LI	both sexes	1521	7.5	14.4
				females	372	3.7	6.5
				males	1148	11.3	24.5
Burundi	4	AFR	LI	both sexes	720	6.2	12.1
				females	195	3.4	6.3
				males	525	9.2	18.9
Cabo Verde	3	AFR	LMI	both sexes	71	12.9	15.2
				females	12	4.4	5.1
				males	59	21.3	27.4
Cameroon	4	AFR	LMI	both sexes	2333	9.0	15.9
				females	569	4.4	7.6
				males	1763	13.6	25.2

[1] 1 = Multiple years of national death registration data with high completeness and quality of cause-of-death assignment are available. Estimates for these countries may be compared and time series may be used for priority-setting and policy evaluation. 2 or 3 = Multiple years of death registration data are available. Data have low completeness and/or issues with cause-of-death assignment which are likely to affect estimated deaths by cause and time trends. Estimates may be used for priority-setting. Use estimates for programme evaluation with caution, as improvements in the vital registration system may affect the estimated trends in cause-specific mortality. Comparisons among countries should be interpreted with caution. 2 denotes moderate quality issues and 3 denotes severe quality issues. 4 = Death registration data are unavailable or unusable due to quality issues. Estimates of mortality by cause should be interpreted with caution. Estimates may be used for priority-setting; however, they are not likely to be informative for policy evaluation or comparisons among countries. See: https://www.who.int/healthinfo/global_burden_disease/GlobalCOD_method_2000-2016.pdf (accessed 9 March 2021).
[2] World Bank income groups, 2020. HI = high-income, LI = low-income, LMI = lower-middle-income, UMI = upper-middle-income

WHO African Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Central African Republic	4	AFR	LI	both sexes	585	12.3	23.0
				females	124	5.2	9.3
				males	461	19.6	39.6
Chad	4	AFR	LI	both sexes	1027	6.4	13.2
				females	264	3.3	6.9
				males	763	9.6	20.2
Comoros	4	AFR	LMI	both sexes	46	5.4	8.5
				females	16	3.8	5.8
				males	30	7.0	11.3
Congo	4	AFR	LMI	both sexes	349	6.5	11.6
				females	93	3.4	6.1
				males	256	9.5	18.3
Côte d'Ivoire	4	AFR	LMI	both sexes	2288	8.9	15.7
				females	361	2.8	5.0
				males	1927	14.9	25.7
Democratic Republic of the Congo	4	AFR	LI	both sexes	5812	6.7	12.4
				females	1206	2.8	5.0
				males	4606	10.6	20.7
Equatorial Guinea	4	AFR	UMI	both sexes	107	7.9	13.5
				females	36	6.0	8.8
				males	71	9.4	18.5
Eritrea	4	AFR	LI	both sexes	382	10.9	17.3
				females	91	5.2	8.3
				males	291	16.6	27.2
Eswatini	4	AFR	LMI	both sexes	338	29.4	40.5
				females	27	4.7	6.4
				males	310	55.1	78.7
Ethiopia	4	AFR	LI	both sexes	6030	5.4	9.4
				females	1709	3.1	5.2
				males	4322	7.7	14.2
Gabon	4	AFR	UMI	both sexes	183	8.4	13.1
				females	26	2.4	3.8
				males	157	14.2	23.3
Gambia	4	AFR	LI	both sexes	113	4.8	9.6
				females	36	3.0	6.2
				males	77	6.6	13.3
Ghana	4	AFR	LMI	both sexes	1993	6.6	10.5
				females	177	1.2	1.8
				males	1816	11.8	20.0

							WHO African Region		

Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Guinea	4	AFR	LI	both sexes	892	7.0	12.3
				females	325	4.9	8.0
				males	567	9.2	18.4
Guinea-Bissau	4	AFR	LI	both sexes	134	7.0	12.4
				females	38	3.9	6.7
				males	96	10.2	19.8
Kenya	4	AFR	LMI	both sexes	3214	6.1	11.0
				females	843	3.2	5.3
				males	2371	9.1	18.1
Lesotho	4	AFR	LMI	both sexes	1539	72.4	87.5
				females	324	30.1	34.6
				males	1215	116.0	146.9
Liberia	4	AFR	LI	both sexes	220	4.4	7.4
				females	81	3.3	5.5
				males	139	5.6	9.4
Madagascar	4	AFR	LI	both sexes	1476	5.5	9.2
				females	453	3.4	5.4
				males	1022	7.6	13.3
Malawi	4	AFR	LI	both sexes	1007	5.4	10.6
				females	162	1.7	3.3
				males	845	9.2	20.0
Mali	4	AFR	LI	both sexes	806	4.1	8.0
				females	289	2.9	5.7
				males	517	5.3	10.5
Mauritania	4	AFR	LMI	both sexes	141	3.1	5.5
				females	50	2.2	3.9
				males	91	4.0	7.4
Mauritius	1	AFR	HI	both sexes	120	9.5	8.7
				females	18	2.8	2.5
				males	102	16.3	15.0
Mozambique	4	AFR	LI	both sexes	4144	13.6	23.2
				females	897	5.7	8.9
				males	3247	22.0	42.6
Namibia	4	AFR	UMI	both sexes	243	9.7	13.5
				females	41	3.2	4.4
				males	202	16.7	24.9
Niger	4	AFR	LI	both sexes	1227	5.3	10.1
				females	383	3.3	6.4
				males	844	7.2	14.1

WHO African Region						
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Nigeria	4	AFR	LMI	both sexes	7019	3.5	6.9
				females	1909	1.9	3.8
				males	5110	5.0	10.1
Rwanda	4	AFR	LI	both sexes	704	5.6	9.4
				females	194	3.0	5.0
				males	510	8.2	14.8
Sao Tome and Principe	4	AFR	LMI	both sexes	3	1.5	2.2
				females	1	0.8	1.2
				males	2	2.2	3.3
Senegal	4	AFR	LMI	both sexes	978	6.0	11.0
				females	250	3.0	5.2
				males	728	9.2	18.5
Seychelles	2	AFR	HI	both sexes	8	8.1	7.7
				females	1	1.4	1.3
				males	7	14.4	14.0
Sierra Leone	4	AFR	LI	both sexes	521	6.7	11.3
				females	198	5.0	8.2
				males	324	8.3	14.8
South Africa	2	AFR	UMI	both sexes	13774	23.5	23.5
				females	2913	9.8	9.8
				males	10861	37.6	37.9
South Sudan	4	AFR	LI	both sexes	425	3.8	6.7
				females	111	2.0	3.4
				males	314	5.7	10.4
Togo	4	AFR	LI	both sexes	711	8.8	14.8
				females	157	3.9	6.5
				males	554	13.8	24.0
Uganda	4	AFR	LI	both sexes	2033	4.6	10.4
				females	378	1.7	3.7
				males	1655	7.6	19.4
United Republic of Tanzania	4	AFR	LMI	both sexes	2474	4.3	8.2
				females	566	2.0	3.7
				males	1908	6.6	13.5
Zambia	4	AFR	LMI	both sexes	1303	7.3	14.4
				females	241	2.7	5.3
				males	1062	12.0	25.7
Zimbabwe	4	AFR	LMI	both sexes	2069	14.1	23.6
				females	673	8.8	13.5
				males	1395	20.0	37.8

WHO Region of the Americas							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Antigua and Barbuda	1	AMR	HI	both sexes	0	0.4	0.3
				females	0	0.8	0.6
				males	0	0.0	0.0
Argentina	2	AMR	UMI	both sexes	3747	8.4	8.1
				females	761	3.3	3.3
				males	2986	13.7	13.5
Bahamas	2	AMR	HI	both sexes	14	3.5	3.4
				females	3	1.3	1.2
				males	11	5.9	5.8
Barbados	1	AMR	HI	both sexes	2	0.6	0.3
				females	0	0.3	0.2
				males	1	0.9	0.5
Belize	1	AMR	UMI	both sexes	28	7.1	7.7
				females	3	1.7	1.8
				males	24	12.5	13.6
Bolivia (Plurinational State of)	4	AMR	LMI	both sexes	715	6.2	6.8
				females	232	4.0	4.2
				males	483	8.4	9.6
Brazil	1	AMR	UMI	both sexes	14540	6.9	6.4
				females	3249	3.0	2.8
				males	11291	10.9	10.3
Canada	1	AMR	HI	both sexes	4417	11.8	10.3
				females	1148	6.1	5.4
				males	3269	17.6	15.3
Chile	1	AMR	HI	both sexes	1700	9.0	8.0
				females	307	3.2	3.0
				males	1394	14.9	13.4
Colombia	1	AMR	UMI	both sexes	1965	3.9	3.7
				females	449	1.8	1.7
				males	1515	6.1	6.0
Costa Rica	1	AMR	UMI	both sexes	407	8.1	7.6
				females	51	2.0	1.9
				males	356	14.1	13.3
Cuba	1	AMR	UMI	both sexes	1638	14.5	10.2
				females	342	6.0	4.1
				males	1296	23.0	16.7
Dominican Republic	3	AMR	UMI	both sexes	530	4.9	5.1
				females	99	1.8	1.9
				males	431	8.0	8.5

WHO Region of the Americas							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Ecuador	3	AMR	UMI	both sexes	1326	7.6	7.7
				females	316	3.6	3.6
				males	1011	11.6	11.9
El Salvador	2	AMR	LMI	both sexes	391	6.1	6.1
				females	73	2.1	2.1
				males	317	10.5	11.1
Grenada	1	AMR	UMI	both sexes	1	0.7	0.6
				females	0	0.7	0.7
				males	0	0.6	0.5
Guatemala	2	AMR	UMI	both sexes	1039	5.9	6.2
				females	230	2.6	2.5
				males	810	9.3	10.3
Guyana	2	AMR	UMI	both sexes	315	40.3	40.9
				females	68	17.4	17.0
				males	248	63.0	65.0
Haiti	4	AMR	LI	both sexes	1085	9.6	11.2
				females	431	7.5	8.0
				males	655	11.8	14.9
Honduras	4	AMR	LMI	both sexes	201	2.1	2.6
				females	40	0.8	1.0
				males	161	3.3	4.4
Jamaica	1	AMR	UMI	both sexes	70	2.4	2.3
				females	16	1.1	1.0
				males	55	3.7	3.6
Mexico	1	AMR	UMI	both sexes	6772	5.3	5.3
				females	1445	2.2	2.2
				males	5327	8.5	8.7
Nicaragua	1	AMR	LMI	both sexes	285	4.3	4.7
				females	63	1.9	1.9
				males	221	6.9	7.8
Panama	1	AMR	HI	both sexes	121	2.9	2.9
				females	21	1.0	1.0
				males	101	4.7	4.8
Paraguay	2	AMR	UMI	both sexes	425	6.0	6.2
				females	112	3.2	3.3
				males	313	8.7	9.0
Peru	3	AMR	UMI	both sexes	903	2.8	2.7
				females	230	1.4	1.4
				males	673	4.2	4.1

WHO Region of the Americas							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Saint Lucia	1	AMR	UMI	both sexes	14	7.9	6.9
				females	2	1.7	1.5
				males	13	14.3	12.5
Saint Vincent and the Grenadines	1	AMR	UMI	both sexes	1	1.0	1.0
				females	0	0.6	0.7
				males	1	1.3	1.3
Suriname	2	AMR	UMI	both sexes	148	25.4	25.9
				females	34	11.8	11.8
				males	113	38.8	41.3
Trinidad and Tobago	1	AMR	HI	both sexes	121	8.7	8.3
				females	25	3.6	3.7
				males	96	13.9	13.1
United States of America	1	AMR	HI	both sexes	53099	16.1	14.5
				females	12413	7.5	6.8
				males	40686	25.0	22.4
Uruguay	2	AMR	HI	both sexes	735	21.2	18.8
				females	159	8.9	7.7
				males	576	34.5	31.1
Venezuela (Bolivarian Republic of)	1	AMR	UMI	both sexes	585	2.1	2.1
				females	100	0.7	0.7
				males	485	3.5	3.6

WHO Eastern Mediterranean Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Afghanistan	4	EMR	LI	both sexes	1573	4.1	6.0
				females	668	3.6	5.7
				males	905	4.6	6.2
Bahrain	3	EMR	HI	both sexes	145	8.9	7.2
				females	14	2.4	2.3
				males	132	12.5	9.9
Djibouti	4	EMR	LMI	both sexes	94	9.6	11.9
				females	29	6.3	7.6
				males	65	12.6	16.3
Egypt	3	EMR	LMI	both sexes	3022	3.0	3.4
				females	995	2.0	2.2
				males	2027	4.0	4.6

WHO Eastern Mediterranean Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Iran (Islamic Republic of)	2	EMR	UMI	both sexes	4334	5.2	5.1
				females	1128	2.7	2.7
				males	3206	7.7	7.5
Iraq	3	EMR	UMI	both sexes	1418	3.6	4.7
				females	378	1.9	2.4
				males	1040	5.2	7.3
Jordan	2	EMR	UMI	both sexes	165	1.6	2.0
				females	37	0.7	0.9
				males	128	2.5	3.0
Kuwait	1	EMR	HI	both sexes	122	2.9	2.7
				females	12	0.7	0.7
				males	110	4.3	3.8
Lebanon	4	EMR	UMI	both sexes	190	2.8	2.8
				females	59	1.7	1.7
				males	131	3.8	3.9
Libya	3	EMR	UMI	both sexes	304	4.5	4.5
				females	98	2.9	2.9
				males	206	6.0	6.1
Morocco	4	EMR	LMI	both sexes	2617	7.2	7.3
				females	865	4.7	4.7
				males	1752	9.7	10.1
Oman	4	EMR	HI	both sexes	241	4.9	4.5
				females	17	1.0	1.1
				males	224	6.8	6.4
Pakistan	4	EMR	LMI	both sexes	19331	8.9	9.8
				females	4560	4.3	4.7
				males	14771	13.3	14.6
Qatar	4	EMR	HI	both sexes	165	5.8	4.7
				females	12	1.7	1.7
				males	153	7.2	5.7
Saudi Arabia	4	EMR	HI	both sexes	2046	6.0	5.4
				females	282	1.9	1.9
				males	1764	8.9	7.8
Somalia	4	EMR	LI	both sexes	1219	7.9	14.7
				females	293	3.8	7.1
				males	926	12.0	22.8
Sudan	4	EMR	LI	both sexes	1644	3.8	4.8
				females	590	2.8	3.3
				males	1054	4.9	6.3

WHO Eastern Mediterranean Region

Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Syrian Arab Republic	3	EMR	LI	both sexes	333	1.9	2.1
				females	59	0.7	0.8
				males	273	3.2	3.5
Tunisia	3	EMR	LMI	both sexes	383	3.3	3.2
				females	113	1.9	1.8
				males	270	4.7	4.6
United Arab Emirates	4	EMR	HI	both sexes	628	6.4	5.2
				females	89	3.0	2.6
				males	539	8.0	6.3
Yemen	4	EMR	LI	both sexes	1699	5.8	7.1
				females	672	4.6	5.3
				males	1026	7.0	9.0

WHO European Region

Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Albania	3	EUR	UMI	both sexes	125	4.3	3.7
				females	38	2.7	2.2
				males	87	5.9	5.3
Armenia	1	EUR	UMI	both sexes	98	3.3	2.7
				females	20	1.3	1.0
				males	78	5.6	4.9
Austria	1	EUR	HI	both sexes	1307	14.6	10.4
				females	302	6.7	4.6
				males	1005	22.8	16.6
Azerbaijan	4	EUR	UMI	both sexes	411	4.1	4.0
				females	78	1.6	1.5
				males	333	6.6	6.6
Belarus	1	EUR	UMI	both sexes	2004	21.2	16.5
				females	388	7.7	5.3
				males	1616	36.7	30.1
Belgium	1	EUR	HI	both sexes	2111	18.3	13.9
				females	690	11.8	8.4
				males	1421	24.9	19.6
Bosnia and Herzegovina	3	EUR	UMI	both sexes	361	10.9	8.2
				females	76	4.5	3.4
				males	285	17.6	13.5

WHO European Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Bulgaria	2	EUR	UMI	both sexes	681	9.7	6.5
				females	160	4.4	2.9
				males	521	15.3	10.6
Croatia	1	EUR	HI	both sexes	676	16.4	11.0
				females	174	8.1	5.1
				males	502	25.3	17.7
Cyprus	2	EUR	HI	both sexes	44	3.6	3.2
				females	8	1.3	1.1
				males	36	6.0	5.3
Czechia	1	EUR	HI	both sexes	1302	12.2	9.5
				females	263	4.8	3.8
				males	1039	19.8	15.4
Denmark	1	EUR	HI	both sexes	617	10.7	7.6
				females	189	6.5	4.2
				males	429	14.9	11.1
Estonia	1	EUR	HI	both sexes	197	14.9	12.0
				females	45	6.5	4.5
				males	152	24.3	20.2
Finland	1	EUR	HI	both sexes	846	15.3	13.4
				females	213	7.6	6.8
				males	633	23.2	20.1
France	1	EUR	HI	both sexes	8961	13.8	9.6
				females	2545	7.6	4.5
				males	6416	20.4	15.2
Georgia	3	EUR	UMI	both sexes	367	9.2	7.6
				females	62	3.0	2.2
				males	305	16.0	14.0
Germany	1	EUR	HI	both sexes	10284	12.3	8.3
				females	2605	6.2	3.9
				males	7680	18.6	12.8
Greece	2	EUR	HI	both sexes	533	5.1	3.6
				females	102	1.9	1.5
				males	431	8.4	5.9
Hungary	1	EUR	HI	both sexes	1612	16.6	11.8
				females	419	8.3	5.5
				males	1193	25.9	19.1
Iceland	1	EUR	HI	both sexes	40	11.9	11.2
				females	7	3.9	3.5
				males	34	19.8	18.7

WHO European Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Ireland	1	EUR	HI	both sexes	470	9.6	8.9
				females	96	3.9	3.6
				males	374	15.4	14.3
Israel	1	EUR	HI	both sexes	453	5.3	5.1
				females	100	2.3	2.1
				males	354	8.3	8.3
Italy	1	EUR	HI	both sexes	4042	6.7	4.3
				females	1077	3.5	2.1
				males	2965	10.1	6.7
Kazakhstan	1	EUR	UMI	both sexes	3259	17.6	18.1
				females	646	6.8	6.9
				males	2612	29.0	30.9
Kyrgyzstan	1	EUR	LMI	both sexes	474	7.4	8.3
				females	103	3.2	3.5
				males	371	11.7	13.5
Latvia	1	EUR	HI	both sexes	384	20.1	16.1
				females	72	7.0	4.6
				males	311	35.5	29.0
Lithuania	1	EUR	HI	both sexes	721	26.1	20.2
				females	142	9.6	6.2
				males	580	45.4	36.1
Luxembourg	1	EUR	HI	both sexes	69	11.3	8.6
				females	22	7.1	5.4
				males	48	15.3	11.8
Malta	1	EUR	HI	both sexes	27	6.1	5.3
				females	5	2.3	2.2
				males	22	9.8	8.3
Montenegro	3	EUR	UMI	both sexes	132	21.0	16.2
				females	33	10.4	7.9
				males	98	31.7	25.4
Netherlands	1	EUR	HI	both sexes	2025	11.8	9.3
				females	708	8.3	6.1
				males	1317	15.5	12.5
North Macedonia	2	EUR	UMI	both sexes	196	9.4	7.2
				females	50	4.8	3.5
				males	145	13.9	11.0
Norway	1	EUR	HI	both sexes	633	11.8	9.9
				females	205	7.7	6.3
				males	429	15.8	13.4
Poland	2	EUR	HI	both sexes	4282	11.3	9.3
				females	597	3.1	2.4
				males	3685	20.1	16.5

WHO European Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Portugal	1	EUR	HI	both sexes	1172	11.5	7.2
				females	307	5.7	3.5
				males	865	17.9	11.6
Republic of Moldova	1	EUR	LMI	both sexes	593	14.7	12.2
				females	87	4.1	3.3
				males	506	26.1	22.1
Romania	1	EUR	HI	both sexes	1886	9.7	7.3
				females	331	3.3	2.4
				males	1555	16.5	12.6
Russian Federation	2	EUR	UMI	both sexes	36625	25.1	21.6
				females	7128	9.1	7.2
				males	29498	43.6	38.2
Serbia	1	EUR	UMI	both sexes	996	11.4	7.9
				females	282	6.3	3.9
				males	715	16.6	12.2
Slovakia	1	EUR	HI	both sexes	660	12.1	9.3
				females	96	3.4	2.6
				males	564	21.2	16.7
Slovenia	1	EUR	HI	both sexes	411	19.8	14.0
				females	86	8.3	5.5
				males	325	31.4	22.7
Spain	1	EUR	HI	both sexes	3609	7.7	5.3
				females	986	4.1	2.8
				males	2623	11.4	7.9
Sweden	1	EUR	HI	both sexes	1479	14.7	12.4
				females	477	9.5	7.7
				males	1002	19.9	16.9
Switzerland	1	EUR	HI	both sexes	1249	14.5	9.8
				females	390	9.0	5.6
				males	859	20.2	14.2
Tajikistan	3	EUR	LI	both sexes	399	4.3	5.3
				females	131	2.8	3.4
				males	268	5.7	7.3
Turkey	2	EUR	UMI	both sexes	2003	2.4	2.3
				females	517	1.2	1.2
				males	1486	3.6	3.6
Turkmenistan	2	EUR	UMI	both sexes	337	5.7	6.1
				females	80	2.6	2.9
				males	257	8.8	9.4
Ukraine	2	EUR	LMI	both sexes	9517	21.6	17.7
				females	1536	6.5	4.6
				males	7981	39.2	32.7

WHO European Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
United Kingdom	1	EUR	HI	both sexes	5325	7.9	6.9
				females	1376	4.0	3.4
				males	3949	11.8	10.4
Uzbekistan	2	EUR	LMI	both sexes	2653	8.0	8.3
				females	794	4.8	4.9
				males	1859	11.3	11.8

WHO South-East Asia Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Bangladesh	4	SEAR	LMI	both sexes	5998	3.7	3.9
				females	1331	1.7	1.7
				males	4667	5.7	6.0
Bhutan	4	SEAR	LMI	both sexes	35	4.6	5.1
				females	10	2.7	3.1
				males	26	6.3	6.8
Democratic People's Republic of Korea	4	SEAR	LI	both sexes	2407	9.4	8.2
				females	1002	7.6	6.3
				males	1405	11.2	10.6
India	4	SEAR	LMI	both sexes	173347	12.7	12.9
				females	72935	11.1	11.1
				males	100413	14.1	14.7
Indonesia	4	SEAR	UMI	both sexes	6544	2.4	2.6
				females	1448	1.1	1.2
				males	5096	3.7	4.0
Maldives	3	SEAR	UMI	both sexes	15	2.7	2.8
				females	2	0.8	0.9
				males	13	3.9	4.1
Myanmar	4	SEAR	LMI	both sexes	1565	2.9	3.0
				females	301	1.1	1.1
				males	1264	4.9	5.1
Nepal	4	SEAR	LMI	both sexes	2571	9.0	9.8
				females	427	2.7	2.9
				males	2145	16.4	18.6
Sri Lanka	2	SEAR	LMI	both sexes	2977	14.0	12.9
				females	692	6.2	6.1
				males	2285	22.3	20.9

WHO South-East Asia Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Thailand	3	SEAR	UMI	both sexes	6147	8.8	8.0
				females	1045	2.9	2.3
				males	5102	15.0	13.9
Timor-Leste	4	SEAR	LMI	both sexes	48	3.7	4.5
				females	13	2.0	2.4
				males	35	5.3	6.7

WHO Western Pacific Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Australia	1	WPR	HI	both sexes	3150	12.5	11.3
				females	813	6.4	5.6
				males	2337	18.6	17.0
Brunei Darussalam	2	WPR	HI	both sexes	12	2.7	2.5
				females	2	0.8	0.8
				males	10	4.4	4.2
Cambodia	4	WPR	LMI	both sexes	800	4.9	5.5
				females	234	2.8	3.1
				males	566	7.0	8.4
China	4	WPR	UMI	both sexes	116324	8.1	6.7
				females	43809	6.2	4.8
				males	72515	9.8	8.6
Fiji	3	WPR	UMI	both sexes	80	9.0	9.5
				females	25	5.7	6.0
				males	55	12.2	13.1
Japan	1	WPR	HI	both sexes	19466	15.3	12.2
				females	5956	9.2	6.9
				males	13510	21.8	17.5
Kiribati	4	WPR	LMI	both sexes	33	28.3	30.6
				females	5	8.6	9.4
				males	28	48.6	53.6
Lao People's Democratic Republic	4	WPR	LMI	both sexes	390	5.4	6.0
				females	115	3.2	3.5
				males	274	7.6	8.6
Malaysia	2	WPR	UMI	both sexes	1823	5.7	5.8
				females	358	2.3	2.4
				males	1466	8.9	9.0

WHO Western Pacific Region							
Country	Data quality[1]	WHO Region	Income Group[2]	Sex	Number of suicides, all ages, 2019	Crude suicide rates, all ages (per 100 000), 2019	Age-standardized suicide rates, all ages (per 100 000), 2019
Micronesia (Federated States of)	4	WPR	LMI	both sexes	32	28.2	29.0
				females	7	12.7	13.2
				males	25	43.2	44.3
Mongolia	3	WPR	LMI	both sexes	577	17.9	18.0
				females	88	5.4	5.6
				males	489	30.7	31.1
New Zealand	1	WPR	HI	both sexes	528	11.0	10.3
				females	141	5.8	5.4
				males	388	16.5	15.4
Papua New Guinea	4	WPR	LMI	both sexes	259	2.9	3.6
				females	68	1.6	1.9
				males	190	4.2	5.2
Philippines	1	WPR	LMI	both sexes	2325	2.2	2.5
				females	624	1.2	1.3
				males	1702	3.1	3.9
Republic of Korea	1	WPR	HI	both sexes	14636	28.6	21.2
				females	4317	16.9	13.4
				males	10319	40.2	29.7
Samoa	4	WPR	UMI	both sexes	25	12.6	14.6
				females	6	6.7	7.8
				males	18	18.0	20.9
Singapore	1	WPR	HI	both sexes	650	11.2	9.6
				females	195	7.1	6.4
				males	455	15.0	12.7
Solomon Islands	4	WPR	LMI	both sexes	98	14.7	17.4
				females	6	1.9	2.4
				males	92	27.0	32.2
Tonga	4	WPR	UMI	both sexes	4	3.8	4.4
				females	1	2.6	2.9
				males	3	5.0	5.9
Vanuatu	4	WPR	LMI	both sexes	54	18.0	21.0
				females	11	7.6	9.0
				males	43	28.1	33.1
Viet Nam	4	WPR	LMI	both sexes	7249	7.5	7.2
				females	2249	4.7	4.2
				males	5000	10.4	10.6