



Global Burden of Disease: Generating Evidence, Guiding Policy
Main Findings from the Sub-Saharan Africa Regional Edition



Overall progress has been made in postponing death between 1970 and 2010

Across the region, each country increased its average age of death. Great variation exists, however, with Cape Verde demonstrating the greatest gain (about 28 years) and Chad showing the smallest improvement (1.4 years).

Declines in mortality rates largely varied by age, with greatest improvements for young children

Death rates for children between 1 and 4 years old declined 65% between 1970 and 2010, while mortality rates rose for women and men at different ages (a 39% increase for women 25 to 39 and a 50% increase for men 30 to 34).

Premature death and disability caused by some communicable diseases and newborn conditions has decreased, but they remain leading causes of premature death and illness

Between 1990 and 2010, the region has succeeded in decreasing premature death and disability, also known as healthy years lost, from lower respiratory infections, diarrheal diseases and protein-energy malnutrition; however, these conditions are still top causes of disease burden in the region, especially in lower-income countries like Niger and Sierra Leone.

Malaria and HIV/AIDS are now the first- and second-greatest causes of premature death and disability

Malaria and HIV/AIDS accounted for more healthy years lost in 2010 than in 1990. However, both diseases peaked between 2000 and 2005 in most countries. In Uganda, malaria peaked in 2005, driving 19% of premature death and disability, and dropped to 12% in 2010.

Non-communicable diseases are rapidly rising, especially for wealthier countries in the region

Between 1990 and 2010, healthy years lost from causes like stroke, depression, diabetes, and ischemic heart disease increased, especially among higher-income countries. Namibia experienced a 123% increase in diabetes.

Road injuries have taken a growing toll on health in the region

Healthy years lost from road injuries increased 76% between 1990 and 2010, with substantial country variation (ranging from a rise of 9% in Madagascar to 87% in Congo).

Key terms

Years of life lost (YLLs): years of life lost due to premature mortality.

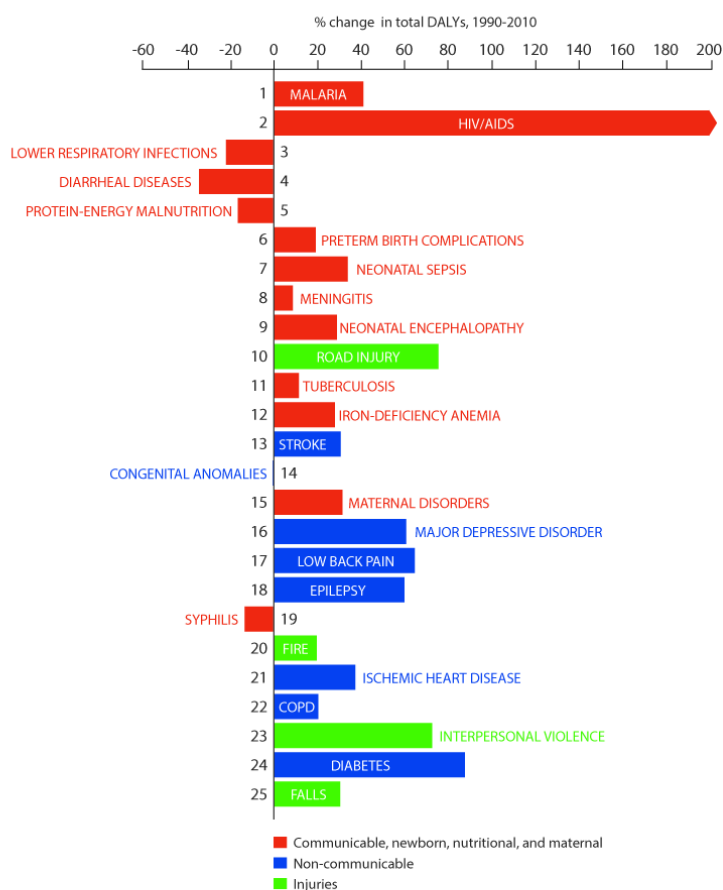
Years lived with disability (YLDs): years of life lived with any short-term or long-term health loss.

Disability-adjusted life years (DALYs): the sum of years lost due to premature death (YLLs) and years lived with disability (YLDs). DALYs are also defined as years of healthy life lost.

Risk factors: potentially modifiable causes of disease and injury.

To learn more about the Global Burden of Disease (GBD), visit www.ihmeuw.org/gbd

Shifts in leading causes of DALYs in sub-Saharan Africa, 1990-2010



Note: The leading 25 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contributed in 2010. Bars to the right of the vertical line show the percent by which DALYs have increased since 1990. Bars on the left show the percent by which DALYs have decreased. Pointed arrows indicate causes that have increased by a greater amount than shown on the x-axis.

Disease burden attributable to childhood risk factors has declined

Much progress has been made for potentially avoidable risk factors like childhood underweight, suboptimal breastfeeding, and vitamin deficiencies, such that their burdens have declined between 1990 and 2010. Nonetheless, these risk factors remain among the top three contributors to disease burden in the region, especially among lower-income countries.

Potentially preventable behavioral risk factors are contributing to greater disease burden over time

Risk factors associated with lifestyles, such as alcohol use and high body mass index, contributed to far more healthy years lost in 2010 than in 1990, especially among upper-middle-income countries such as Gabon and South Africa.

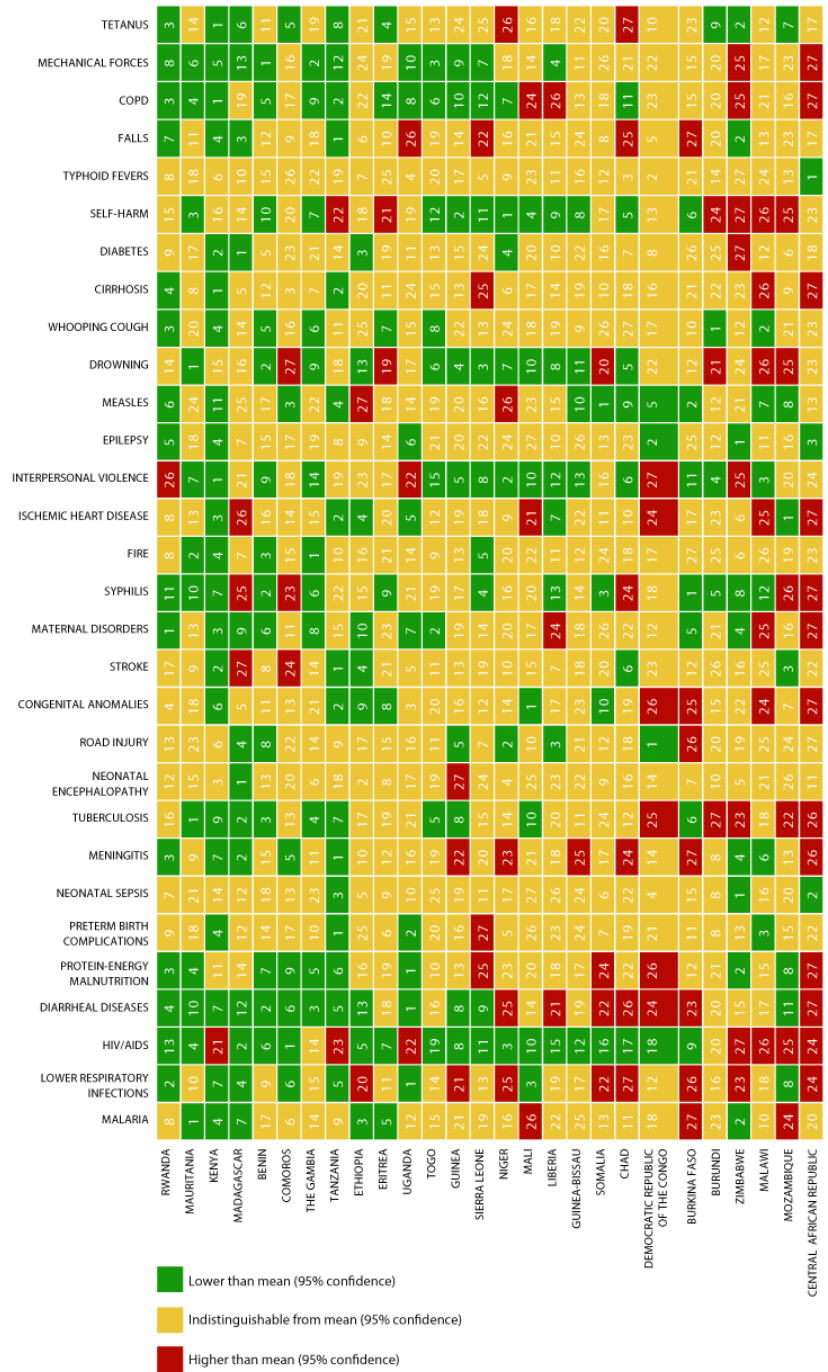
GBD results allow countries to explore areas of success and identify areas of improvement relative to other countries within the region

Benchmarking exercises (like the one to the right) can show rates of premature mortality ranked relative to the region's average and highlight the best (green) and worst (red) performers across the conditions that cause the most premature mortality in the region.

Among lower- and upper-middle-income countries (not shown), smaller island countries like Cape Verde, São Tomé and Príncipe, and Seychelles generally performed the best.

Of the low-income countries, Kenya, Mauritania, and Rwanda generally performed the best. Burkina Faso, Mali, and Mozambique had significantly higher rates of premature mortality from malaria, while several countries, such as Tanzania and Malawi, experienced significantly greater rates of premature mortality from HIV/AIDS than the rest of the region.

Causes of leading years of life lost, low-income countries in sub-Saharan Africa relative to regional average, 2010



Note: The columns are ordered by the absolute number of YLLs for that particular year. The numbers indicate the rank across countries for each cause in terms of age-standardized YLL rates, with 1 as the best performance and 27 as the worst.