TRENDS AND DIFFERENTIALS IN MORTALITY FROM COMMUNICABLE DISEASES IN SOUTH AFRICA, 1997-2013

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Despite the increasing prominence of non-communicable diseases, communicable diseases still contribute substantially to total mortality globally. Although mortality patterns have changed since the 1990s, with chronic non-communicable diseases exceeding communicable, maternal, and perinatal causes (Capilheira, Santos, Azevedo & Reichert, 2008), of the 52.8 million deaths globally in 2010, communicable diseases together with maternal, neonatal, and nutritional causes accounted for about 24.9% of the deaths, down from 15.9 million (34.1%) of 46.5 million in 1990 (Lozano, Naghavi, Foreman et al. 2012). Communicable diseases have a greater impact in developing nations (Mainali, 2006).

It is only in Africa where communicable diseases dominate non-communicable diseases as causes of death (Beaglehole & Yach, 2003). In spite of the global improvements, communicable diseases, together with maternal, nutritional and new-born diseases still dominate total mortality in sub-Saharan Africa (World Bank, 2013). According to the World Bank (2013), although the relative burdens of diarrhoea and lower respiratory diseases have declined, communicable diseases, new-born, nutritional, and maternal causes such as diarrhoea, lower respiratory infections and protein-energy malnutrition remain the top drivers of health loss in most sub-Saharan countries. Furthermore, communicable diseases such as HIV/AIDS and malaria accounted for a larger proportion of disability in sub-Saharan Africa than the world as a whole in 2010 (World Bank, 2013). According to Young et al. (2010) infectious diseases still cause the majority (69%) of deaths in sub-Saharan Africa.

The increasing prominence of non-communicable diseases globally has led to a shift in focus from communicable diseases. In a study on South Africa, Udjo (2011)

observed that mortality from all causes increased in the late 1990s partly due to HIV/AIDS resulting in a decline in the percentage contribution of non-communicable diseases relative to communicable diseases to overall mortality in South Africa.

The purpose of this study therefore is to examine trends and differentials in mortality from communicable diseases in South Africa during the period 1997-2013. The specific objectives are: (1) Estimate trends in age standardised death rates due to communicable diseases, 1997-2013 nationally; (2) Examine provincial differences in age standardised death rates, 1997-2013; (3) Examine trends in age standardised death rates in broad categories of communicable diseases nationally; and (4) Estimate life table mean survival times from communicable diseases mortality as insight to broad age pattern in communicable diseases mortality.

The study utilised South Africa's death registration data spanning the period 1997-2013. The methods utilised in the study included computing age standardised death rates, estimating the denominator for computing the rates, and estimating life table median survival times of communicable diseases deaths.

Despite weaknesses in the data, the following conclusions could be drawn from the results of the analysis. The trend in percentage contribution of communicable diseases deaths to total deaths may have declined since 2006 in South Africa, but still contributes at least a third to total deaths. Of the nine provinces, the Free State had the highest crude death rates from communicable diseases during the period 1997-2013, controlling for changes in age structure while the Western Cape had the least crude death rate during the same period. Despite the availability and roll out of anti-retroviral therapy, death rate from HIV/AIDS as an underlying cause of death in general, increased during the period 1997-2013. Of adults who died between the ages of 15-64, the median survival time for HIV/AIDS as underlying cause of death was stable at less than two years during the period 2000-2010.