

Sub-Saharan Africa



The Sub-Saharan Africa region has the world's youngest populations, with less than 4% of adults aged 65 years or older (Table 1). Tobacco prevalence ranges for men from about 9% in Ethiopia to about 60% in Sierra Leone. Tobacco smoking is universally uncommon among women in Sub-Saharan Africa. About a quarter of men and women in the region have high blood pressure. Several countries clustered about equatorial Africa are home to some of the highest hypertension prevalence (Senegal, Mali, Mauritania, Guinea, Ginea Basso, Burkina Fasso, Niger, Chad, Central African Republic, Sudan, South Sudan, Ethiopia, and Somalia; all adult prevalence of high blood pressure >30%).

Table 1. Summary regional indicators for 49 sub-Saharan African countries, 2016

Country Indicator		Regional average	Range (min, max)
Percent of population age 65 years or older		3.4	(1.3, 10.0)
Active smoking	males	17.9	(8.9, 60.0)
	females	2.6	(0.2, 12.0)
Raised blood pressure, age 18 years or older*	males	27.1	(22.7, 33.5)
	females	28.3	(20.2, 35.8)
Diabetes, age 18 years or older**	males	6.7	(4.2, 12.9)
	females	6.4	(4.1, 13.1)

*Raised blood pressure (SBP>=140 OR DBP>=90; age-standardized estimate)

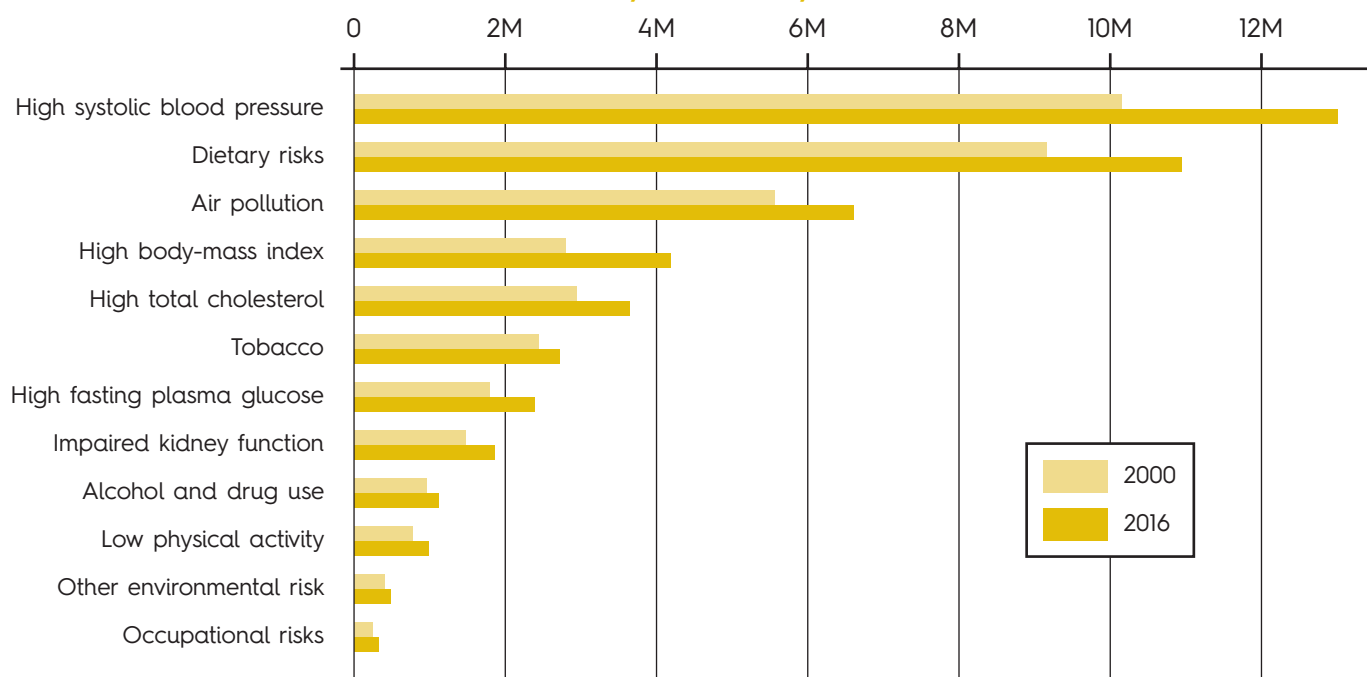
**Raised fasting blood glucose (>=7.0 mmol/L or on medication; age-standardized estimate)

Going back to the prior Global CVD Atlas, stroke was the leading cause of CVD burden in Sub-Saharan Africa from 1990-2010. Over the interval 2000-2016, ischemic heart disease was consistently the number one cause of CVD burden and stroke ranked second (Figure 1). Total CVD burden rose in Sub-Saharan Africa by almost about two-thirds between 2000-2016. The proportion of burden attributed to rheumatic heart disease decreased from 6.1% to 4.9%.

Figure 1. Number of DALYs due to CVD, sub-Saharan Africa, both sexes, 2000 and 2016

CVD cause	2000 rank (% of all)	CVD cause	2016 rank (% of all)
1. Ischemic heart disease	12,211,963 (44.2%)	1. Ischemic heart disease	21,288,783 (46.4%)
2. Stroke	10,127,128 (36.7%)	2. Stroke	16,744,171 (36.5%)
3. Rheumatic heart disease	1,690,286 (6.1%)	3. Rheumatic heart disease	2,272,114 (4.9%)
4. Hypertensive heart disease	1,280,520 (4.6%)	4. Hypertensive heart disease	2,216,177 (4.8%)
5. Other cardiovascular and circulatory diseases	1,215,261 (4.4%)	5. Other cardiovascular and circulatory diseases	1,590,340 (3.5%)
6. Cardiomyopathy and myocarditis	499,277 (1.8%)	6. Cardiomyopathy and myocarditis	843,673 (1.8%)
7. Endocarditis	243,405 (0.9%)	7. Endocarditis	336,310 (0.7%)
8. Atrial fibrillation and flutter	184,101 (0.7%)	8. Atrial fibrillation and flutter	336,293 (0.7%)
9. Aortic aneurysm	136,129 (0.5%)	9. Aortic aneurysm	223,516 (0.5%)
10. Peripheral artery disease	29,304 (0.1%)	10. Peripheral artery disease	49,949 (0.1%)
All CVD causes (total)	27,617,373 (100%)	All CVD causes (total)	45,901,324 (100%)

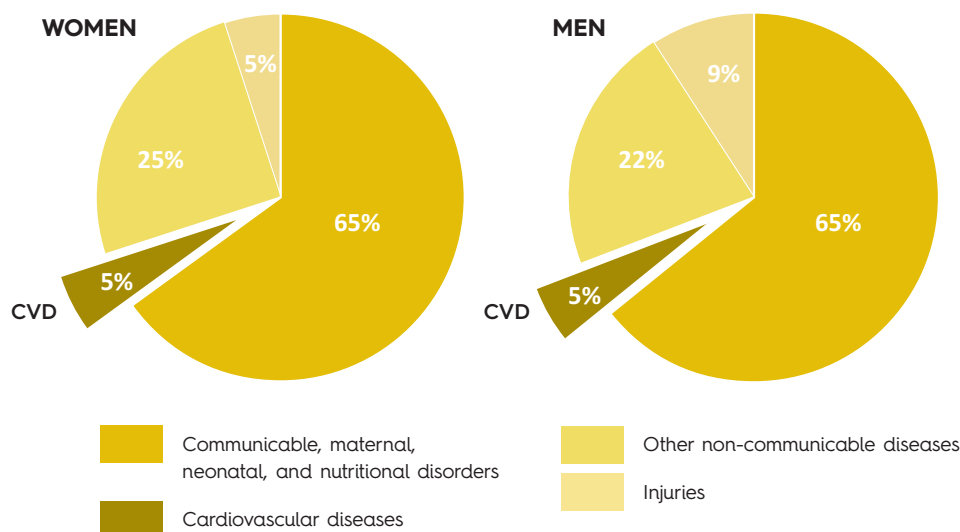
Figure 2. Number of disability-adjusted life years (DALYs) due to CVD risk factors, sub-Saharan Africa, both sexes, 2000 and 2016*



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

CVD burden attributable to all risk factors increased in Sub-Saharan Africa between 2000-2016 (Figure 2). High blood pressure was by far the leading cause of CVD burden; air pollution ranked third. CVD accounts for only about 5% of total disease burden in men and women in the Sub-Saharan Africa region (Figure 3).

Figure 3. DALYs by cause, sub-Saharan Africa, 2016



The Central African Republic, Madagascar, Southern Sudan, Lesotho, and Guinea Bissau had the highest CVD disease burden per 100,000 people in 2016 (Figure 4). All countries experienced a modest decrease in CVD burden rate 2000-2016 (Figure 5) though total burden increased (Figure 1).

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, 2016

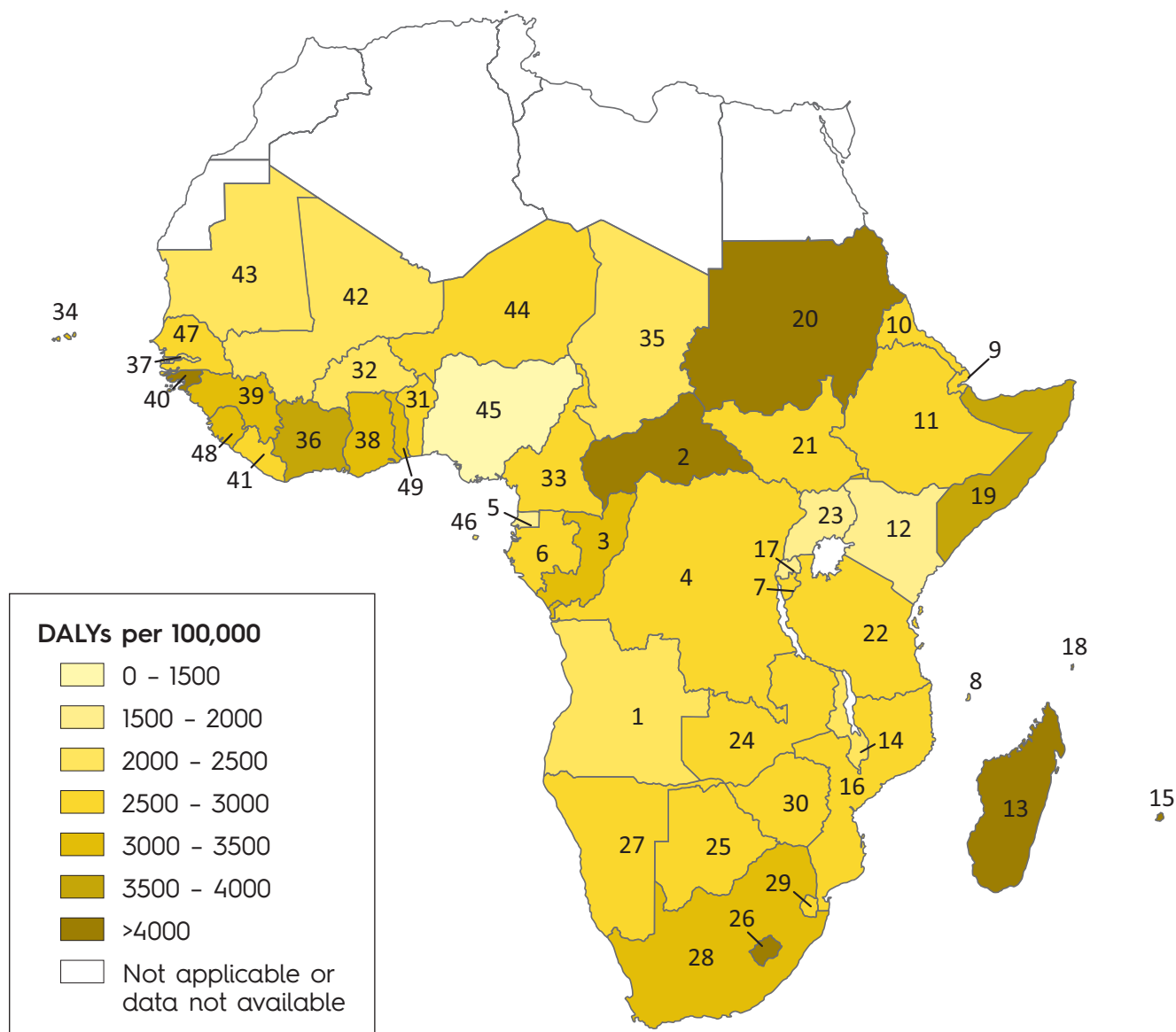


Figure 5. Change in CVD DALYs, 2000-2016, Sub-Saharan Africa

Percent change in CVD DALYs per 100,000 between 2000 and 2016

