

DAK Team



What are the leading causes of death in the African Region?

Rationale

Monitoring the annual number of deaths, causes of deaths and morbidity helps to address their causes and adapt health systems to respond effectively, triggering responses in many sectors (for example, transport, food and agriculture, mental health care, etc.). Understanding why people die and suffer can help in understanding how people live, so as to improve health services, reduce preventable deaths in all countries, and respond effectively to changing epidemiological circumstances. This fact sheet provides key information on mortality trends in the African Region. Most of the data used in this fact sheet come from the WHO Global Health Estimates release in 2019 which is the latest available. However, to take account of the effects of the COVID-19 pandemic, we have devoted a section to Excess mortality linked to COVID-19.

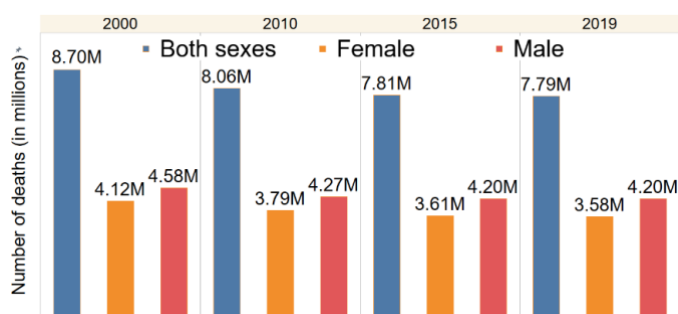
Key messages

- The crude death rate in the African Region fell between 2000 and 2019. It fell from about 1317.3 deaths per 100 000 population in 2000 to 713.2 per 100 000 population in 2019 (a decrease of 45.8%).
- The number of deaths in the African Region has fallen over the last two decades. It fell from about 8.7 million deaths in 2000 to 7.79 million deaths in 2019 (a decrease of 10%).
- Children under five years of age accounted for more than 1 in 3 deaths in the African Region in 2019.
- The proportion of deaths due to noncommunicable diseases is increasing in the African Region. Noncommunicable diseases caused about 24.1% of all deaths in 2000 and 37.1% of all deaths in 2019.
- Neonatal conditions, followed by lower respiratory infections and diarrhoeal diseases (11.3%, 9.9% and 6.4% of all deaths, respectively) were the leading causes of death in the African Region in 2019.
- Road traffic injuries were estimated to be the ninth leading cause of death in the African Region in 2019 (with around 297 000 deaths).
- WHO calls on Member States to address health equity through universal health coverage so that all children can access essential health services without undue financial hardship.
- Improving maternal health is one of WHO's key priorities. WHO works to contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States on developing and implementing effective policies and programmes.

1. Mortality trends in the Region

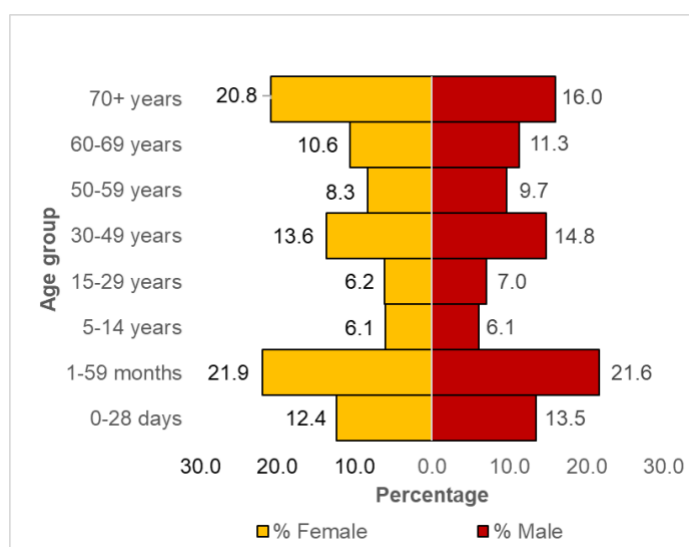
WHO's Global Health Estimates (GHE) provide the latest available data on causes of death and disability worldwide, by region and country, and by age and sex. They provide key information on trends in mortality and morbidity to support informed decision-making on health policy and resource allocation. These estimates are produced using data from a variety of sources, including national vital registration data, recent estimates from WHO technical programmes, United Nations partners and interagency groups, the Global Burden of Disease and other scientific studies. Before publication, GHE are reviewed by WHO Member States in consultation with national focal points and WHO country and regional offices.

Figure 1: Trends in the number of deaths in the African Region, 2000–2019 (source: WHO)



- The number of deaths in the African Region has fallen over the last two decades from about 8.7 million deaths in 2000 to 7.79 million deaths in 2019 (a decrease of 10%).
- The crude death rate in the African Region also fell between 2000 and 2019 from about 1317.3 deaths per 100 000 population in 2000 to 713.2 per 100 000 population in 2019 (a decrease of 45.8%).
- It would appear that men are dying more often than women in the African Region (according to the most recent data). In addition, men and women are dying less than they did 20 years ago (Figure 1).

Figure 2: Distribution of deaths (%) by age-group and gender, in the African Region, 2019 (source: WHO)



- According to the latest data (2019), more people in the African Region died in the 1–59-month age group (more than 22% of all deaths).
- In the African Region, fewer deaths occurred in the 5–14 and 15–29 age groups (12% of all deaths).
- More than 1 in 3 deaths in the African Region in 2019 were of children aged under five years.

2. Causes of death

Causes of death and disability can be grouped into three broad categories: communicable (infectious diseases and maternal, perinatal and nutritional conditions), noncommunicable (chronic diseases) and injuries.

Figure 3: Top 20 causes of death, all ages and both sexes, in the African Region, 2000 and 2019 (source: WHO)

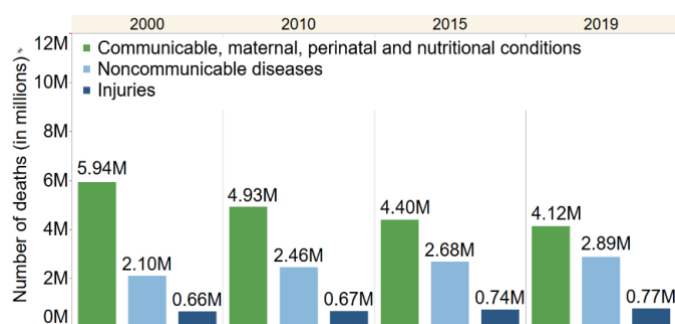
2000				2019			
Rank	Cause	Deaths (000s)	% of total deaths	Rank	Cause	Deaths (000s)	% of total deaths
0	All causes	8,697	100.0	0	All causes	7,786	100.0
1	HIV/AIDS	1,078	12.4	1	Neonatal conditions	880	11.3
2	Neonatal conditions	889	10.2	2	Lower respiratory infections	774	9.9
3	Lower respiratory infections	887	10.2	3	Diarrhoeal diseases	496	6.4
4	Diarrhoeal diseases	829	9.5	4	HIV/AIDS	435	5.6
5	Malaria	666	7.7	5	Ischaemic heart disease	429	5.5
6	Tuberculosis	347	4.0	6	Stroke	426	5.5
7	Measles	346	4.0	7	Malaria	388	5.5
8	Stroke	339	3.9	8	Tuberculosis	378	4.9
9	Ischaemic heart disease	303	3.5	9	Road injury	297	3.8
10	Meningitis	234	2.7	10	Cirrhosis of the liver	195	2.5
11	Road injury	197	2.3	11	Congenital anomalies	188	2.4
12	Maternal conditions	168	1.9	12	Diabetes mellitus	177	2.3
13	Cirrhosis of the liver	168	1.9	13	Meningitis	143	1.8
14	Congenital anomalies	137	1.6	14	Kidney diseases	131	1.7
15	Protein-energy malnutrition	137	1.6	15	Hypertensive heart disease	123	1.6
16	Diabetes mellitus	119	1.4	16	Maternal conditions	110	1.4
17	Hypertension heart disease	96	1.1	17	Interpersonal violence	110	1.4
18	Kidney diseases	92	1.1	18	Measles	109	1.4
19	Interpersonal violence	91	1.1	19	Chronic obstructive pulmonary disease	109	1.4
20	Collective violence and legal intervention	86	1.1	20	Protein-energy malnutrition	87	1.1

The red line indicates the rank has increased; the green line indicates the rank has decreased.

- According to the latest data (2019), the leading causes of death in the African Region were neonatal conditions, followed by lower respiratory infections and diarrhoeal diseases (11.3%, 9.9% and 6.4% of all deaths, respectively).
- HIV/AIDS moved from the leading cause of death in the African Region in 2000 (with about 1.07 million deaths, 12.4 % of all deaths) to the fourth leading cause in 2019 (with about 435 000 deaths, 5.6% of all deaths).
- Malaria was the fifth leading cause of death in the African Region in 2000 (with about 666 000 deaths, 7.7 % of all deaths) and the 7th leading cause in 2019 (with about 388 000 deaths, 5.5% of all deaths).
- Measles dropped from the seventh leading cause of death in the African Region in 2000 (with about 346 000 deaths, 4 % of all deaths) to the 18th leading cause in 2019 (with about 109 000 deaths, 1.4% of all deaths).
- Stroke kills more now than 20 years ago in the African Region. It was responsible of 3.9% of deaths in 2000 and 5.5% of deaths in 2019. It climbed from the eighth to sixth leading cause of death between 2000 and 2019.
- Ischaemic heart disease was the ninth leading cause of death in the African Region in 2000 (3.5% of all deaths) and the 5th leading cause in 2019 (5.5% of all deaths).
- Road traffic injuries were estimated to be the ninth leading cause of death in the African Region in 2019 (with around 297 000 deaths, 3.8% of all deaths).

2.1 Broader causes of death

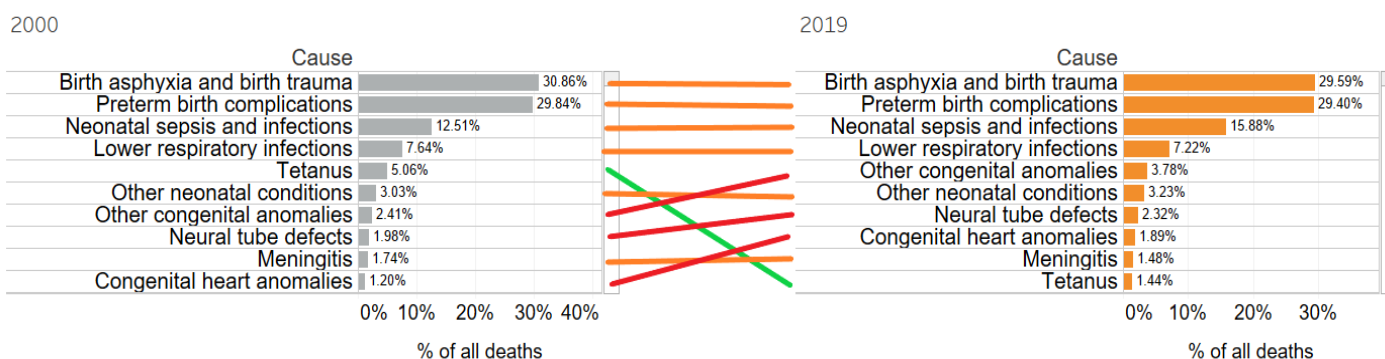
Figure 4: Mortality trends by broader causes in the African Region, 2000–2019 (source: WHO)



- Communicable diseases, maternal, perinatal and nutritional conditions remain the leading causes of death in the African Region in 2019 (around 4.12 million deaths).
- The number of deaths from communicable, maternal, perinatal and nutritional causes fell dramatically from around 5.94 million deaths in 2000 to around 4.12 million deaths in 2019 (a reduction of 30.6%).
- On the other hand, deaths from noncommunicable diseases increased from 2.10 million deaths in 2000 to around 2.89 million deaths in 2019 (an increase of 37.6%).
- The proportion of deaths due to noncommunicable diseases is increasing in the African Region. Noncommunicable diseases caused about 24.1% of all deaths in 2000 and 37.1% of all deaths in 2019.

2.2 Causes of death in the 0–28 days age group

Figure 5: Top 10 causes of death in the 0–28 days age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)

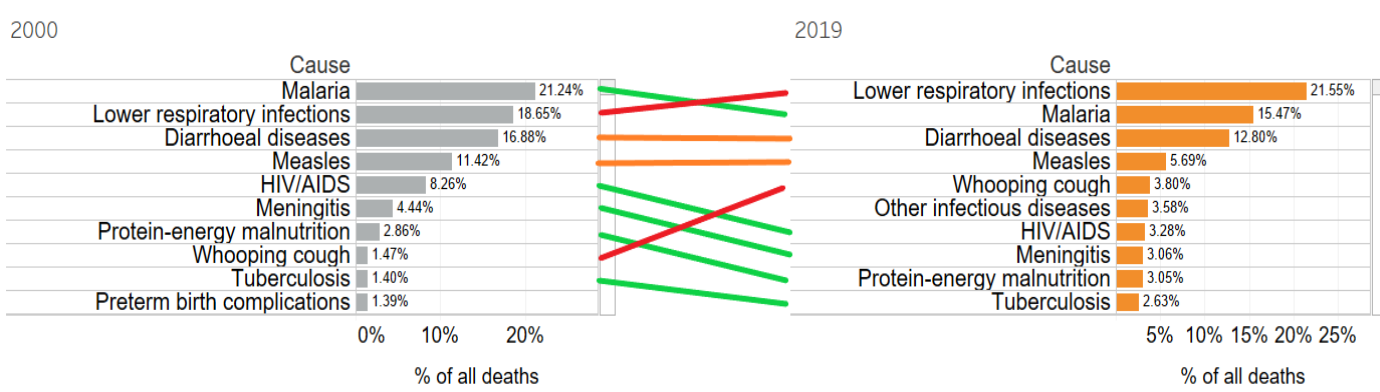


The orange line indicates that the rank has not changed.

- According to the latest data, more than 1.01 million newborns (0–28 days) died in the African Region in 2019 (about 13% of all deaths).
- Birth asphyxia and birth trauma (about 29.5% of neonatal deaths) was the first cause of death among newborns, followed by preterm birth complications (about 29.5% of neonatal deaths) and neonatal sepsis and infections (around 16% deaths).
- Tetanus now kills fewer babies than it did 20 years ago. It moved from fifth to 10th leading cause of neonatal death between 2000 and 2019.
- On the other hand, neural tube defects moved from the seventh to the eighth most common cause of death between 2000 and 2009. It increased from 1.98% to 2.32% of neonatal deaths between 2000 and 2019.

2.3 Causes of death in the 1–59 months age group

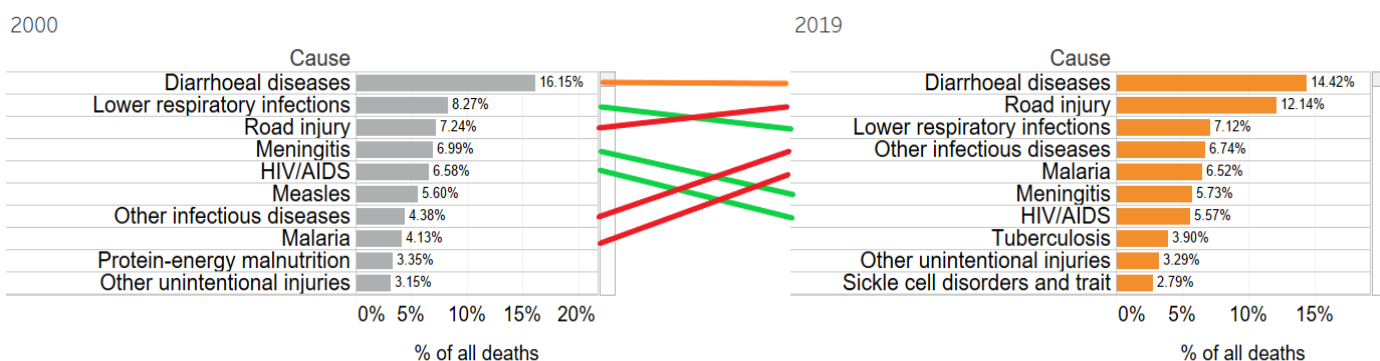
Figure 6: Top 10 causes of death in the 1–59-month age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)



- More than 1.7 million under-five children (1-59 months) died in the African Region in 2019 (about 22% of all deaths).
- Lower respiratory infections (about 364 000 deaths, 21.5% of under-five deaths) were the first cause of death among under-five children, followed by Malaria (15% of under-five deaths) and diarrhoeal diseases (around 13% of under-five deaths) in the African Region in 2019.
- Whooping cough dropped from 8th to 5th leading cause of death among children aged under five years between 2000 and 2019. It increased from 1.47% to 3.80% of under-five deaths in the African Region over the last two decades.
- Tuberculosis was the 10th leading cause of death among under-five children (about 25 500 deaths, 2.63% of under-five deaths) in the African Region in 2019.

2.4 Causes of death in the 5–14 years age group

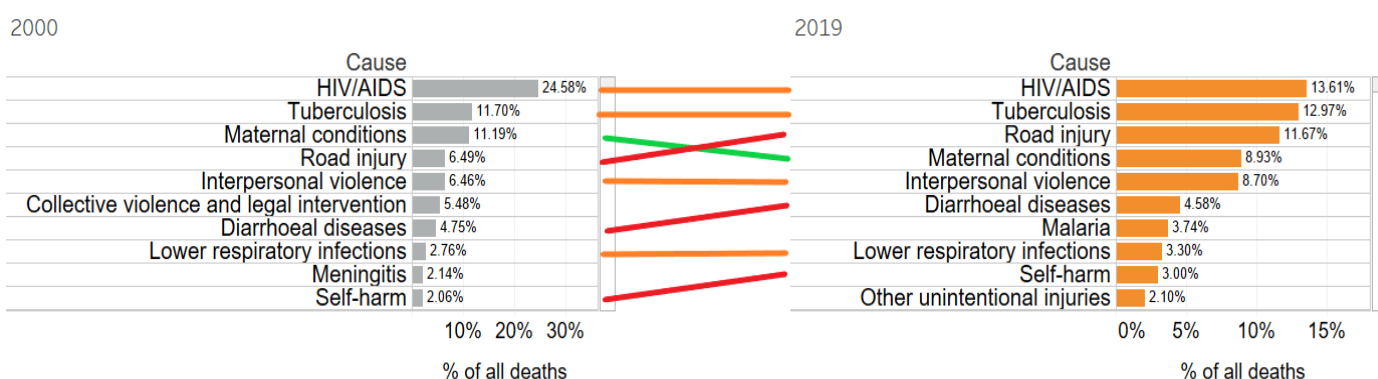
Figure 7: Top 10 causes of death in the 5–14 years age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)



- More than 472 000 children (5–14 years) died in the African Region in 2019 (about 6% of all deaths).
- Diarrhoeal diseases (about 68 000 deaths, 14.42% of deaths) were the first cause of death among children (5-14 years), followed by road injury (12.14% of deaths) and lower respiratory infections (7.12% of deaths) in the African Region in 2019.
- Meningitis moved from fourth to sixth leading cause of death among children (5–14 years) in the African Region between 2000 and 2019. It decreased from 6.99% to 5.73% of deaths among children (5–14 years) between 2000 and 2019.

2.5 Causes of death in the 15–29 years age group

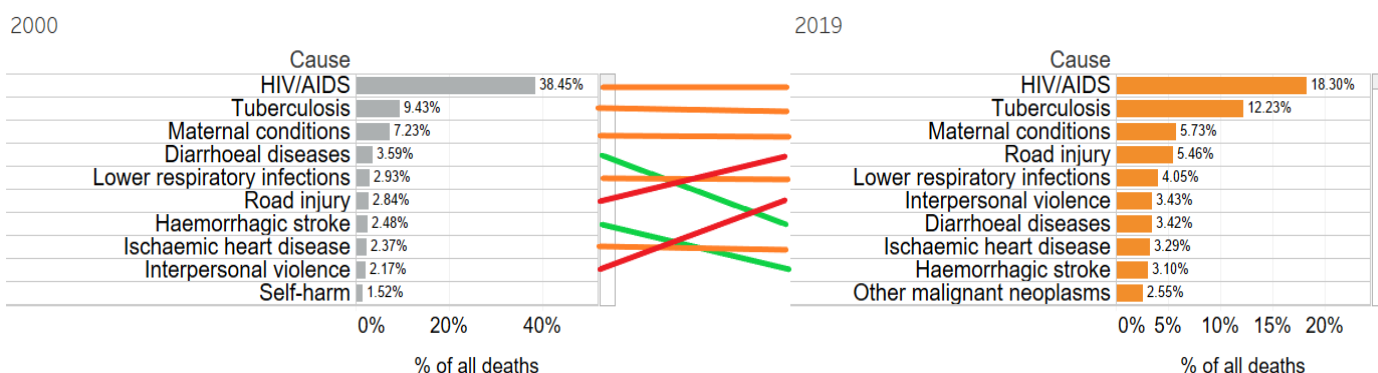
Figure 8: Top 10 causes of death in the 15–29 years age group (% of deaths), in the African Region, 2019 (source: WHO)



- More than 515 000 young people (15–29 years) died in the African Region in 2019 (about 6.6 % of all deaths).
- Among women (15–29 years), maternal conditions, with more than 46 000 deaths, were the first cause of death, followed by HIV/AIDS (around 40 600 deaths) and tuberculosis (more than 26 000 deaths) in the African Region in 2019.
- Among men (15–29 years), road traffic injuries, with more than 48 000 deaths, were the first cause of death, followed by tuberculosis (with around 41 000 deaths) and HIV/AIDS (around 30 000 deaths).
- Regardless of gender, HIV/AIDS, tuberculosis and road traffic injuries caused more than 35% of young people's deaths (15–29 years) in 2019.

2.6 Causes of death in the 30–49 years age group

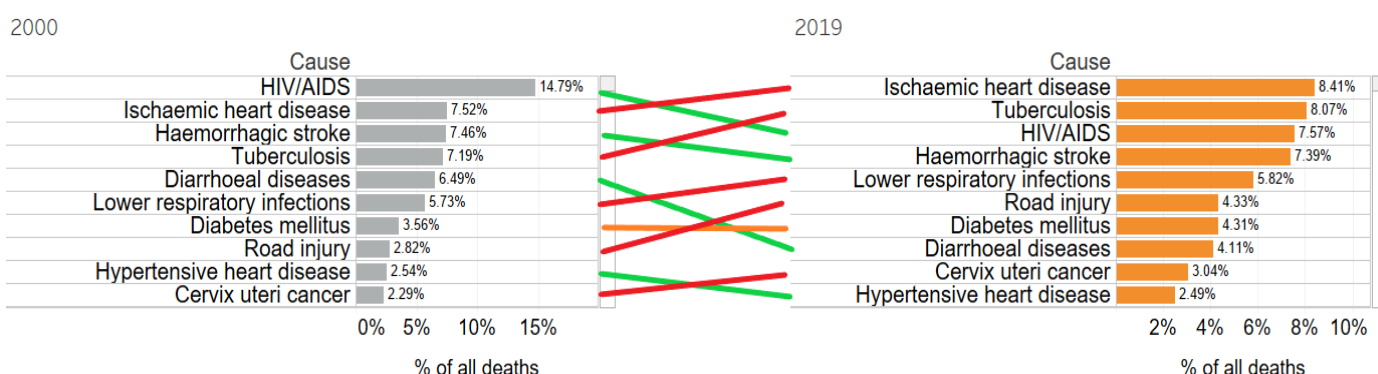
Figure 9: Top 10 causes of death in the 30–49 years age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)



- More than 1.1 million adults (30–49 years) died in the African Region in 2019 (about 14.5 % of all deaths).
- In 2019, in the African Region, among adults (30–49 years), HIV/AIDS was the first cause of death (with more than 220 000 deaths, 18.3% of deaths), followed by tuberculosis (with about 135 000 deaths, 12.23% of deaths).
- Diarrhoeal diseases dropped from fourth to seventh leading cause of death in the 30–49 years age group, in the African Region between 2000 and 2019.

2.7 Causes of death in the 50–59 years age group

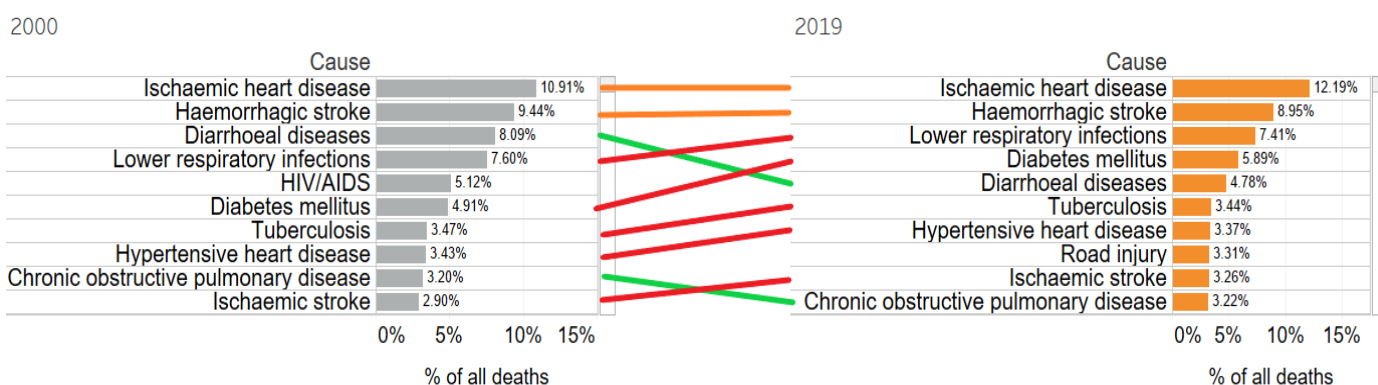
Figure 10: Top 10 causes of death in the 50–59 years age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)



- More than 705 000 adults (aged 50–59) died in the African Region in 2019 (about 9% of all deaths).
- Ischaemic heart disease was the leading cause of death in the 50–59 age group in 2019 (8.41% of deaths), followed by tuberculosis (8.07% of 50–59 age group deaths) and HIV/AIDS (7.57% of 50–59 age group deaths) in the African Region.
- Road traffic injuries moved from the eighth to the sixth leading cause of death in the 50–59 age group between 2000 and 2019 in the African Region. It increased from 2.82% to 4.33% of the 50–59 age group deaths between 2000 and 2019 in the African Region.

2.8 Causes of death in the 60–69 years age group

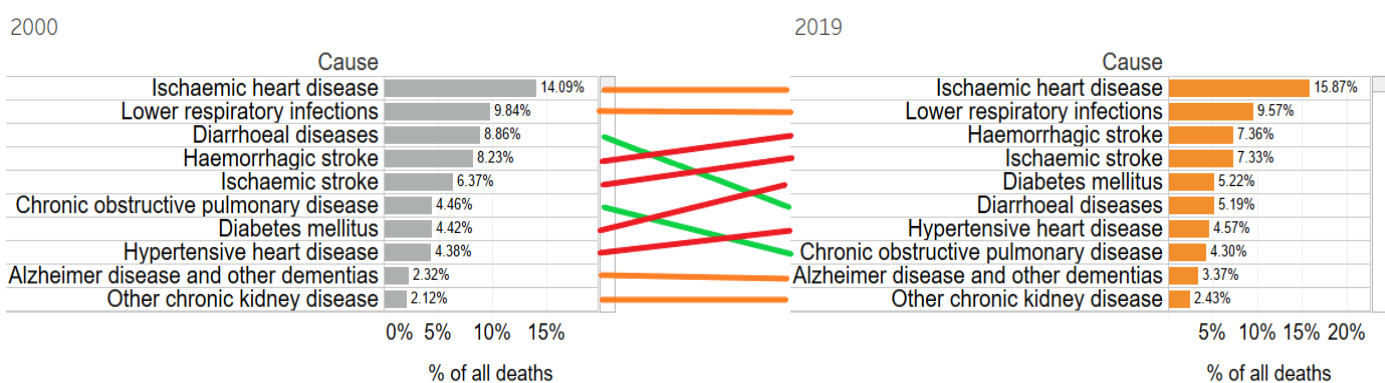
Figure 11: Top 10 causes of death in the 60–69 years age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)



- More than 854 000 adults (aged 60–69) died in the African Region in 2019 (about 11% of all deaths).
- Ischaemic heart disease was the leading cause of death in the 60-69 age group in 2019 (12.2% of deaths), followed by haemorrhagic stroke (8.95% of 60-69 age group deaths) and lower respiratory infections (7.41% of 60-69 age group deaths) in the African Region, in 2019.
- Diarrhoeal diseases fell from 3rd to 5th leading cause of death in the 60-69 age group in the African Region between 2000 and 2019. It decreased from 8.09% to 4.78% of deaths in this group between 2000 and 2019.

2.9 Causes of death in the 70 and above age group

Figure 12: Top 10 causes of death in 70 and above age group (% of deaths), in the African Region, 2000 and 2019 (source: WHO)



- More than 1.42 million people age 70 years and above died in the African Region in 2019 (about 18.2 % of all deaths).
- Diarrhoeal diseases fell from third to sixth leading cause of death in the 70 and above age group in the African Region between 2000 and 2019. It decreased from 8.86% to 5.19% of deaths in this group between 2000 and 2019.
- Chronic obstructive pulmonary disease fell from sixth to eighth leading cause of death in the 70 and above age group in the African Region between 2000 and 2019. It decreased from 4.46% to 4.30% of deaths in this group between 2000 and 2019.

3. COVID-19 excess mortality

Excess mortality is defined as the difference in the total number of deaths in a crisis compared to those expected under normal conditions. COVID-19 excess mortality accounts for both the total number of deaths directly attributed to the virus as well as the indirect impact, such as disruption to essential health services or to travel. Many countries still lack functioning civil registration and vital statistics systems with the capacity to provide accurate, complete and timely data on births, deaths and causes of death.

A recent assessment of health information systems capacity in 133 countries found that the percentage of registered deaths ranged from 98% in the European Region to only 10% in the African Region. Countries also use different processes to test and report COVID-19 deaths, making comparisons difficult. To overcome these challenges, many countries have turned to excess mortality as a more accurate measure of the true impact of the pandemic.

The COVID-19 pandemic led to an estimated excess mortality of 1.3 million for the Region for all causes of death, representing a 4% and 10% increase in mortality for 2020 and 2021 respectively with significant variations across and within countries. Indeed, actual COVID-19 deaths were estimated at 439 500 in 2020 and 2021, accounting for 34% of the total estimated excess mortality. The additional deaths were driven by reduced access to and use of health services.

Figure 13: COVID-19 excess mortality estimates and reported deaths by WHO region, 2020



Significant mortality data gaps exist in the African Region. Without timely, reliable and actionable mortality data we cannot accurately understand what people die from and why.

WHO is actively engaging with Member States to strengthen health information systems, particularly civil registration and vital statistics (CRVS), and improve data availability and quality. This includes targeted interventions to address the weakest areas identified by the SCORE (Survey, Count, Optimize, Review, Enable) global report, 2020.

4. WHO response to preventable child and maternal deaths

The Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 were developed to promote healthy lives and well-being for all children. The SDG Goal 3.2.1 is to end preventable deaths of newborns and under-five children by 2030. There are two targets:

- Reduce newborn mortality to at least as low as 12 per 1000 live births in every country; and
- Reduce under-five mortality to at least as low as 25 per 1000 live births in every country.

Target 3.2.1 is closely linked to target 3.1.1, to reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, and target 2.2.1 on ending all forms of malnutrition, as malnutrition is a frequent cause of death for under-five children. These have been translated into the new Global strategy for women's, children's and adolescents' health, which calls for ending preventable child deaths while addressing emerging child health priorities. Member States need to set their own targets and develop specific strategies to reduce child mortality and monitor their progress towards reduction.

WHO calls on Member States to address health equity through universal health coverage (UHC) for all children to access essential health services without undue financial hardship. Moving from business as usual to innovative, multiple, and tailored approaches to increase access, coverage, and quality of child health services will require strategic direction and an optimal mix of community and facility-based care. Health sector and multisectoral efforts are also needed to overcome inequalities and the social determinants of health.

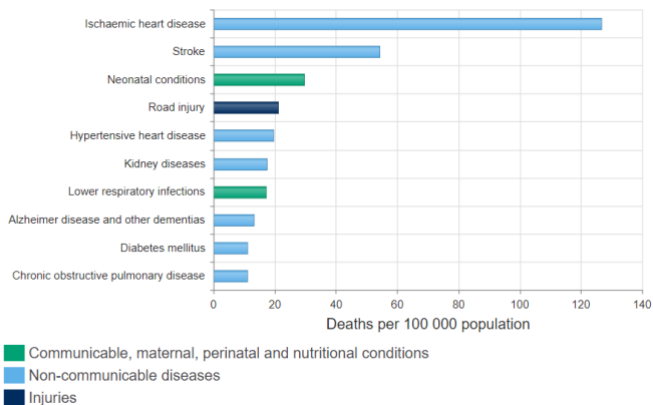
Improving maternal health is one of WHO's key priorities. WHO works to contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States on developing and implementing effective policies and programmes.

As defined in the Strategies towards ending preventable maternal mortality (EPMM): a renewed focus for improving maternal and newborn health and well-being, WHO is working with partners in supporting countries towards:

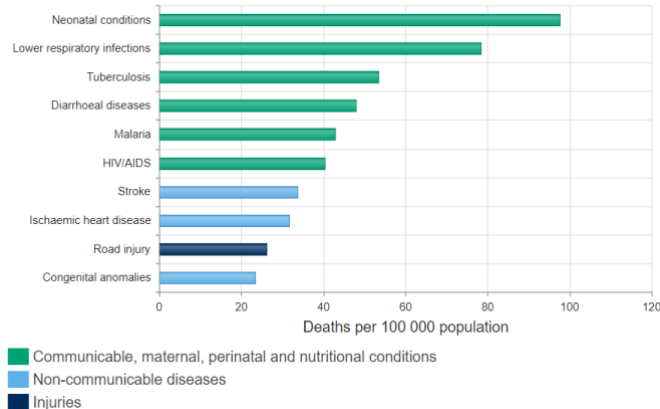
- addressing inequalities in access to and quality of reproductive, maternal and newborn health care services;
- ensuring universal health coverage for comprehensive reproductive, maternal and newborn health care;
- addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;
- strengthening health systems to collect high quality data to respond to the needs and priorities of women and girls; and
- ensuring accountability to improve quality of care and equity.

Country Top 10 leading causes of death

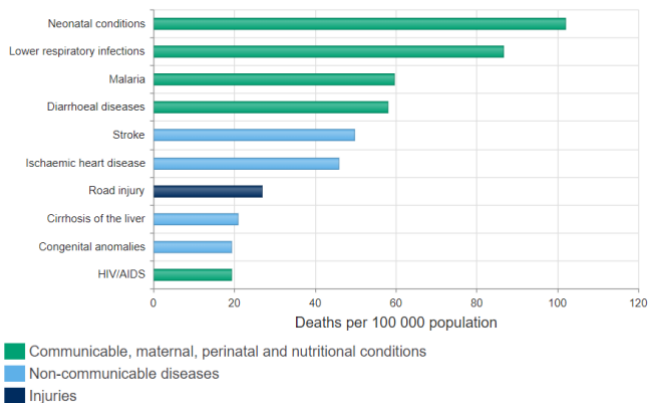
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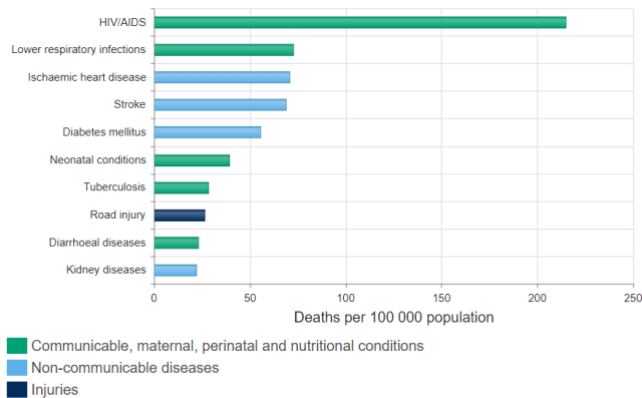
Angola



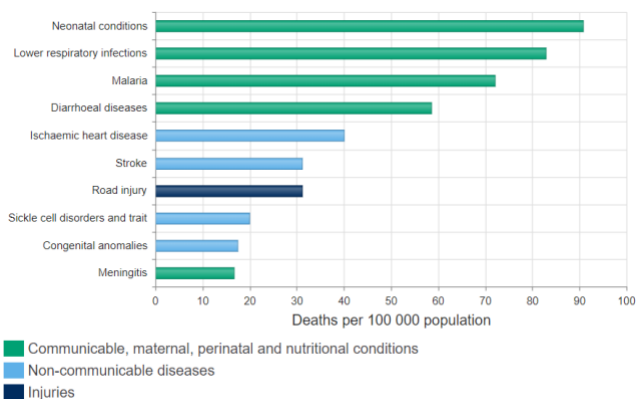
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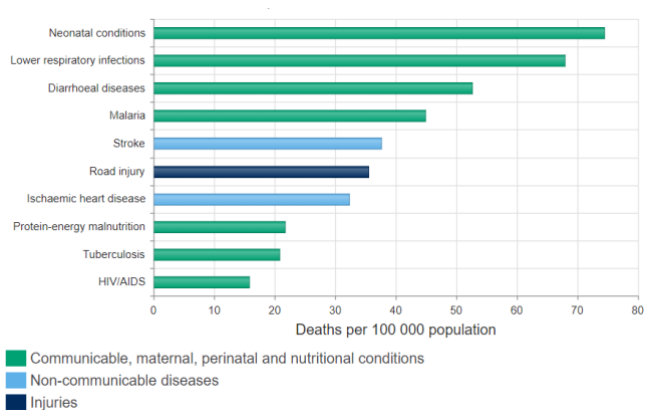
Botswana



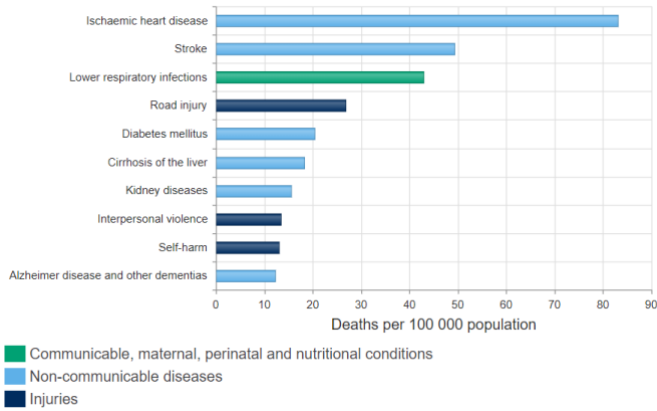
Burkina Faso



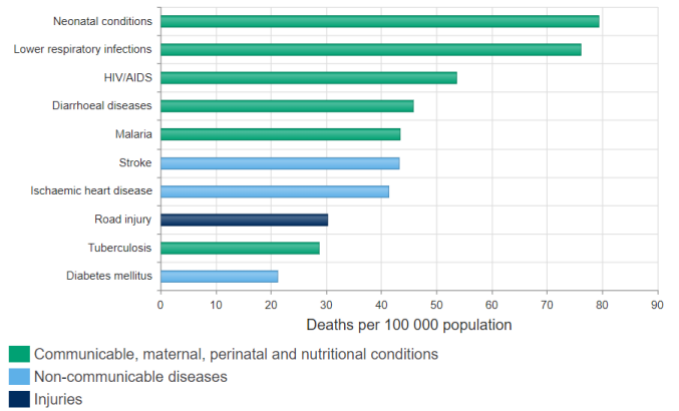
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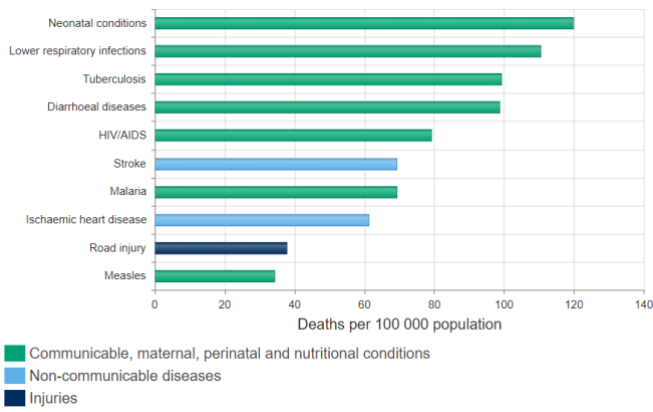
Cabo Verde



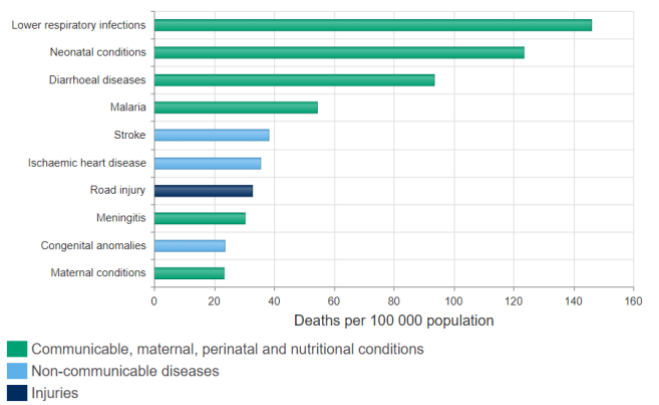
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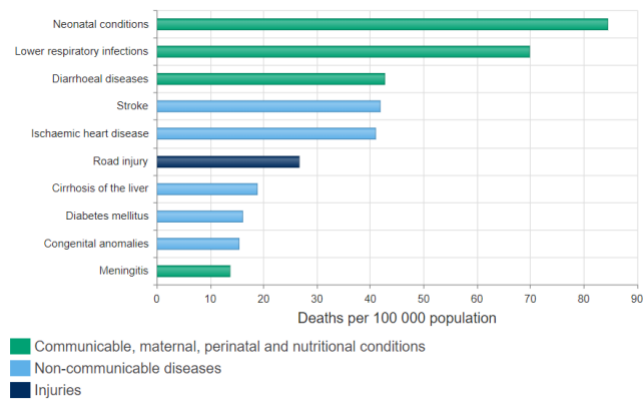
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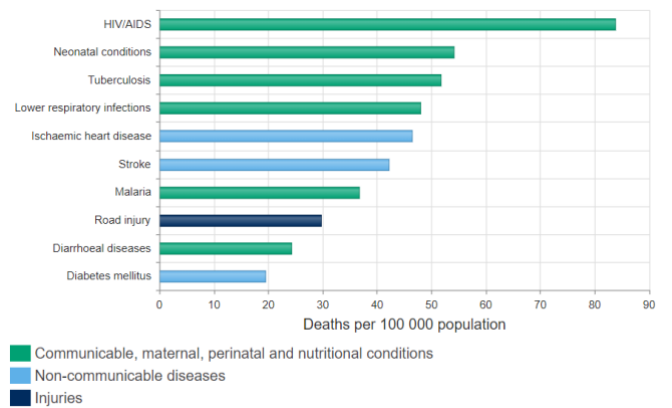
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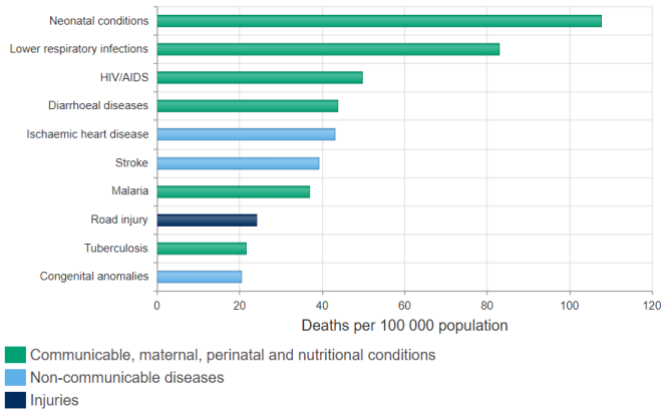
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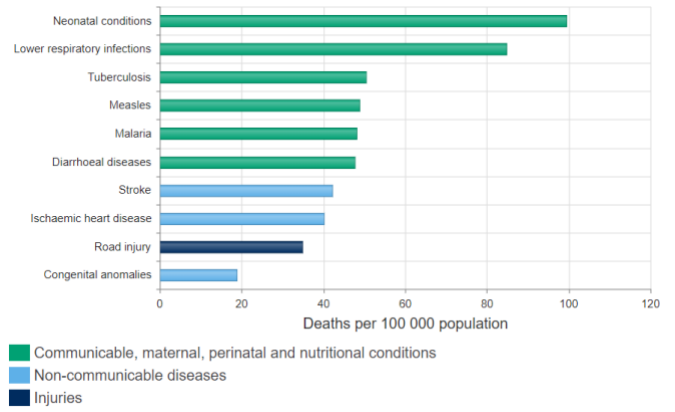
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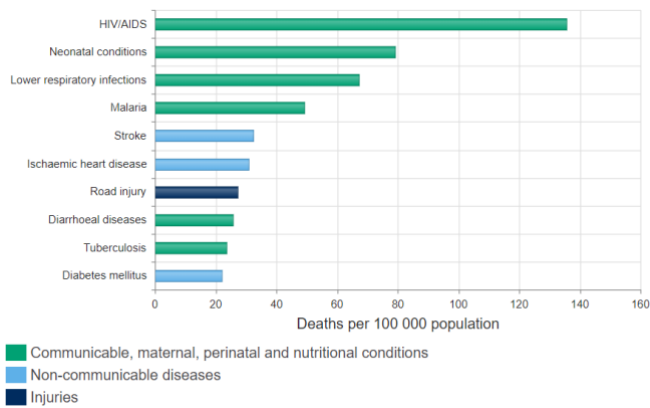
Cote d'Ivoire



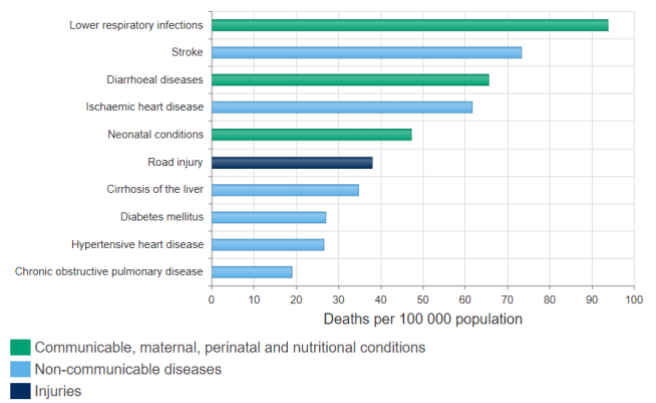
Democratic Republic of the Congo



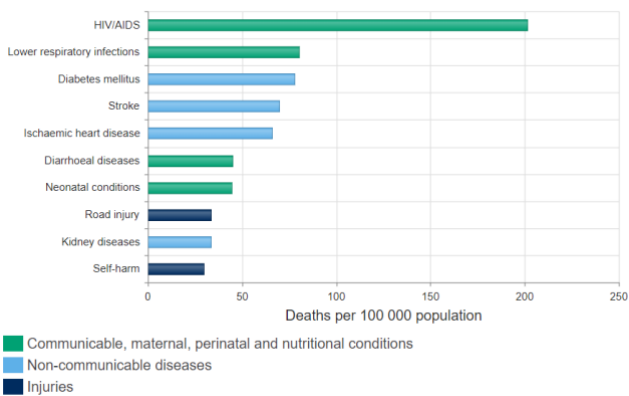
Equatorial Guinea



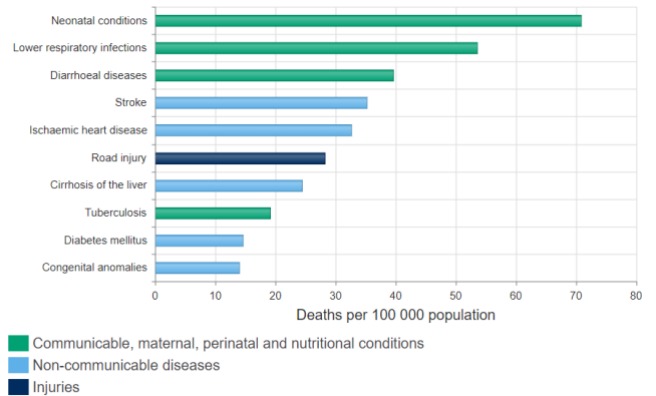
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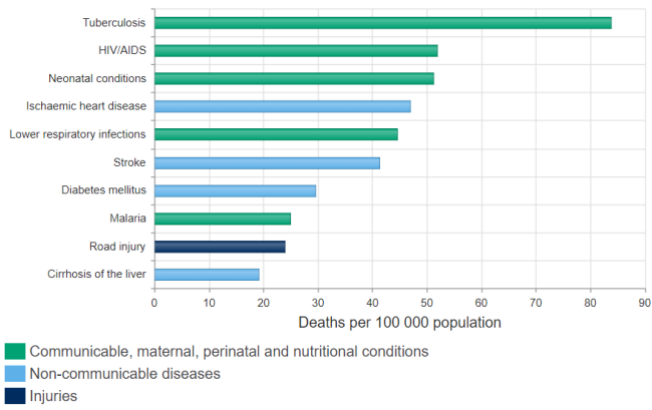
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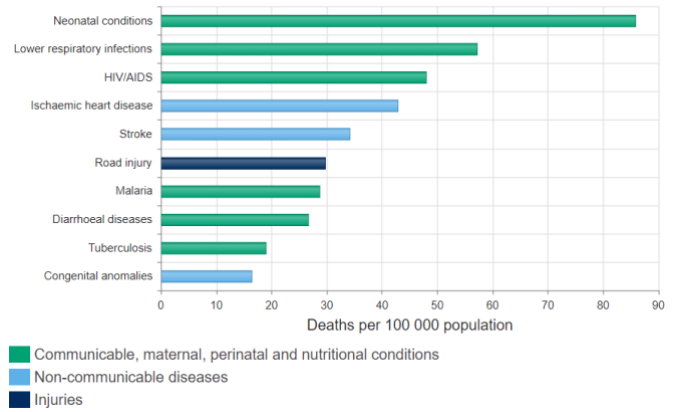
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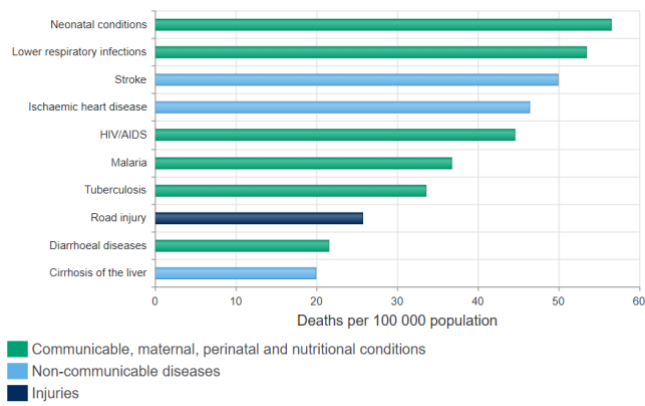
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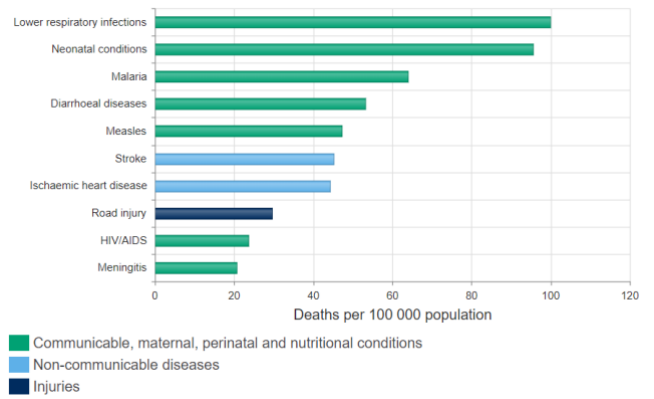
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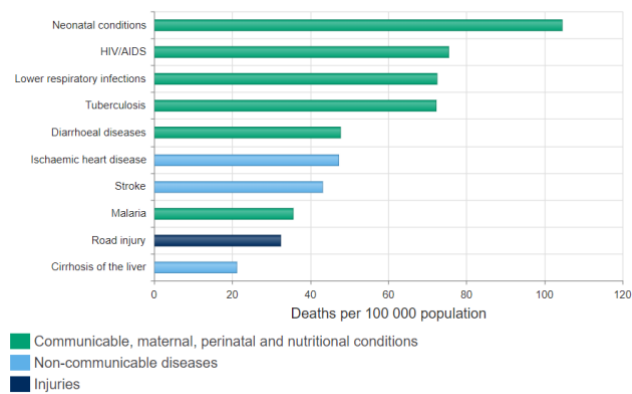
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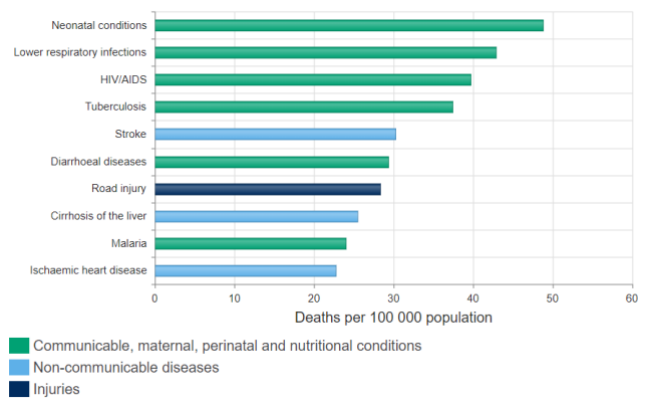
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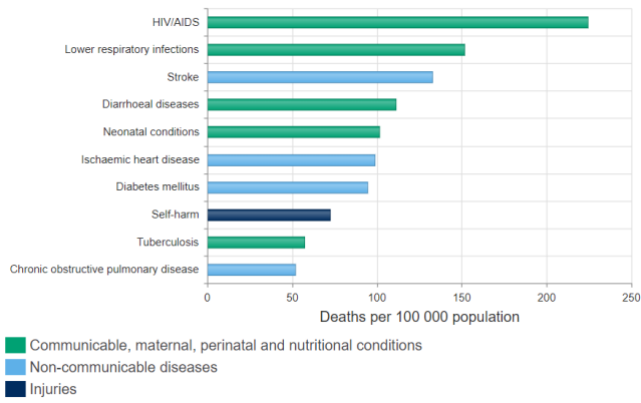
Guinea-Bissau



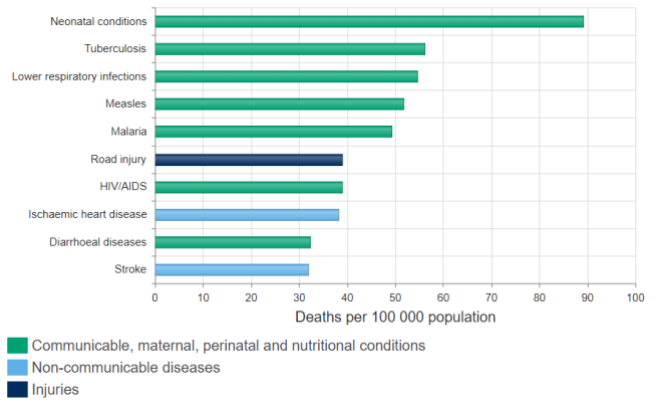
Kenya



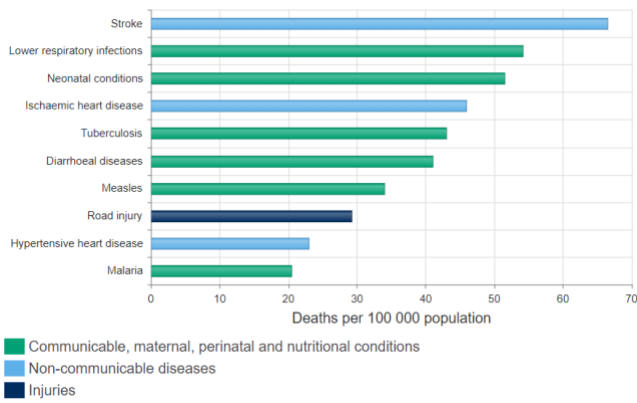
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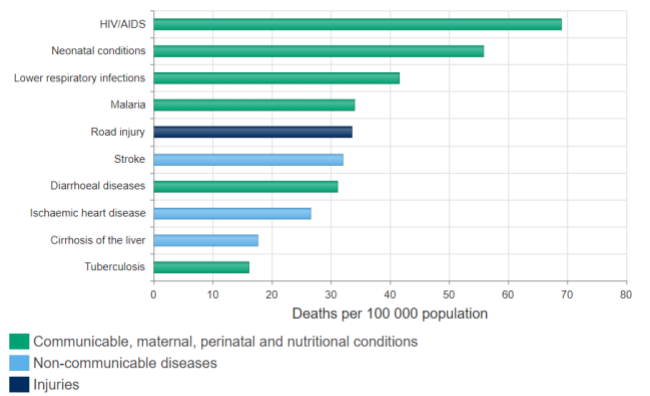
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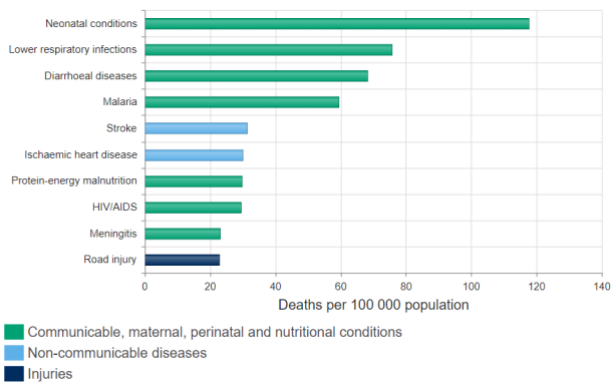
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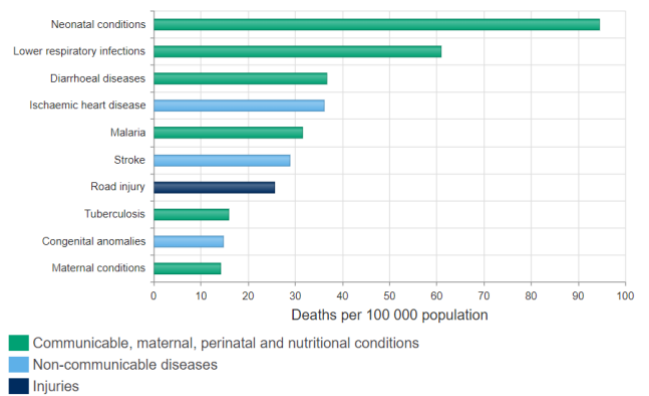
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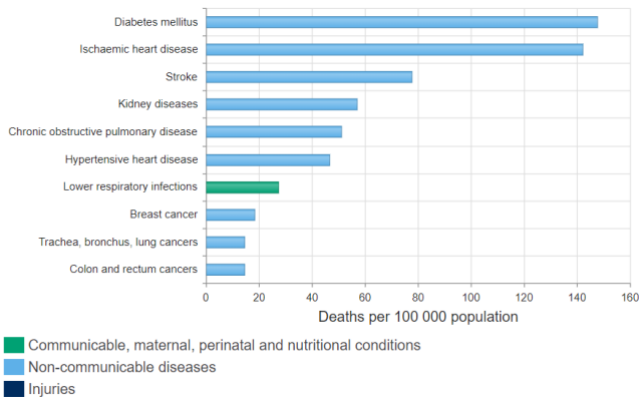
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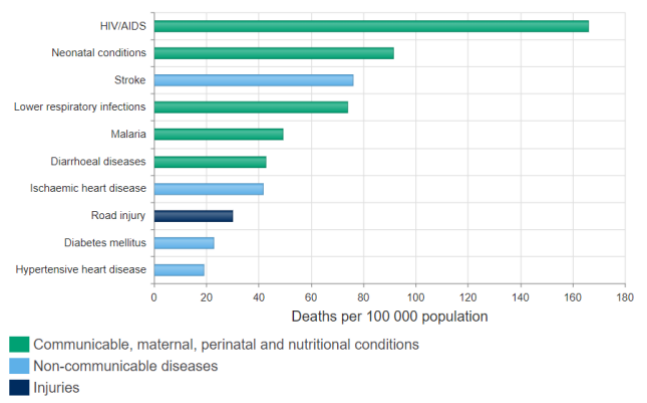
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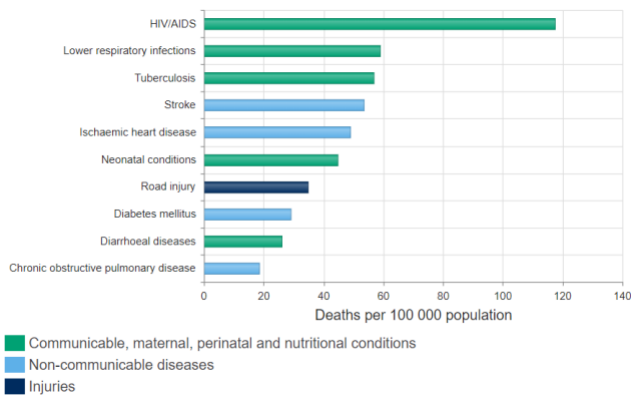
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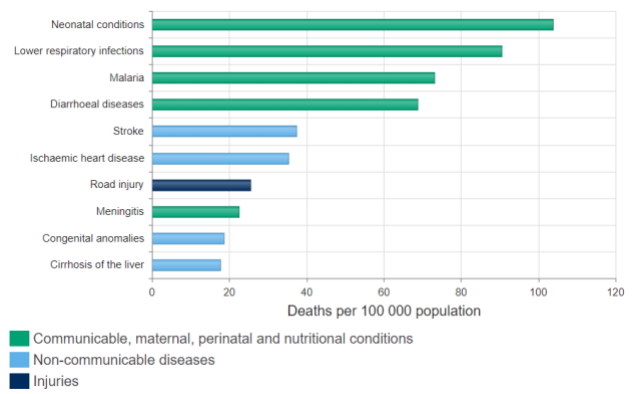
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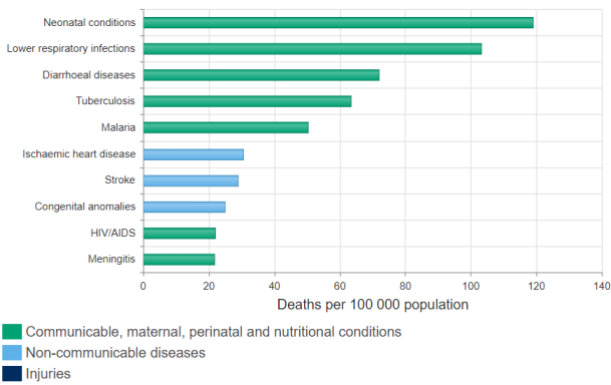
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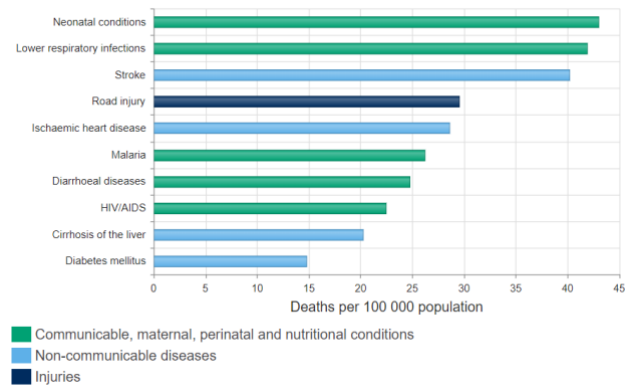
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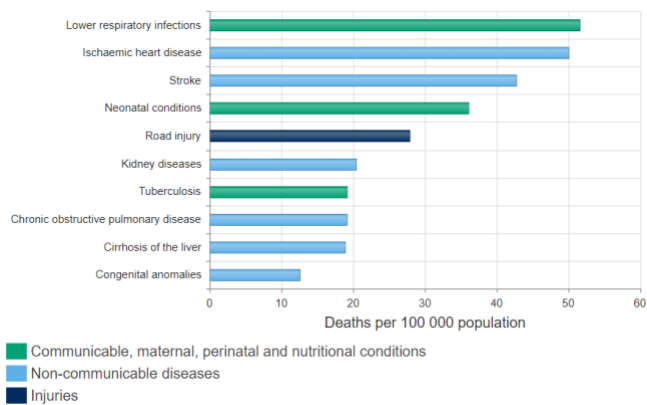
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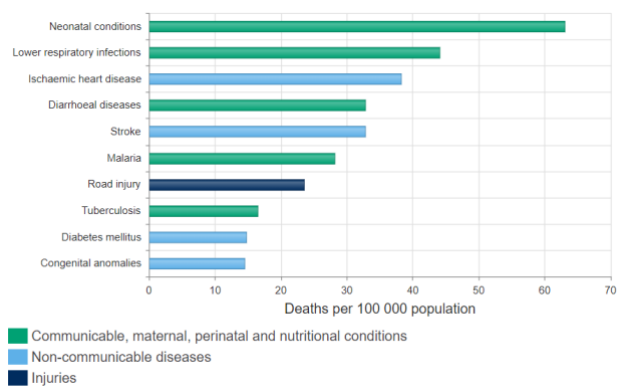
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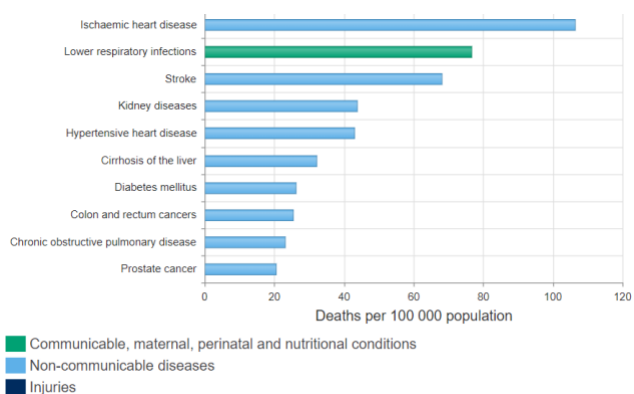
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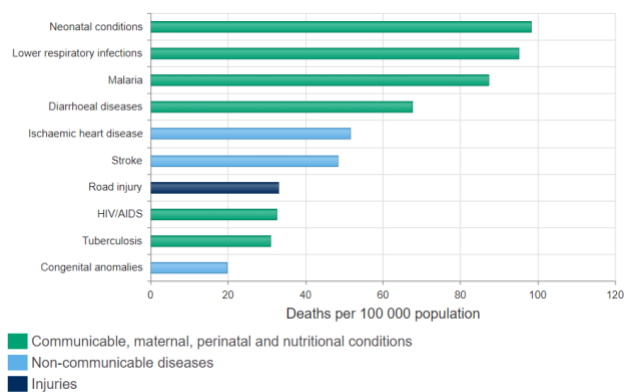
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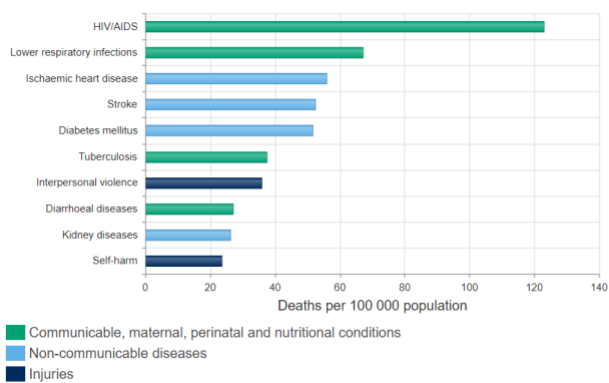
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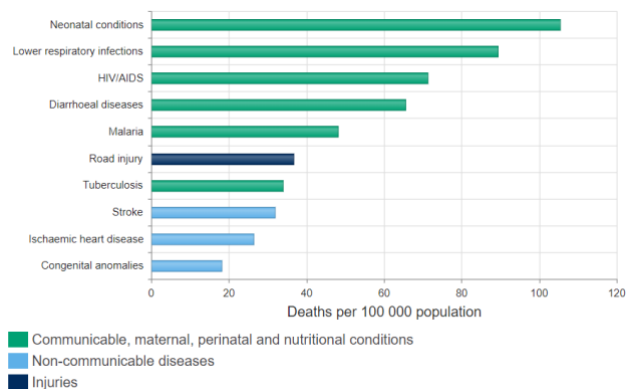
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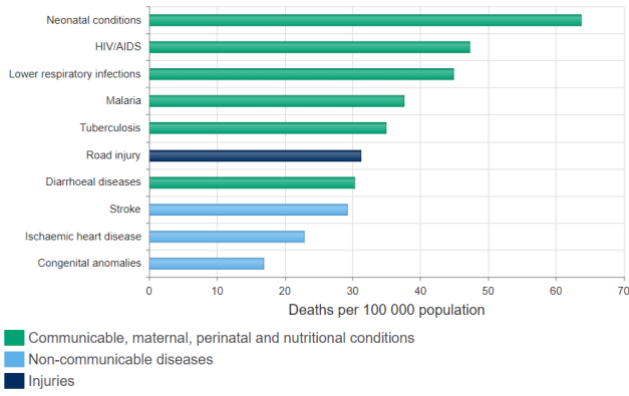
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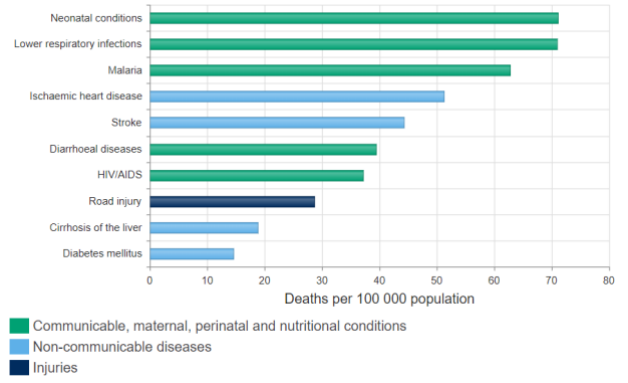
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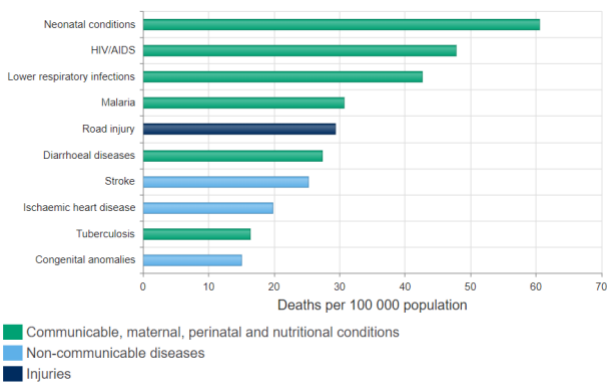
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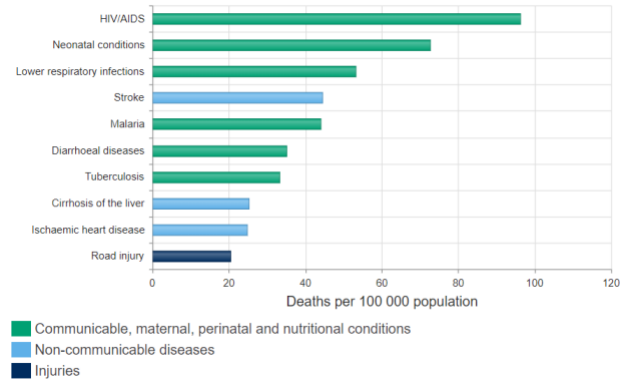
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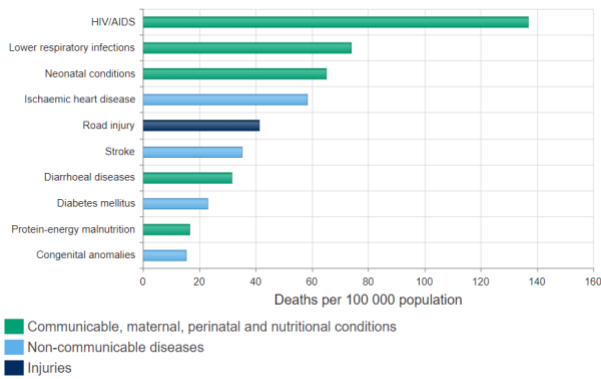
Uganda



Zambia



Zimbabwe



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Sources

Data are from WHO: [The Global Health Observatory](#) and [integrated African Health Observatory](#)

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