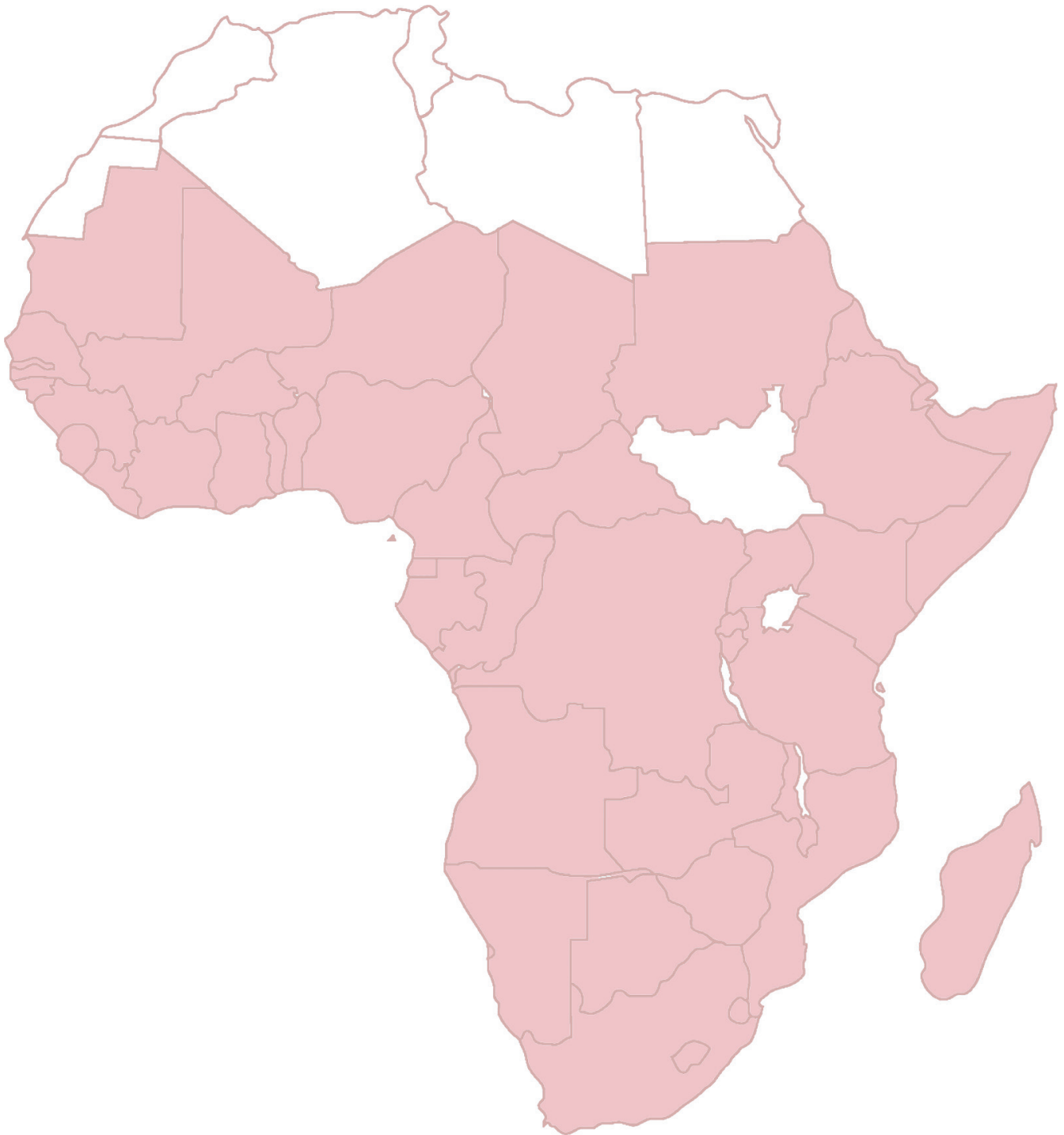


SUB-SAHARAN AFRICA



Sub-Saharan Africa has the world's youngest populations (Table 1). The pattern of cardiovascular disease (CVD) is distinctly different from other regions, with a lower proportion of causes stemming from atherosclerosis, and a younger average age at CVD death. Sub-Saharan Africa has the world's lowest ischaemic heart disease death rates, but stroke death rates are similar to those in Western, High Income countries.

Table 1. Summary regional Indicators for 49 sub-Saharan African countries, 2010

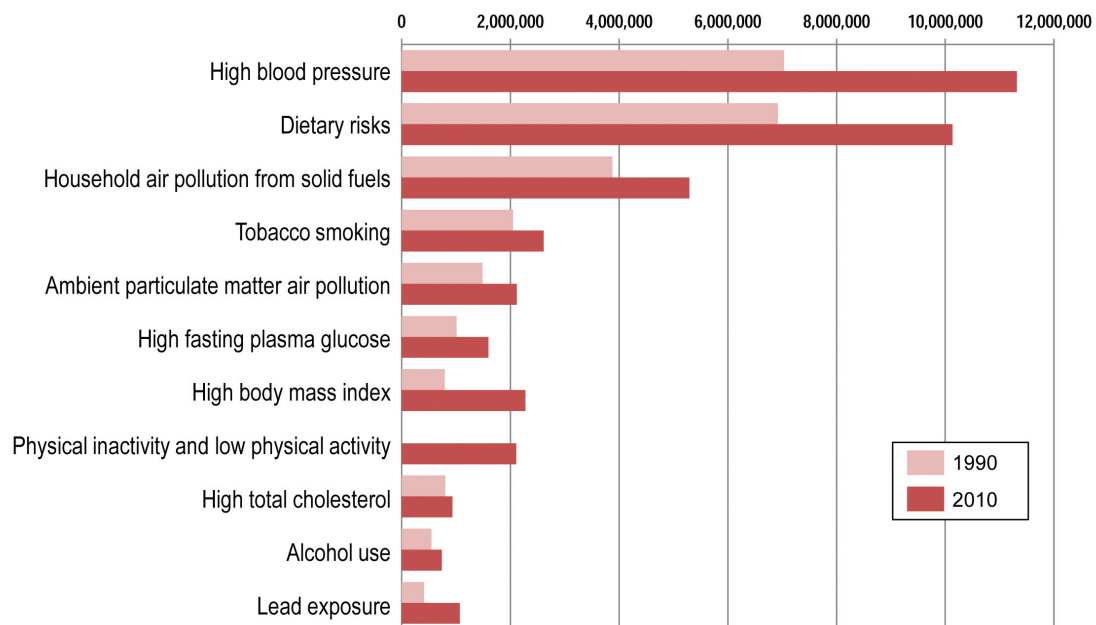
Country Indicator	Median among countries	Range among countries
Life expectancy (years)	57	44.8 – 73.9
Population ≥65 years of age (%)	3.1	2.1 – 7.7
Urban population (%)	38.1	10.6 – 85.8
Physicians per 1,000 people	0.07	0.01 – 0.4
Nurses or midwives per 1,000	0.52	0.04 – 2.84

Stroke was the leading CVD cause of death and disability in sub-Saharan Africa in both 1990 and 2010 (Figure 1). Non-atherosclerotic CVDs such as rheumatic heart disease, hypertensive heart disease, and endocarditis ranked higher among CVDs in sub-Saharan Africa than in any other world region.

Figure 1. Number of DALYs due to CVD, sub-Saharan Africa, both sexes, 1990 and 2010

1. Stroke	5,930,040 (39.5%)	1. Stroke	7,824,920 (52.0%)
2. Ischaemic heart disease	4,152,010 (27.6%)	2. Ischaemic heart disease	5,766,730 (38.4%)
3. Cardiomyopathy	1,144,550 (7.6%)	3. Cardiomyopathy	1,575,600 (10.5%)
4. Rheumatic heart disease	1,128,260 (7.5%)	4. Hypertensive heart disease	1,411,900 (9.3%)
5. Hypertensive heart disease	891,722 (5.9%)	5. Rheumatic heart disease	1,185,610 (7.9%)
6. Endocarditis	194,579 (1.3%)	6. Endocarditis	209,833 (1.4%)
7. Atrial fibrillation	100,749 (0.7%)	7. Atrial fibrillation	192,600 (1.3%)
8. Aortic aneurysm	76,421 (0.5%)	8. Aortic aneurysm	120,416 (0.8%)
9. Peripheral vascular disease	26,975 (0.2%)	9. Peripheral vascular disease	55,117 (0.4%)
10. Other CV and circulatory diseases	1,384,650 (9.2%)	10. Other CV and circulatory diseases	1,825,420 (12.1%)

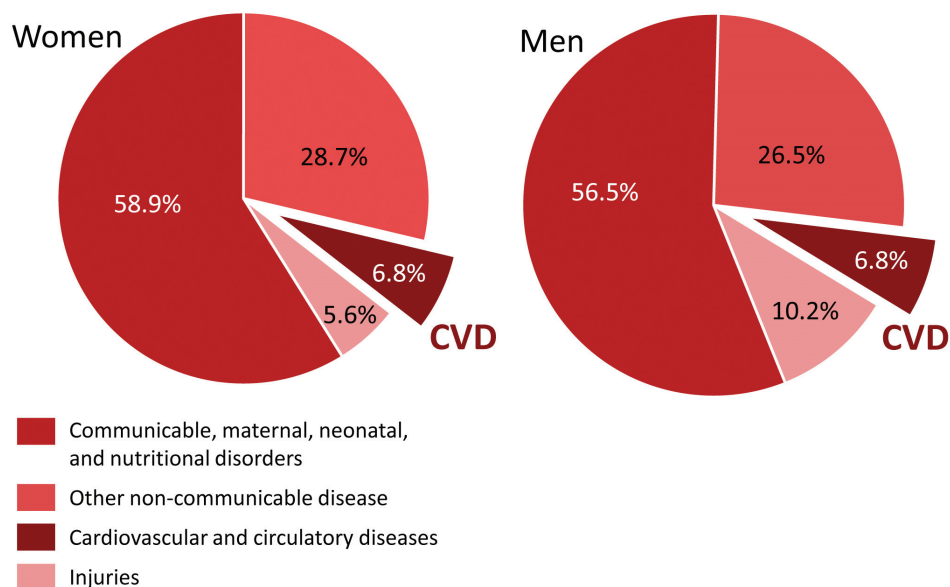
Figure 2. Number of disability-adjusted life years (DALYs) due to CVD risk factors, sub-Saharan Africa, both sexes, 1990 and 2010*



*Note that DALYs attributed to risk factors overlap, that is, the sum for all CVD causes is greater than total CVD DALYs.

CVD attributed to all risk factors increased since 1990 (Figure 2). Because of a high prevalence of communicable, maternal, neonatal and nutritional disorders, less than half of the burden of disease in sub-Saharan Africa in 2010 was due to non-communicable diseases, and about 7% was due to CVDs (Figure 3).

Figure 3. DALYs by cause, sub-Saharan Africa, 2010



Disability adjusted life years (DALYs) per 100,000 people varied by up to four-fold among the countries of sub-Saharan Africa in 2010. (Figure 4). Absolute DALY rates decreased in most countries in the region. Possible increases in number of DALYs per 100,000 were observed in a few countries (Cote D'Ivoire, Ghana, Burkina Faso, Botswana, Lesotho, Swaziland, and Zimbabwe, Figure 5), however these estimates were based on limited data.

The Atlas of CVD reports point estimates. Trends may not be statistically significant. Uncertainty intervals for all point estimates should be considered and are available at <http://viz.healthmetricsandevaluation.org/gbd-compare/>.

Figure 4. 2010 DALYs by country, sub-Saharan Africa

CVD DALYs per 100,000 persons, 2010

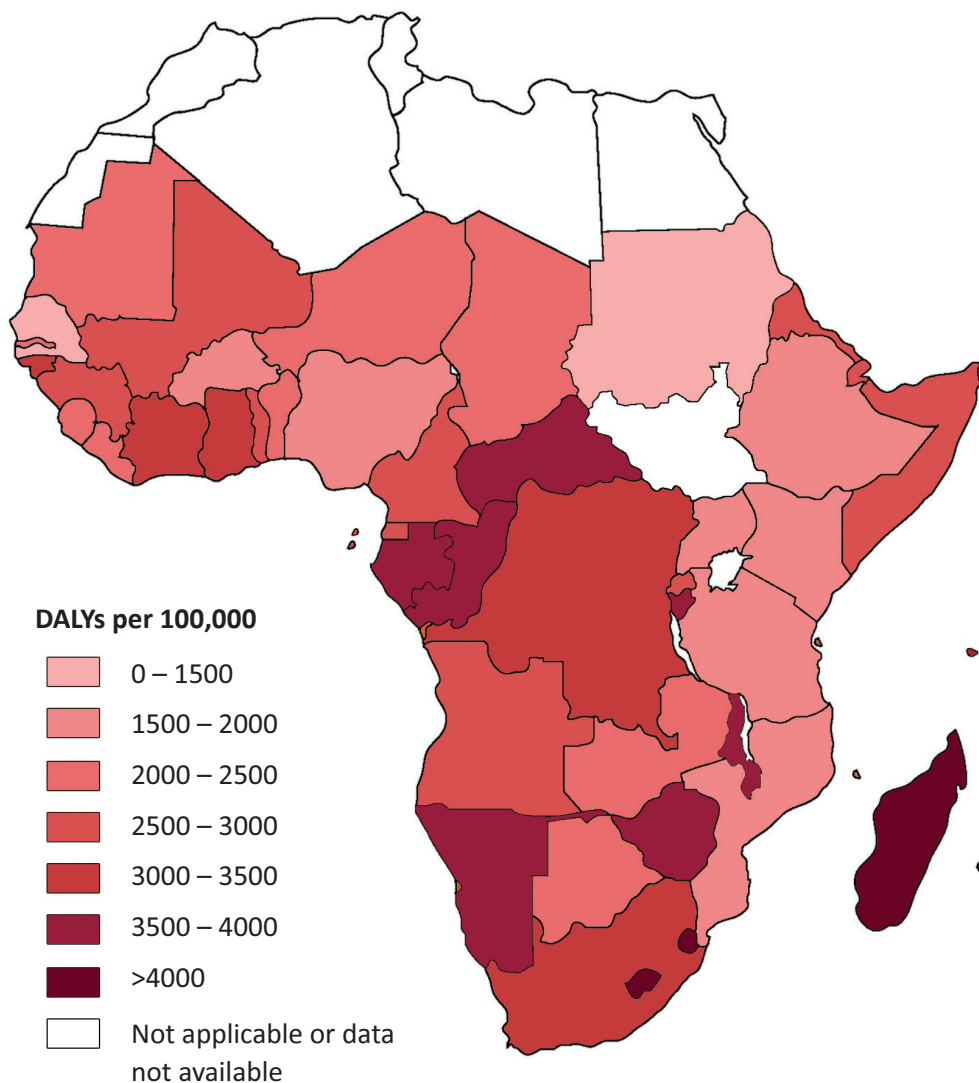


Figure 5. Change in CVD DALYs, 1990-2010, sub-Saharan Africa

Percent change in CVD DALYs per 100,000 between 1990 and 2010

