ADDRESSING HEALTH INEQUALITIES

What mortality tells us about Social Determinants of Health (SDH)

Dr Kefiloe Masiteng
Statistics South Africa
Social determinants of Health (SDH) are the conditions in which people are born, grow, live and age and the wider set of forces and systems shaping their conditions for their daily lives.

These forces and systems include economic policies, systems, development agendas, social norms, social policies and political systems.

Dealing with and understanding SDH can help support, guide and strengthen countries to develop, implement, monitor and evaluate initiatives to promote health equity.

(World Health Organization)
HEALTH EQUITY AND SHD

- Critical components of the Post-2015 Sustainable Development Goals agenda
  - Addressing both SHD and Universal health Coverage (UCH) in an integrated manner

- Health in the post-2015 development agenda: A need for a social determinants approach
  - Adopting improved governance for health development
  - Promote participation in policy-making and implementation
  - Further reorient the care delivery system towards promoting health and reducing health inequities
  - Strengthen global governance and collaboration
  - Monitor progress and increase accountability
Death: a permanent disappearance of all evidence of life after a live birth has occurred
From death to statistics

1. **Death occurs**
   - Dr. verifies death & completes death DHA 1663 form

2. **Submitted to DHA & entered on population register**

3. **Sent to Stats SA to code causes of death to ICD-10, process and analyze**

*Statistics released*

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*Births and Deaths Registration Act, 1992*

*Statistics Act, 1999*
Reporting of causes of death is based on the underlying cause:

“the disease or injury that initiated the train of events leading directly to death”
Strengths of death registration data

- South Africa as a leader in sub-Saharan Africa
  - Only country in Africa using an automated system (IRIS) for coding causes of death
  - The only country in Africa using the WHO data editing tools (ANACOD & CoDEdit)

- Training of doctors on death certification
  - To improve the quality of causes of death statistics

- Improving Civil Registration and Vital Statistics Systems (CRVS)
  - There are efforts at global, continental and country levels to improve civil registration

- Time lag between occurrence and reporting is 11 months
  - Considerations underway to report on deaths on a quarterly basis
Limitations of death registration data

- **48.0% of deaths occurred in healthcare facilities**
  - May compromise proper diagnosis of the causes of death

- **Statistics are coded from what is recorded**
  - Not all information is accurate or fully completed
  - Misreporting and insufficient reporting of causes of death
  - High proportion of non-natural deaths unspecified to give a conclusive profile

- **Data processing is time-consuming**
  - Timeliness of the report is affected

- **Delayed transfer of data from DHA**
  - Affects number of deaths processed
Key findings
In 2014, 453,360 deaths occurred in South Africa.
Since 2007, the number of registered deaths has been declining.
In 2013, 458 933 deaths occurred in South Africa.
Decline in recorded deaths continues
Demographic profile

- Age
- Sex
- Geography
The age profile of deaths is starting to normalise as the proportion of deaths has shifted from young adult to older age groups.
Males tend to die at younger ages than females.

Percentage distribution of deaths by age and sex, 2014.
Provincial distribution of South Africa’s 453 360 registered deaths -2014-

Foreign: 0,2%
Unspecified: 0,3%
Age standardised deaths per 1 000 population, 2014

Free State (11,5) and Northern Cape (11,1) had the highest number of deaths per 1 000 people.
Communicable diseases
• Deaths primarily attributed to diseases that are infectious, are of short duration and fast progression e.g TB; HIV

Non-communicable diseases
• Deaths primarily attributed to diseases that are non-infectious, are of long duration and slow progression e.g stroke; diabetes

Injuries
• e.g accidents; assault; suicide
Percentage of deaths: Communicable, Non-communicable and Injuries

<table>
<thead>
<tr>
<th>Year of Death</th>
<th>Communicable</th>
<th>Non-Communicable</th>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td></td>
<td></td>
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<tr>
<td>1998</td>
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<tr>
<td>2014</td>
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</tr>
</tbody>
</table>

- **1997** Gap was 24% points
- **2014** Gap was 16% points
Percentage of communicable, non-communicable and injuries by Province, 2014

<table>
<thead>
<tr>
<th>Province</th>
<th>Communicable diseases</th>
<th>Non-communicable diseases</th>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>36.8%</td>
<td>52.7%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Western Cape</td>
<td>21.8%</td>
<td>64.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Gauteng</td>
<td>33.3%</td>
<td>55.8%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>35.1%</td>
<td>54.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>36.0%</td>
<td>52.8%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Free State</td>
<td>39.1%</td>
<td>51.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>40.6%</td>
<td>48.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>North West</td>
<td>41.4%</td>
<td>50.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>44.1%</td>
<td>45.3%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Limpopo</td>
<td>44.4%</td>
<td>47.3%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>
From Ages 5–44 years females had higher percentages of deaths due to communicable diseases.
Generally, there were more female deaths than male deaths due to non-communicable diseases.
Percentage of deaths due to injuries for males is above 60% in 20-24 age group.

Percentage of deaths due to injuries for females peaks at 29% and much younger age group (5-9).
Main groups of causes of death, 2014

Total Deaths: 453,360

- Infectious diseases: 29.2%
  - TB: 6.6%
  - Other infectious diseases: 10.2%
  - Other external causes: 16.5%

- Circulatory system diseases: 25.2%
  - Hypertensive diseases: 7.8%
  - Cerebrovascular diseases: 7.0%
  - Other: 6.6%

- Metabolic diseases: 7.0%
  - Diabetes mellitus: 7.0%
  - Metabolic disorders: 7.0%
  - Other acute lower respiratory infections: 7.0%

- Respiratory system diseases: 6.6%
  - Respiratory: 6.6%
  - Female genital: 6.6%
  - Male genital: 6.6%
  - Other: 6.6%

- Other: 10.2%
  - Intentional Self-harm: 7.8%
  - Transport accidents: 7.8%
  - Assault: 7.8%
  - Medical & surgical complications: 7.8%

- Cancers/neoplasms: 16.5%
### Top ten leading causes of death

#### 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tuberculosis</td>
<td>8.8%</td>
</tr>
<tr>
<td>2</td>
<td>Influenza and pneumonia</td>
<td>5.1%</td>
</tr>
<tr>
<td>3</td>
<td>HIV disease</td>
<td>5.0%</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>4.9%</td>
</tr>
<tr>
<td>5</td>
<td>Diabetes mellitus</td>
<td>4.9%</td>
</tr>
<tr>
<td>6</td>
<td>Other forms of heart disease</td>
<td>4.7%</td>
</tr>
<tr>
<td>7</td>
<td>Hypertensive diseases</td>
<td>3.6%</td>
</tr>
<tr>
<td>8</td>
<td>Intestinal infectious diseases</td>
<td>3.4%</td>
</tr>
<tr>
<td>9</td>
<td>Other viral diseases</td>
<td>3.0%</td>
</tr>
<tr>
<td>10</td>
<td>Chronic lower respiratory diseases</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

#### 2014

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disease</th>
<th>Percentage</th>
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</thead>
<tbody>
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<tr>
<td>10</td>
<td>Chronic lower respiratory diseases</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Female:
• The top 10 causes consist of 25.3% Non-Communicable Diseases (NCDs) and 18.1% Communicable diseases (CDs)
• In the top 5 causes there are 4 NCD’s and 1 CD

Male:
• The top 10 causes consist of 23.9% Non-Communicable Diseases (NCD’s) and 24.7% Communicable Diseases (CD’s).
• In the top 5 causes there are 3 NCD’s and 2 CD’s
<table>
<thead>
<tr>
<th>Rank</th>
<th>Male</th>
<th>Rank</th>
<th>Female</th>
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<tbody>
<tr>
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<td>Number</td>
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<td>15 174</td>
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<td>10 685</td>
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<td>11 202</td>
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<td>13 149</td>
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<td>11 418</td>
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<td>3</td>
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<td>3,1</td>
<td>6</td>
<td>11 081</td>
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<td>6 913</td>
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<td>2,9</td>
<td>9</td>
<td>7 019</td>
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<td>9</td>
<td>6 796</td>
<td>8</td>
<td>7 607</td>
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<td>2,9</td>
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<td>5</td>
<td>11 081</td>
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<td>2,8</td>
<td>5</td>
<td>11 081</td>
</tr>
</tbody>
</table>

Diabetes second leading COD for females and influenza and pneumonia for males.
Number of communicable diseases (CDs) and non-communicable diseases (NCDs) in Top 10 leading causes by population group

- **Black Africans:**
  - 5 CDs
  - 5 NCDs

- **Indians/Asians:**
  - 1 CD
  - 9 NCDs

- **Coloureds:**
  - 2 CDs
  - 8 NCDs

- **White**
  - 1 CD
  - 9 NCDs
Three leading causes of death by age groups, 2014

**Age 1–14 (N: 14 854)**

- Intestinal infectious diseases: 12.2%
- Influenza and pneumonia: 7.5%
- Malnutrition: 5.3%

**Age 15–44 (N: 133 673)**

- Tuberculosis: 14.6%
- HIV disease: 10.6%
- Other viral diseases: 6.3%

**Age 45–64 (N: 127 374)**

- Tuberculosis: 10.1%
- Diabetes mellitus: 6.6%
- Cerebrovascular diseases: 5.3%

**Age 65+ (N: 150 647)**

- Cerebrovascular diseases: 9.6%
- Diabetes mellitus: 8.6%
- Other forms of heart disease: 7.9%
Three leading underlying causes of death for infants & children

Age 0 (N: 25,643)
- Respiratory and cardiovascular disorders specific to the perinatal period: 14.5%
- Intestinal infectious diseases: 12.9%
- Influenza and pneumonia: 9.0%

Age 1–4 (N: 8,619)
- Intestinal infectious diseases: 17.2%
- Influenza and pneumonia: 9.1%
- Malnutrition: 8.6%

Under-5 years (N: 34,262)
- Intestinal infectious diseases: 14.0%
- Respiratory and cardiovascular disorders specific to the perinatal period: 10.8%
- Influenza and pneumonia: 9.0%
Leading causes of death within each province, 2014

- Influenza and pneumonia
- Tuberculosis
- Diabetes mellitus
- HIV disease
Leading causes of death within each district municipality, 2014

Legend
- Province, 2011
- Tuberculosis
- HIV disease
- Influenza & pneumonia
- Cerebrovascular diseases
- Ischaemic heart diseases
- Diabetes mellitus
HIV deaths
Profile deaths, 1997–2014: HIV related vs non-HIV related

Deaths related to HIV

Deaths not related to HIV

Number of deaths

Death year


100,000 200,000 300,000 400,000 500,000 600,000 700,000

35
HIV related vs non-HIV related by age in 2014

HIV related Deaths in 25–49 Age Group = 63,452

HIV related deaths

Number of deaths

Age group
HIV related vs non-HIV related 25–49 age group in 2014

HIV related Deaths in 25–49 Age Group = 63 452

HIV related deaths

53%

47%

Age group

25-29
30-34
35-39
40-44
45-49
Non-natural causes of death
The percentage of non-natural deaths in South Africa has decreased over the years, but has increased slightly since 2010.

Non-natural deaths include all external causes of morbidity and mortality.

Percentage of deaths that were non-natural 1997–2014
Number of deaths that were non-natural 1997–2014
Percentage of non-natural deaths by broad groups 2014

- Other external causes of accidental injury: 54.6%
- Event of undetermined intent: 17.1%
- Transport accidents: 12.4%
- Assault: 11.1%
- Complications of medical and surgical care: 3.5%
- Intentional self-harm: 1.2%
Accidental exposure to other and unspecified factors: 41.4%

Exposure to inanimate mechanical forces: 19.2%

Other accidental threats to breathing: 17.9%

Exposure to smoke, fire and flames: 8.8%

Accidental drowning and submersion: 6.1%

Distribution of deaths due to other external causes of accidental injury 2014
Percentage of transport accidents by death month: Weekday vs Weekend deaths

Weekend transport deaths

Weekday transport deaths

Death month

Percentage of non-natural deaths

January | February | March | April | May | June | July | August | September | October | November | December
Transport accident deaths percentage of non-natural deaths within each province:

- Northern Cape (NC): 30.3%
- Western Cape (WC): 8.7%
- North West (NW): 14.2%
- Eastern Cape (EC): 12.7%
- Free State (FS): 18.1%
- Gauteng (GP): 3.5%
- Limpopo (LP): 29.5%
- Mpumalanga (MP): 11.4%
- KwaZulu-Natal (KZN): 12.1%

Northern Cape and Limpopo experienced the highest number of deaths due to transport accidents as a percent of non-natural deaths.
## Transport accident deaths percentage of non-natural deaths by District Municipality

<table>
<thead>
<tr>
<th>District Municipality</th>
<th>Province</th>
<th>Percentage of non-natural deaths in DM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Central Karoo</td>
<td>Western Cape</td>
<td>51,5%</td>
</tr>
<tr>
<td>2 John Taolo Gaetsewe</td>
<td>Northern Cape</td>
<td>44,3%</td>
</tr>
<tr>
<td>3 Fezile Dabi</td>
<td>Free State</td>
<td>37,2%</td>
</tr>
<tr>
<td>4 Waterberg</td>
<td>Limpopo</td>
<td>36,0%</td>
</tr>
<tr>
<td>5 Greater Sekhukhune</td>
<td>Limpopo</td>
<td>33,0%</td>
</tr>
<tr>
<td>6 Capricorn</td>
<td>Limpopo</td>
<td>31,7%</td>
</tr>
<tr>
<td>7 Siyanda</td>
<td>Northern Cape</td>
<td>29,9%</td>
</tr>
<tr>
<td>8 Ngaka Modiri Molema</td>
<td>North West</td>
<td>29,9%</td>
</tr>
<tr>
<td>9 Namakwa</td>
<td>Northern Cape</td>
<td>28,9%</td>
</tr>
<tr>
<td>10 Vhembe</td>
<td>Limpopo</td>
<td>27,7%</td>
</tr>
</tbody>
</table>

The Central Karoo District Municipality recorded the highest percentage of deaths due to transport accidents in South Africa.

### Ranking of Metro Municipalities

- 32. Buffalo City
- 36. Nelson MM
- 41. City of Cape Town
- 42. City of Tshwane
- 45. City of eThekwini
- 46. City of Johannesburg
- 50. Ekurhuleni MM
Assault related deaths percentage of non-natural deaths within each province

- Northern Cape (NC): 21.8%
- Western Cape (WC): 19.5%
- Eastern Cape (EC): 17.3%
- Free State (FS): 15.4%
- Gauteng (GP): 5.1%
- Limpopo (LP): 5.1%
- Mpumalanga (MP): 4.3%
- North West (NW): 9.1%
- KwaZulu-Natal (KZN): 10.4%

Northern Cape and Western Cape experienced the highest number of deaths due to assault as a percent of non-natural deaths.
# Assault related deaths percentage of non-natural deaths by District Municipality

<table>
<thead>
<tr>
<th>District Municipality</th>
<th>Province</th>
<th>Percentage of non-natural deaths within province</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Overberg</td>
<td>Western Cape</td>
<td>29.8%</td>
</tr>
<tr>
<td>2 Pixley ka Seme</td>
<td>Northern Cape</td>
<td>27.0%</td>
</tr>
<tr>
<td>3 Lejweleputswa</td>
<td>Free State</td>
<td>24.0%</td>
</tr>
<tr>
<td>4 Alfred Nzo</td>
<td>Eastern Cape</td>
<td>23.3%</td>
</tr>
<tr>
<td>5 Joe Gqabi</td>
<td>Eastern Cape</td>
<td>23.1%</td>
</tr>
<tr>
<td>6 Siyanda</td>
<td>Northern Cape</td>
<td>22.8%</td>
</tr>
<tr>
<td>7 Chris Hani</td>
<td>Eastern Cape</td>
<td>22.2%</td>
</tr>
<tr>
<td>8 John Taolo Gaetsewe</td>
<td>Northern Cape</td>
<td>22.2%</td>
</tr>
<tr>
<td>9 City of Cape Town</td>
<td>Western Cape</td>
<td>21.3%</td>
</tr>
<tr>
<td>10 West Coast</td>
<td>Western Cape</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

The Overberg District Municipality recorded the highest percentage of deaths due to assault in South Africa.

## Ranking of Metro Municipalities

9. City of Cape Town
12. Buffalo City
17. Mangaung Municipality
29. Nelson MM
41. Ekurhuleni MM
46. City of eThekwini
47. City of Johannesburg
50. City of Tshwane
Distribution of deaths by place of death occurrence

- Nursing Home: 2.3%
- Home: 23.2%
- Hospital: 43.9%
- Dead on arrival: 2.2%
- Emergency Room outpatient: 1.8%
- Other, Unknown or Unspecified: 23.4%
Implications for National Development Priorities

By 2030, South Africa should have:

• Raised life expectancy to at least 70 years
• Reduced maternal, infant and child mortality
• Significantly reduced prevalence of non-communicable diseases
• Reduced injuries, accidents and violence by 50% from 2010 levels
• Progressively reduced deaths from tuberculosis
Life Expectancy at birth, 2014

70 years

Females: 66.8 years
Males: 60.7 years

NPD Targeted Life Expectancy in 2030

63.8 years

Total 2014 Life Expectancy from registered deaths

Gap in reaching NPD target: 6.2 years

Data source: civil registration deaths and mid-year population estimates
Mortality rates, 2010–2014

- Infant mortality rate (IMR)
- Under-5 mortality rate (U5MR)
- Crude death rates (CDR)

2015 MDG target:
- 18 infant deaths per 1000 live births
- 20 under-5 deaths per 1000 live births

The CDR declined from 10.8 deaths in 2010 to 8.4 deaths per 1000 people in 2014

Data source: civil registration deaths and mid-year population estimates

Data source: civil registration deaths and mid-year population estimates
## National Development plan target by 2030

<table>
<thead>
<tr>
<th>Increase life expectancy to at least 70 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressively reduced deaths from tuberculosis, HIV disease and other communicable diseases</td>
</tr>
<tr>
<td>Reduced injuries, accidents and violence by 50% from 2010 levels</td>
</tr>
</tbody>
</table>

### Deaths 2014 show:

<table>
<thead>
<tr>
<th>453 360 deaths in 2014 – peak age group 60–64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable diseases:</td>
</tr>
<tr>
<td>TB number one leading cause of death but decreasing proportions with influenza dropping down to 4th leading from the 2nd position in 2014</td>
</tr>
<tr>
<td>HIV leading cause in Northern Cape &amp; part of top three causes only for black Africans. HIV mostly amongst ages 25–49 years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>47 761 non-natural deaths in 2014 – down by 0,3% from 2010 levels.</th>
</tr>
</thead>
</table>
National Development plan target or actions by 2030

- Significantly reduced prevalence of non-communicable diseases
- Reduced maternal, infant and child mortality

Deaths 2014 show cont’d:

Non-communicable diseases (NCDs) – Increasing percentages since 2010 account for **52.7%** deaths in 2014

- In 2014, top three causes for whites and Indian/Asians were NCDs

Mortality rates:

- **20.8** infant deaths per 1000 live births (Respiratory disorders [14.5%] & intestinal infectious diseases [12.9%])
- **27.7** under-5 deaths per 1000 live births (Intestinal infectious diseases [14.0%] & Respiratory disorders [10.8%])
- **146** maternal deaths per 100 000 live births
Summary

- The overall number of deaths in South Africa continues to decline since 2007.

- The age and sex profile of deaths shows proportion of deaths shifting from young adults to older age groups, particularly among females.

- The profile of the global burden of disease shows that on average South Africans are dying of non-communicable diseases.

- Leading causes show that:
  - Tuberculosis was the 1st leading cause in 2013 and 2014
  - Influenza and pneumonia dropped from the 2nd position in 2013 to 4th in 2014
  - Diabetes was 2nd among females and 4th amongst males
  - HIV disease was 3rd among males and 6th amongst females
  - HIV disease was the 1st leading in Northern Cape
Concluding remarks

- The data allows us to better understand mortality and causes of death in South Africa and the rest of the provinces.

- Quality of information on mortality and causes of death collected can be improved through:
  - Accurate and full completion of all fields on the death notification form.
  - Correct and detailed information on causes of death.
National Department of Health, MRC and Statistics South Africa have finalized data collection for SADHS 2016 and results will be published soon.

Mortality and causes of death report for 2015 will be published by the 28 FEBRUARY 2017.