



REPORT ON CAUSES OF DEATH IN SIERRA LEONE

2018 – 2023

www.healsl.org



Report team

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Any errors are assigned only to the report team.

Foreword

Statement by Vice President, Government of Sierra Leone

As the Vice President of the Republic of Sierra Leone, I am honoured to present the report “Causes of Death Report in Sierra Leone, 2018-2023”. This comprehensive report, produced by Healthy Sierra Leone—HEAL-SL— a collaborative achievement of the Ministry of Health, Njala University, and the Centre for Global Health Research at the University of Toronto, is a landmark in our nation’s health. It represents not just a culmination of data and analysis but symbolizes our relentless commitment to understanding and improving the health of our people.

The journey to produce this report began five years ago, in a nation striving to strengthen its healthcare system. Sierra Leone, rich in culture and spirit, has faced numerous challenges, but none so enduring as ensuring the health and well-being of our citizens. The need for a detailed understanding of the causes of death in our country is more than a matter of statistics. It is about understanding the lives behind these numbers, the communities affected, and the stories that they tell. This report, therefore, is more than just a document; it reflects our nation's heartbeat.

In these pages, you will find numbers and insights into the leading health challenges our people face. From infectious diseases to non-communicable illnesses, from maternal mortality to the impacts of environmental factors, to road traffic accidents, this report provides a comprehensive analysis of the health landscape of Sierra Leone over the past five years. The data presented here result from tireless fieldwork, detailed analysis, and an unwavering commitment to truth and clarity.

I extend my deepest appreciation to the surveyors across Sierra Leone who have collected the information, often in challenging circumstances, contained in this report. I would also like to acknowledge the excellent team of diverse researchers who developed and implemented the novel methods showcased in this report. Indeed, this report also signifies the power of collaboration. The partnership between the Ministry of Health, academic institutions, and international bodies demonstrates what can be achieved when we work together towards a common goal. It is a model of cooperation that I believe can be replicated in other areas of national development.

The findings of this report are a call to action. They highlight the areas where our health system and other aspects of society need to strengthen, where our resources must be focused, and where our policies need to adapt. We are committed to using this information to guide our decisions and actions as a government. We understand that data are not just numbers; they are a tool for change, a means to save lives, and a pathway to a healthier future for all Sierra Leoneans.

Our shared national aspiration is to build a health system that is robust, resilient, and responsive to the needs of our people—a system where every Sierra Leonean has access to quality healthcare regardless of location or economic status. This report guides us towards this goal, highlighting the key areas where our efforts must be concentrated. It is critical that HEAL-SL continue its work to document the causes of death going forward, with continuous improvement in methods and coverage. With HEAL-SL, we know where we have been and where we are going.

In conclusion, the "Causes of Death Report in Sierra Leone 2018-2023" is more than a collection of data. It is a mirror showing us the current state of our nation's health and a map guiding us towards a healthier future. It is a testament to our commitment to the people of Sierra Leone, a promise to use this knowledge to better their lives.

As we move forward, let us do so with renewed purpose and determination. Let us use the insights from this report to build a Sierra Leone where good health is a reality for every citizen. Together, with a united effort, we can create a brighter, healthier future for our nation.

.....
Dr. Mohamed Juldeh Jalloh
Vice President of Sierra Leone

December 4, 2023

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Abbreviations

COD	Cause of Death
CRVS	Civil Registration and Vital Statistics
DHS	Demographic and Health Surveys
EVA	Electronic verbal autopsy
HEAL-SL	Healthy Sierra Leone
MICS	Multiple Indicator Cluster Surveys
MOH	Ministry of Health
SDG	Sustainable Development Goals

Acknowledgments

We would like to express our heartfelt gratitude to the many individuals and organizations whose contributions and support made possible the Healthy Sierra Leone (HEAL-SL) report on Causes of Death in Sierra Leone 2018-2023.

We extend our thanks to the dedicated professionals, led by Dr. Amara Jambai, Dr. Ronald Carson Marsh, and Professor Rashid Ansumana, who were crucial to HEAL-SL. We also thank Dr. Sartie Kenneh, the Chief Medical Officer of the MOH, Dr. Francis Smart, Dr. Muhammad Vandi, and all District Medical Officers of the MOH, for their invaluable contributions to this report. The detailed and committed work of the HEAL-SL field surveyors, physician coders, technical support teams, and coordinators was indispensable to its completion.

Our appreciation also goes to our colleagues at the Ministry of Health, Statistics Sierra Leone, and the National Civil Registration Authority for their collaboration and cooperation in data sharing, coordination, and knowledge translation. We acknowledge our colleagues at the Centre for Global Health Research (CGHR) at the University of Toronto, and at Njala University College of Medical Sciences, whose partnership has greatly enhanced the technical processes involved in data collection, compilation, and analysis evidenced in this report.

We are grateful for the core funding provided by the Bill & Melinda Gates Foundation, including support from Dr. Samantha Dolan, Dr. Scott Dowell and others. Additional funding was provided by the Canadian Institutes of Health Research, Queen Elizabeth Scholarship Program, Mastercard Foundation Scholarship Program, Global Affairs Canada, and the University of Toronto's Connaught Global Challenges.

This report is dedicated to the hundreds of thousands of Sierra Leoneans who agreed to be included in the collective effort, and by sharing their experiences and information, enabled us to better understand the complex factors contributing to premature mortality in the country.

It is our hope that the insights in this document will contribute to ongoing efforts to improve healthcare, reduce mortality rates, and enhance the well-being of the people of Sierra Leone.

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Executive Summary

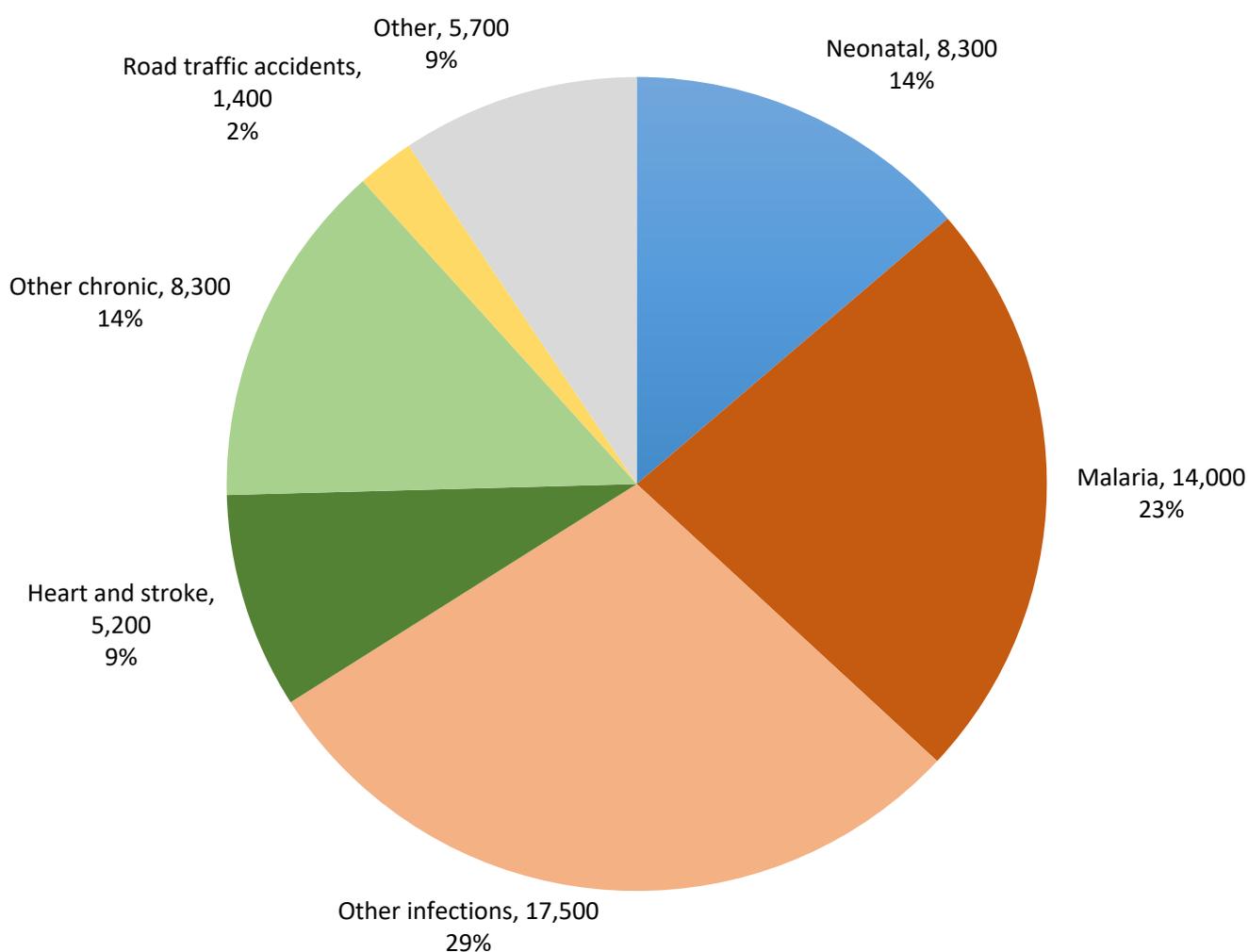
About 75,000 Sierra Leoneans died in 2023. Nearly 80 percent of these deaths occurred before age 70, representing one of the highest national premature mortality rates in the world.

Death is inevitable, but death before old age is not. Most of the deaths currently occurring in Sierra Leone, in every age group, could be avoided with proven public health interventions or practicable clinical treatments.

For deaths before age 70, from 2018-2023, fully **one-quarter of those who died succumbed to a single infection—malaria**—an infection that not only can be prevented but cured with effective treatments in nearly all cases. **An additional one-quarter of the deaths before age 70 were attributable to other common infections**—causing diarrhoea, pneumonia, and tuberculosis—many also preventable and treatable.

One in ten of all deaths occurred during the first month of life (half of these in the first week), and an additional one in four of all deaths occurred before age five. Before age 70 years, the other leading causes of death include heart disease and stroke, digestive diseases, liver disease and road traffic accidents. Figure 1 shows the total deaths arising from major causes of death before age 70 years.

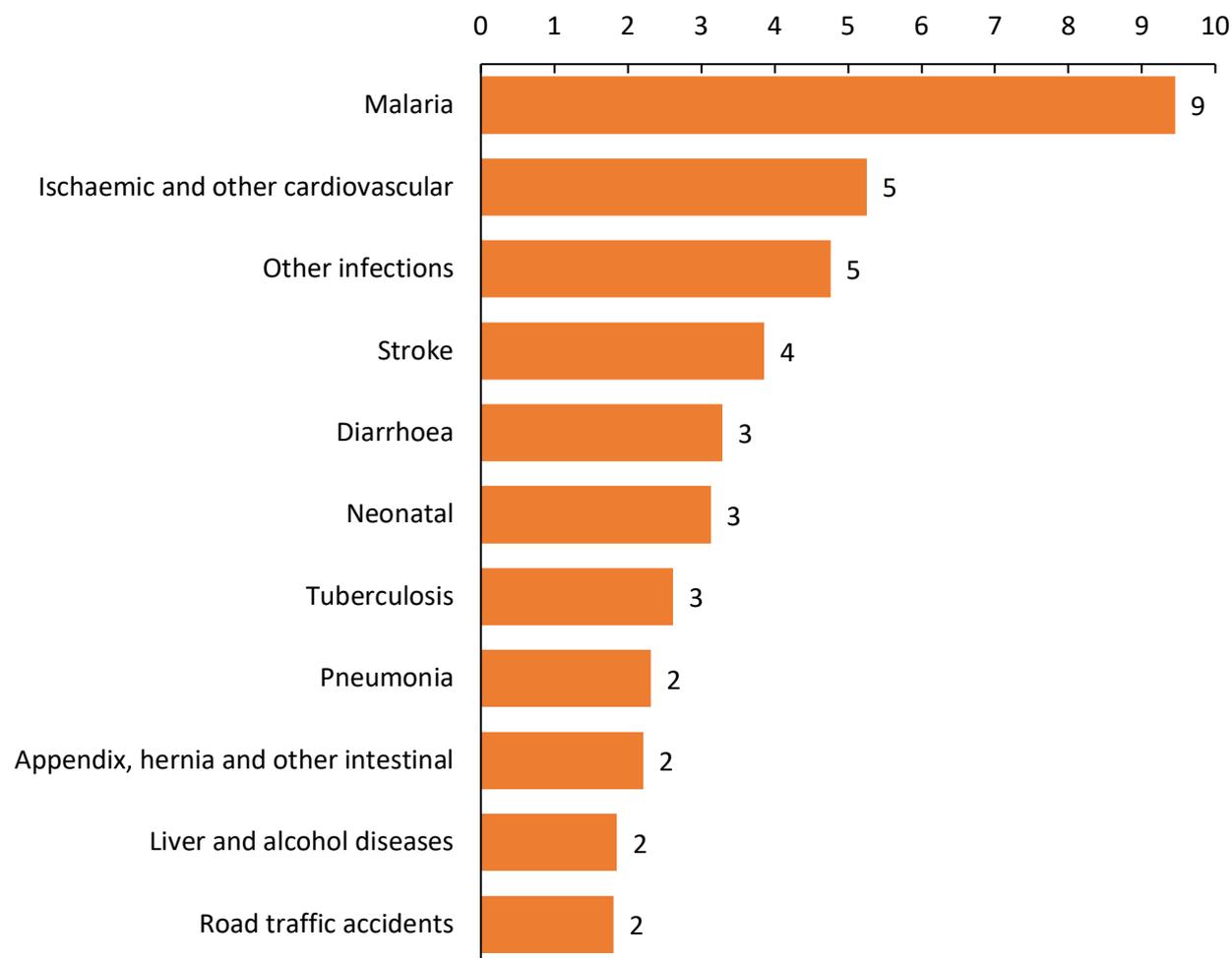
Figure 1. Major causes of death in Sierra Leone before age 70 in 2023



Notes: "Other infections" includes all infectious diseases excluding malaria. "Other chronic" includes all non-communicable diseases excluding heart diseases and stroke

Figure 2 shows the risks of death for the major conditions before age 70 years among 100 Sierra Leoneans. Overall, 45 of 100 Sierra Leoneans would die prematurely, before age 70 if current death rates continue. Of these, three deaths would be during the first month of life and 42 deaths during ages 1 month to 69 years. Applying the death rates in the study (in the absence of other diseases), six would die from malaria, four from heart diseases, three from stroke, three from diarrhoea and two from road traffic injuries.

Figure 2. Risk of death before age 70 years among 100 Sierra Leoneans



**If 2023 death rates would continue, and ignoring other causes of death; values are rounded*

Preventing Deaths of Mothers and Babies

The first days, weeks, and months after birth are the riskiest in life in Sierra Leone, and higher risk than in almost all other countries in the world and the region. Even before birth, the rate of stillbirths is exceptionally high: for every two babies who die in the neonatal period—the first month of life—there is one stillbirth, many of which could be avoided. Childbirth is also extraordinarily risky for mothers, but Sierra Leone’s maternal mortality rate is far lower than thought earlier and is on the decline.

Saving Young Children and Adolescents

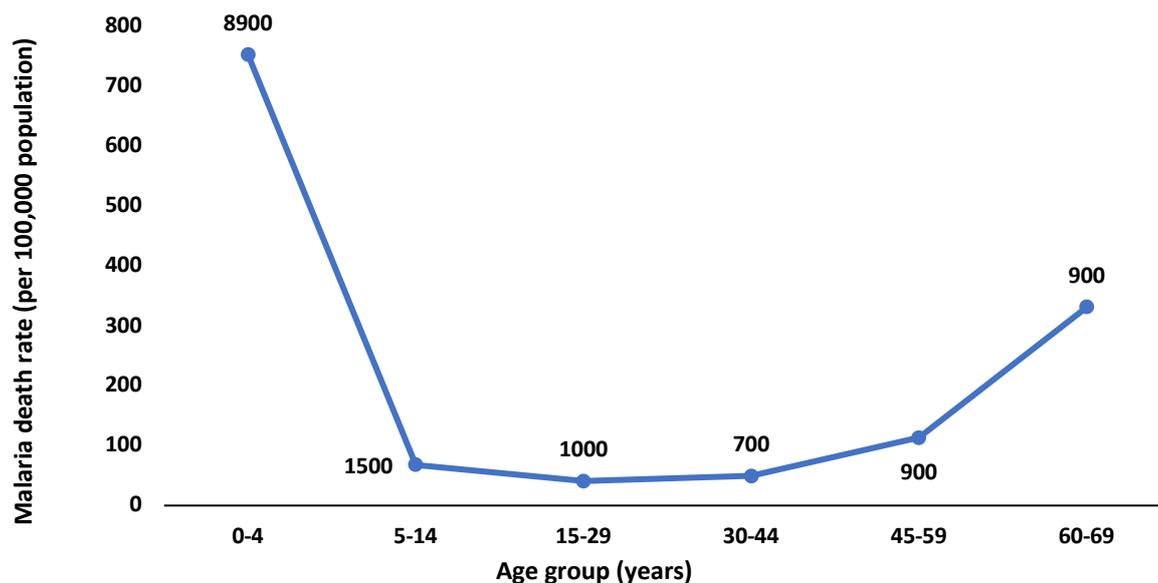
Malaria is the leading cause of death in children to age 15, causing more than 40% of deaths. Other infections cause another 25-30%. An obvious first target is reducing malaria deaths, *all* of which are potentially preventable or curable. Powerful new interventions, not yet in use in Sierra Leone, include malaria vaccines, which could be hugely important in saving the lives of children and adults alike.

Keeping Young Adults Alive

Those who survive childhood are likely to live to middle age, but the deaths that do occur are largely preventable or treatable. Malaria remains the single greatest killer through to age 30, causing more than 15% of deaths. Malaria is not just a cause of childhood deaths but also among adults (Figure 3). Road traffic accidents and other injuries grow

in importance among young adults—especially young men, causing more than 10% of deaths in the age group. Tackling road traffic accidents means mobilizing partners within and outside the health sector.

Figure 3. Malaria death rates and numbers of deaths by age



Note: The numbers above each age group represent the numbers of national deaths from malaria

Maintaining Health in Middle Age

Malaria and non-communicable diseases, especially stroke and heart disease, share the lead in causes of death among people 30 years up to 70 years. Effective control measures exist for all these conditions.

About HEAL-SL

Beginning data collection in 2018, the Healthy Sierra Leone (HEAL-SL) organized by the Ministry of Health, Njala University, and the University of Toronto, has established the first nationwide system for recording births and deaths, efficiently and cost-effectively. HEAL-SL employs electronic verbal autopsy to record the characteristics of those who die and support cause-of-death determination. A representative five percent of the population, including all age groups and all areas of the country, is currently surveyed annually by HEAL-SL. The Bill & Melinda Gates Foundation funded HEAL-SL.

Understanding the causes of death in a population is the bedrock for setting priorities and building programs to reduce premature mortality and move toward a healthier population. HEAL-SL has established a representative profile of the causes of death for the total population from 2018-2023, for each major age group and geographically, and is poised to continue, continually increasing its coverage and improving cause-of-death determinations over years to come.

For every major killer in Sierra Leone, effective public health and clinical solutions exist. The HEAL-SL report identifies where deaths occur, differences between females and males, and regional variations. The report provides a clear road map for strengthening public health and clinical services to address the most important causes of illness and death throughout the country, to help meet the challenges from pandemics, and, eventually, to understand and mitigate the effects of climate change.

The Future of HEAL-SL: A Made-in-Sierra Leone GPS to Better Health

HEAL-SL is the most advanced mortality monitoring system established anywhere in Africa, and a model for many other countries to expand priority systems that help to count the dead, describe causes, and thus help the living.

HEAL-SL is at a critical juncture, with a need to move from an externally funded program to a permanent and continually improving essential element of the public health system in Sierra Leone, including being integrated with the National Public Health Agency.

As actions are taken to address the current avoidable death, HEAL-SL can over the forthcoming years track progress, find out what works and what does not, and adapt to new findings and conditions.

Table 1. Leading causes of death before age 70 years in Sierra Leone in 2023

Cause of death	Study deaths (Male/Female)	National deaths (2023)	% deaths before 70 years	Risk of death at ages 0-69 years
Stillbirth	370 (210/160)	4,612		NA
Neonatal	807 (449/358)	8,253	14%	3.1
Malaria	3,832 (2,017/1,815)	13,994	23%	9.5
All infections (excluding malaria, diarrhoea, pneumonia, & tuberculosis)	2,776 (1,458/1,318)	10,290	17%	9.1
Diarrhoea	900 (471/429)	3,292	5%	3.3
Pneumonia	657 (347/310)	2,227	4%	2.3
Stroke	629 (318/311)	2,157	4%	3.9
Tuberculosis	465 (268/197)	1,710	3%	2.6
Appendix, hernia, intestinal	452 (313/139)	1,682	3%	2.2
Ischaemic heart and other vascular	854 (434/420)	3,012	5%	5.3
Road traffic accidents	425 (305/120)	1,364	2%	1.8
Liver and alcohol diseases	382 (234/148)	1,215	2%	1.9
Peptic ulcer/gastroesophageal	346 (207/139)	1,167	2%	1.8
All (1 month - 69 years)	14,591 (7,850/6,741)	52,008	86%	50.0
70 years and over	1,512 (762/750)	15,582		
*All deaths in 2023 at all ages	17,280 (9,271/8,009)	75,843		

Notes: Stillbirth % denominator (neonatal & stillbirths). Neonatal risk of death is per 1000 livebirths. *National deaths exclude stillbirths

Signatories to Executive Summary

December 4, 2023

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Minister of Health

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I – Introduction

Half of all deaths in Sierra Leone occur at home and go unrecorded, and even those that occur in hospitals are often not registered, leading to a lack of crucial information on causes of death (COD). This absence of data hampers evidence-based resource allocation, disease outbreak identification, healthcare expenditure accountability, and population-based research on risk factors. The primary goal of the Healthy Sierra Leone (HEAL-SL), which employs electronic verbal autopsy (eVA) to collect COD information efficiently and cost-effectively, is to establish a nationwide system for births and deaths, incorporating COD information.

This report presents the findings from the HEAL-SL 2018-2023. Sierra Leone's need for improved mortality surveillance stems from mortality rates among the highest globally and a lack of comprehensive death records, with only 25% of deaths being reported through the existing system. HEAL-SL bridges this information gap by employing community-based eVAs to gather COD data from a nationwide representative sample of households and including all age groups. With this enhanced mortality data collection and analysis in Sierra Leone, it is possible to make more informed healthcare decisions leading to better health outcomes throughout the country.

Sierra Leone lacks a functional Civil Registration and Vital Statistics (CRVS) system to monitor mortality trends and causes of death (COD). Instead, it has relied on periodic national household surveys like Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) for mortality data, which are not regular or timely. HEAL-SL aims to produce mortality and COD data estimates every year at national and subnational levels. This will inform policy decisions, resource allocation, and health program implementation. Sierra Leone aims to achieve the Sustainable Development Goals (SDGs), including a target to reduce under-5 mortality (U5MR) to 25 per 1000 live births by 2030. Accurate and timely mortality and COD information is crucial to track progress toward this goal. The HEAL-SL will help align health programs with regional challenges, enabling targeted interventions and progress towards the SDGs.

[HEAL-SL partners and collaborators.](#)

The project has been jointly developed with Statistics Sierra Leone (Stats SL) and the Ministry of Health (MOH), the University of Toronto, Canada and Njala University, Sierra Leone.

Methodology

Design, implementation and cod determination

HEAL-SL covers 5% of births and deaths annually enabling reliable annual rates of fertility, stillbirths, births, deaths and major COD for all ages in Sierra Leone –nationally and for each of Sierra Leone's 16 districts from 2018-23 powered to detect modest differences in major childhood CODs over 3-year periods.

HEAL-SL sampling frame

HEAL-SL covers about 5% of the total population and generates separate urban and rural district-level estimates of age- and cause-specific mortality rates every three years. District-level household sample sizes were calculated based on the Sierra Leone census. The main sampling units are census enumeration areas (EAs), representing urban census blocks or villages, with urban and rural EAs chosen in proportion to the urban/rural populations in each district.

Table 2. Sample units and population covered in HEAL-SL, 2018-2023

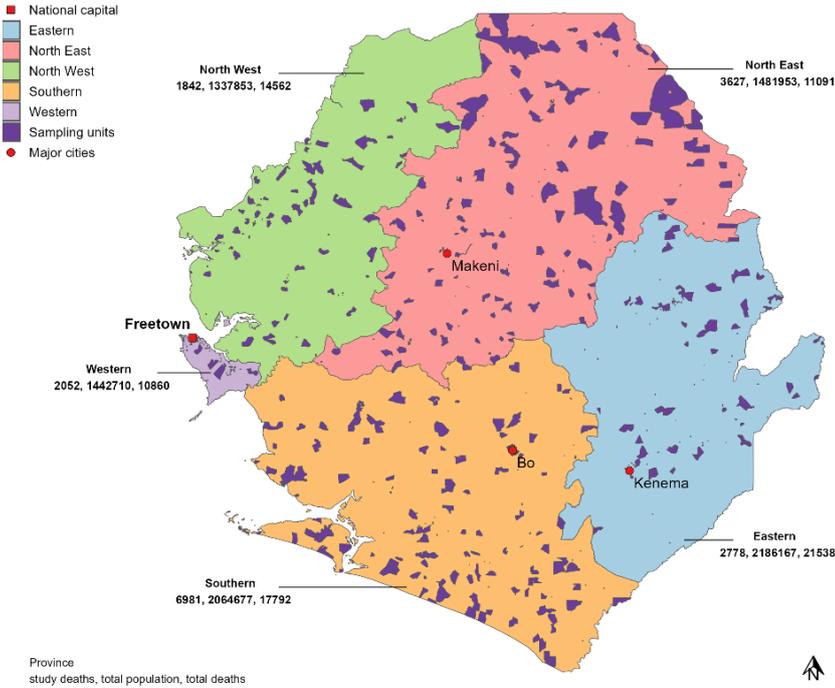
Region & District	Enumeration areas			Population covered		
	Total	Urban	Rural	Total	Urban	Rural
Western region	114	111	3	42,894	41,728	1,166
Western area urban	84	84	0	30,925	30,925	0
Western area rural	30	27	3	11,969	10,803	1,166
Northern region	275	61	214	126,593	26,116	100,477
Bombali	33	12	21	15,154	5,415	9,739
Karene	9	1	8	5,188	265	4,923
Tonkolili	50	9	41	25,239	4,469	20,770
Port Loko	28	8	20	14,307	3,875	10,432
Kambia	49	7	42	18,706	1,841	16,865
Koinadugu	56	17	39	24,878	7,299	17,579
Falaba	50	7	43	23,121	2,952	20,169
Southern region	170	29	141	78,677	14,049	64,628
Bo	40	13	27	18,825	5,750	13,075
Moyamba	29	3	26	13,661	1,661	12,000
Pujehun	45	3	42	16,368	1,333	15,035
Bonthe	56	10	46	29,823	5,305	24,518
Eastern region	102	35	67	44,445	16,407	28,038
Kenema	29	14	15	15,886	8,495	7,391
Kailahun	27	8	19	12,300	3,245	9,055
Kono	46	13	33	16,259	4,667	11,592
Total	661	236	425	292,609	98,300	194,309

Enumeration, baseline survey, and electronic verbal autopsy

HEAL-SL field work comprises three modules: enumeration, electronic verbal autopsy (eVA), and re-sampling. The eVA employs the 2016 World Health Organization (WHO) Verbal Autopsy Standard tool for various age groups and stillbirths, operating offline on laptops with embedded databases. Data validation occurs in real-time. The eVA application includes GPS tracking and audio recordings and involves random re-sampling in approximately 10% of households to ensure quality control.

The survey employs multiple teams of four or five trained surveyors per region to complete enumeration, eVA, and re-sampling in one enumeration area (EA) within a week before moving to the next. Local sensitization by district teams preceded survey activities. Re-sampling involves re-interviewing households using random questions from the eVA, and additional quality control includes central review and audiotaping of eVA interviews.

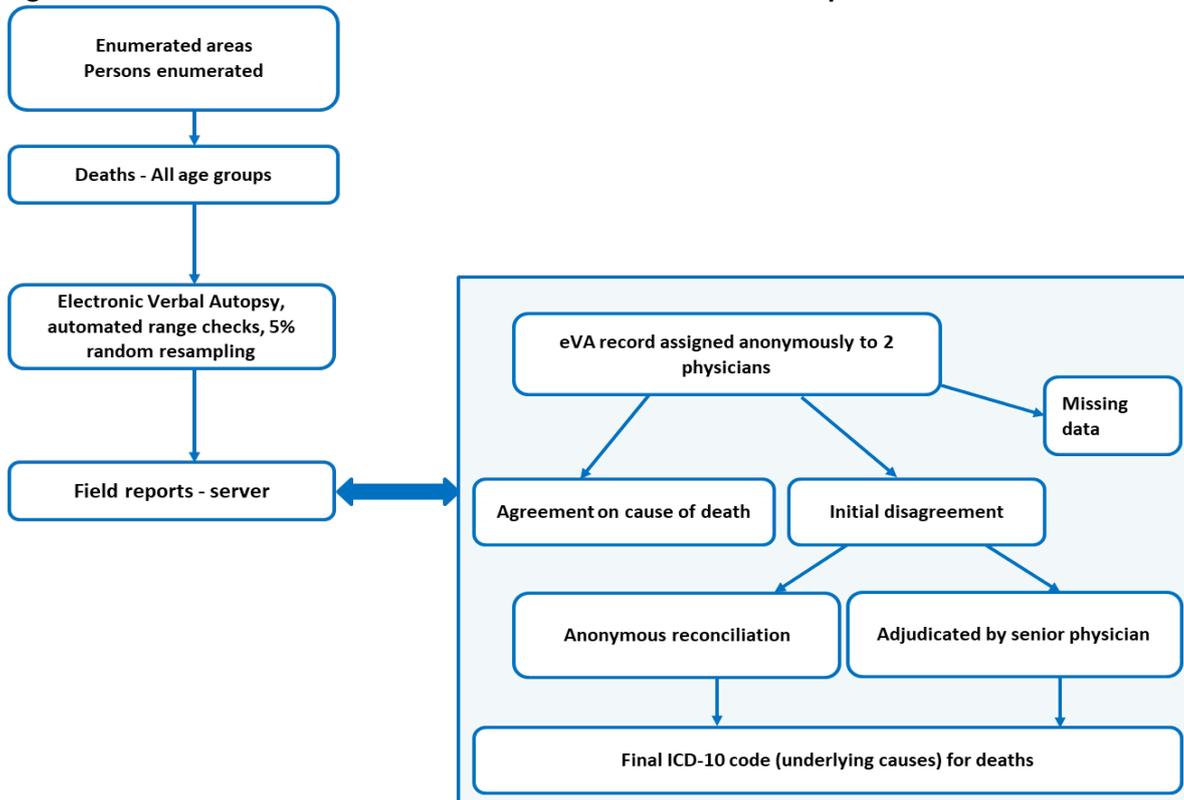
Figure 4. Map of Sierra Leone showing enumeration areas, regions, and numbers of study deaths



Cause of death determination and collation

Each death is assigned an International Classification of Diseases (ICD-10) code to identify the underlying cause of death by trained physicians who independently and anonymously assigned causes, resolving discrepancies through blind adjudication by a senior physician. The coding is done electronically, allowing for rapid cause assignment within days of data collection. The coded deaths are categorized according to a standard classification system based on the WHO Global Health Estimates.

Figure 5. HEAL-SL Field activities and cause of death determination process



[Summary of findings from first report \(published in 2021\)](#)

The first report of HEAL-SL, covering 2018-2020 examined the factors contributing to mortality in Sierra Leone among individuals under the age of 70. In the perinatal period, both on a national scale and across various regions, the most prevalent causes of death were stillbirth, birth asphyxia, and prematurity. The estimated national neonatal mortality rate stood at 31.1 deaths per 1,000 live births. Notably, nearly two-thirds of deaths in children aged 1 month to 14 years were attributed to infectious diseases, with malaria alone accounting for at least half of these fatalities.

Maternal mortality primarily stemmed from issues such as uterine rupture and postpartum sepsis, constituting 32% of deaths in this category. Overall, maternal deaths comprised 8.6% of all female deaths among those aged 15 to 49, resulting in a maternal mortality rate of around 456 deaths per 100,000 live births annually.

Among adults aged 15 to 69, malaria also emerged as the leading cause of death, contributing to up to 20% of the total mortality and an approximate annual rate of 200 deaths per 100,000 individuals. This finding was consistent across regions, where malaria ranked either first or among the top 5 causes of death. Additionally, other significant contributors to mortality in the adult population included infectious diseases and injuries among those aged 15 to 29, while stroke and other vascular conditions were prominent among those aged 30 to 69, with each category accounting for roughly 20% of all deaths in their respective age groups.

[Included in this report are updated results from 2018 to 2023](#)

This report includes the distribution of deaths and their causes for all age groups for the 2018 to 2023 period including 2018-2020 results.

II – Overall mortality patterns and leading causes of death

Table 3. Study deaths by locality (region and residence), sex and age group, 2018-2023

	% Deaths	Female	Male	Total
Sierra Leone	100	8,009 (46.4%)	9,271 (53.7%)	17,280
Residence				
Rural	62.9	5,074 (46.7%)	5,793 (53.3%)	10,867
Urban	37.1	2,935 (45.8%)	3,478 (54.2%)	6,413
Region				
South	40.4	3,331 (47.7%)	3,650 (52.3%)	6,981
North East	21.0	1,696 (46.8%)	1,931 (53.2%)	3,627
East	16.1	1,238 (44.6%)	1,540 (55.4%)	2,778
West	11.9	917 (44.7%)	1,135 (55.3%)	2,052
North West	10.7	827 (44.9%)	1,015 (55.1%)	1,842
Age group				
Stillbirth	2.1	160 (43.2%)	210 (56.8%)	370
Neonate	4.7	358 (44.4%)	449 (55.6%)	807
1 to 59 months	25.1	2,118 (48.9%)	2,211 (51.1%)	4,329
5 to 14 years	8.6	660 (44.4%)	827 (55.6%)	1,487
15 to 29 years	12.4	1,045 (48.8%)	1,097 (51.2%)	2,142
30 to 69 years	38.4	2,918 (44.0%)	3,715 (56.0%)	6,633
70 years +	8.6	750 (49.6%)	762 (50.4%)	1,512

Table 4. Place of death, 2018-2023

Death site	Deaths	%
Home	8,995	52.1
Hospital/Health facility	6,784	39.3
On route to hospital or facility	853	4.9
Other	648	3.8
Total deaths	17,280	100

Table 5. National deaths by age group, 2018-2023

Age group	Total national deaths
Child ~ 30,600	
Stillbirths	4,612
Neonates	8,253
1-59 months	18,651
5-14 years	3,705
Adults ~ 45,000	
15-29 years	5,917
30-69 years	23,735
70+ years	15,582
All deaths (excluding stillbirths)	75,843

Table 6. Distribution of deaths by major cause groups, 2018-2023

Major cause group	Number of deaths (%)		
	Male	Female	Total
Communicable, maternal, perinatal, nutritional	5,569 (51)	5,281 (49)	10,850 (63)
Non-communicable	2,517 (55)	2,099 (45)	4,616 (27)
Injuries	1,014 (71)	414 (29)	1,428 (8)
Ill-defined or cause unknown	171 (44)	215 (56)	386 (2)
Total	9,271 (54)	8,009 (46)	17,280 (100)

Table 7. Cause specific distribution of deaths, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total
Malaria	4,045 (2,104/1,941)	16,075	21.2
Other infections	1,785 (928/857)	8,350	11.0
Ischaemic heart and other vascular	1,108 (549/559)	5,747	7.6
Diarrhoea	994 (525/469)	4,285	5.6
Stroke	828 (415/413)	4,262	5.6
Pneumonia	749 (389/360)	3,074	4.1
Severe systemic infection	320 (178/142)	2,538	3.3
Birth asphyxia and birth trauma	236 (139/97)	2,431	3.2
Tuberculosis	532 (312/220)	2,399	3.2
Appendix, hernia, intestinal	499 (350/149)	2,162	2.9
Peptic ulcer/gastroesophageal	403 (241/162)	1,744	2.3
Low birth weight/preterm	159 (78/81)	1,570	2.1
Asthma and chronic respiratory	285 (164/120)	1,551	2.0
Liver and alcohol diseases	409 (248/161)	1,478	1.9
Road traffic accidents	435 (315/120)	1,460	1.9
Cancer	310 (138/172)	1,252	1.7
Falls	271 (195/76)	1,226	1.6
Other unintentional injuries	311 (200/111)	1,153	1.5
Other perinatal conditions	140 (83/57)	1,121	1.5
Maternal	333 (0/333)	1,032	1.4
HIV/AIDS and STIs	287 (132/155)	1,008	1.3
Kidney failure and genitourinary	222 (131/91)	936	1.2
Other non-communicable	181 (103/78)	894	1.2
Severe localized infection	227 (120/107)	889	1.2
Fever of unknown origin	145 (72/73)	672	0.9
Meningitis/encephalitis	201 (101/100)	671	0.9
Epilepsy	170 (85/85)	649	0.9
Hepatitis	206 (142/64)	647	0.9
Animal/plant venom	143 (98/45)	521	0.7
Sickle-cell	135 (67/68)	470	0.6
Other injuries	106 (87/19)	376	0.5
Drownings	105 (81/24)	360	0.5
Malnutrition	61 (26/35)	270	0.4
Measles	72 (30/42)	236	0.3
Other neuropsychiatric disorders	56 (26/30)	222	0.3
Other transport accidents	56 (38/18)	113	0.1
Ill-defined/unknown	385 (171/214)	1,998	2.6
All deaths (excluding stillbirths)		75,843	100.0
Stillbirths	370 (210/160)	4,612	35.8

Stillbirth % denominator based on neonatal deaths & stillbirths.

III – Mortality patterns and leading causes of death in specific age groups

This section presents mortality patterns by age groups – stillbirths, neonates (0-28 days), children (1-59 months), 5 to 14 years, young adults (15 to 29 years and 30 to 69 years), and older adults aged 70 years and over.

Neonate (0 to 28 days)

Table 8. Leading causes of death for neonates, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths*	Risk of death %
Stillbirth	370 (210/160)	4,612	31.8	16.9 (16.4-17.4)	NA
Neonatal deaths					
Birth asphyxia and birth trauma	236 (139/97)	2,431	29.5	9.1 (8.7-9.5)	0.92
Severe systemic infection	216 (116/100)	2,170	26.3	8.1 (7.8-8.4)	0.82
Low birth weight/preterm	159 (78/81)	1,570	19.0	5.9 (5.6-6.2)	0.60
Other perinatal conditions	91 (58/33)	937	11.4	3.5 (3.3-3.7)	0.36
Other infections	54 (35/19)	584	7.1	2.2 (2-2.4)	0.22
Non-communicable	21 (8/13)	244	3.0	0.9 (0.8-1)	0.09
Pneumonia	23 (11/12)	215	2.6	0.8 (0.7-0.9)	0.08
Injuries	4 (3/1)	38	0.5	0.1 (0.1-0.1)	0.01
Ill-defined/unknown	3 (1/2)	65	0.8	0.2 (0.2-0.3)	0.02
All neonatal deaths	807 (449/358)	8,253	100.0	30.9 (30.2-31.6)	3.13

*Stillbirths rate per 1000 births (livebirths and stillbirths).

See notes section on page 44 for specific causes

The birth process and the first month of life are the riskiest periods for Sierra Leoneans. More than 3% of babies die during that period and about half as many full-term babies are stillborn. The main causes leading to both stillbirths and neonatal deaths are birth asphyxia—oxygen deprivation during the birth process—and birth trauma. Severe infections and low birthweight are also important contributors to these early losses of life.

Neonatal mortality rates

Sierra Leone: 31/1,000 live births

Neonatal global: 18/1,000 live births

WHO African region: 27/1,000 live births

Stillbirths

Table 9. Ratio of stillbirths to neonatal deaths, 2023

Group	Study death	National annual deaths	% total	Mortality rate (1000 births)	SBR/ENNM
Stillbirth	370	4,612	31.8	16.9 (16.4 – 17.4)	1.0
Neonatal deaths					
Day 0/1 deaths	348	3,443	41.7	12.9 (12.5 - 13.3)	1.3
Day 0-6 deaths	579	5,866	71.1	22.0 (21.4 - 22.6)	0.8
Late (day 7+)	228	2,387	28.9	8.9 (8.6 - 9.3)	1.9
All neonatal deaths	807	8,253	100	30.9 (30.2 - 31.6)	0.5

Table 10. Leading causes of death in children 1-59 months, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Deaths at 1-59 months					
Malaria	2,032 (1,056/976)	8,881	47.6	33.3 (32.6-34)	3.38
Other infections	951 (484/467)	4,225	22.7	15.8 (15.3-16)	1.61
Diarrhoea	308 (159/149)	1,344	7.2	5 (4.7-5)	0.51
Pneumonia	260 (125/135)	954	5.1	3.6 (3.4-4)	0.36
Injuries	127 (71/56)	570	3.1	2.1 (1.9-2)	0.22
Meningitis/encephalitis	91 (46/45)	329	1.8	1.2 (1.1-1)	0.13
Non-communicable	64 (37/27)	285	1.5	1.1 (1-1)	0.11
Fever of unknown origin	60 (33/27)	262	1.4	1.0 (0.9-1)	0.10
Epilepsy	59 (18/41)	254	1.4	1.0 (0.9-1)	0.10
Appendix, hernia, intestinal	47 (24/23)	228	1.2	0.9 (0.8-1)	0.09
Malnutrition	49 (20/29)	219	1.2	0.8 (0.7-1)	0.08
Other perinatal conditions	49 (25/24)	184	1.0	0.7 (0.6-1)	0.07
Measles	46 (20/26)	175	0.9	0.7 (0.6-1)	0.07
Asthma/chronic respiratory	29 (12/17)	123	0.7	0.5 (0.4-1)	0.05
HIV/AIDS and STIs	30 (17/13)	121	0.7	0.5 (0.4-1)	0.05
Severe systemic infection	25 (13/12)	98	0.5	0.4 (0.3-0)	0.04
Hepatitis	22 (10/12)	75	0.4	0.3 (0.2-0)	0.03
Cancer	9 (5/4)	21	0.1	0.1 (0.1-0)	0.01
Ill-defined/unknown	71 (36/35)	303	1.6	1.1 (1-1)	0.12
All 1-59 months deaths	4,329 (2,211/2,118)	18,651	100.0	69.9 (68.9-71)	7.10

See notes section on page 44 for specific causes

About 7% of children who survive the neonatal period die before their fifth birthday. Malaria causes nearly half of these deaths, and another quarter are caused by other infections, including those that cause diarrhoea and pneumonia. Most of these deaths are preventable or curable with interventions that should be accessible all over the country. Measles, a vaccine-preventable disease, claims close to 1% of children under 5, malnutrition is the direct cause of another 1% and injuries are the cause of 3% of deaths.

Under-5 death rates

Sierra Leone: 70/1,000 live births

Global: 38/1,000 live births

WHO African region: 72/1,000 live births

Table 11. Leading causes of death in children 5-14 years, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
5-14 years					
Malaria	584 (311/273)	1,453	39.2	68 (64.6-71.6)	0.64
Other infections	272 (136/136)	719	19.4	33.7 (31.3-36.3)	0.31
Diarrhoea	116 (72/44)	280	7.6	13.1 (11.7-14.7)	0.12
Sickle-cell	47 (23/24)	146	3.9	6.8 (5.8-8)	0.06
Other injuries	55 (42/13)	146	3.9	6.8 (5.8-8)	0.06
Appendix, hernia, intestinal	54 (32/22)	130	3.5	6.1 (5.1-7.2)	0.06
Non-communicable	52 (25/27)	124	3.3	5.8 (4.9-6.9)	0.05
Falls	40 (30/10)	92	2.5	4.3 (3.5-5.3)	0.04
Pneumonia	40 (20/20)	80	2.2	3.8 (3.1-4.7)	0.04
Road traffic accidents	29 (17/12)	71	1.9	3.3 (2.6-4.2)	0.03
Drownings	31 (22/9)	68	1.8	3.2 (2.5-4.1)	0.03
Meningitis/encephalitis	30 (17/13)	68	1.8	3.2 (2.5-4.1)	0.03
Hepatitis	27 (18/9)	66	1.8	3.1 (2.4-3.9)	0.03
Epilepsy	30 (17/13)	65	1.8	3.0 (2.4-3.8)	0.03
Liver and alcohol diseases	21 (14/7)	57	1.5	2.7 (2.1-3.5)	0.02
Peptic ulcer/gastroesophageal	20 (12/8)	51	1.4	2.4 (1.8-3.2)	0.02
Cancer	9 (4/5)	16	0.4	0.8 (0.5-1.3)	0.01
Ill-defined/unknown	30 (15/15)	74	2.0	3.5 (2.8-4.4)	0.03
All 5-14 years death	1,487 (827/660)	3,705	100.0	173.5 (168-179.2)	1.62

At ages 5-14, malaria remains dominant, causing 39% of deaths in the age group. Other infections continue to be important, causing an additional 30% (including those causing diarrhoea, pneumonia, and meningitis/encephalitis). Sickle-cell disease begins taking a toll in this age group, accounting for 4% of deaths. Another 6% die from road traffic accidents and other injuries.

Annual mortality rates for children and adolescents aged 5-14 years

Sierra Leone: 17/1,000

Global: 6/1,000

WHO African region: 15/1,000

Table 12. Leading causes of death in adults 15-29 years, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	380 (192/188)	1,000	16.9	40.9 (38.4-43.5)	0.58
Maternal	183 (0/183)	508	8.6	20.8 (19.1-22.7)	0.30
Other infections	134 (66/68)	348	5.9	14.2 (12.8-15.8)	0.20
Diarrhoea	111 (54/57)	313	5.3	12.8 (11.5-14.3)	0.18
Tuberculosis	86 (36/50)	272	4.6	11.1 (9.9-12.5)	0.16
Pneumonia	79 (40/39)	210	3.6	8.6 (7.5-9.8)	0.12
HIV/AIDS and STIs	69 (23/46)	207	3.5	8.5 (7.4-9.7)	0.12
Non-communicable	56 (27/29)	160	2.7	6.6 (5.7-7.7)	0.09
Severe localized infection	50 (27/23)	136	2.3	5.6 (4.7-6.6)	0.08
Hepatitis	51 (37/14)	95	1.6	3.9 (3.2-4.8)	0.06
Meningitis/encephalitis	24 (14/10)	56	0.9	2.3 (1.8-3)	0.03
Non-communicable					
Appendix, hernia, intestinal	90 (56/34)	282	4.8	11.6 (10.3-13)	0.17
Peptic ulcer/gastroesophageal	79 (56/23)	218	3.7	8.9 (7.8-10.2)	0.13
Ischaemic heart and other vascular	64 (30/34)	175	3.0	7.2 (6.2-8.4)	0.10
Sickle-cell	51 (23/28)	157	2.7	6.4 (5.5-7.5)	0.09
Liver and alcohol diseases	68 (36/32)	156	2.6	6.4 (5.5-7.5)	0.09
Cancer	39 (11/28)	129	2.2	5.3 (4.5-6.3)	0.08
Epilepsy	39 (28/11)	106	1.8	4.4 (3.6-5.3)	0.06
Kidney failure and genitourinary	33 (9/24)	79	1.3	3.2 (2.6-4)	0.05
Stroke	24 (13/11)	58	1.0	2.4 (1.9-3.1)	0.03
Injuries					
Road traffic accidents	139 (99/40)	384	6.5	15.7 (14.2-17.4)	0.22
Other injuries	106 (83/23)	294	5.0	12 (10.7-13.5)	0.17
Drownings	40 (36/4)	138	2.3	5.7 (4.8-6.7)	0.08
Falls	42 (36/6)	121	2.1	5 (4.2-6)	0.07
Animal/plant venom	39 (31/8)	93	1.6	3.8 (3.1-4.7)	0.05
Ill-defined/unknown	66 (34/32)	220	3.7	9 (7.9-10.3)	0.13
All 15-29 years	2,142 (1,097/1,045)	5,917	100.0	242.3 (236.2-248.6)	3.46

Teens and young adults are among the healthiest in the population, having survived childhood and not yet subject to most diseases of older age. Still, malaria takes the largest toll, responsible for 17% of deaths. Other infections are the next largest group of causes, now including 5% of deaths from tuberculosis and 4% from HIV/AIDS and other sexually-transmitted infections, as well as the many endemic pathogens in the region. For young women, childbirth is a dangerous time. Road traffic accidents also rise in importance, especially among young men.

Annual mortality rates for teens and young adults aged 15-29 years

Sierra Leone: 242/100,000

Global: 130/100,000

WHO African region: 319/100,000

Table 13. Leading causes of death in adults 30-69 years, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	836 (458/378)	2,661	11.2	102.6 (98.8-106.6)	4.85
Other infections	389 (221/168)	1,553	6.5	59.9 (57.0-63.0)	2.83
Diarrhoea	365 (186/179)	1,355	5.7	52.2 (49.5-55.1)	2.47
Tuberculosis	350 (217/133)	1,324	5.6	51 (48.3-53.8)	2.41
Pneumonia	278 (162/116)	983	4.1	37.9 (35.6-40.3)	1.79
HIV/AIDS and STIs	167 (78/89)	600	2.5	23.1 (21.3-25)	1.09
Maternal	148 (0/148)	522	2.2	20.1 (18.4-21.9)	0.95
Severe localized infection	126 (67/59)	505	2.1	19.5 (17.9-21.3)	0.92
Hepatitis	96 (72/24)	298	1.3	11.5 (10.3-12.9)	0.54
Fever of unknown origin	50 (24/26)	182	0.8	7 (6.1-8.1)	0.33
Severe Systemic Infection	48 (29/19)	145	0.6	5.6 (4.8-6.6)	0.26
Meningitis/encephalitis	47 (21/26)	142	0.6	5.5 (4.7-6.5)	0.26
Non-communicable					
Ischaemic heart and other vascular	782 (401/381)	2,821	11.9	108.8 (104.9-112.9)	5.14
Stroke	605 (305/300)	2,099	8.8	80.9 (77.5-84.4)	3.83
Appendix, hernia, intestinal	261 (201/60)	1,043	4.4	40.2 (37.8-42.7)	1.90
Liver and alcohol diseases	282 (178/104)	940	4.0	36.2 (34.0-38.6)	1.71
Cancer	238 (109/129)	896	3.8	34.5 (32.3-36.8)	1.63
Peptic ulcer/gastroesophageal	241 (137/104)	883	3.7	34.1 (31.9-36.4)	1.61
Asthma and chronic respiratory	162 (97/65)	635	2.7	24.5 (22.7-26.5)	1.16
Kidney failure and genitourinary	144 (89/55)	507	2.1	19.5 (17.9-21.3)	0.92
Other non-communicable	84 (53/31)	334	1.4	12.9 (11.6-14.4)	0.61
Epilepsy	36 (20/16)	134	0.6	5.2 (4.4-6.2)	0.24
Other neuropsychiatric disorders	36 (19/17)	121	0.5	4.7 (3.9-5.6)	0.22
Sickle-cell	24 (11/13)	78	0.3	3.0 (2.4-3.7)	0.14
Injuries					
Road traffic accidents	241 (177/64)	834	3.5	32.2 (30.1-34.5)	1.52
Other unintentional injuries	166 (111/55)	576	2.4	22.2 (20.5-24.1)	1.05
Falls	136 (101/35)	539	2.3	20.8 (19.1-22.6)	0.98
Animal/plant venom	73 (44/29)	256	1.1	9.9 (8.8-11.2)	0.47
Other injuries	61 (50/11)	224	0.9	8.7 (7.6-9.9)	0.41
Other transport accidents	26 (16/10)	52	0.2	2.0 (1.5-2.6)	0.09
Ill-defined/unknown	135 (61/74)	494	2.1	19 (17.4-20.8)	0.90
All 30-69 years death	6,633 (3,715/2,918)	23,735	100.0	915.2 (903.6-926.9)	43.26

See notes section on page 44 for specific causes

Non-communicable diseases dominate the deaths in this age group, including 9% from cerebrovascular disease (mainly stroke) and 12% from heart attacks and other cardiovascular conditions. Malaria, however, remains a significant killer, accounting for 11% of the deaths. Other infections, including tuberculosis, HIV/AIDS, pneumonia, continue to be important causes of death, as are road traffic accidents and injuries. Overall, more than one-third of Sierra Leoneans who reach age 30 will die before they are 70 years.

Annual mortality rates for adults through middle age, aged 30-69 years

Sierra Leone: 915/100,000

Global: 593/100,000

WHO African region: 1,053/100,000

Table 14. Leading cause of death in adults 70 years and over, 2018-2023

Cause of death	Study deaths (male/female)	National annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	213 (87/126)	2,080	13.4	1,351 (1,294.2-1,410.3)	13.35
Other infections	205 (100/105)	2,053	13.2	1,333.1 (1,276.7-1,392)	13.17
Diarrhoea	86 (48/38)	908	5.8	590 (552.9-629.6)	5.83
Tuberculosis	67 (44/23)	688	4.4	447 (414.8-481.7)	4.42
Pneumonia	69 (31/38)	632	4.1	410.1 (379.3-443.4)	4.05
Non-communicable					
Ischaemic heart and other vascular	254 (115/139)	2,735	17.6	1,776.1 (1,710.8-1,843.9)	17.55
Stroke	199 (97/102)	2,105	13.5	1,366.8 (1,309.6-1,426.5)	13.51
Asthma and chronic respiratory	65 (41/24)	702	4.5	456 (423.5-491)	4.51
Peptic ulcer/gastroesophageal	57 (34/23)	577	3.7	374.6 (345.2-406.5)	3.70
Appendix, hernia, intestinal	46 (36/10)	456	2.9	296.2 (270.2-324.7)	2.93
Other Non-communicable	32 (16/16)	360	2.3	233.7 (210.8-259.1)	2.31
Kidney failure and genitourinary	25 (21/4)	279	1.8	181.3 (161.2-203.9)	1.79
Liver and alcohol diseases	27 (14/13)	264	1.7	171.1 (151.6-193.1)	1.69
Cancer	15 (9/6)	190	1.2	123.4 (107-142.3)	1.22
Injuries					
Falls	35 (17/18)	357	2.3	232.1 (209.2-257.5)	2.29
Other injuries	37 (28/9)	354	2.3	229.6 (206.9-254.8)	2.27
Ill-defined/unknown	80 (24/56)	842	5.4	547.1 (511.4-585.3)	5.41
All 70+ years	1,512 (762/750)	15,582	100.0	10,119.2 (9,961.6-10,279.3)	100.0

See notes section on page 44 for specific causes

About one-third of the deaths in this oldest age group result from cardiovascular disease, cerebrovascular disease (mainly stroke), and other non-communicable diseases. Malaria remains, however, among the leading causes, responsible for 13% of deaths. Other infections—including tuberculosis and pneumonia—common among older people claim up to 10% of these lives.

Annual mortality rates for older adults aged 70+ years

Sierra Leone: 10,119/100,000

Global: 5,876/100,000

WHO African region: 9,200/100,000

IV – Mortality from special conditions

Geospatial distribution of selected leading causes of death by age group

Malaria

Figure 6. Malaria mortality per 100,000 population, 2018-2023

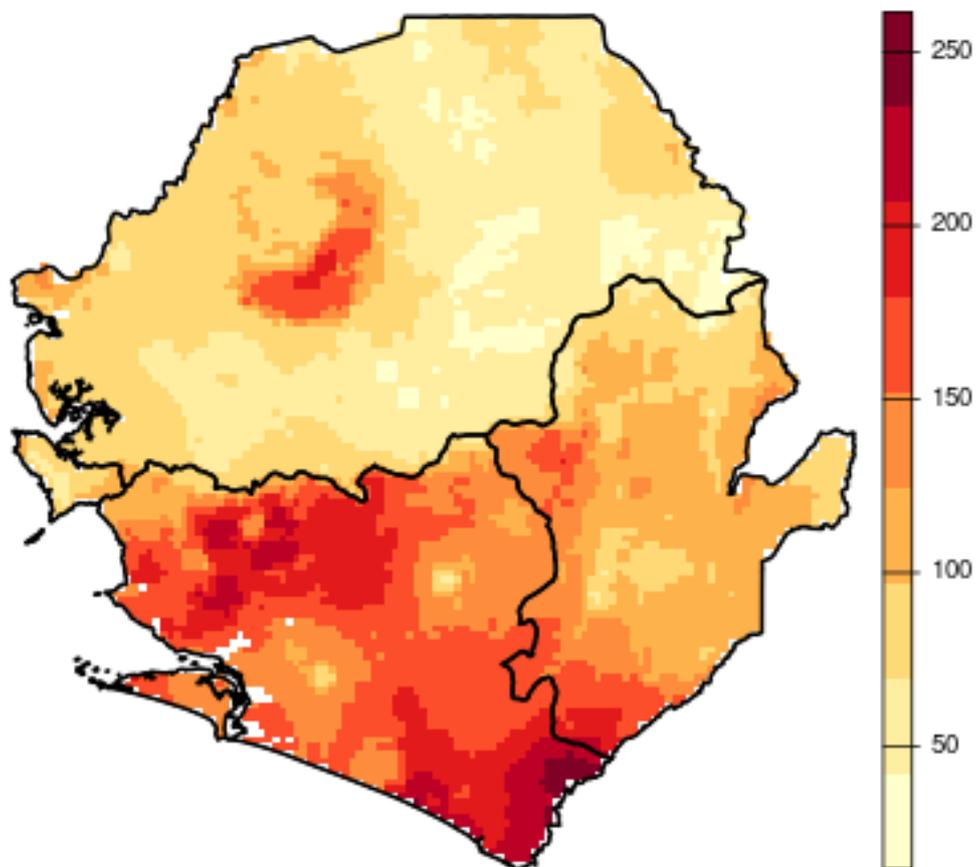


Figure 7. Malaria mortality per 100,000 population by age and sex, 2018-2023

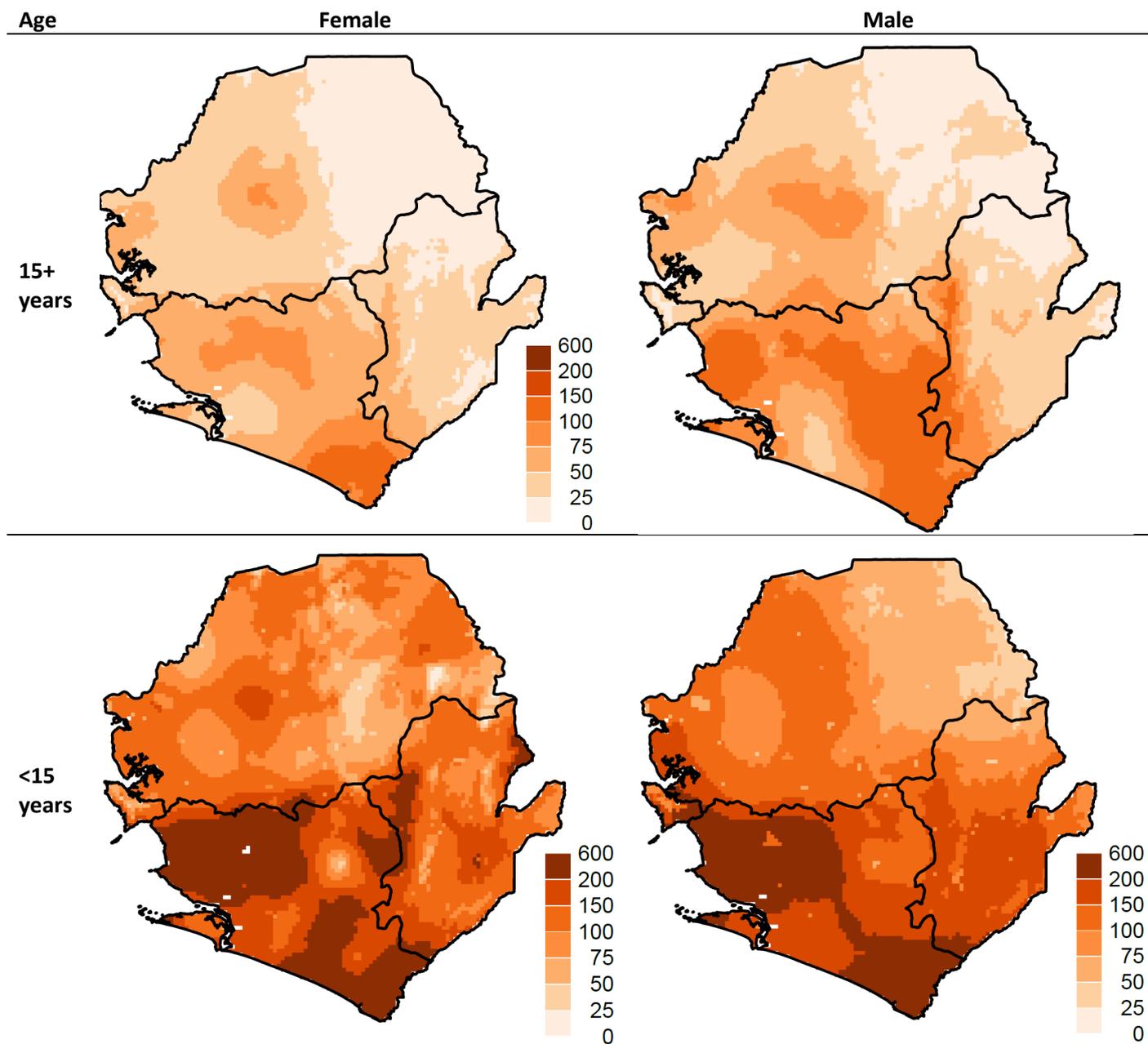
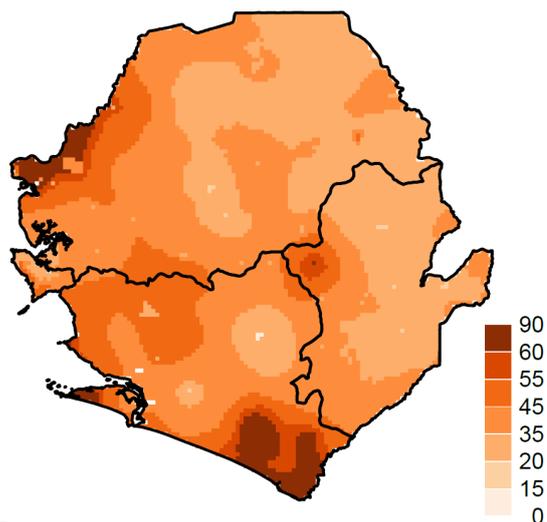
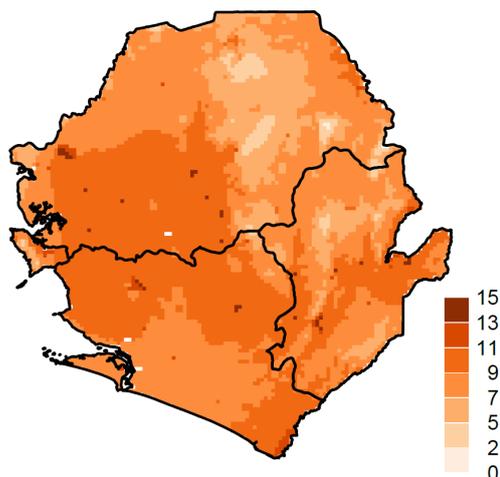


Figure 8. Diarrhoea, road traffic accidents and stroke mortality per 100,000 population, 2018-2023

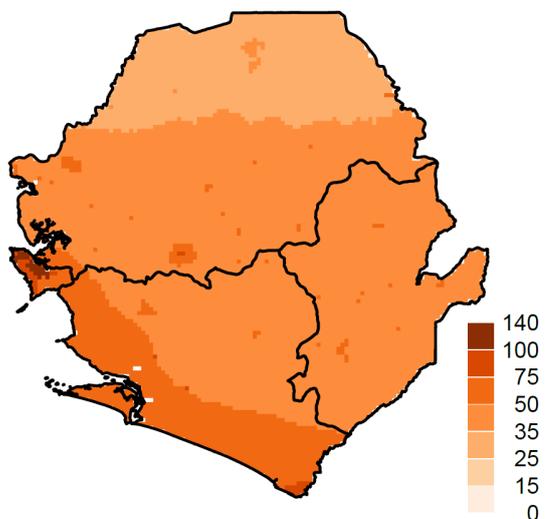
Diarrhoea (<15 years)



Road traffic accident (All ages)



Stroke (30+ years)



Access to hospital or health facility and treatment received

Table 15. Treatment and care seeking histories of malaria-attributed deaths in hospital/health facility among 1199 children and 545 adults, 2018-2023

Treatments received	Children		Adult	
	%	(n)	%	(n)
Any treatment for malaria	91%	(1,078)	85%	(462)
Intravenous fluids (drip) treatment	59%	(639)	77%	(357)
Injectable antibiotics	48%	(519)	59%	(274)
Oral rehydration salts	44%	(478)	NR	NR
Blood transfusion	18%	(193)	11%	(53)
Treatment/food through a nose tube	6%	(70)	3%	(15)
Health care access				
Total costs of care and treatment prohibited other household payments	19%	(225)	21%	(116)
Takes more than two hours to get to the nearest hospital or health facility	16%	(190)	14%	(77)
*Problems getting medications or diagnostic tests in the hospital or health facility.	NR	NR	7%	(28)
*Traditional medicine used	7%	(56)	9%	(37)
Diagnostic tests received				
Recent positive test for malaria	21%	(230)	43%	(221)
Diagnosis of tuberculosis	2%	(19)	2%	(10)
HIV test ever positive	1%	(6)	3%	(15)
**Tested for other infectious disease	NR	NR	20%	(38)
Malaria detected			97%	(37)
Typhoid detected			24%	(9)

Total deaths attributed to malaria at ages 1 month and above was 4,049 (43% occurred in a hospital or other health facility);

*Pertain to rounds 1 and 2 only for a total of 812 child and 407 adult deaths;

**Pertain to rounds 2 and 3 only for a total of 188 adult deaths; Response not relevant or not available (NR) for certain age groups.

Table 16. Treatment and care seeking histories of 297 stillbirths and 484 neonatal deaths in hospital/health facility, 2018-2023

Condition-specific information	Stillbirths		Neonatal (0-28 days)	
	%	(n)	%	(n)
Mother received professional assistance during the delivery	87%	(256)	84%	(403)
Mother received any vaccinations since reaching adulthood including during this pregnancy	82%	(242)	81%	(380)
Mother received tetanus toxoid vaccine	96%	(232)	92%	(351)
Deceased's biological mother ever tested for HIV	33%	(99)	37%	(173)
Deceased's biological mother ever told she had HIV/AIDS by a health worker	3%	(10)	2%	(11)
During labour, the baby's mother had fever	29%	(84)	22%	(101)
Baby's mother had severe anaemia	16%	(48)	10%	(48)
During the last 3 months of pregnancy, labour or delivery, the baby's mother had high blood pressure	14%	(42)	11%	(53)
Baby's mother had diabetes mellitus	1%	(3)	0%	(2)
Treatments received				
Received any treatment for the illness	7%	(20)	61%	(295)
Intravenous fluids (drip) treatment	59%	(13)	30%	(88)
Injectable antibiotics	43%	(9)	30%	(88)
Oral rehydration salts	36%	(8)	13%	(39)
Blood transfusion	5%	(1)	3%	(10)
Treatment/food through a nose tube	0%	(0)	12%	(36)
Health care access				
Takes more than two hours to get to the nearest hospital or health facility from the deceased's household	13%	(39)	14%	(68)
Over the course of illness, total costs of care and treatment prohibited other household payments	10%	(30)	12%	(59)
*In the final days before death, traditional medicine used	3%	(6)	3%	(9)

Total deaths attributed to stillbirth or neonatal causes was 370 and 807, respectively, 80% stillbirths and 60% neonatal deaths occurred in a hospital or health facility.

*Pertain to rounds 1 and 2 only for a total of 202 stillbirths and 360 neonatal deaths.

Table 17. Treatment and care seeking histories of 186 deaths attributed to road traffic accidents in or on route to hospital/health facility among adults 15 years of age and older, 2018-2023

	%	(n)
Role of the deceased in the accident[‡]		
Driver or passenger of a motorcycle	51%	(87)
Driver or passenger in a car/light vehicle	19%	(33)
Driver or passenger in a bus/heavy vehicle	6%	(10)
Pedestrian	19%	(32)
Treatments received		
Received any treatment for injuries related to the accident	50%	(93)
Intravenous fluids (drip) treatment	70%	(65)
Injectable antibiotics	59%	(55)
Blood transfusion	6%	(6)
Health care access		
Takes more than 2 hours to get to the nearest hospital or health facility from the deceased's household	15%	(28)
Total costs of care and treatment prohibited other household payments	14%	(25)
*Problems getting medications or diagnostic tests in the hospital or health facility	8%	(10)

Total deaths attributed to road traffic accidents at ages 15 years and above was 389 (48% occurred in a hospital or other health facility, or on route to a hospital or health facility).

‡ Out of 172 responses;

*Pertain to rounds 1 and 2 only for a total of 94 deaths at 15 years and above.

Table 18. Treatment and care seeking histories of 275 deaths attributed to stroke among adults 30 years of age and older, 2018-2023

	%	(n)
Condition-specific information		
Normally drank alcohol at least once a week during most weeks in the last 5 years	9%	(26)
Used any form of tobacco within the last 5 years	12%	(33)
Any diagnosis by a health professional of the following		
High blood pressure	58%	(159)
Stroke	7%	(19)
Diabetes	4%	(11)
Other [‡]	7%	(20)
None of the above	24%	(66)
Treatments received		
Received any treatment for stroke	80%	(221)
Intravenous fluids (drip) treatment	76%	(167)
Injectable antibiotics	47%	(104)
Treatment/food through a nose tube	13%	(28)
Health care access		
Takes more than two hours to get to the nearest hospital or health facility from the deceased's household	13%	(35)
Over the course of illness, total costs of care and treatment prohibited other household payments	25%	(68)
*Any problems getting medications or diagnostic tests in the hospital or health facility	9%	(16)
*Traditional medicine used	7%	(13)

Total deaths attributed to stroke at ages 30 years and above was 806 (34% occurred in a hospital or other health facility);

‡Includes malaria, tuberculosis, heart disease, asthma, depression, other;

*Pertains to rounds 1 and 2 only for a total of 176 deaths at 30 years and above.

V – Regional distribution of causes of death by age groups

This section presents mortality patterns by different age groups - children (neonates (0-28 days), 1-59 months, 5 to 14 years, and adults aged 15 to 29 years, 30 to 69 years, and older adults aged 70 years and over in the five regions of Sierra Leone.

Child mortality: Neonates

Table 19. Leading causes of death for neonates, 2018-2023 – East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Neonatal					
Severe systemic infection	30 (14/16)	572	29.6	9.9 (9.1-10.7)	0.99
Birth asphyxia and birth trauma	31 (15/16)	551	28.6	9.6 (8.8-10.4)	0.96
Low birth weight/preterm	20 (9/11)	316	16.4	5.5 (4.9-6.1)	0.55
Other perinatal conditions	12 (10/2)	204	10.6	3.5 (3.1-4)	0.35
Other infections	7 (4/3)	151	7.8	2.6 (2.2-3.0)	0.26
Non-communicable	3 (1/2)	50	2.6	0.9 (0.7-1.2)	0.09
Pneumonia	1 (1/0)	22	1.2	0.4 (0.3-0.6)	0.04
Injuries	1 (1/0)	13	0.7	0.2 (0.1-0.3)	0.02
Ill-defined/unknown	2 (1/1)	52	2.7	0.9 (0.7-1.2)	0.09
All neonatal	107 (56/51)	1930	100.0	33.5 (32-35)	3.35

See notes section on page 44 for specific causes

Table 20. Leading causes of death for neonates, 2018-2023 – North East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Neonatal					
Birth asphyxia and birth trauma	60 (35/25)	374	30.8	8.9 (8.0-9.8)	0.89
Low birth weight/preterm	50 (23/27)	321	26.5	7.6 (6.8-8.5)	0.76
Severe systemic infection	30 (19/11)	173	14.2	4.1 (3.5-4.8)	0.41
Other infections	18 (13/5)	139	11.4	3.3 (2.8-3.9)	0.33
Other perinatal conditions	17 (9/8)	109	9.0	2.6 (2.2-3.1)	0.26
Pneumonia	5 (3/2)	45	3.7	1.1 (0.8-1.5)	0.11
Non-communicable	7 (3/4)	43	3.6	1 (0.7-1.3)	0.1
Injuries	1 (1/0)	8	0.7	0.2 (0.1-0.4)	0.02
All neonatal	188 (106/82)	1212	100.0	28.8 (27.2-30.5)	2.88

Table 21. Leading causes of death for neonates, 2018-2023 – North West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Neonatal					
Birth asphyxia and birth trauma	27 (12/15)	590	34.0	10.1 (9.3-10.9)	1.01
Severe systemic infection	26 (13/13)	481	27.7	8.2 (7.5-9.0)	0.82
Low birth weight/preterm	12 (5/7)	321	18.5	5.5 (4.9-6.1)	0.55
Other infections	6 (4/2)	142	8.2	2.4 (2.0-2.8)	0.24
Other perinatal conditions	6 (3/3)	120	6.9	2.0 (1.7-2.4)	0.2
Pneumonia	3 (0/3)	82	4.7	1.4 (1.1-1.7)	0.14
All neonates	80 (37/43)	1735	100.0	29.6 (28.2-31)	2.96

Table 22. Leading causes of death for neonates, 2018-2023 – South

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Neonates					
Severe systemic infection	115 (59/56)	803	35.7	13.4 (12.5-14.4)	1.34
Birth asphyxia and birth trauma	85 (57/28)	473	21.0	7.9 (7.2-8.6)	0.79
Low birth weight/preterm	58 (30/28)	348	15.4	5.8 (5.2-6.4)	0.58
Other perinatal conditions	45 (27/18)	336	14.9	5.6 (5.0-6.2)	0.56
Other infections	22 (13/9)	161	7.2	2.7 (2.3-3.2)	0.27
Non-communicable	7 (2/5)	66	2.9	1.1 (0.9-1.4)	0.11
Pneumonia	11 (5/6)	39	1.7	0.7 (0.5-1.0)	0.07
Injuries	2 (1/1)	15	0.7	0.3 (0.2-0.5)	0.03
Ill-defined/unknown	1 (0/1)	10	0.5	0.2 (0.1-0.4)	0.02
All neonates	346 (194/152)	2,251	100.0	37.7 (36.2-39.3)	3.77

Table 23. Leading causes of death for neonates, 2018-2023 – West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Neonates					
Birth asphyxia and birth trauma	33 (20/13)	439	39.0	9.1 (8.3-10.0)	0.91
Low birth weight/preterm	19 (11/8)	241	21.5	5.0 (4.4-5.7)	0.5
Severe systemic infection	15 (11/4)	201	17.9	4.2 (3.7-4.8)	0.42
Other perinatal conditions	11 (9/2)	138	12.3	2.9 (2.5-3.4)	0.29
Non-communicable	4 (2/2)	55	4.9	1.1 (0.8-1.4)	0.11
Pneumonia	3 (2/1)	37	3.3	0.8 (0.6-1.1)	0.08
Other infections	1 (1/0)	14	1.2	0.3 (0.2-0.5)	0.03
All neonates	86 (56/30)	1,125	100.0	23.2 (21.9-24.6)	2.32

Child mortality: 1 – 59 months

Table 24. Leading causes of death for 1 to 59 months, 2018-2023 – East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Deaths at 1-59 months					
Malaria	277 (151/126)	1,845	42.1	32 (30.6-33.5)	3.20
Other infections	197 (98/99)	1,371	31.3	23.8 (22.6-25.1)	2.38
Diarrhoea	37 (19/18)	257	5.9	4.5 (4.0-5.1)	0.45
Injuries	31 (19/12)	214	4.9	3.7 (3.2-4.2)	0.37
Pneumonia	18 (8/10)	117	2.7	2.0 (1.7-2.4)	0.20
Non-communicable	13 (8/5)	94	2.1	1.6 (1.3-2.0)	0.16
Epilepsy	9 (1/8)	63	1.4	1.1 (0.9-1.4)	0.11
Fever of unknown origin	9 (6/3)	63	1.4	1.1 (0.9-1.4)	0.11
Appendix, hernia, intestinal	7 (4/3)	45	1.0	0.8 (0.6-1.1)	0.08
Other perinatal conditions	6 (3/3)	45	1.0	0.8 (0.6-1.1)	0.08
Measles	6 (0/6)	44	1.0	0.8 (0.6-1.1)	0.08
Severe systemic infection	6 (3/3)	43	1.0	0.7 (0.5-0.9)	0.07
Malnutrition	6 (5/1)	34	0.8	0.6 (0.4-0.8)	0.06
HIV/AIDS and STIs	3 (2/1)	24	0.6	0.4 (0.3-0.6)	0.04
Asthma and chronic respiratory	3 (2/1)	19	0.4	0.3 (0.2-0.5)	0.03
Meningitis/encephalitis	3 (0/3)	15	0.3	0.3 (0.2-0.5)	0.03
Hepatitis	1 (1/0)	8	0.2	0.1 (0.1-0.2)	0.01
Ill-defined/unknown	11 (4/7)	77	1.8	1.3 (1-1.6)	0.13
All 1-59 months	643 (334/309)	4,379	100.0	76 (73.8-78.3)	7.60

Table 25. Leading causes of death for 1 to 59 months, 2018-2023 – North East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Deaths at 1-59 months					
Malaria	408 (194/214)	1,328	48.3	31.6 (29.9-33.3)	3.16
Other infections	198 (105/93)	553	20.1	13.2 (12.1-14.3)	1.32
Diarrhoea	69 (33/36)	224	8.1	5.3 (4.6-6.0)	0.53
Pneumonia	47 (20/27)	176	6.4	4.2 (3.6-4.9)	0.42
Injuries	22 (12/10)	80	2.9	1.9 (1.5-2.4)	0.19
Meningitis/encephalitis	18 (5/13)	56	2.0	1.3 (1-1.7)	0.13
Non-communicable	12 (8/4)	40	1.5	1.0 (0.7-1.4)	0.1
Malnutrition	10 (4/6)	39	1.4	0.9 (0.7-1.2)	0.09
Appendix, hernia, intestinal	10 (6/4)	38	1.4	0.9 (0.7-1.2)	0.09
Epilepsy	11 (3/8)	33	1.2	0.8 (0.6-1.1)	0.08
Fever of unknown origin	9 (3/6)	33	1.2	0.8 (0.6-1.1)	0.08
Measles	9 (5/4)	27	1.0	0.6 (0.4-0.9)	0.06
Other perinatal conditions	6 (1/5)	25	0.9	0.6 (0.4-0.9)	0.06
Asthma and chronic respiratory	9 (4/5)	22	0.8	0.5 (0.3-0.8)	0.05
Cancer	3 (3/0)	11	0.4	0.3 (0.2-0.5)	0.03
HIV/AIDS and STIs	3 (2/1)	11	0.4	0.3 (0.2-0.5)	0.03
Severe systemic infection	2 (2/0)	6	0.2	0.1 (0-0.2)	0.01
Hepatitis	1 (0/1)	2	0.1	0.0	0.00
Ill-defined/unknown	12 (7/5)	45	1.6	1.1 (0.8-1.5)	0.11
All 1-59 months	859 (417/442)	2,750	100.0	65.5 (63.1-68)	6.55

Table 26. Leading causes of death for 1 to 59 months, 2018-2023 – North West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Deaths at 1-59 months					
Malaria	223 (125/98)	2,004	50.9	34.2 (32.7-35.7)	3.42
Other infections	121 (54/67)	815	20.7	13.9 (13.0-14.9)	1.39
Diarrhoea	45 (20/25)	384	9.7	6.5 (5.9-7.2)	0.65
Pneumonia	14 (5/9)	115	2.9	2.0 (1.7-2.4)	0.20
Meningitis/encephalitis	12 (6/6)	114	2.9	1.9 (1.6-2.3)	0.19
Epilepsy	11 (3/8)	83	2.1	1.4 (1.1-1.7)	0.14
Appendix, hernia, intestinal	9 (4/5)	64	1.6	1.1 (0.9-1.4)	0.11
Malnutrition	6 (3/3)	59	1.5	1.0 (0.8-1.3)	0.10
Injuries	9 (4/5)	57	1.4	1.0 (0.8-1.3)	0.10
Measles	5 (2/3)	45	1.1	0.8 (0.6-1.1)	0.08
Fever of unknown origin	6 (3/3)	29	0.7	0.5 (0.3-0.7)	0.05
Other perinatal conditions	3 (0/3)	28	0.7	0.5 (0.3-0.7)	0.05
Non-communicable	6 (4/2)	25	0.6	0.4 (0.3-0.6)	0.04
Asthma and chronic respiratory	2 (0/2)	23	0.6	0.4 (0.3-0.6)	0.04
Hepatitis	5 (3/2)	21	0.5	0.4 (0.3-0.6)	0.04
HIV/AIDS and STIs	1 (0/1)	19	0.5	0.3 (0.2-0.5)	0.03
Severe systemic infection	1 (1/0)	8	0.2	0.1 (0.1-0.2)	0.01
Ill-defined/unknown	6 (4/2)	44	1.1	0.8 (0.6-1.1)	0.08
All 1-59	485 (241/244)	3,937	100.0	67.1 (65-69.2)	6.71

Table 27. Leading causes of death for 1 to 59 months, 2018-2023 – South

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Deaths at 1-59 months					
Malaria	965 (496/469)	2,682	52.5	44.9 (43.2-46.6)	4.49
Other infections	352 (182/170)	864	16.9	14.5 (13.6-15.5)	1.45
Diarrhoea	136 (76/60)	377	7.4	6.3 (5.7-7.0)	0.63
Pneumonia	153 (78/75)	340	6.7	5.7 (5.1-6.3)	0.57
Injuries	61 (35/26)	164	3.2	2.7 (2.3-3.1)	0.27
Meningitis/encephalitis	47 (30/17)	89	1.7	1.5 (1.2-1.8)	0.15
Fever of unknown origin	29 (19/10)	80	1.6	1.3 (1.0-1.6)	0.13
Malnutrition	23 (5/18)	66	1.3	1.1 (0.9-1.4)	0.11
Other perinatal conditions	30 (18/12)	56	1.1	0.9 (0.7-1.2)	0.09
Epilepsy	23 (8/15)	50	1.0	0.8 (0.6-1.1)	0.08
Non-communicable	23 (9/14)	47	0.9	0.8 (0.6-1.1)	0.08
HIV/AIDS and STIs	19 (12/7)	39	0.8	0.7 (0.5-1.0)	0.07
Measles	22 (12/10)	36	0.7	0.6 (0.4-0.8)	0.06
Appendix, hernia, intestinal	13 (5/8)	34	0.7	0.6 (0.4-0.8)	0.06
Severe systemic infection	16 (7/9)	34	0.7	0.6 (0.4-0.8)	0.06
Hepatitis	13 (5/8)	31	0.6	0.5 (0.4-0.7)	0.05
Asthma and chronic respiratory	10 (4/6)	26	0.5	0.4 (0.3-0.6)	0.04
Cancer	5 (2/3)	4	0.1	0.1 (0.0-0.3)	0.01
Ill-defined/unknown	36 (18/18)	90	1.8	1.5 (1.2-1.8)	0.15
All 1-59 months	1,976 (1021/955)	5,108	100.0	85.5 (83.2-87.9)	8.55

Table 28. Leading causes of death for 1 to 59 months, 2018-2023 – West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 1000 livebirths	Risk of death %
Deaths at 1-59 months					
Malaria	159 (90/69)	1,110	43.5	22.9 (21.6-24.3)	2.29
Other infections	83 (45/38)	584	22.9	12.1 (11.2-13.1)	1.21
Pneumonia	28 (14/14)	194	7.6	4.0 (3.5-4.6)	0.40
Diarrhoea	21 (11/10)	147	5.8	3.0 (2.6-3.5)	0.30
Meningitis/encephalitis	11 (5/6)	80	3.1	1.7 (1.4-2.1)	0.17
Non-communicable	10 (8/2)	69	2.7	1.4 (1.1-1.8)	0.14
Appendix, hernia, intestinal	8 (5/3)	55	2.2	1.1 (0.8-1.4)	0.11
Fever of unknown origin	7 (2/5)	48	1.9	1.0 (0.8-1.3)	0.10
Epilepsy	5 (3/2)	36	1.4	0.7 (0.5-1.0)	0.07
Asthma and chronic respiratory	5 (2/3)	34	1.3	0.7 (0.5-1.0)	0.07
Malnutrition	4 (3/1)	28	1.1	0.6 (0.4-0.9)	0.06
Measles	4 (1/3)	27	1.1	0.6 (0.4-0.9)	0.06
Other perinatal conditions	4 (3/1)	27	1.1	0.6 (0.4-0.9)	0.06
Injuries	4 (1/3)	26	1.0	0.5 (0.3-0.7)	0.05
HIV/AIDS and STIs	4 (1/3)	26	1.0	0.5 (0.3-0.7)	0.05
Hepatitis	2 (1/1)	14	0.5	0.3 (0.2-0.5)	0.03
Cancer	1 (0/1)	7	0.3	0.1 (0.0-0.2)	0.01
Ill-defined/unknown	6 (3/3)	40	1.6	0.8 (0.6-1.1)	0.08
All 1-59	366 (198/168)	2,552	100.0	52.7 (50.7-54.8)	5.27

Child mortality: 5 to 14 years

Table 29. Leading causes of death for 5 to 14 years, 2018-2023 – East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
5-14 years					
Malaria	88 (46/42)	361	36.0	63.7 (57.5-70.6)	0.64
Other infections	58 (28/30)	247	24.6	43.6 (38.5-49.4)	0.44
Diarrhoea	10 (7/3)	41	4.1	7.2 (5.3-9.8)	0.07
Sickle-cell	9 (5/4)	41	4.1	7.2 (5.3-9.8)	0.07
Appendix, hernia, intestinal	11 (6/5)	38	3.8	6.7 (4.9-9.2)	0.07
Drownings	12 (10/2)	37	3.6	6.5 (4.7-9.0)	0.07
Falls	9 (6/3)	36	3.6	6.4 (4.6-8.9)	0.06
Non-communicable	8 (3/5)	29	2.8	5.1 (3.5-7.3)	0.05
Liver and alcohol diseases	5 (2/3)	23	2.3	4.1 (2.7-6.2)	0.04
Other injuries	5 (4/1)	22	2.2	3.9 (2.6-5.9)	0.04
Meningitis/encephalitis	6 (4/2)	21	2.0	3.7 (2.4-5.7)	0.04
Epilepsy	4 (1/3)	18	1.8	3.2 (2.0-5.1)	0.03
Road traffic accidents	4 (2/2)	16	1.6	2.8 (1.7-4.6)	0.03
Pneumonia	4 (3/1)	14	1.4	2.5 (1.5-4.2)	0.03
Hepatitis	2 (1/1)	11	1.1	1.9 (1.1-3.4)	0.02
Peptic ulcer/gastroesophageal	2 (2/0)	10	1.0	1.8 (1.0-3.3)	0.02
Cancer	1 (0/1)	3	0.3	0.5 (0.2-1.6)	0.01
Ill-defined/unknown	8 (4/4)	36	3.6	6.4 (4.6-8.9)	0.06
All 5-14 years	246 (134/112)	1,002	100.0	176.9 (166.3-188.2)	1.77

Table 30. Leading causes of death for 5 to 14 years, 2018-2023 – North East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
5-14 years					
Malaria	128 (70/58)	245	39.6	62 (54.7-70.3)	0.62
Other infections	46 (17/29)	92	14.9	23 (18.7-28.2)	0.23
Diarrhoea	33 (20/13)	57	9.2	14 (10.8-18.1)	0.14
Appendix, hernia, intestinal	21 (12/9)	35	5.6	9.0 (6.5-12.5)	0.09
Other injuries	11 (9/2)	27	4.4	7.0 (4.8-10.2)	0.07
Pneumonia	13 (7/6)	23	3.7	6.0 (4.0-9.0)	0.06
Hepatitis	8 (5/3)	19	3.0	5.0 (3.2-7.8)	0.05
Road traffic accidents	8 (5/3)	19	3.0	5.0 (3.2-7.8)	0.05
Peptic ulcer/gastroesophageal	10 (7/3)	16	2.6	4.0 (2.5-6.5)	0.04
Meningitis/encephalitis	7 (3/4)	15	2.4	4.0 (2.4-6.6)	0.04
Epilepsy	6 (3/3)	14	2.2	4.0 (2.4-6.8)	0.04
Falls	7 (5/2)	14	2.2	4.0 (2.4-6.8)	0.04
Liver and alcohol diseases	7 (4/3)	12	1.9	3.0 (1.7-5.3)	0.03
Sickle-cell	3 (2/1)	10	1.6	3.0 (1.6-5.6)	0.03
Non-communicable	4 (0/4)	9	1.4	2.0 (1.0-3.8)	0.02
Cancer	2 (0/2)	3	0.4	1.0 (0.3-3.1)	0.01
Drownings	1 (0/1)	1	0.2	0.0	0.00
Ill-defined/unknown	5 (2/3)	9	1.5	2.0 (1.0-3.8)	0.02
All 5-14 years	320 (171/149)	617	100.0	155 (143.2-167.7)	1.55

Table 31. Leading causes of death for 5 to 14 years, 2018-2023 – North West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
5-14 years					
Malaria	58 (33/25)	237	29.5	69 (60.8-78.4)	0.69
Other infections	32 (18/14)	131	16.2	38.1 (32.1-45.2)	0.38
Diarrhoea	27 (20/7)	122	15.2	35.5 (29.7-42.4)	0.36
Non-communicable	8 (3/5)	50	6.2	14.5 (11.0-19.1)	0.15
Appendix, hernia, intestinal	10 (7/3)	48	6.0	14.0 (10.6-18.6)	0.14
Other injuries	8 (8/0)	41	5.1	11.9 (8.8-16.2)	0.12
Sickle-cell	5 (2/3)	36	4.5	10.5 (7.6-14.6)	0.11
Pneumonia	6 (4/2)	27	3.3	7.9 (5.4-11.5)	0.08
Falls	8 (6/2)	26	3.2	7.6 (5.2-11.2)	0.08
Liver and alcohol diseases	4 (4/0)	22	2.7	6.4 (4.2-9.7)	0.06
Peptic ulcer/gastroesophageal	4 (2/2)	19	2.4	5.5 (3.5-8.6)	0.06
Hepatitis	3 (2/1)	17	2.1	4.9 (3.0-7.9)	0.05
Epilepsy	4 (2/2)	13	1.6	3.8 (2.2-6.5)	0.04
Meningitis/encephalitis	2 (1/1)	7	0.9	2.0 (1.0-4.2)	0.02
Drownings	1 (1/0)	3	0.3	0.9 (0.3-2.8)	0.01
Ill-defined/unknown	2 (2/0)	5	0.6	1.5 (0.6-3.6)	0.02
All 5-14	182 (115/67)	804	100.0	233.9 (218.3-250.6)	2.34

Table 32. Leading causes of death for 5 to 14 years, 2018-2023 – South

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
5-14 years					
Malaria	249 (126/123)	378	48.1	71.9 (65.0-79.5)	0.72
Other infections	99 (55/44)	116	14.8	22.1 (18.4-26.5)	0.22
Diarrhoea	37 (19/18)	60	7.6	11.4 (8.9-14.7)	0.11
Other injuries	23 (15/8)	32	4.1	6.1 (4.3-8.6)	0.06
Sickle-cell	21 (11/10)	28	3.6	5.3 (3.7-7.7)	0.05
Non-communicable	25 (13/12)	21	2.6	4.0 (2.6-6.1)	0.04
Pneumonia	16 (5/11)	20	2.5	3.8 (2.5-5.9)	0.04
Epilepsy	15 (10/5)	18	2.3	3.4 (2.1-5.4)	0.03
Hepatitis	13 (9/4)	18	2.4	3.4 (2.1-5.4)	0.03
Road traffic accidents	13 (8/5)	18	2.3	3.4 (2.1-5.4)	0.03
Falls	15 (12/3)	17	2.2	3.2 (2.0-5.1)	0.03
Drownings	15 (9/6)	15	2.0	2.9 (1.7-4.8)	0.03
Appendix, hernia, intestinal	9 (4/5)	12	1.5	2.3 (1.3-4.0)	0.02
Meningitis/encephalitis	11 (6/5)	11	1.4	2.1 (1.2-3.8)	0.02
Liver and alcohol diseases	5 (4/1)	6	0.7	1.1 (0.5-2.4)	0.01
Cancer	4 (3/1)	1	0.1	0.2 (0.0-1.4)	0.00
Peptic ulcer/gastroesophageal	1 (0/1)	1	0.1	0.2 (0.0-1.4)	0.00
Ill-defined/unknown	13 (6/7)	14	1.7	2.7 (1.6-4.6)	0.03
All 5-14 years	584 (315/269)	785	100.0	149.3 (139.2-160.1)	1.49

Table 33. Leading causes of death for 5 to 14 years, 2018-2023 – West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
5-14 years					
Malaria	61 (36/25)	194	39.1	64.4 (55.9-74.1)	0.64
Other infections	37 (18/19)	119	24.0	39.5 (33.0-47.3)	0.40
Diarrhoea	9 (6/3)	28	5.6	9.3 (6.4-13.5)	0.09
Sickle-cell	9 (3/6)	28	5.7	9.3 (6.4-13.5)	0.09
Other injuries	8 (6/2)	27	5.4	9.0 (6.2-13.1)	0.09
Non-communicable	7 (6/1)	23	4.6	7.6 (5.1-11.4)	0.08
Meningitis/encephalitis	4 (3/1)	13	2.5	4.3 (2.5-7.4)	0.04
Road traffic accidents	4 (2/2)	13	2.5	4.3 (2.5-7.4)	0.04
Peptic ulcer/gastroesophageal	3 (1/2)	11	2.2	3.7 (2.0-6.7)	0.04
Appendix, hernia, intestinal	3 (3/0)	10	2.0	3.3 (1.8-6.1)	0.03
Cancer	2 (1/1)	7	1.5	2.3 (1.1-4.8)	0.02
Drownings	2 (2/0)	6	1.2	2.0 (0.9-4.5)	0.02
Epilepsy	1 (1/0)	3	0.6	1.0 (0.3-3.1)	0.01
Falls	1 (1/0)	3	0.6	1.0 (0.3-3.1)	0.01
Hepatitis	1 (1/0)	3	0.7	1.0 (0.3-3.1)	0.01
Pneumonia	1 (1/0)	3	0.6	1.0 (0.3-3.1)	0.01
Ill-defined/unknown	2 (1/1)	6	1.2	2.0 (0.9-4.5)	0.02
All 5-14	155 (92/63)	497	100.0	165 (151.1-180.2)	1.65

Adult mortality: 15 to 29 years

Table 34. Leading causes of death for 15 to 29 years, 2018-2023 – East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	39 (25/14)	222	13.1	35.2 (30.9-40.1)	0.53
Maternal	34 (0/34)	178	10.5	28.2 (24.3-32.7)	0.42
Other infections	24 (15/9)	126	7.4	20.0 (16.8-23.8)	0.30
Diarrhoea	15 (7/8)	77	4.6	12.2 (9.8-15.3)	0.18
HIV/AIDS and STIs	13 (4/9)	66	3.9	10.5 (8.2-13.4)	0.16
Tuberculosis	11 (7/4)	57	3.3	9.0 (6.9-11.7)	0.14
Pneumonia	7 (5/2)	40	2.4	6.3 (4.6-8.6)	0.09
Meningitis/encephalitis	5 (4/1)	31	1.8	4.9 (3.4-7.0)	0.07
Hepatitis	5 (4/1)	29	1.7	4.6 (3.2-6.6)	0.07
Severe localized infection	5 (2/3)	26	1.5	4.1 (2.8-6.0)	0.06
Non-communicable					
Appendix, hernia, intestinal	23 (15/8)	117	6.9	18.6 (15.5-22.3)	0.28
Sickle-cell	18 (9/9)	90	5.3	14.3 (11.6-17.6)	0.21
Cancer	11 (4/7)	60	3.5	9.5 (7.4-12.2)	0.14
Peptic ulcer/gastroesophageal	9 (6/3)	52	3.1	8.3 (6.3-10.9)	0.12
Ischaemic heart and other vascular	8 (8/0)	47	2.7	7.5 (5.6-10)	0.11
Other non-communicable	8 (5/3)	38	2.2	6.0 (4.4-8.2)	0.09
Kidney failure and genitourinary	8 (2/6)	37	2.2	5.9 (4.3-8.1)	0.09
Liver and alcohol diseases	8 (2/6)	36	2.1	5.7 (4.1-7.9)	0.09
Stroke	3 (2/1)	15	0.9	2.4 (1.4-4)	0.04
Epilepsy	1 (0/1)	6	0.4	1.0 (0.4-2.2)	0.02
Injuries					
Road traffic accidents	18 (13/5)	90	5.3	14.3 (11.6-17.6)	0.21
Other injuries	15 (11/4)	73	4.3	11.6 (9.2-14.6)	0.17
Drownings	12 (12/0)	61	3.6	9.7 (7.5-12.5)	0.15
Animal/plant venom	5 (5/0)	23	1.3	3.6 (2.4-5.4)	0.05
Falls	5 (5/0)	20	1.2	3.2 (2.1-5.0)	0.05
Ill-defined/unknown	16 (6/10)	84	4.9	13.3 (10.7-16.5)	0.20
All 15-29 years	326 (178/148)	1698	100.0	269.4 (256.9-282.5)	4.04

Table 35. Leading causes of death for 15 to 29 years, 2018-2023 – North East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	71 (34/37)	163	17.1	39.7 (34.1-46.3)	0.60
Maternal	42 (0/42)	90	9.4	21.9 (17.8-26.9)	0.33
Diarrhoea	30 (17/13)	65	6.8	15.8 (12.4-20.1)	0.24
Tuberculosis	17 (3/14)	43	4.6	10.5 (7.8-14.2)	0.16
Other infections	21 (9/12)	38	4.0	9.3 (6.8-12.8)	0.14
Pneumonia	14 (6/8)	28	2.9	6.8 (4.7-9.8)	0.10
Severe localized infection	12 (8/4)	28	2.9	6.8 (4.7-9.8)	0.10
Hepatitis	11 (10/1)	23	2.5	5.6 (3.7-8.4)	0.08
HIV/AIDS and STIs	8 (0/8)	18	1.9	4.4 (2.8-7.0)	0.07
Meningitis/encephalitis	3 (0/3)	6	0.7	1.5 (0.7-3.3)	0.02
Non-communicable					
Peptic ulcer/gastroesophageal	34 (24/10)	62	6.5	15.1 (11.8-19.4)	0.23
Appendix, hernia, intestinal	20 (14/6)	41	4.3	10.0 (7.4-13.6)	0.15
Liver and alcohol diseases	18 (9/9)	40	4.2	9.7 (7.1-13.2)	0.15
Epilepsy	14 (10/4)	29	3.1	7.1 (4.9-10.2)	0.11
Falls	10 (10/0)	20	2.1	4.9 (3.2-7.6)	0.07
Kidney failure and genitourinary	9 (2/7)	16	1.6	3.9 (2.4-6.4)	0.06
Sickle-cell	7 (1/6)	11	1.2	2.7 (1.5-4.9)	0.04
Non-communicable	5 (2/3)	8	0.9	1.9 (1.0-3.8)	0.03
Cancer	2 (0/2)	6	0.7	1.5 (0.7-3.3)	0.02
Stroke	4 (2/2)	6	0.7	1.5 (0.7-3.3)	0.02
Ischaemic heart and other vascular	4 (1/3)	9	1.0	2.2 (1.1-4.2)	0.03
Injuries					
Road traffic accidents	34 (28/6)	75	7.9	18.3 (14.6-22.9)	0.27
Other injuries	30 (23/7)	65	6.8	15.8 (12.4-20.1)	0.24
Animal/plant venom	18 (14/4)	36	3.8	8.8 (6.3-12.2)	0.13
Drownings	5 (5/0)	12	1.3	2.9 (1.6-5.1)	0.04
Ill-defined/unknown	6 (5/1)	12	1.2	2.9 (1.6-5.1)	0.04
All 15 -29 years	449 (237/212)	950	100	231.3 (217-246.5)	3.47

Table 36. Leading causes of death for 15 to 29 years, 2018-2023 – North West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	34 (20/14)	216	17.1	61.6 (53.9-70.4)	0.92
Tuberculosis	12 (4/8)	90	7.1	25.7 (20.9-31.6)	0.39
Maternal	14 (0/14)	82	6.5	23.4 (18.8-29.1)	0.35
HIV/AIDS and STIs	14 (5/9)	65	5.1	18.5 (14.5-23.6)	0.28
Diarrhoea	13 (8/5)	63	5.0	18.0 (14.1-23.0)	0.27
Pneumonia	7 (5/2)	43	3.4	12.3 (9.1-16.6)	0.18
Other infections	9 (5/4)	40	3.2	11.4 (8.4-15.5)	0.17
Severe localized infection	7 (5/2)	25	2.0	7.1 (4.8-10.5)	0.11
Hepatitis	3 (3/0)	10	0.8	2.9 (1.6-5.4)	0.04
Meningitis/encephalitis	1 (1/0)	3	0.3	0.9 (0.3-2.8)	0.01
Non-communicable					
Appendix, hernia, intestinal	17 (9/8)	82	6.5	23.4 (18.8-29.1)	0.35
Epilepsy	8 (5/3)	57	4.5	16.2 (12.5-21)	0.24
Peptic ulcer/gastroesophageal	10 (6/4)	53	4.2	15.1 (11.5-19.8)	0.23
Non-communicable	7 (5/2)	47	3.7	13.4 (10.1-17.8)	0.20
Ischaemic heart and other vascular	5 (3/2)	38	3.0	10.8 (7.9-14.8)	0.16
Cancer	4 (2/2)	36	2.8	10.3 (7.4-14.3)	0.15
Liver and alcohol diseases	7 (6/1)	24	1.9	6.8 (4.6-10.1)	0.10
Sickle-cell	3 (2/1)	21	1.7	6.0 (3.9-9.2)	0.09
Kidney failure and genitourinary	3 (1/2)	10	0.8	2.9 (1.6-5.4)	0.04
Stroke	2 (1/1)	9	0.7	2.6 (1.4-5.0)	0.04
Injuries					
Road traffic accidents	15 (11/4)	112	8.9	31.9 (26.5-38.4)	0.48
Falls	6 (5/1)	46	3.6	13.1 (9.8-17.5)	0.20
Other injuries	4 (4/0)	41	3.3	11.7 (8.6-15.9)	0.18
Animal/plant venom	5 (3/2)	20	1.6	5.7 (3.7-8.8)	0.09
Drownings	1 (1/0)	3	0.3	0.9 (0.3-2.8)	0.01
Ill-defined/unknown	3 (2/1)	28	2.2	8.0 (5.5-11.6)	0.12
All 15-29 years	214 (122/92)	1265	100.0	360.6 (341.3-381)	5.41

Table 37. Leading causes of death for 15 to 29 years, 2018-2023 - South

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	194 (91/103)	230	22.8	40.4 (35.5-46)	0.61
Maternal	72 (0/72)	78	7.8	13.7 (11-17.1)	0.21
Other infections	65 (27/38)	72	7.1	12.7 (10.1-16)	0.19
Diarrhoea	37 (16/21)	50	4.9	8.8 (6.7-11.6)	0.13
Pneumonia	39 (20/19)	47	4.7	8.3 (6.2-11.0)	0.12
Hepatitis	31 (19/12)	25	2.5	4.4 (3.0-6.5)	0.07
Severe localized infection	18 (8/10)	24	2.4	4.2 (2.8-6.3)	0.06
Tuberculosis	26 (12/14)	24	2.4	4.2 (2.8-6.3)	0.06
HIV/AIDS and STIs	21 (11/10)	22	2.2	3.9 (2.6-5.9)	0.06
Meningitis/encephalitis	14 (9/5)	10	1.0	1.8 (1.0-3.3)	0.03
Non-communicable					
Ischaemic heart and other vascular	33 (11/22)	25	2.5	4.4 (3.0-6.5)	0.07
Non-communicable	27 (12/15)	34	3.4	6.0 (4.3-8.4)	0.09
Liver and alcohol diseases	29 (15/14)	31	3.1	5.5 (3.9-7.8)	0.08
Appendix, hernia, intestinal	19 (10/9)	25	2.5	4.4 (3.0-6.5)	0.07
Cancer	19 (3/16)	22	2.2	3.9 (2.6-5.9)	0.06
Peptic ulcer/gastroesophageal	15 (11/4)	21	2.1	3.7 (2.4-5.7)	0.06
Stroke	13 (8/5)	17	1.7	3.0 (1.9-4.8)	0.05
Epilepsy	12 (9/3)	15	1.5	2.6 (1.6-4.3)	0.04
Sickle-cell	16 (7/9)	13	1.3	2.3 (1.3-4.0)	0.03
Kidney failure and genitourinary	12 (4/8)	12	1.2	2.1 (1.2-3.7)	0.03
Injuries					
Road traffic accidents	51 (34/17)	50	5.0	8.8 (6.7-11.6)	0.13
Other injuries	40 (32/8)	46	4.5	8.1 (6.1-10.8)	0.12
Drownings	16 (13/3)	29	2.9	5.1 (3.5-7.3)	0.08
Falls	16 (13/3)	25	2.4	4.4 (3.0-6.5)	0.07
Animal/plant venom	11 (9/2)	18	1.8	3.2 (2.0-5.1)	0.05
Ill-defined/unknown	29 (16/13)	42	4.2	7.4 (5.5-10)	0.11
All 15-29	875 (420/455)	1,007	100.0	177.1 (166.5-188.4)	2.66

Table 38. Leading causes of death for 15 to 29 years, 2018-2023 – West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	42 (22/20)	147	14.8	30.5 (25.9-35.9)	0.46
Maternal	21 (0/21)	76	7.6	15.8 (12.6-19.8)	0.24
Tuberculosis	20 (10/10)	73	7.3	15.2 (12.1-19.1)	0.23
Diarrhoea	16 (6/10)	57	5.7	11.8 (9.1-15.3)	0.18
Other infections	15 (10/5)	54	5.4	11.2 (8.6-14.6)	0.17
HIV/AIDS and STIs	13 (3/10)	47	4.7	9.8 (7.4-13)	0.15
Pneumonia	12 (4/8)	43	4.4	8.9 (6.6-12)	0.13
Severe localized infection	8 (4/4)	30	3.0	6.2 (4.3-8.9)	0.09
Hepatitis	1 (1/0)	3	0.3	0.6 (0.2-1.9)	0.01
Meningitis/encephalitis	1 (0/1)	3	0.3	0.6 (0.2-1.9)	0.01
Non-communicable					
Ischaemic heart and other vascular	14 (7/7)	52	5.2	10.8 (8.2-14.2)	0.16
Appendix, hernia, intestinal	11 (8/3)	40	4.0	8.3 (6.1-11.3)	0.12
Peptic ulcer/gastroesophageal	11 (9/2)	39	3.9	8.1 (5.9-11.1)	0.12
Non-communicable	9 (3/6)	32	3.2	6.6 (4.7-9.3)	0.10
Sickle-cell	7 (4/3)	25	2.5	5.2 (3.5-7.7)	0.08
Liver and alcohol diseases	6 (4/2)	21	2.1	4.4 (2.9-6.7)	0.07
Epilepsy	4 (4/0)	14	1.5	2.9 (1.7-4.9)	0.04
Cancer	3 (2/1)	11	1.1	2.3 (1.3-4.2)	0.03
Stroke	2 (0/2)	7	0.7	1.5 (0.7-3.1)	0.02
Kidney failure and genitourinary	1 (0/1)	5	0.5	1.0 (0.4-2.4)	0.02
Injuries					
Road traffic accidents	21 (13/8)	73	7.4	15.2 (12.1-19.1)	0.23
Other injuries	17 (13/4)	60	6.0	12.5 (9.7-16.1)	0.19
Drownings	6 (5/1)	21	2.1	4.4 (2.9-6.7)	0.07
Falls	5 (3/2)	18	1.8	3.7 (2.3-5.9)	0.06
Ill-defined/unknown	12 (5/7)	44	4.4	9.1 (6.8-12.2)	0.14
All 15-29	278 (140/138)	997	100.0	207.1 (194.6-220.4)	3.11

Adult mortality: 30 to 69 years

Table 39. Leading causes of death for 30 to 69 years, 2018-2023 – East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Other infections	120 (70/50)	812	10.8	121.5 (113.4-130.2)	4.86
Malaria	88 (51/37)	614	8.2	91.9 (84.9-99.5)	3.68
Diarrhoea	60 (31/29)	467	6.2	69.9 (63.8-76.5)	2.80
Tuberculosis	54 (35/19)	362	4.8	54.2 (48.9-60.1)	2.17
Pneumonia	39 (26/13)	264	3.5	39.5 (35.0-44.6)	1.58
Severe localized infection	29 (17/12)	206	2.7	30.8 (26.9-35.3)	1.23
HIV/AIDS and STIs	27 (16/11)	173	2.3	25.9 (22.3-30.1)	1.04
Maternal	20 (0/20)	153	2.0	22.9 (19.5-26.8)	0.92
Hepatitis	9 (7/2)	67	0.9	10.0 (7.9-12.7)	0.40
Fever of unknown origin	10 (7/3)	65	0.9	9.7 (7.6-12.4)	0.39
Meningitis/encephalitis	9 (1/8)	56	0.7	8.4 (6.5-10.9)	0.34
Severe systemic infection	3 (1/2)	19	0.3	2.8 (1.8-4.4)	0.11
Non-communicable					
Ischaemic heart and other vascular	127 (67/60)	847	11.3	126.8 (118.5-135.6)	5.07
Stroke	92 (48/44)	630	8.4	94.3 (87.2-102.0)	3.77
Appendix, hernia, intestinal	52 (45/7)	376	5.0	56.3 (50.9-62.3)	2.25
Cancer	48 (20/28)	347	4.6	51.9 (46.7-57.7)	2.08
Liver and alcohol diseases	47 (25/22)	324	4.3	48.5 (43.5-54.1)	1.94
Peptic ulcer/gastroesophageal	31 (15/16)	233	3.1	34.9 (30.7-39.7)	1.40
Asthma and chronic respiratory	30 (17/13)	222	3.0	33.2 (29.1-37.9)	1.33
Kidney failure and genitourinary	20 (14/6)	146	1.9	21.9 (18.6-25.8)	0.88
Epilepsy	14 (7/7)	88	1.2	13.2 (10.7-16.3)	0.53
Non-communicable	8 (5/3)	58	0.8	8.7 (6.7-11.3)	0.35
Other neuropsychiatric disorders	7 (6/1)	45	0.6	6.7 (5.0-9.0)	0.27
Sickle-cell	4 (2/2)	32	0.4	4.8 (3.4-6.8)	0.19
Injuries					
Other unintentional injuries	31 (22/9)	197	2.6	29.5 (25.7-33.9)	1.18
Road traffic accidents	28 (21/7)	188	2.5	28.1 (24.4-32.4)	1.12
Falls	25 (18/7)	163	2.2	24.4 (20.9-28.4)	0.98
Other injuries	11 (10/1)	88	1.2	13.2 (10.7-16.3)	0.53
Animal/plant venom	12 (8/4)	82	1.1	12.3 (9.9-15.3)	0.49
Ill-defined/unknown	29 (15/14)	190	2.5	28.4 (24.6-32.7)	1.14
All 30-69 years	1,084 (627/457)	7,514	100.0	1,124.5 (1,099.4-1,150.2)	44.98

Table 40. Leading causes of death for 30 to 69 years, 2018-2023 – North East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	144 (78/66)	389	11.3	91.1 (82.5-100.6)	3.64
Tuberculosis	100 (63/37)	257	7.4	60.2 (53.3-68.0)	2.41
Diarrhoea	100 (45/55)	249	7.2	58.3 (51.5-66.0)	2.33
Other infections	74 (41/33)	182	5.3	42.6 (36.8-49.3)	1.70
Pneumonia	55 (32/23)	158	4.6	37.0 (31.7-43.2)	1.48
Severe localized infection	30 (11/19)	89	2.6	20.8 (16.9-25.6)	0.83
HIV/AIDS and STIs	27 (14/13)	74	2.1	17.3 (13.8-21.7)	0.69
Maternal	28 (0/28)	53	1.5	12.4 (9.5-16.2)	0.50
Hepatitis	17 (12/5)	52	1.5	12.2 (9.3-16)	0.49
Fever of unknown origin	8 (1/7)	25	0.7	5.9 (4.0-8.7)	0.24
Severe systemic infection	8 (3/5)	21	0.6	4.9 (3.2-7.5)	0.20
Meningitis/encephalitis	7 (4/3)	17	0.5	4.0 (2.5-6.4)	0.16
Non-communicable					
Stroke	109 (48/61)	270	7.8	63.2 (56.1-71.2)	2.53
Liver and alcohol diseases	84 (60/24)	189	5.5	44.3 (38.4-51.1)	1.77
Appendix, hernia, intestinal	73 (55/18)	181	5.3	42.4 (36.7-49.0)	1.70
Ischaemic heart and other vascular	116 (60/56)	298	8.6	69.8 (62.3-78.2)	2.79
Peptic ulcer/gastroesophageal	71 (36/35)	163	4.7	38.2 (32.8-44.5)	1.53
Cancer	40 (16/24)	112	3.2	26.2 (21.8-31.5)	1.05
Kidney failure and genitourinary	27 (18/9)	66	1.9	15.5 (12.2-19.7)	0.62
Asthma and chronic respiratory	31 (20/11)	62	1.8	14.5 (11.3-18.6)	0.58
Non-communicable	14 (8/6)	32	0.9	7.5 (5.3-10.6)	0.30
Epilepsy	4 (2/2)	10	0.3	2.3 (1.2-4.3)	0.09
Sickle-cell	5 (2/3)	10	0.3	2.3 (1.2-4.3)	0.09
Other neuropsychiatric disorders	2 (1/1)	3	0.1	0.7 (0.2-2.2)	0.03
Injuries					
Road traffic accidents	59 (41/18)	155	4.5	36.3 (31-42.5)	1.45
Falls	39 (28/11)	106	3.1	24.8 (20.5-30)	0.99
Other unintentional injuries	40 (29/11)	103	3.0	24.1 (19.9-29.2)	0.96
Animal/plant venom	19 (10/9)	47	1.4	11.0 (8.3-14.6)	0.44
Other injuries	9 (8/1)	26	0.8	6.1 (4.2-9.0)	0.24
Other transport accidents	1 (0/1)	3	0.1	0.7 (0.2-2.2)	0.03
Ill-defined/unknown	18 (10/8)	51	1.5	11.9 (9.0-15.7)	0.48
All 30-69	1,359 (756/603)	3,453	100.0	808.5 (782-835.9)	32.34

Table 41. Leading causes of death for 30 to 69 years, 2018-2023 – North West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	65 (35/30)	389	9.1	96.9 (87.7-107.0)	3.88
Tuberculosis	46 (31/15)	338	7.9	84.2 (75.7-93.7)	3.37
Diarrhoea	37 (19/18)	282	6.6	70.2 (62.5-78.9)	2.81
Other infections	44 (25/19)	215	5.0	53.6 (46.9-61.3)	2.14
Pneumonia	31 (20/11)	202	4.7	50.3 (43.8-57.7)	2.01
Maternal	21 (0/21)	130	3.0	32.4 (27.3-38.5)	1.30
HIV/AIDS and STIs	19 (7/12)	100	2.3	24.9 (20.5-30.3)	1.00
Severe localized infection	9 (4/5)	62	1.4	15.4 (12.0-19.8)	0.62
Hepatitis	5 (0/5)	33	0.8	8.2 (5.8-11.5)	0.33
Severe systemic infection	4 (4/0)	29	0.7	7.2 (5.0-10.4)	0.29
Fever of unknown origin	3 (2/1)	10	0.2	2.5 (1.3-4.6)	0.10
Meningitis/encephalitis	3 (2/1)	10	0.2	2.5 (1.3-4.6)	0.10
Non-communicable					
Ischaemic heart and other vascular	79 (45/34)	534	12.5	133.0 (122.2-144.8)	5.32
Stroke	51 (27/24)	347	8.1	86.4 (77.8-96.0)	3.46
Appendix, hernia, intestinal	36 (30/6)	256	6.0	63.8 (56.4-72.1)	2.55
Asthma and chronic respiratory	30 (19/11)	221	5.2	55.0 (48.2-62.8)	2.20
Peptic ulcer/gastroesophageal	31 (21/10)	219	5.1	54.6 (47.8-62.3)	2.18
Liver and alcohol diseases	23 (15/8)	156	3.6	38.9 (33.3-45.5)	1.56
Cancer	25 (14/11)	136	3.2	33.9 (28.7-40.1)	1.36
Non-communicable	14 (8/6)	109	2.6	27.2 (22.5-32.8)	1.09
Kidney failure and genitourinary	11 (7/4)	64	1.5	15.9 (12.4-20.3)	0.64
Other neuropsychiatric disorders	3 (1/2)	10	0.2	2.5 (1.3-4.6)	0.10
Injuries					
Road traffic accidents	17 (15/2)	136	3.2	33.9 (28.7-40.1)	1.36
Falls	11 (9/2)	92	2.1	22.9 (18.7-28.1)	0.92
Animal/plant venom	13 (8/5)	71	1.7	17.7 (14-22.3)	0.71
Other unintentional injuries	10 (6/4)	43	1.0	10.7 (7.9-14.4)	0.43
Other injuries	1 (1/0)	16	0.4	4.0 (2.5-6.5)	0.16
Other transport accidents	1 (1/0)	3	0.1	0.7 (0.2-2.2)	0.03
Ill-defined/unknown	9 (4/5)	66	1.5	16.4 (12.9-20.9)	0.66
All 30-69	652 (380/272)	4,280	100.0	1,066.1 (1,034.6-1,098.5)	42.64

Table 42. Leading causes of death for 30 to 69 years, 2018-2023 – South

Cause of death	Study Total deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	458 (254/204)	827	18.5	131.5 (122.8-140.8)	5.26
Other infections	110 (62/48)	214	4.8	34.0 (29.7-38.9)	1.36
Diarrhoea	124 (66/58)	199	4.5	31.7 (27.6-36.4)	1.27
Pneumonia	117 (61/56)	199	4.5	31.7 (27.6-36.4)	1.27
Tuberculosis	100 (60/40)	184	4.1	29.3 (25.4-33.9)	1.17
Maternal	61 (0/61)	118	2.7	18.8 (15.7-22.5)	0.75
Severe Localized Infection	47 (25/22)	103	2.3	16.4 (13.5-19.9)	0.66
HIV/AIDS and STIs	58 (22/36)	85	1.9	13.5 (10.9-16.7)	0.54
Hepatitis	48 (40/8)	58	1.3	9.2 (7.1-11.9)	0.37
Meningitis/encephalitis	25 (13/12)	42	0.9	6.7 (5.0-9.1)	0.27
Severe systemic infection	27 (17/10)	42	0.9	6.7 (5.0-9.1)	0.27
Fever of unknown origin	21 (10/11)	37	0.8	5.9 (4.3-8.1)	0.24
Non-communicable					
Ischaemic heart and other vascular	320 (160/160)	518	11.6	82.4 (75.6-89.8)	3.30
Stroke	246 (130/116)	361	8.1	57.4 (51.8-63.6)	2.30
Peptic ulcer/gastroesophageal	77 (46/31)	151	3.4	24.0 (20.5-28.2)	0.96
Liver and alcohol diseases	99 (62/37)	149	3.3	23.7 (20.2-27.8)	0.95
Cancer	85 (35/50)	128	2.9	20.4 (17.2-24.3)	0.82
Appendix, hernia, intestinal	66 (45/21)	125	2.8	19.9 (16.7-23.7)	0.80
Kidney failure and genitourinary	58 (33/25)	91	2.0	14.5 (11.8-17.8)	0.58
Asthma and chronic respiratory	48 (26/22)	79	1.8	12.6 (10.1-15.7)	0.50
Non-communicable	31 (21/10)	60	1.3	9.5 (7.4-12.2)	0.38
Other neuropsychiatric	18 (8/10)	31	0.7	4.9 (3.4-7.0)	0.20
Epilepsy	15 (10/5)	23	0.5	3.7 (2.5-5.6)	0.15
Sickle-cell	11 (6/5)	14	0.3	2.2 (1.3-3.7)	0.09
Injuries					
Road traffic accidents	94 (71/23)	141	3.2	22.4 (19.0-26.4)	0.90
Other unintentional injuries	64 (39/25)	123	2.8	19.6 (16.4-23.4)	0.78
Falls	41 (29/12)	92	2.1	14.6 (11.9-17.9)	0.58
Animal/plant venom	25 (16/9)	50	1.1	8.0 (6.1-10.6)	0.32
Other injuries	32 (24/8)	49	1.1	7.8 (5.9-10.3)	0.31
Other transport accidents	24 (15/9)	39	0.9	6.2 (4.5-8.5)	0.25
Ill-defined/unknown	65 (26/39)	126	2.8	20.0 (16.8-23.8)	0.80
All 30-69	2,615 (1,432/1,183)	4,460	100.0	709.4 (688.9-730.5)	28.38

Table 43. Leading causes of death for 30 to 69 years, 2018-2023 – West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	81 (40/41)	352	8.7	75.2 (67.7-83.5)	3.01
Tuberculosis	50 (28/22)	219	5.4	46.8 (41.0-53.4)	1.87
Diarrhoea	44 (25/19)	192	4.8	41.0 (35.6-47.2)	1.64
Other infections	41 (23/18)	181	4.5	38.7 (33.5-44.8)	1.55
Pneumonia	36 (23/13)	161	4.0	34.4 (29.5-40.1)	1.38
HIV/AIDS and STIs	36 (19/17)	155	3.9	33.1 (28.3-38.7)	1.32
Maternal	18 (0/18)	78	1.9	16.7 (13.4-20.8)	0.67
Hepatitis	17 (13/4)	72	1.8	15.4 (12.2-19.4)	0.62
Severe localized infection	11 (10/1)	49	1.2	10.5 (7.9-13.9)	0.42
Fever of unknown origin	8 (4/4)	35	0.9	7.5 (5.4-10.4)	0.30
Severe systemic infection	6 (4/2)	28	0.7	6.0 (4.1-8.7)	0.24
Meningitis/encephalitis	3 (1/2)	13	0.3	2.8 (1.6-4.8)	0.11
Non-communicable					
Ischaemic heart and other vascular	140 (69/71)	602	15.0	128.6 (118.7-139.3)	5.14
Stroke	107 (52/55)	459	11.4	98.1 (89.5-107.5)	3.92
Cancer	40 (24/16)	174	4.3	37.2 (32.1-43.2)	1.49
Appendix, hernia, intestinal	34 (26/8)	150	3.7	32.1 (27.4-37.7)	1.28
Peptic ulcer/gastroesophageal	31 (19/12)	137	3.4	29.3 (24.8-34.6)	1.17
Liver and alcohol diseases	29 (16/13)	130	3.2	27.8 (23.4-33.0)	1.11
Kidney failure and genitourinary	28 (17/11)	122	3.0	26.1 (21.9-31.2)	1.04
Asthma and chronic respiratory	23 (15/8)	98	2.4	20.9 (17.1-25.5)	0.84
Non-communicable	17 (11/6)	80	2.0	17.1 (13.7-21.3)	0.68
Other neuropsychiatric disorders	6 (3/3)	26	0.6	5.6 (3.8-8.2)	0.22
Sickle-cell	4 (1/3)	17	0.4	3.6 (2.2-5.8)	0.14
Epilepsy	3 (1/2)	13	0.3	2.8 (1.6-4.8)	0.11
Injury					
Road traffic accidents	43 (29/14)	191	4.7	40.8 (35.4-47.0)	1.63
Other unintentional injuries	21 (15/6)	90	2.2	19.2 (15.6-23.6)	0.77
Falls	20 (17/3)	85	2.1	18.2 (14.7-22.5)	0.73
Other injuries	8 (7/1)	38	0.9	8.1 (5.9-11.1)	0.32
Animal/plant venom	4 (2/2)	20	0.5	4.3 (2.8-6.7)	0.17
Ill-defined/unknown	14 (6/8)	59	1.5	12.6 (9.8-16.3)	0.50
All 30-69	923 (520/403)	4,027	100.0	860.5 (834.3-887.5)	34.42

Table 44. Leading causes of death for 70+ years, 2018-2023 – East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Other infections	43 (23/20)	689	13.7	1,828.5 (1,696.9-1,970.3)	18.29
Malaria	32 (20/12)	551	10.9	1,462.3 (1,345.2-1,589.6)	14.62
Diarrhoea	25 (14/11)	427	8.5	1,133.2 (1,030.7-1,245.9)	11.33
Tuberculosis	16 (12/4)	247	4.9	655.5 (578.6-742.6)	6.56
Pneumonia	11 (7/4)	160	3.2	424.6 (363.7-495.8)	4.25
Non-communicable					
Ischaemic heart and other vascular	49 (18/31)	738	14.7	1,958.5 (1,822.2-2,105.0)	19.59
Stroke	41 (19/22)	629	12.5	1,669.3 (1,543.8-1,805.0)	16.69
Peptic ulcer/gastroesophageal	13 (9/4)	252	5.0	668.8 (591.1-756.7)	6.69
Asthma and chronic respiratory	15 (12/3)	220	4.4	583.8 (511.5-666.3)	5.84
Non-communicable	9 (6/3)	159	3.2	422.0 (361.2-493.0)	4.22
Appendix, hernia, intestinal	9 (9/0)	134	2.7	355.6 (300.2-421.2)	3.56
Liver and alcohol diseases	7 (2/5)	108	2.1	286.6 (237.3-346.1)	2.87
Kidney failure and genitourinary	7 (5/2)	87	1.7	230.9 (187.1-284.9)	2.31
Cancer	3 (2/1)	45	0.9	119.4 (89.1-159.9)	1.19
Injuries					
Falls	9 (3/6)	159	3.2	422 (361.2-493)	4.22
Other injuries	8 (5/3)	114	2.3	302.5 (251.8-363.5)	3.03
Ill-defined/unknown	21 (8/13)	315	6.3	836 (748.6-933.6)	8.36
All 70 years and over	318 (174/144)	5,033	100.0	13,356.9 (12,992.9-13,731.1)	133.57

Table 45. Leading causes of death for 70+ years, 2018-2023 – North East

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Other infections	44 (21/23)	301	14.2	1,131.5 (1,010.6-1,266.8)	11.32
Malaria	39 (17/22)	242	11.4	909.7 (802-1,031.8)	9.10
Diarrhoea	22 (14/8)	140	6.6	526.3 (446.0-621.1)	5.26
Tuberculosis	17 (14/3)	131	6.2	492.4 (414.9-584.4)	4.92
Pneumonia	16 (10/6)	87	4.1	327.0 (265.0-403.5)	3.27
Non-communicable					
Ischaemic heart and other vascular	56 (27/29)	318	15.0	1,195.4 (1,071.0-1,334.3)	11.95
Stroke	43 (22/21)	291	13.7	1,093.9 (975.2-1,227.1)	10.94
Peptic ulcer/gastroesophageal	19 (12/7)	103	4.9	387.2 (319.2-469.7)	3.87
Liver and alcohol diseases	12 (7/5)	68	3.2	255.6 (201.5-324.2)	2.56
Kidney failure and genitourinary	8 (8/0)	64	3.0	240.6 (188.3-307.4)	2.41
Appendix, hernia, intestinal	10 (7/3)	62	2.9	233.1 (181.7-299.0)	2.33
Asthma and chronic respiratory	9 (4/5)	61	2.9	229.3 (178.4-294.7)	2.29
Non-communicable	9 (3/6)	59	2.8	221.8 (171.8-286.3)	2.22
Cancer	1 (0/1)	4	0.2	15.0 (5.6-40.0)	0.15
Injuries					
Other injuries	7 (6/1)	36	1.7	135.3 (97.6-187.6)	1.35
Falls	7 (4/3)	38	1.8	142.8 (103.9-196.3)	1.43
Ill-defined/unknown	17 (4/13)	114	5.4	428.5 (356.6-514.8)	4.29
All 70 years and over	336 (180/156)	2,119	100.0	7,965.5 (7,633.5-8,312)	79.66

Table 46. Leading causes of death for 70+ years, 2018-2023 – North West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Other infections	38 (16/22)	373	14.6	1,328.7 (1,200.5-1,470.6)	13.29
Malaria	21 (8/13)	271	10.6	965.3 (857.0-1,087.3)	9.65
Pneumonia	11 (3/8)	134	5.2	477.3 (403.0-565.4)	4.77
Tuberculosis	4 (2/2)	83	3.2	295.7 (238.5-366.7)	2.96
Diarrhoea	6 (2/4)	42	1.6	149.6 (110.6-202.4)	1.50
Non-communicable					
Ischaemic heart and other vascular	31 (13/18)	575	22.5	2,048.2 (1,887.4-2,222.6)	20.48
Stroke	21 (13/8)	293	11.4	1,043.7 (930.8-1,170.3)	10.44
Asthma and chronic respiratory	16 (12/4)	230	9.0	819.3 (720.0-932.3)	8.19
Peptic ulcer/gastroesophageal	7 (4/3)	101	4.0	359.8 (296.0-437.3)	3.60
Appendix, hernia, intestinal	8 (7/1)	80	3.1	285.0 (228.9-354.8)	2.85
Cancer	2 (2/0)	63	2.5	224.4 (175.3-287.3)	2.24
Liver and alcohol diseases	4 (3/1)	58	2.3	206.6 (159.7-267.2)	2.07
Kidney failure and genitourinary	1 (1/0)	31	1.2	110.4 (77.6-157.0)	1.10
Non-communicable	1 (1/0)	7	0.3	24.9 (11.9-52.2)	0.25
Injury					
Other injuries	6 (5/1)	72	2.8	256.5 (203.6-323.1)	2.57
Falls	4 (3/1)	28	1.1	99.7 (68.8-144.4)	1.00
Ill-defined/unknown	12 (3/9)	115	4.5	409.6 (341.2-491.7)	4.10
All 70 years and over	193 (98/95)	2,557	100.0	9,108.5 (8,762.2-9,468.5)	91.09

Table 47. Leading causes of death for 70+ years, 2018-2023 – South

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Malaria	101 (36/65)	963	22.9	2,210.4 (2,075.1-2,354.5)	22.10
Other infections	58 (28/30)	545	13.0	1,251 (1,150.3-1,360.6)	12.51
Pneumonia	25 (8/17)	231	5.5	530.2 (466.1-603.2)	5.30
Tuberculosis	26 (12/14)	231	5.5	530.2 (466.1-603.2)	5.30
Diarrhoea	23 (10/13)	216	5.2	495.8 (433.9-566.5)	4.96
Non-communicable					
Ischaemic heart and other vascular	69 (33/36)	644	15.3	1,478.2 (1,368.3-1,596.9)	14.78
Stroke	53 (20/33)	462	11.0	1,060.4 (968-1,161.6)	10.60
Asthma and chronic respiratory	17 (8/9)	149	3.5	342.0 (291.3-401.6)	3.42
Non-communicable	9 (5/4)	105	2.5	241.0 (199.0-291.8)	2.41
Appendix, hernia, intestinal	11 (9/2)	96	2.3	220.4 (180.4-269.2)	2.20
Peptic ulcer/gastroesophageal	13 (8/5)	87	2.1	199.7 (161.9-246.4)	2.00
Kidney failure and genitourinary	5 (4/1)	51	1.2	117.1 (89.0-154.1)	1.17
Liver and alcohol diseases	3 (1/2)	30	0.7	68.9 (48.2-98.5)	0.69
Cancer	4 (1/3)	28	0.7	64.3 (44.4-93.1)	0.64
Injury					
Falls	12 (5/7)	125	3.0	286.9 (240.8-341.9)	2.87
Other injuries	10 (8/2)	79	1.9	181.3 (145.4-226)	1.81
Ill-defined/unknown	17 (3/14)	158	3.8	362.7 (310.3-423.9)	3.63
All 70 years and over	456 (199/257)	4,201	100.0	9,642.6 (9,355.4-9,938.6)	96.43

Table 48. Leading causes of death for 70+ years, 2018-2023 – West

Cause of death	Study deaths (male/female)	Regional annual deaths	% Total	Annual mortality rate (95% CI) per 100,000 pop	Period risk %
Communicable, maternal, perinatal & nutritional					
Other infections	22 (12/10)	179	10.7	990.9 (855.9-1,147.2)	9.91
Malaria	20 (6/14)	160	9.6	885.7 (758.6-1,034.1)	8.86
Diarrhoea	10 (8/2)	80	4.8	442.9 (355.7-551.4)	4.43
Pneumonia	6 (3/3)	48	2.9	265.7 (200.2-352.6)	2.66
Tuberculosis	4 (4/0)	31	1.8	171.6 (120.7-244)	1.72
Non-communicable					
Ischaemic heart and other vascular	49 (24/25)	389	23.3	2,153.5 (1,949.8-2,378.5)	21.54
Stroke	41 (23/18)	327	19.6	1,810.2 (1,624.3-2,017.4)	18.10
Appendix, hernia, intestinal	8 (4/4)	66	4.0	365.4 (287.1-465.1)	3.65
Asthma and chronic respiratory	8 (5/3)	63	3.7	348.8 (272.5-446.5)	3.49
Peptic ulcer/gastroesophageal	5 (1/4)	39	2.3	215.9 (157.7-295.5)	2.16
Cancer	5 (4/1)	38	2.3	210.4 (153.1-289.2)	2.10
Kidney failure and genitourinary	4 (3/1)	34	2.0	188.2 (134.5-263.4)	1.88
Non-communicable	4 (1/3)	31	1.8	171.6 (120.7-244.0)	1.72
Liver and alcohol diseases	1 (1/0)	8	0.5	44.3 (22.2-88.6)	0.44
Injury					
Other injuries	6 (4/2)	47	2.8	260.2 (195.5-346.3)	2.60
Falls	3 (2/1)	23	1.4	127.3 (84.6-191.6)	1.27
Ill-defined/unknown	13 (6/7)	111	6.7	614.5 (510.2-740.1)	6.15
All 70 years and over	209 (111/98)	1,673	100.0	9,261.6 (8,828.3-9,716.2)	92.62

TECHNICAL NOTES, ICD-10 CODES AND NEW YORK TIMES ARTICLE ON HEAL-SL

Neonates	Specific cause	SL	E	NE	NW	S	W
Perinatal conditions	Conditions originating in the perinatal period	40	5	6	2	26	1
	Sudden infant death syndrome	17	3	3	2	8	1
	Feeding problems of newborn	15	1	4	0	4	6
	Neonatal jaundice from unspecified causes	6	1	1	1	2	1
	Disorders linked to long gestation/low birth weight	4	1	0	0	2	1
	Hypothermia of newborn	3	0	2	0	0	1
	Intestinal obstruction of newborn	2	0	1	0	1	0
	Kernicterus	1	1	0	0	0	0
	Neonatal jaundice due to excessive hemolysis	1	0	0	1	0	0
	Other neonatal hemorrhages	1	0	0	0	1	0
Umbilical hemorrhage of newborn	1	0	0	0	1	0	
Other infections	Fever of unknown origin	25	3	9	3	10	0
	Unspecified infections	20	3	6	0	11	0
	Diarrhea	8	1	2	3	1	1
	Severe Localized Infection	1	0	1	0	0	0
Non-communicable	Congenital anomalies	16	2	6	0	5	3
	Epilepsy	2	1	0	0	1	0
	Asthma and chronic respiratory	1	0	0	0	1	0
	Digestive condition	1	0	0	0	0	1
	Neuropsychiatric disorders	1	0	1	0	0	0

1-59 months	Specific cause	SL	E	NE	NW	S	W
Other infections	Unspecified infections	896	184	184	114	331	83
	Severe Localized Infection	18	7	4	3	4	0
	Tuberculosis	17	5	6	1	5	0
	Arthropod-borne viral fevers	12	1	0	0	11	0
	Poliomyelitis	4	0	2	2	0	0
	Helminthiases	2	0	2	0	0	0
	Vaccine preventable diseases	1	0	0	0	1	0
	Tetanus	1	0	0	1	0	0
Non-communicable	Congenital anomalies	15	3	1	0	8	3
	Liver and alcohol diseases	11	4	2	1	2	2
	Sickle-cell	11	3	1	1	5	1
	Kidney failure and genitourinary	8	3	3	0	0	2
	Gastro-oesophageal	6	0	3	0	3	0
	Skin disease	6	0	1	2	2	1
	Sense organ disorders	3	0	0	1	1	1
	Other neuropsychiatric disorders	2	0	1	0	1	0
	Endocrine and immune disorders	1	0	0	1	0	0
	Musculoskeletal disorders	1	0	0	0	1	0
Perinatal conditions	Sudden infant death syndrome	49	6	6	3	30	4

5-14 years	Specific cause	SL	E	NE	NW	S	W
Other infections	Unspecified infections	186	42	30	27	59	28
	Measles	16	3	5	0	6	2
	Severe localized infection	16	3	4	0	6	3
	HIV/AIDS and STIs	14	0	2	1	10	1
	Tuberculosis	12	3	3	0	6	0
	Fever of unknown origin	8	2	0	0	6	0
	Helminthiases	7	3	1	3	0	0
	Severe systemic infection	6	2	0	0	3	1
	Tetanus	4	0	1	0	1	2
	Arthropod-borne viral fevers	3	0	0	1	2	0
Other injuries	Unintentional injuries	24	3	4	4	8	5
	Animal/plant venom	16	1	6	2	7	0
	Other transport accidents	6	0	0	1	5	0
	Fires	3	0	0	0	1	2
	Interpersonal violence	2	0	0	1	1	0
	Poisonings	2	1	0	0	1	0
	Suicide	2	0	1	0	0	1
Non-communicable	Asthma and chronic respiratory	12	1	1	1	7	2
	Kidney failure and genitourinary	12	2	1	1	7	1
	Ischaemic heart and other vascular	8	1	0	2	4	1
	Congenital anomalies	5	1	0	0	3	1
	Skin disease	4	1	0	2	1	0
	Other neuropsychiatric disorders	3	1	0	0	0	2
	Musculoskeletal disorders	2	0	1	1	0	0
	Oral conditions	2	1	1	0	0	0
	Maternal	2	0	0	1	1	0
Malnutrition	2	0	0	0	2	0	

15 – 29 years	Specific cause	SL	E	NE	NW	S	W
Other infections	Other infections	83	15	13	9	37	9
	Severe systemic infection	18	0	1	0	14	3
	Fever of unknown origin	11	1	1	0	7	2
	Arthropod-borne viral fevers	8	3	2	0	3	0
	Measles	6	1	1	0	4	0
	Helminthiases	5	4	0	0	0	1
	Tetanus	3	0	3	0	0	0
Non-communicable	Oral conditions	14	1	4	2	7	0
	Other neuropsychiatric disorders	11	0	0	2	6	3
	Asthma and chronic respiratory	16	3	0	2	9	2
	Skin disease	6	1	1	0	3	1
	Endocrine and immune disorders	3	1	0	1	0	1
	Musculoskeletal disorders	3	1	0	0	1	1
	Sense organ disorders	2	0	0	0	1	1
Malnutrition	1	1	0	0	0	0	
Other injuries	Other unintentional injuries	53	7	21	2	18	5
	Other transport accidents	17	1	2	0	14	0
	Interpersonal violence	13	3	1	1	7	1
	Fires	12	2	0	0	1	9
	Suicide	5	0	3	0	0	2
	Undetermined intent	4	1	3	0	0	0
	Poisonings	2	1	0	1	0	0

30-69 years	Specific cause	SL	E	NE	NW	S	W
Other infections	Unspecified infections	342	111	64	39	90	38
	Arthropod-borne viral fevers	24	5	4	3	10	2
	Helminthiases	17	3	5	2	7	0
	Measles	4	0	1	0	2	1
	Tetanus	2	1	0	0	1	0
Non-communicable	Oral conditions	28	2	3	6	13	4
	Skin disease	27	0	6	5	9	7
	Musculoskeletal disorders	11	2	0	1	4	4
	Malnutrition	7	0	2	1	3	1
	Sense organ disorders	7	3	2	1	1	0
	Congenital anomalies	4	1	1	0	1	1
Other injuries	Interpersonal violence	19	3	3	0	11	2
	Drownings	15	2	1	1	9	2
	Undetermined intent	11	6	2	0	3	0
	Fires	10	0	3	0	5	2
	Suicide	6	0	0	0	4	2
Other transport accidents	Accident to watercraft causing drowning	16	0	0	0	16	0
	Water-transport drowning, no watercraft accident	10	0	1	1	8	0

70+ years	Specific cause	SL	E	NE	NW	S	W
Other infections	Unspecified infections	142	31	31	24	36	20
	Severe localized infection	16	0	4	3	8	1
	Fever of unknown origin	14	5	1	5	3	0
	Hepatitis	10	4	3	2	1	0
	Meningitis/encephalitis	9	0	4	3	2	0
	HIV/AIDS and STIs	7	1	1	1	4	0
	Severe systemic infection	7	2	0	0	4	1
Other injuries	Other unintentional injuries	15	5	4	2	2	2
	Road traffic accidents	9	1	1	1	2	4
	Animal/plant venom	6	2	1	3	0	0
	Drownings	2	0	0	0	2	0
	Fires	2	0	0	0	2	0
	Interpersonal violence	1	0	1	0	0	0
	Other transport accidents	1	0	0	0	1	0
	Undetermined intent	1	0	0	0	1	0

Cause	ICD-10 Codes
Maternal	A09, A16, A85, B20, B24, B53, B54, B90, B99, C50, D57, I09, I33, I64, I67, J45, K04, K76, O00, O03-O08, O10, O14-O16, O21, O22, O26, O31, O41, O44-O46, O60, O64, O66, O67, O72, O73, O75, O82, O85-O88, O90, O91, O94-O99, R17, R50, W01, Z98
Pneumonia	H66, J02, J06, J11-J13, J15, J16, J18 J20, J21, J22, J36, J86, P23, U07, U08
Asthma and chronic respiratory	J39, J40, J44-J47, J60, J64, J69, J80, J90, J98, R04, R05
Birth asphyxia and birth trauma	P02, P03, P12, P15, P20, P21, P24, P90
Cancer	C03, C06, C08, C10, C14-C18, C21, C22, C26, C30, C32-C34, C40, C41, C44, C49, C50, C53, C55-C57, C61, C64, C67,-C69, C71, C73, C76, C77, C80, C81, C83, C95, C96, D01, D13, D25, D33, D37, D41, D43, D48, N63
Stroke	I60-I64, I67-I69
Non-communicable	D59, D62, D76, E04, G83, H18, H57, H59, H92, H93, K03, K08, K10-K12, L40, L89, L97, L98, M06, M08, M13, M24, M40, M43, M47, M54, M72, M80, M89, M90, Q02-Q06, Q18, Q20, Q21, Q24, Q42, Q45, Q61, Q66, Q68, Q75, Q89, R21, R22
Diarrhea	A01, A03, A05, A06 A09
Drownings	W65, W69, W70, W73, W74
Epilepsy	G40, G41, R56
Falls	W01-W04, W06-W08, W10, W11, W13, W14, W16-W19
Fever of unknown origin	R50
Other injuries	X00, X01, X04, X08, X09, X44, X46, X48, X49, X64, X66, X70, X71, X78,X85, X89, X94, X99, Y00-Y04, Y08, Y09, Y14, Y19, Y21, Y23, Y24, Y28, Y29, Y34, Y87
Gastro-oesophageal	I85, K22, K25, K27, K29, R13
HIV/AIDS and STIs	A53, A54, A64, B20-B24, N70, N73, N74, R75
Hepatitis	B15-B17, B19
Cardiovascular	E10, E11, E14, I01, I10-I13, I27, I42, I49, I50-I52, I73, I80, I89, I95, I99
Malnutrition	D50, D53, D64, E40-E46, E56, E64
Ischaemic heart	I20-I22, I24, I25, I46, I84, R55
Liver and alcohol diseases	B18, F10, K70-K77, R17, R18, Y15
Low birth weight/preterm	P01, P05, P07, P22, P28, P61
Malaria	B50-54
Measles	B01, B05
Meningitis/encephalitis	A39, A82, A85-A89, G00-G05
Kidney failure and genitourinary	N04, N08, N11-N13, N15, N17, N18, N19, N25, N28, N29, N35, N39, N40, N42, N43, N45, N80, N83, N85, N91, N93, N94, R33, R39
Ill-defined/unknown	R07, R51, R52, R54, R58, R60-R62, R68, R69, R96, R99
Digestive conditions	K35-K37, K40-K42, K44-K46, K50, K52, K55, K56, K58, K59, K62, K63, K85, K86, K91, K92, R10, R11, R19, R63
Other infections	A33, A35, A80, A90-A96, A98, A99, B02, B08, B09, B26, B33, B34, B37, B49, B65, B68, B74, B76, B77, B81-B83, B86, B94, B99
Other neuropsychiatric disorders	F03, F09, F20, F29, F32, F43, F99, G20, G37, G43, G44, G91, G93, G95, G96, R40, R45
Other perinatal conditions	P08, P51, P54, P57-P59, P76, P80, P92, P96, R95
Other transport accidents	V90, V91, V92, V94
Other unintentional injuries	W20-W23, W25-W27, W30, W31, W33, W34, W36, W44, W45, W49, W50, W53-W56, W58, W77-W80, W85, W87, X10-X13, X19, X30, X33, X36-X38, Y59, Y60, Y65, Y83, Y84, Y86, Y88
Road traffic accidents	V02-V04, V09, V13, V18-V29, V32, V34, V38, V40, V43, V44, V46-V49, V53, V54, V57-V59, V64, V67--V69, V78, V79, V84, V87-V89, V99, Y85
Severe Localized Infection	H60, I30, K02, K04, K05, K61, K65, L01-L04, L08, M00, N10, N30, N49, N61
Severe Systemic Infection	A25, A40, A41, A49, A77, P36-P39
Sickle-cell	D57
Stillbirth	P95
Tuberculosis	A15, A16, A18, B90
Animal/plant venom	W57, W60, X20, X23, X29



Gift From the Grave

By STEPHANIE NOLEN

FUNKOYA, SIERRA LEONE — Augustino Alpha begins gently. “Who lives in this home?” he asks the young man, who has come in from the fields to answer his questions.

Your name? Age? Religion? Marital status? In what grade did you leave school? Do you own a bicycle? Mr. Alpha taps the young man’s answers into the laptop perched on his thin knees.

Then comes the key question: “Did anyone die in your home in the last two years?”

With better counting of who died and how, developing countries can help the living.

“Yes,” the young man says, “my mother.” Mr. Alpha expresses his sympathy, asks him her name — it was Mahini Kamara — then plunges in: Was she sick? How long? Fever? Rising and falling, or steady? Vomiting? Diarrhea? Tremors? Did she see a doctor? Get medication? Have pain? Where was the pain, and how long did it last?

Ms. Kamara’s son is reticent at first but is soon caught up recounting the story of those last few weeks of his mother’s life, describing the fruitless trips to the local clinic. Mr. Alpha taps away until every detail has been entered in the software of a public health survey called the Countrywide Mortality Surveillance for Action, or COMSA. Then he snaps his laptop closed, applies a

stickler to the wooden shutter of the front window marking the Kamara house as surveyed, reiterates his condolences and moves on to the next home.

In this way, Mr. Alpha and three colleagues will, over a few days, gather the details of every death that took place in the village of Funkoya since 2020, using a process called an electronic verbal autopsy. The data they collect goes to the project’s head office at Njala University, in the city of Bo, a few hundred kilometers to the east. There, a physician reviews the symptoms and de-

Above, the body of Francis Kallie being carried to a plot behind the family home in the city of Bo in Sierra Leone in February. Nearly half the deaths around the world are not recorded.

In a Gift From the Grave, the Dead Help the Living

scription, and classifies each death according to its cause.

It is an extraordinarily labor-intensive way of establishing who has died, and how, but it's necessary here because only a quarter of deaths in Sierra Leone are reported to a national vital statistics registry system, and none of the deaths have a cause assigned. Life expectancy here is just 54 years, and the vast majority of people die from preventable or treatable causes. But because there is no data about the deaths of its citizens, the Sierra Leonean government plans its programs and health care budget based on models and projections that are, ultimately, only best guesses.

There are a variety of reasons families do not report the deaths of people like Ms. Kamara to a national registry, none of them complex. The registry office may be far away, and they can't afford the transportation costs, or find the time to go there, or pay the nominal fee for the death certificate. It may be that they've never even heard of the practice; the state has very little presence in their lives. The dead are buried behind their homes or in small village plots, as Ms. Kamara was; the local chief might then make a note in a ledger, the contents of which never travel out of the village. Sierra Leonean hospitals don't automatically share their death records either.

Sierra Leone is not an anomaly. Vital statistics collection across the developing world is weak. While progress has been made in recent years in terms of birth registration (which is increasingly tied to access to education and social benefits), nearly half of the people who die around the world each year do not have their deaths recorded.

"There is no incentive in death registration," said Prabhat Jha, who heads the Center for Global Health Research in Toronto. He pioneered these kinds of efforts to count the dead two decades ago in India; doing it now in Sierra Leone, one of the world's poorest countries, has shown that the model will work anywhere, and has helped bolster a government eager to root its policies in evidence and hard facts.

The topic of vital statistics registration is not glamorous, but it is critically important for understanding public health and socioeconomic inequality. Covid-19 has brought new attention to the topic. Debate over how many people have died from the coronavirus, and who they were, has become political, and in countries such as India, lower death counts have served the agenda of national governments hoping to downplay the role of failed pandemic policies.

It matters that we know not only how many people died, but who they were and when they died, said Stephen MacFosty, director of data and analytics for the World Health Organization: "As we come out of the eye of the storm, this is when you talk about learning lessons."

There is, for example, fierce debate among epidemiologists about whether Africans are dying of Covid-19 at the same rate as people elsewhere in the world, and, if they are not, about what might be protecting them.

When countries don't know who has died or how, it complicates efforts to reduce preventable deaths. The government of Sierra Leone allocates its budget, as many developing countries do, based in part on models provided by UNICEF, the W.H.O., the World Bank and other multilateral agencies that project the number of people who will be killed there each year by malaria, typhoid, car accidents, cancer, AIDS and childbirth. These models are built on global estimates and draw on dozens of studies and individual research projects, which can do a reasonably good job of estimating the larger picture but are sometimes far less accurate at the national level. As Dr. Jha explains it, malaria data that came from Tanzania or Malawi isn't necessarily going to be accurate for Sierra Leone, even though all three countries are in Africa.



PHOTOGRAPH BY FRANK O'HELL FOR THE NEW YORK TIMES



'When you count the dead, you just get information that you didn't expect.'

The information collected through this painstaking door-to-door work has shown that the models can be drastically wrong. "When you count the dead, you just get information that you didn't expect," Dr. Jha said.

The first COMSA study looked at the households of 343,000 people in 2018 and

care in Sierra Leone believed that, he said. In fact, the plotted data showed that malaria deaths formed a U-shape curve, with very high numbers among young children and lower ones for young adults; the numbers then rose again in people over age 45.

The second shock was regarding maternal mortality. The study found that 510 of every 100,000 women die in childbirth — a staggeringly high rate, but still only half of what the United Nations bodies reported for Sierra Leone. The finding was a relief for the government, Dr. Ansumana said, because it showed that resources being poured into making childbirth safer for women and babies was paying off.

Now a second round of the national survey is underway, seeking to illuminate, among other things, the health impact of Covid-19.

To secure this kind of data without having to go from door to door, Sierra Leone is working on reforms to its civic registration, and is one of many countries trying to figure out how to make certain that more deaths are counted.

Many of these fixes are straightforward and don't cost much, said Jennifer Ellis, who leads a program called Data for Health, run by Bloomberg Philanthropies, that aims to increase health data collection in low- and middle-income countries.

It starts with overhauling an extant death certificate to collect usable information on who died and why, and training doctors to be aware of why a specific cause of death is important (that is, for instance, why it matters whether a death is logged as "pancreatic cancer" as opposed to "abdominal pain").

"You need to change how the data flows," she said, because it may be collected by a national interior ministry and not shared with a health ministry. Data should be digitized, so it doesn't just sit moldering in ledgers. It should be easy for people to go somewhere to register a death, and free.

Another step is routine collection of verbal autopsies for all who die outside a health system. This involves identifying and training people at the community level, such as midwives or community health workers and others who might do basic primary care in low-income countries, to collect information on every death.

Digitization is expensive, Ms. Ellis said, but the other steps cost very little. Fewer than 5 percent of deaths in Zambia included a recorded cause when Data for Health joined up with the government there in 2015; by 2020, that figure had risen to 34 percent. Peru introduced a digitized cause-of-death reporting system that now makes death information available in real time; because it had solid and swiftly accessible data, it reported some of the highest Covid death rates in Latin America.

Information captured by new death registration systems has quickly been translated into health policies. When improved cause-of-death collection revealed that road accidents were among the top causes of death in Colombia, its government moved quickly to introduce safety protections in the worst-affected areas. In India, the recorded number of people dying of snakebite exceeded the W.H.O.'s estimate for the entire world; antivenom was made available at more primary care centers in heavily affected areas.

But while many countries are eager to transform what they learn from death statistics into policy, others are hesitant. "I'm not sure all governments really understand the power of data — and let's be frank, a lot of governments probably don't want to measure it, either," Mr. MacFosty of the W.H.O. said. Some view higher Covid death counts as an indictment of their pandemic responses, he said.

Still, he said, the W.H.O. is encouraging countries to treat vital statistics data as they do other forms of infrastructure, such as gas systems or electrical grids.

"This is part of managing a modern country," he said.

From top: Issa Kallonq, cancer rights, gathering data in Mabim; a backyard grave being dug in Bo; and Alpha Mohammed Kamara in Mabim showing Kadijau Jallo where he buried his wife.

2019, of whom 8,374 died. The verbal autopsies produced discoveries so surprising that Dr. Rashid Ansumana, a co-principal investigator for the project, refused to believe them for months, until the revelations had been checked and rechecked a number of ways.

"I got convinced with facts and evidence," said Dr. Ansumana, the dean of the college of community health at Njala University. "And now I can convince anyone: The data is awesome."

The first big surprise involved malaria. The research showed it to be the biggest killer of adults in Sierra Leone. Dr. Ansumana said that in medical school he was taught that malaria killed children under 5, but people who survived childhood had an immunity that kept repeated malaria infections from taking their lives.

Pretty much everyone working in health



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