



# MORTALITY AND CAUSES OF DEATHS IN NAMIBIA



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### Namibia Mortality and Causes of Deaths Report, 2018 – 2021

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### FOREWORD



The Namibia Statistics Agency produced the first Mortality and Causes of Deaths report based on 2016 and 2017 Civil Registration data in 2020. This is the second series of the Mortality and Causes of Deaths report to be produced. The statistics presented in this report are based on Civil Registration data for the deaths that occurred in the years 2018 – 2021. However, to show death trends, specifically in chapter 5, the report shows

statistics from 2016 using the most recent data set.. This implies that the numbers for 2016 and 2017 will be slightly different in this report in comparison to what was published in 2020. The purpose of showing trends is to illustrate changes over time in the number of deaths.

The report also highlights gaps and progress made in the certification of causes of death in Namibia to assess how far the country is towards attaining the targets set under the Civil Registration and Vital Statistics (CRVS) strategic plan. The coding of causes of death was done using the International Classification of Diseases, 11th Revision (ICD11).

This report will therefore be a useful tool to inform related policies and decisions and guide strategic interventions aimed at boosting the implementation of the strategic plan as well as formulating the upcoming plan. Ideally, vital statistics are used to derive the fundamental demographics and epidemiological measures that are needed in National planning across multiple sectors such as health and education. They are also critical for the wide range of government activities, such as population registers.

The compilation of the report was mainly done by the Namibia Statistics Agency together with other key CRVS stakeholders from the Ministry of Home Affairs, Immigration, Safety, and Security, and Ministry of Health and Social Services, with the financial and technical support of the World Health Organization.

I would like to encourage the stakeholders involved to make use of this report in the design or review of policies, strategies, plans, and processes toward improving death registrations as well as causes of death certification.

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### ACKNOWLEDGEMENTS

NSA would like to acknowledge the Government of Namibia for its commitment to improving Civil Registration and Vital Statistics in Namibia. NSA would also like to acknowledge the financial support from the development partners, The World Health Organization (WHO) for the coding of causes of death and compilation of the report, and the United Nations Population Fund (UNFPA) for the coding of causes of deaths. The partner's contribution to ensure the collection and reporting of mortality statistics follows international standards and guidelines as well as in the capacity building of NSA technical staff as well as some of the CRVS Technical committee members has been a cornerstone for the improvement of the analysis and report writing.

The completion of this report is a joint effort of different staff from various institutions and organizations. Therefore, NSA wishes to acknowledge the efforts of several organizations and individuals who are members of the national CRVS technical committee, specifically from the Namibia Statistics Agency, the Ministry of Home Affairs, Immigration, Safety, and Security, the Ministry of Health and Services, World Health Organization, and United Nations Population Fund, who provided either technical or/and financial support to the successful process of strengthening the Civil Registration and Vital Statistics system in Namibia that led to the production of this Mortality and Causes of deaths report.

Finally, a word of appreciation goes to the Demographic and Vital Statistics division team under Namibia Statistics Agency and national CRVS technical committee members from key stakeholder institutions who provided all they had in terms of technical skills to compile and produce this report in partnership with WHO Namibia.

### **EXECUTIVE SUMMARY**

Analysis of causes of death data highlights the number of deaths reported in the Civil Registration system as well as overall issues of data quality in terms of death certification and reporting. Inaccurate recording of the cause of death compromises the quality and reliability of estimates that can be derived from such data. A High proportion of ill-defined causes of death could be attributed to poor medical certification of cause of death, poor coding of cause of death, age misreporting of deaths, or biasness in reporting certain diseases.

The **evaluation of ill-defined causes** is classified into categories, including symptoms and signs and non-specific causes that denote the mode of death. Analysis of ill-defined causes has shown to be over the 10 percent threshold regardless of whether it is by age, sex, or region. The proportion of ill-defined causes increased from 28.3 percent in 2018 to 49.0 percent in 2021. Kavango East recorded the highest proportion of ill-defined causes in 2021 with 71.9 percent while Khomas recorded the lowest (20.7%) ill-defined causes of death.

Statistics on **timeliness registration** of death events show that registration of deaths within 14 days has slightly improved between the years, 60.7 percent in 2018 and 61.6 percent in 2021. The proportion of deaths registered within 12 months is much higher (about 82% each year) compared to those registered within 14 days. Overall, deaths captured on the system within 14 days are between 92.7 percent and 95.5 percent while all deaths which are captured within 12 months from the time of registration have shown a slight decrease from 99.1 percent in 2018 to 98.5 percent in 2021.

The **death completeness rates** have improved between the years, from 62.3 in 2018 to 81.4 percent in 2021. Kavango West, Ohangwena, and Oshikoto recorded completeness rates of less than 60 percent, which is the lowest in both 2020 and 2021.

There was an increase in the number of **deaths that occurred** between 2018 to 2021, from 18,939 to 24,117 respectively. Generally, there were more male than female deaths as well as more infant and elderly deaths.

**CDR** increased between 2018 and 2021 from 8.1 to 10.8 deaths per 1,000 population. It is worth noting that the COVID-19 pandemic could have been attributed to the increase in CDR for the year 2021 which is the year the country recorded the highest number of cases and deaths due to COVID-19. Oshana recorded the highest crude death rates, while Kavango West and Oshikoto recorded the lowest CDR for both years.

**The Infant Mortality Rate** increased from 49 deaths per 1,000 live births in 2018 to 54 deaths per 1,000 live births in 2021. More than half of the infant deaths were males across the years. Oshana recorded the highest number of infant deaths in 2020 while in 2021, the highest was in Oshana and Omaheke.

**Under-five mortality** rates have slightly increased from 62 deaths per 1,000 live births in 2018 to 65 deaths per 1,000 live births in 2021.

The **death rates among adults (15-59 years)** increased from 4 deaths per 1,000 in 2020 to 6 deaths per 1,000 population in 2021.

Generally, most deaths in Namibia occur in the months of June, July, August, and December with a consistent pattern across the years 2018 to 2021. In 2021, more deaths (about 25%) were recorded in June and July when the COVID-19 pandemic was at its peak.

The **leading cause of death** in Namibia was hypertensive diseases (8.8%) in 2020 while COVID-19 (18.6%) was the leading cause of death in 2021. Diarrhoeal diseases were ranked as the number one leading cause of death for children under five in 2020 (11.9%) and 2021 (11.3%). The leading cause of death for children aged 5 - 14 years in both 2020 and 2021 was drownings with 13.2 percent and 11.1 percent respectively. The leading cause of death for the economically active group (15 – 59 years), was HIV (13.5%) in 2020, while in 2021 COVID–19 was ranked as the first leading cause with 15.1 percent respectively. Most elderly (60+ years) died due to hypertensive disease with 17.6 percent in 2020, while in 2021, COVID-19 ranked as the leading cause of death with 25.0 percent.

Overall, most deaths were due to non-communicable diseases. Deaths due to **communicable**, **maternal**, **perinatal**, **and nutritional conditions** were consistently declining from 29.8 percent in 2018 to 17.7 percent in 2020. However, an increase was observed between 2020 and 2021, from 17.7 percent to 24.4 percent, respectively.

Deaths due to **non-communicable diseases** decreased from 37.5 percent in 2018 to 21.5 percent in 2021.

**Injuries and external causes** increased from 4.4 percent in 2018 to 6.9 in 2020 and then decreased to 5.1 in 2021. The external causes and injuries were found to be more frequent among males than females.

**Communicable diseases, maternal, perinatal, and nutritional conditions** represent 24.4 percent of the total causes while the group of non-communicable diseases and external causes represent 21.5 percent and 49 percent, respectively.

### MAIN INDICATORS SUMMARY

#### Deaths

Indicator	Year				
Indicator	2018	2019	2020	2021	
Number of Registered deaths	18 972	19 485	18 100	24 220	
Males	10 224	10 460	9 847	12 962	
Females	8 741	9 019	8 249	11 249	
Unknown	7	6	4	9	
Number of Deaths Occurred	18 939	19 352	17 962	24 117	
Males	10 179	10 428	9 755	12 903	
Females	8 753	8 915	8 202	11 211	
Unknown	7	9	5	3	
Death Data Quality			_		
% Deaths registered timely (within 14 days)	60.7	60.2	61.1	61.6	
% Deaths registered timely (within 12 months)	81.6	82.0	82.0	82.3	
Registration completeness (%)	62.3	64.6	60.3	81.4	
% Ill-Defined causes /Garbage codes	28.3	40.7	51.7	49.0	
Death Rates					
Crude death rate (per 1,000 population)	7.8	8.0	7.2	9.5	
IMR (per 1,000 live births)	48.9	49.6	47.6	53.5	
Under-5 mortality rate (per 1,000 live births)	54.7	57.7	52.1	56.9	
Adult Mortality Rate (per 1,000 population)	5.2	5.1	4.3	5.6	
Maternal mortality ratio (per 100,000 live births)	95.7	58.4	74.0	81.1	
Major Groups Causes of Deaths					
% Communicable, maternal, perinatal, and nutritional conditions	29.8	25.0	17.7	24.4	
% Injuries and Other External causes	4.4	6.4	6.9	5.1	
% Non-communicable diseases	37.5	27.9	23.7	21.5	

### Leading Causes of Deaths

10 Leading Causes of Deaths for both Sexes and All Ages				
Rank	2020	%	2021	%
1	Hypertensive disease	8.8	COVID-19	18.6
2	HIV	6.7	Hypertensive disease	9.8
3	Lower respiratory infections	6.5	Lower respiratory infections	6.9
4	Road traffic accidents	4.0	HIV	4.5
5	Self-inflicted injuries	3.9	Diabetes mellitus	3.0
6	Diarrhoeal diseases	3.6	Self-inflicted injuries	2.8
7	Tuberculosis	2.9	Road traffic accidents	2.8
8	Endocrine disorders	2.6	Nephritis and nephrosis	2.3
9	Nephritis and nephrosis	2.5	Endocrine disorders	2.3
10	Diabetes mellitus	2.2	Diarrhoeal diseases	2.2
10 Leading Causes of Deaths for Males, All Ages				
1	Lower respiratory infections	6.5	COVID-19	17.6
2	HIV	6.5	Hypertensive disease	8.4
3	Hypertensive disease	6.4	Lower respiratory infections	7.0
4	Self-inflicted injuries	5.8	HIV	4.6
5	Road traffic accidents	5.4	Self-inflicted injuries	4.2
6	Tuberculosis	3.2	Road traffic accidents	3.6
7	Diarrhoeal diseases	3.0	Diabetes mellitus	2.9
8	Drownings	2.6	Nephritis and nephrosis	2.3
9	Endocrine disorders	2.5	Tuberculosis	2.3
10	Nephritis and nephrosis	2.5	Endocrine disorders	2.1
10 Leading Causes of Deaths for Females, All Ages				
1	Hypertensive disease	11.9	COVID-19	19.9
2	HIV	7.0	Hypertensive disease	11.4
3	Lower respiratory infections	6.5	Lower respiratory infections	6.9
4	Diarrhoeal diseases	4.3	HIV	4.5
5	Endocrine disorders	2.7	Diabetes mellitus	3.1
6	Diabetes mellitus	2.6	Diarrhoeal diseases	2.6
7	Nephritis and nephrosis	2.6	Endocrine disorders	2.5
8	Tuberculosis	2.6	Nephritis and nephrosis	2.4
9	Cerebrovascular disease	2.5	Cerebrovascular disease	1.9
10	Road traffic accidents	2.1	Road traffic accidents	1.7

10 Leading Causes of Death for both Sexes aged 0-4 years				
Rank	2020	%	2021	%
1	Diarrhoeal diseases	11.9	Diarrhoeal diseases	11.3
2	Prematurity and low birth weight	8.8	Birth asphyxia and birth trauma	10.8
3	Birth asphyxia and birth trauma	8.3	Prematurity and low birth weight	8.8
4	Lower respiratory infections	6.8	Lower respiratory infections	7.0
5	Protein-energy malnutrition	5.1	Protein-energy malnutrition	4.7
6	Sudden infant death syndrome	4.5	Sudden infant death syndrome	4.4
7	Endocrine disorders	2.6	Endocrine disorders	3.2
8	Drownings	1.3	Drownings	1.5
9	Cerebrovascular disease	1.0	Congenital heart anomalies	1.5
10	Congenital heart anomalies	1.0	COVID-19	1.0
	10 Leading Causes of Dea	ath for b	ooth Sexes aged 5-14 years	
1	Drownings	13.2	Drownings	11.1
2	Protein-energy malnutrition	9.3	Diarrhoeal diseases	10.1
3	Road traffic accidents	8.0	Road traffic accidents	8.8
4	Diarrhoeal diseases	7.8	Protein-energy malnutrition	7.5
5	Lower respiratory infections	5.7	Endocrine disorders	4.6
6	Leukaemia	2.3	Lower respiratory infections	4.2
7	Tuberculosis	2.1	Epilepsy	2.6
8	Meningitis	1.3	Tuberculosis	2.0
9	Endocrine disorders	1.0	COVID-19	1.3
10	Cerebrovascular disease	1.0	Cerebrovascular disease	1.3
10 Leading Causes of Death for both Sexes aged 15-59 years				
1	HIV	13.5	COVID-19	15.1
2	Self-inflicted injuries	9.1	HIV	9.3
3	Road traffic accidents	8.0	Self-inflicted injuries	6.8
4	Lower respiratory infections	4.7	Road traffic accidents	6.4
5	Tuberculosis	4.1	Lower respiratory infections	5.7
6	Homicide	3.3	Hypertensive disease	4.6
7	Hypertensive disease	3.0	Homicide	3.4
8	Endocrine disorders	2.6	Tuberculosis	3.2
9	Drownings	2.4	Endocrine disorders	2.3
10	Nephritis and nephrosis	1.9	Nephritis and nephrosis	2.1
	10 Leading Causes of De	ath for l	both Sexes aged 60+ years	
1	Hypertensive disease	17.6	COVID-19	25.0
2	Lower respiratory infections	8.1	Hypertensive disease	15.3
3	Nephritis and nephrosis	3.9	Lower respiratory infections	7.8
4	Diabetes mellitus	3.8	Diabetes mellitus	4.5
5	HIV	3.5	Nephritis and nephrosis	2.9
6	Chronic obstructive pulmonary			
0	disease	3.4		2.3
7	Cerebrovascular disease	3.2	Chronic obstructive pulmonary disease	2.3
8	Tuberculosis	2.9	Endocrine disorders	2.0
9	Endocrine disorders	2.7	Cerebrovascular disease	1.9
10	Diarrhoeal diseases	2.3	Tuberculosis	1.3

	Bacolina		2	NDP5 Target			Unadju	isted estima	ates from CI	t data
Indicator	pasellie	2017/18	2018/19	2019/20	2020/21	2021/22	2018	2019	2020	2021
Health Adjusted Life Expectancy	58 (2015)	59	60.5	62.5	65.5	67.5			-	
Maternal Mortality Ratio	385 (2013)	348	311	274	237	200	95.7	58.4	74.0	81.1
New-Born Mortality	39 (2013)	35	32	30	25	20				
Under-Five Mortality Rate	54 (2013)	51	48	45	42	39	54.7	57.7	52.1	56.9
Malaria Mortality rate /100,000 population	3.4 (2014)	1	0.3	0.1	0.02	0	2.2	0.4	0.7	0.4
TB mortality rate /100,000 population	73 (2014)	68	63	58	51	47	19.8	13.9	7.6	6.6
Stunting	24% (2013)	22%	20%	18%	16%	12%				
Anaemia	21% (2013	18%	16%	14%	12%	10%	1	1	1	-
Doctor per population ratio	1:2485 (2015)	1:2224	1:2012	1:1837	1:1625	1:1457		-		
Registered Nurses per population ratio	1:328 (2015)	1:317	1:307	1:297	1:285	1:270				
Pharmacist per population ratio	1:4095 (2015)	1:3563	1:3286	1:2922	1:2567	1:2289				
New HIV infections per 1000 population	3 (2016/17)	3	З	2	2	1	1	1	1	1
HIV/AIDS mortality rate per 100 000	134 (2016/17)	021	106	76	<i>с</i> ь	UЬ	4 9	14.7	73.8	0 66
Note: "" means no CR data for indicators					1		2			

NDP5 related mortality indicators

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### LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANACoD	Analysing mortality levels and causes-of-death
APH	Antepartum Hemorrhage
ASMR	Age- Specific Mortality Rate
CBR	Crude Birth Rate
CDC	Centers for Disease Control and Prevention
CDR	Crude Death Rate
CMR	Child Mortality Rate
CoD	Cause of Death
CR	Civil Registration
CRVS	Civil Registration and Vital Statistics
CVD	Cardiovascular Disease
D4H	Bloomberg Philanthropies Data for Health Initiative
DHS	Demographic Health Survey
ECA	(United Nations) Economic Commission for Africa
ESCAP	(United Nations) Economic and Social Commission for Asia and the Pacific
HBP	High Blood Pressure
HISMP	Health Information Systems and Management Program
HIV	Human Immunodeficiency Viruses
ICD	International Classification of Diseases
IMR	Infant Mortality Rate
MCCD	Medical Certificate of the Causes of Death/Still-birth
MHAISS	Ministry of Home Affairs, Immigration, Safety, and Security
MMR	Maternal Mortality Ratio
MO	Medical Officer
MoHSS	Ministry of Health and Social Services
MoJ	Ministry of Justice
MSS	Ministry of Safety and Security
NCD	Non-communicable Disease
NMR	Neonatal Mortality Rate
NPR	National Population Registration
NPRS	National Population Registration System
NSA	Namibia Statistics Agency
NUST	Namibia University of Science and Technology
РРН	Postpartum Haemorrhage
ТВ	Tuberculosis
UN	United Nations
U5MR	Under Five Mortality Rate
WHO	World Health Organisation

### **DEFINITION OF TERMS**

This report is based on the United Nations Principles and Recommendations for a Vital Statistics System, Revision 3 (2014) and has used the following definitions for key variables:

- The **date of occurrence** is the exact date when the event occurred, and should be expressed in terms of day, month, and year. Total numbers of registered live births, deaths, foetal deaths, marriages, and divorces should be based on the date of occurrence, which is the recommended basis for the time reference of all vital statistics tabulations.
- The **date of registration** of a vital event is the day, month, and year when the entry in the civil registration system was made. The time of day, i.e., hour and minutes, may also be recorded if required by the registration law.
- Place of occurrence is the geographical location in the country: (a) locality and (b) major division or other geographical places in which the locality is situated, where the live birth, death, delivery of a dead foetus, marriage, or divorce occurred. Counts of the number of vital events by place of occurrence are useful for the planning and evaluation of various medical, health, and social programmes. For example, data on the number of live births or deaths by place of occurrence are useful in the planning and evaluation of medical facilities and manpower, and in monitoring the workload and performance of the civil registration system in each civil division.
- Place of registration is the geographical location in the country: (a) locality and (b) major civil division or other geographical places, where the live birth, death, delivery of a dead foetus, marriage, or divorce is registered in the civil registration system. This information should be provided in enough detail to enable each specific registration office to be identified for a variety of administrative purposes, including backtracking for clarification of registration and statistical reporting problems, for local registration office workload analyses, and for the optimal geographical distribution of registration points with reasonable proximity to where vital events are occurring.
- Age-specific mortality rate (ASMR): A mortality rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the population.
- **Cause of death:** 'All those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries. Symptoms and modes of dying, such as heart failure or respiratory failure, are not considered to be causes of death for statistical purposes (see 'ill-defined cause of death').
- **Completeness of registration:** The proportion of vital events that are registered. It is the number of registered vital events divided by an estimate of the actual number of vital events that occurred in the same population during a specific period of time.
- **Crude death rate (CDR):** The number of deaths relative to the size of that population during a given period, usually one year. It is expressed as the number of deaths per 1,000 population per year.

- **Death:** The permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition excludes foetal deaths, which are defined separately.
- Foetal death (also referred to as 'stillbirth'): 'Death prior to the complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as the beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Note that this definition broadly includes all terminations of pregnancy other than live births, as defined above.
- **Ill-defined cause of death:** Any code that cannot or should not be used for the underlying cause of death (generally referring to 'R codes'). For instance, a 'mode of death' such as heart failure or kidney failure, symptoms such as back pain or depression, and risk factors such as high blood pressure are all uninformative, ill-defined codes for public health purposes.
- Infant mortality rate (IMR): Probability (expressed as a rate per 1,000 live births) of a child born in a specific year or period dying before reaching the age of 1, if subject to age-specific mortality rates of that period.
- Life expectancy at birth: The average number of years that a new-born could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.
- Live birth: 'The complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (all live-born infants should be registered and counted as such, irrespective of gestational age or whether alive or dead at the time of registration, and if they die at any time following birth, they should also be registered and counted as deaths).'
- **Maternal Death:** 'The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.'
- Maternal Mortality Ratio (MMR): The number of maternal deaths during a given time period per 100,000 live births during the same time period.
- Neonatal Mortality Rate (NMR): Probability (expressed as a rate per 1,000 live births) of a child born in a specific year or period dying in the first 30 days of life, if subject to age-specific mortality rates of that period.
- Under-5 mortality rate (U5MR): The probability of a child born in a specific year or period dying before reaching the age of 5, if subject to age-specific mortality rates of that period. The under-5 mortality rate as defined here is strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1,000 live births.
- **Underlying cause of death:** The cause of death to be used for primary statistical tabulation purposes has been designated as the underlying cause of death. The underlying cause of death is defined as '(a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.'

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### CHAPTER 1: INTRODUCTION AND BACKGROUND

### 1.1 Introduction and Background

This report is the second mortality and cause of death report based on registered deaths in Namibia for the period 2018 - 2021.

The Namibia's fifth National Development Plan (NDP5) focuses on the goal to "Build Capable and Healthy Human Resources" over the period 2017 - 2022. Namibia aims to improve the Health Adjusted life expectancy from 58 years in 2015 to 65.5 years, reduce maternal mortality ratio to 237 per 100,000 women, reduce Under-Five Mortality to 42 per 1,000 live births, achieve 0.02 per 100,000 Malaria Mortality Rate, reduce TB Mortality Rate to 51 per 100,000 population and reduce HIV/AIDS Mortality Rate to 90 per 100,000 population by the end of financial year 2020/21 (Government Republic of Namibia, 2017).

Goal three of the SDGs (good health and wellbeing) seeks to improve maternal and child health outcomes, end infectious diseases, reduce premature mortality from non-communicable diseases and injuries and ensure universal health coverage by 2030 (United Nations, 2015). Both the NDP5 and the SDGs are closely linked to Africa's Agenda 2063, which is a long-term inclusive and sustainable development framework for Africa. The Agenda 2063 envisages a continent characterised by universal access to healthcare, zero communicable diseases deaths, zero maternal deaths, zero child deaths, with countries capable of mobilising domestic funding for preventing, detecting, and responding to public health threats such as non-communicable diseases, health needs of the youth population and malnutrition by 2063 (Africa Union Commission, 2015).

Mortality data from the civil registration system allows the production of mortality statistics on a continuous basis and contributes to the understanding of the burden of disease at national and sub- national geographic levels. Given the critical importance of a well-functioning civil registration and vital statistics system in the production of complete, accurate, relevant, and timely mortality statistics, the system needs to be anchored in an up-to-date legal and regulatory framework to enforce registration of deaths and ensure continuity and consistency of the system (World Health Organisation, 2013b).

Information on the number of deaths and their causes is invaluable in evaluating and tracking progress towards these national, regional, and international goals. Information on the mortality levels, trends and differentials is important for the identification of emerging diseases and conditions, formulation of evidence-based health policies and tracking of population health status. Consequently, cause-of-death statistics assist in the formulation of evidence-based health policies for intervention programmes.

### **1.2 Report Objectives**

The objectives of this report are to:

- 1. Provide mortality trends and causes of deaths statistics;
- 2. Assess the quality of available death and causes of deaths data from Civil Registration system;
- 3. Provide statistics-based recommendations towards the improvement of death and causes of deaths data from Civil Registration system.

### **1.3 Report Structure**

The report presents statistics on deaths and causes of deaths disaggregated by age, sex, area as well as leading causes of deaths for the period 2018 - 2021. The report comprises of six (6) main chapters covering the following:

- Chapter 1: Introduction and Background
- Chapter 2: The Civil Registration System in Namibia
- Chapter 3: Data and Methodology
- Chapter 4: Data Quality, Timeliness and Completeness
- Chapter 5: Mortality Patterns
- Chapter 6: Causes of Deaths
- Chapter 7: Conclusions and Recommendations

#### **1.4 Namibia Profile**

Namibia covers an area of 825,229 square kilometers and has a projected population of about 2,5 million inhabitants in 2021. With 14 administrative regions and 121 constituencies, Namibia is among the least populous in the world.



#### Figure 1: Population density by region and Year

<sup>&</sup>lt;sup>2</sup>Namibia 2011 Census Population Projections 2011 to 2041

### CHAPTER 2: THE CIVIL REGISTRATION SYSTEM IN NAMIBIA

### 2.1 Background

Civil Registration and Vital Statistics (CRVS) system in Namibia is multi-sectoral with different stakeholders who are responsible for different components. The process involves stakeholders from government ministries and agencies as well as international agencies forming a Technical Committee consisting of experts.

The Department of Civil Registration under the Ministry of Home Affairs and Immigration, Safety and Security is mandated to register births, marriages and deaths and issue certificates of these events. The Ministry of Health and Social Services notifies deaths that occur inside a health facility, whereas the Namibian Police Force notifies deaths that occur outside the health facility. Both institutions ascertain the cause of death.

The successful incorporation of the International Classification of Diseases (ICD) coded underlying cause of death in the legal record in the civil registration system allows the CRVS data source to provide the complete, minimally recommended data elements needed to compute cause of death indicators (World Health Organisation, 2014).

The registration of Vital events has been paper-based until 2011 when the digitization process begun with the introduction of the National Population Registration System (NPRS). However, the electronic capturing of deaths record was piloted in 2012 in the Khomas region and was deployed to all the regions in 2013.

In October 2018, the e-death notification system was launched and piloted in two public hospitals in Windhoek to notify deaths via the NPRS. The system was further rolled out to other health facilities from 2019.

### 2.2 Legal Framework

The Births, Marriages, and Deaths Registration Act (Act No. 81 of 1963) governs the registration of civil events and sets out the legal framework for civil registration (currently being revised). The Act states that only a medical practitioner shall certify a death and determine the cause of death if it was due to natural causes. The Inquests Act (Act No.6 of 1993) guides unnatural deaths where the police undertake an investigation on the circumstances of the death and a post-mortem examination is carried out by the medical practitioner to determine the cause of death. The production of statistics is done in accordance with the Statistics Act (Act No. 9 of 2011).

### 2.3 Organizational Structure, Registration Process, and Information Flows

A death is notified at a health facility on the e-death notification system when it occurs, and a unique e-death notification number is created. Thereafter, registration of the death is done at the Civil Registration office using the unique number created at point of notification to link death notification information to the death registration information for a specific death profile. This unique number links or creates all the individual components in the e-death notification and NPRS, namely the birth, ID, marriage, and death details. The e-death system is currently deployed at all State and Private Hospitals, Old age homes, Police and Hospital Mortuaries.

The process in figure 2 depicts a diagram flow for deaths that occur in a health facility, as explained in the following steps:



#### Figure 2: Certification and Registration for deaths occurring in Health Facility

The process in Figure 3 depicts a diagram flow for deaths that occurred outside a health facility, and exemplifies the following steps:



#### Figure 3: Certification and Registration for deaths occurring outside Health Facility

### 2.4 Incentives and Disincentives for Registration of Deaths

The Births, Marriages, and Deaths Registration Act (Act No. 81 of 1963) requires that no burial takes place unless the death is registered, and a death certificate is issued by MHAISS. Benefits of death registration include free registration of the event, orphan grants and inheritances. However, disincentives may include distance to registration points, and lack of knowledge on the importance of death registration.:

### CHAPTER 3: DATA AND METHODOLOGY

### **3.1 Data Sources**

There exists three data sources for mortality data in Namibia; 1) Data on mortality collected by Ministry of Health and Social Services (MOHSS), this data is primarily captured within the District Health Information System 2( DHIS2) from health facilities and mostly Public health facilities, 2) Data generated from e-Death Notification system, the system captures data from registration agents across the country using the standardized Medical Certificate of Cause of Death (MCCoD), and 3) Data extracted from the National Population Registration System (NPRS) for all deaths registered up to 2021.

However, for this report, only registered deaths data from NPRS was used. Other data from Population and Housing Census such as projected population, births and deaths were used to calculate specific rates such as completeness rates and mortality rates.

### 3.2 Data Editing

Adjustment or correction of ages was done to ensure that there are no negative ages in the cleaned analysis data file for variable age at death after it was calculated using date of birth and date of death. A total of 3,044 records (2.6% of total records) were found to have negative ages at death, implying that deaths occurred before the deceased was born. A decision was made to correct the error by multiplying the negative numbers with -1 (minus one) on the assumption that there was a swap in dates.

### 3.3 Classification of the causes of death

The cause-of-death statistics in this publication are compiled using the International Classification of Diseases (ICD), 11th Revision edition of 2019. The ICD is a system of categories to which morbid entities of either external or pathological causation are assigned according to established criteria. It is developed collaboratively between the World Health Organization (WHO) and various international centres and is revised from time to time in line with new adaptations, classifications, and glossaries. All member states of the United Nations, including Namibia, agreed to use the ICD as the standard classification system for compiling morbidity and mortality statistics.

The primary purpose of the ICD is to provide for the conversion of word descriptions of diseases or conditions into an alphanumeric code, which permit easy storage, retrieval and analysis of data. It also allows for the systematic and standardised recording, analysis, interpretation comparison and sharing of morbidity and mortality data within a population and across countries. The ICD-11 provides for the coding and classification of diseases and injuries and a wide range of signs, symptoms, and other abnormal findings.

According to the WHO (2016), the most effective public health objective is to prevent the underlying cause of death from operating. For this purpose, the WHO recommends that countries use the international form of medical certificate of cause of death to facilitate the selection of the underlying cause of death. The ICD-11 contains about 17,000 categories of causes of death.

The quality of the causes of mortality statistics depends on the completeness and accuracy of the certified death notification forms. Coders at NSA follow the principle of, 'what you see is what you code' when coding causes-of-death statistics. The coders use the ICD-11 coding tool to code causes of death. The code had more than 4 digits which includes code extensions and post coordination codes. However, for analysis and international comparability purposes, only the first four digits of the stem code were used.

### **3.4 Data Analysis**

The analysis process was carried out using Microsoft Excel, CoDEdit version 2.0 for consistency and quality checks and ANACoD version 3.0 for analysis of the Causes of Death. The CoDEdit is an electronic tool intended to help producers of cause-of-death statistics in performing routine checks, flag out age and sex inappropriate causes and wrong cause codes.

The tool for analysing mortality level and cause-of-death data version 3 (ANACoD V.3) provides a step-by-step approach to enable users to quickly conduct a comprehensive analysis of data on mortality levels and causes of death. The tool automatically reviews the data for errors, tabulates the information, presents the results in easy-to-use tables and charts, and provides the opportunity to compare the findings across countries (World Health organisation, 2013a). Maps were created using ArcGIS.

The data was analysed by levels or trends and cross-tabulated by selected spatial and demographic variables mainly age, sex, and geographical location. It is worth to note that regional distribution of deaths is based on place/region of occurrence or registration, and not necessarily the place of usual residence of the deceased. The projected population, births and deaths figures were sourced from "Namibia Population Projections 2011 – 2041" and were used as denominator to estimate mortality indicators such as CDR, ASMR, CMR, IMR and completeness rates.

### **3.5 Data Limitations**

The UN Principles and Recommendations document recommends that death tables be analysed by usual place of residence. However, the Namibian data <u>does not collect the variable on usual place of residence of the deceased.</u> Hence, statistics presented in this report are presented by region where a death was registered. These limitations cause a high number of deaths in some regions with referral hospitals such as Khomas and Oshana regions because the deaths are recorded/reported at the region where the death occurred, which is likely to be the registration region as well. Moreover, the total deaths by age and sex presented in the report did not take into account the ill-defined causes of deaths. Due to the limitations in data, statistics presented are best used for improving the CRVS system in Namibia including revision of form e.g., to include usual place of residence for the deceased and build capacity in cause of death recording by the physicians.

It is worth noting that no adjustments were done on totals or rates except the minor adjustment indicated in section 3.2.

### CHAPTER 4: DATA QUALITY, TIMELINESS AND COMPLETENESS

According to the United Nations Statistics Division (UNSD) Principles and Recommendations for Vital Statistics (United Nations Statistical Division, 2014), "the quality of vital statistics is measured according to four quality dimensions namely: completeness, correctness or accuracy, availability and timeliness". It is thus important that quality aspects are identified in the data.

This chapter presents statistics on ill-defined causes, distribution of errors that were found in the data, as well as timeliness and completeness rates.

### 4.1 Ill-defined Causes

Inaccurate recording of cause of death compromises the quality and reliability of estimates that can derived from such data. High proportion of ill-defined causes of death could be attributed to poor medical certification of cause of death, poor coding of cause of death, age misreporting of deaths, or biasness in reporting certain diseases.

The evaluation of ill-defined causes is classified into categories including symptoms and signs and non-specific causes that denote the mode of death.

The CoDEdit output summarises errors into three main groups namely, cause code is not in cause list, cause of death implausible for sex and cause of death implausible for age. Figure 4 shows that most of the errors are on causes of deaths that are implausible for age. However, the proportion of those errors show a decrease over the four years (20.7% in 2018 and 14.7% in 2021).



#### Figure 4: Percent errors by type and year of death, 2018 – 2021

The accepted threshold of ill-defined causes is 10%. Figure 5 shows the proportion of ill-defined causes of deaths by year. The figure shows an increase between 2018 (28.3%) and 2020 (51.7%) and a slight decline in 2021 (49.0%). The ill-defined causes were above 10 percent threshold across the years.

Figure 6 shows the ill-defined causes across all age groups for the years 2018 – 2021, respectively. Overall, the percentage of ill-defined cause of death were above the 10 percent threshold and highest in younger ages (under 5) and older ages (80+).



#### Figure 5: Percent ill-defined causes by year of death, 2018 – 2021

Figure 6 shows the ill-defined causes across all age groups for the years 2018 - 2021, respectively. Overall, the percentage of ill-defined cause of death were above the 10 percent threshold and highest in younger ages (under 5) and older ages (80+).



#### Figure 6: Percent ill-defined causes by age and year of occurrence, 2018-2021

Figure 7 shows the ill-defined causes by age-group and sex for the years 2020 and 2021. Overall, the percentage of ill-defined causes of death are highest amongst males than females and above the 10% threshold at all ages and sex, respectively.





Figure 8 shows the ill-defined causes by region and year. Kavango East and Oshana recorded the highest ill-defined causes of deaths with over 70 percent for both years. Most regions recorded above 30 percent ill-defined causes which implies that, symptoms and signs and non-specific causes of death were recorded as a cause of death.



#### Figure 8: Percent ill-defined causes by region of registration and year of occurrence, 2020 – 2021

### **4.2 Registration Timeliness**

Timeliness is one of the key foundations for the reliability of civil registration records. It is essential to ensure that vital events are recorded within the defined period, according to the country and international standard definitions. Namibia has set own national standard or target for a death registration to be considered timely. According to the Namibia standard, a death notified or registered within 14 days is considered timely while the UN standard considers 12 months as timely death registration.

Statistics on timely registration and capturing of death refers to a death that has been registered or captured within 14 days (national standard) from the time of occurrence. However, for comparability, the report also presents the UN's standard using 12 months definition for timely death registration.

#### 4.2.1 Death Registration Timeliness

Figure 9 shows the percent deaths registered timely (within 14 days and within 12 months) for the years 2018 – 2021. Overall, registration of deaths within 14 days has slightly improved between the years, 60.7 percent in 2018 and 61.6 percent in 2021. The proportion of deaths registered within 12 months is much higher (close to 82%) compared to those registered within 14 days.



## Figure 9: Percent deaths registered timely (within 14 days and within 12 months) by death year 2018 – 2021

Figure 10 shows percent deaths registered timely (within 14 days and 12 months) for the years 2020 – 2021 by region of registration. Deaths registered within 14 days were about 60 percent across all regions, while those registered within 12 months are about 80 percent.



# Figure 10: Percent deaths registered timely (within 14 days and 12 months) by registration region and death year, 2020 – 2021

### 4.2.2 Death Capturing Timeliness

In Namibia, the information regarding a death event is captured and stored in NPRS. It is therefore worth noting that timely capturing of the death event is critical to ensure all deaths that occurred can be analysed on time. Deaths captured timely are those entered on NPRS within 14 days as per national definition or within 12 months as per international definition of timeliness. Hence, timely death capturing is measured as a death that has been captured on the NPRS within 14 days or within 12 months from the date of registration. The information is useful in determining how long it takes for the record to be captured on the system especially when capturing backlogs caused by the system being offline.

Figure 11 shows the percent deaths captured timely (within 14 days and within 12 months) by death year, 2018 – 2021. Overall, deaths captured on the system within 14 days are between 92.7 percent and 95.5 percent while all deaths which are captured within 12 months from the time of registration have shown a slight decrease from 99.1 percent in 2018 to 98.5 percent in 2021.



#### Figure 11: Percent deaths captured timely (within 14 days and within 12 months) by year 2018 - 2021

Figure 12 shows percent deaths captured timely on NPRS from time they were registered for the years 2020 and 2021 by region. Most regions had about 90 percent deaths captured on NPRS within 14 days except for Kavango West that recorded below 60 percent. For births captured within 12 months, all regions captured above 90 percent all the deaths registered.





### **4.3 Completeness**

Complete registration has been achieved when any vital event that has occurred to the members of the population of a particular country (or area), within a specified time period, has been registered in the system, i.e., there is a vital event registration record (United Nations Statistical Division, 2014).

Death registration completeness is defined as the proportion of deaths registered within a year divided by the estimated number of deaths within a year and is calculated as:

$$Death \ completeness \ rate = \frac{Number \ of \ registered \ deaths \ within \ the \ year \ of \ occurrence}{Number \ of \ esimated \ deaths \ within \ a \ year} \times 100$$

Figure 13 shows the death completeness rate for the years 2018 – 2021. Overall, there is an improvement in death completeness rates between the years from 62.3 in 2018 to 81.4 percent in 2021.



#### Figure 13: Number of deaths and death completeness rates by year, 2018 – 2021

Figure 14 shows the death completeness rates by regions for the years, 2018 - 2021. Khomas, Omaheke and Oshana recorded the highest completeness registration across the years. Overall, there is an improvement in death registration completeness for all regions.

A completeness registration of over a 100 percent implies that there were more deaths recorded in specific regions than the estimated due to reasons such as referral hospitals in Khomas and Oshana.



Figure 14: Death completeness rates by region of registration and year, 2018 – 2021

### CHAPTER 5: MORTALITY PATTERNS

Mortality data is informative of a health system in a country. The data gives an indication of the health problems, risks, and trends which are comparable nationally or internationally. Health and longevity are essential in the assessment of health system. Accurate measurement of death rates may indicate that the society is healthy, and no actions will be taken to improve the health system. However, when the death rates are accurate, policy makers, planners and health professionals will allocate resources where the death rates are highest, whether it is by area, age, and sex. Mortality statistics can provide useful insight into the demography of a population. In addition, statistics can used to easily target specific population groups and diseases and work toward a healthier population.

Mortality and causes of death statistics provide essential epidemiological information to guide policy reforms aimed at improving the Namibian health systems. Hence, this chapter presents the distribution of deaths in population by age, sex, and other mortality indicators as well as geographical area for death events, which occurred during the years 2018 to 2021.

Figure 15 shows the number of deaths that occurred for the years, 2018-2021. The graph shows an increase of deaths occurred over the years, except for decline observed in 2020.



#### Figure 15: Number of deaths occurred by year, 2018 – 2021

### **5.1 Mortality Indicators**

This section presents mortality indicators such as Crude Death Rates, Age-Specific Death Rates, Infant Mortality Rates, Child Mortality Rates and Adult Mortality Rates.

Figure 16 shows a pattern of the national mortality rates for selected indicators for the years 2018 – 2021. Overall, out of all the deaths, most of the deaths are of children below the age of five.

CDR increased between 2018 and 2021 from 7.8 to 9.5 deaths per 1,000 population. It is worth noting that COVID-19 pandemic could have been attributed to the increase in CDR for the year 2021 which is the year the country recorded the highest number of cases and deaths due to COVID-19.

Under-five mortality rates increased from 62 deaths in 2018 to 65 deaths per 1,000 livebirths in 2021. Infant Mortality Rate increased from 49 deaths in 2018 to 53 deaths per 1,000 livebirths in 2021. The death rates among adults (15-59 years) seem to be similar (around 5 deaths per 1,000 population) for all the years.

# Figure 16: National Mortality indicators; CDR, Adult (15-59 years) Mortality Rate, U5MR and IMR by year of death, 2018 – 2021


## 5.1.1 Crude Death Rates (CDR)

The number of deaths in a given year divided by the mid-year population, times 1,000. It is given by the formula:

$$CDR = \frac{D}{P} \times 1,000$$

Where D is deaths in a year, P is the total population or mid-year population.

The map in figure 17 shows Crude Death Rate by region and years 2020 and 2021. Oshana recorded the highest crude death rates, while Kavango West and Oshikoto recorded the lowest CDR for both years.

Figure 17: Crude Death Rates by Region and Year, 2020 and 2021



# 5.1.2 Infant Mortality

Infant Mortality Rate (IMR) is the number of deaths of live-born children under the age of 1 per 1,000 livebirths. Infant Mortality Rate serves as a crude health indicator of health status, as well as the availability and quality of health services and medical technology amongst others. IMR is one of the key indicators that measures the survival status of the population.

The number of deaths of children younger than 1 year (12 months) per 1,000 live births in each population. It is represented by the formula:

# $IMR = \frac{Number \ of \ deaths \ of \ infants \ under \ age \ 1 \ in \ a \ given \ year}{Total \ live \ births \ in \ that \ year} \times 1,000$

The map in figure 18 show Infant Mortality Rates by region for the years 2020 and 2021. Oshana recorded the highest in 2020 while in 2021, the highest was in Oshana and Omaheke. The lowest IMR was recorded in Ohangwena and Kavango West in 2020 and Ohangwena, Kavango West and Oshikoto in 2021.



## Figure 18: Infant Mortality Rates by Region and Year, 2020 and 2021

Figure 19 shows infant deaths by sex and year, 2018 – 2021 and indicates that more than half of infant deaths were males across the years.



## Figure 19: Percent Infant Deaths by Sex and Year of Death, 2018 – 2021

# 5.1.3 Under-Five Mortality

The under-five mortality rate indicator shows the number of children who die before they turn 5 years of age, per 1,000 live births. Under-five mortality rate is the number of deaths of children aged under 5 years per 1,000 livebirths. Under-five mortality rate is a measure of child survival and an indicator to social economic, health care and environmental conditions in which children live.

$$U5MR = \frac{Number of deaths of children under age 5 in a given year}{Total live births in that year} \times 1,000$$

The map in figure 20 shows under-five mortality rate by region for the years 2020 and 2021. Omaheke and Oshana recorded the highest in 2021 with rates ranging between 81.0 and 134.8 per 1,000 livebirths, while in 2021, Kavango East, Omaheke, Oshana, Otjozondjupa and Zambezi recorded the highest.



#### Figure 20: Under-Five Mortality Rates by Region and Year, 2020 and 2021





# 5.1.4 Adult Mortality

Adult Mortality Rate is defined as death rates among age span 15 – 59 years.

Adult Mortality Rate =  $\frac{Number \ of \ deaths \ for \ persons \ aged \ 15 - 59 \ in \ a \ given \ year}{Total \ number \ for \ persons \ aged \ 15 - 59 \ in \ a \ given \ year} \times 1,000$ 

The map in figure 22 shows Adult Mortality Rates by region for the years 2020 and 2021. In 2020, Oshana and Zambezi regions recorded the highest adult mortality rate, while in 2021, Hardap, Omaheke, Oshana and Zambezi recorded the highest. Oshikoto had the lowest adult death rate in 2021.



Figure 22: Adult Mortality Rates by Region, 2020 and 2021

Figure 23 show percent adult deaths by sex and year, 2018 – 2021 and shows that more than half of adult deaths were males across the years.



#### Figure 23: Adult (15 – 59 years) Deaths by Sex and death year, 2018 – 2021

# 5.1.5 Neonatal Mortality

Neonatal mortality rate is the number of new-borns in a specified geographic area dying at less than 28 days of age divided by the number of live births for the same geographic area for a specified time period multiplied by 1,000.

The formula is given below.

$$Neonatal mortality rate = \frac{Number of neonatal deaths in a given year}{Total live births in that year} \times 1,000$$

Figure 24 shows slight increase in early neonatal and neonatal deaths between the years 2018 to 2021. Neonatal and post neonatal deaths are the most common causes of neonatal deaths accounting for about or above 20 percent of the deaths within a specific year.



## Figure 24: Neonatal mortality rates by type and death year, 2018 – 2021

Figure 25 shows percent of neonatal deaths by sex and year, 2018 – 2021 and shows that most neonatal deaths were males across the years.



## Figure 25: Neonatal deaths by sex and death year, 2018 – 2021

At regional level, the map in figure 26 shows that in 2020, Kavango East and Oshana recorded the highest neonatal deaths while in 2021 it was only Kavango East that recorded high neonatal mortalities. Kavango West, Ohangwena and Oshikoto recorded the lowest neonatal mortality rates for both years.



#### Figure 26: Regional neonatal mortality rates by year, 2020 – 2021

# 5.2 Age-Sex Mortality Patterns

This section presents the distribution of deaths in the population by sex and age. The Age-sex mortality patterns provide important illustrations of the demographic characteristics of the deaths results, e.g., the number of deaths in each age group, and the risk of death in each age group.

For health planning, it is important to know how many deaths occur in different age groups. To generate a meaningful comparison of mortality between populations, age-specific mortality rates are used. An age-specific mortality rate is the number of deaths per 1,000 population of a given age group in a specific period.

Figure 27 illustrates the distribution of deaths by age group and sex for 2020 and 2021. The shape of the pyramids illustrates a uniform pattern of broad base and top which implies more deaths in young (infants or under-fives) and older ages for both years. The year 2021 shows more deaths among those

ages an increase in number of deaths from the ages 30 and above for both sexes.



#### Figure 27: Number of deaths by Age and Sex, death year 2020 - 2021

Figure 28 shows the percent of deaths by age for the years 2018 – 2021. This figure shows a breakdown of the in the infants (aged zero) to see which age group is mostly affected. It shows that most infants die when they are aged between 28 to 364 days old (post neonatal). The pattern is consistent for all the years.





Figure 29 shows the age-specific mortality rates for the years 2018 - 2021. Like the age-pyramids presented earlier, the figure shows that there were more deaths among the infants (under 1 year) and the elderly. The pattern is consistent for all the years.



#### Figure 29: Age Specific Mortality Rates and death year, 2018 - 2021

# 5.3 Deaths by Month and Year

The section shows statistics by month and year the deaths occurred. The information can indicate if there are any patterns or season to the deaths in Namibia.

Figure 30 indicates a consistent trend in deaths by month for the years 2018 – 2021. There were more deaths occurring between June – August and December. There was a spike in 2021 deaths between June and July accounting for about 25 percent of all the deaths in that year. The numbers may be attributed to COVID-19 since it was at peak in those months.



#### Figure 30: Percent deaths by month and year, 2018 – 2021

# 5.4 Deaths by Region

In Namibia, the law does not allow a body to be buried without being registered. In the same vein, a body cannot be moved from one place to another without a burial order which is issued at the time of death registration. The section shows death statistics by region of registration. It gives a picture of where most deaths are registered which can also imply the places where people are dying.

Figure 31 shows that in all the years, 2018 – 2021, Oshana and Khomas regions recorded the highest number of deaths between 2018 and 2021. The high numbers of deaths may be due to the referral hospitals in those regions, one in Oshana and two in Khomas. The figure also shows that deaths recorded in Oshana have been declining consistently over the period. Kavango West and Kunene recorded the least deaths.



#### Figure 31: Percent deaths by registration region and death year, 2018 – 2021

# CHAPTER 6: CAUSES OF DEATHS

Causes of death are all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries. Symptoms and modes of dying, such as heart failure or respiratory failure, are not considered to be causes of death for statistical purposes.

The cause of death to be used for primary statistical tabulation purposes has been designated as the underlying cause of death. The underlying cause of death is defined as (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.

# 6.1 Major Causes of Deaths

The major causes of death can be classified by major causes namely, communicable diseases, non-communicable diseases, and injuries (World Health Organisation, 2013b).

Figure 32 shows that deaths due to communicable, maternal, perinatal and nutritional conditions were consistently declining from 29.8 percents in 2018 to 17.7 percent in 2020, however an increase was observed between 2020 and 2021, from 17.7 percent to 24.4 percent, respectively. Furthermore, a decrease is also observed in deaths due to non-communicable diseases from 37.5 percent in 2018 to 21.5 percent in 2021. Injuries increased from 4.4 percent in 2018 to 6.9 in 2020 and then decreased to 5.1 in 2021. Overall, most deaths were due to non-communicable diseases.



#### Figure 32: Percent distribution of deaths by three major causes and death year 2018 – 2021

The proportion of deaths due to communicable, maternal, perinatal, and nutritional conditions among the regions is shown in figure 33. The trend remains similar for the two years except for Oshikoto which recorded a decline, and Kavango East which recorded an increase.



Figure 33: Percent deaths due to Communicable, Maternal, Perinatal and Nutrition conditions by Region and Year, 2020 – 2021

Percent of deaths due to non-communicable diseases by region is shown is figure 34. Khomas and Omusati recorded the highest in 2020, while in 2021, most deaths were in Khomas. Kavango West recorded the lowest in 2021.

#### Figure 34: Deaths due to non-communicable diseases by region and year, 2020 – 2021



The map in figure 35 shows the percent deaths due to Injuries and other External Causes. Khomas recorded the highest in 2020, while in 2021, Khomas and Omusati recorded the highest.



Figure 35: Deaths due to Injuries and other External Causes by Region and Year, 2020 – 2021

Figure 36 presents the causes of deaths by major groups and age for 2020 and 2021. Deaths due to communicable, maternal, perinatal, and nutritional conditions were high among those aged zero and 1-4 years. Deaths due to non-communicable diseases tend to increase as people get older. The deaths due to injuries were the highest among the age group 25-29 years.

#### Figure 36: Percent distribution of deaths by major groups by age and year 2020-2021



Figure 37 shows the proportion of deaths due to Communicable, Maternal, Perinatal and Nutrition conditions by sex and age for 2020 and 2021. Infants and those older than 80 years old recorded the highest for both years. There is no significant difference by sex.



Figure 37: Percent deaths due to Communicable, Maternal, Perinatal and Nutrition conditions by Sex, Age and Year, 2020 – 2021

Figure 38 shows the proportion of deaths due to non-communicable diseases by sex and age for 2020 and 2021. It shows that deaths increased as age increased and that NCDs are more prevalent from ages of 45 years and above. There is no significant differences by sex.

#### Figure 38: Percent deaths due to non-communicable diseases by Sex, Age and Year, 2020 – 2021



Figure 39 shows the proportion of deaths due to injuries and other external causes by sex and age for 2020 and 2021. It shows that at younger ages (below 10 years old), girls were dying more than girls. Generally, there were more deaths due to injuries and external causes among the ages 25 to 49 years, with more male than female deaths.



#### Figure 39: Percent deaths due to Injuries and other External Causes by Sex, Age and Year, 2020 – 2021

# 6.2 Leading Causes of Deaths

Leading causes of death are defined as the underlying causes of death categories or major categories according to International Classification of Diseases groupings, namely communicable, maternal, perinatal, and nutritional conditions, non-communicable diseases, Injuries, and ill-defined causes. This section presents the top 10 leading causes of death for males and females across the age groups in Namibia for the years 2020 and 2021.

Table 1 presents the top 10 leading causes of death for both sexes and all ages in Namibia. In 2020, Hypertensive diseases was the leading cause of death followed by HIV and Lower respiratory infections with 8.8 percent, 6.7 percent, and 6.5 percent respectively. However, in 2021, COVID – 19 was the top leading cause of death, followed by Hypertensive diseases and Lower respiratory infections with 18.6 percent, 9.8 percent, and 6.9 percent respectively.

10 Leading Causes of Deaths for both Sexes and All Ages, 2020			10 Lead	ing Causes of Deaths for both Sexes and	All Ages, 2021	
Rank	Cause	%		Rank	Cause	%
1	Hypertensive disease	8.8		1	COVID-19	18.6
2	HIV	6.7		2	Hypertensive disease	9.8
3	Lower respiratory infections	6.5	$\rightarrow$	3	Lower respiratory infections	6.9
4	Road traffic accidents	4.0		4	HIV	4.5
5	Self-inflicted injuries	3.9	× ,	5	Diabetes mellitus	3.0
6	Diarrhoeal diseases	3.6	$\land \checkmark$	6	Self-inflicted injuries	2.8
7	Tuberculosis	2.9	$ \setminus/ $	7	Road traffic accidents	2.8
8	Endocrine disorders	2.6	$\square$	8	Nephritis and nephrosis	2.3
9	Nephritis and nephrosis	2.5		9	Endocrine disorders	2.3
10	Diabetes mellitus	2.2		10	Diarrhoeal diseases	2.2
Communicable, Maternal, Perinatal and Nutritional Conditio			tions			
Non-C	ommunicable diseases					
Injurie	s and Other External Causes					

#### Table 1: Top 10 Leading cause of death in Namibia, all ages 2020 and 2021

# 6.2.1 Leading causes of death by sex

In terms of leading causes of deaths for males, table 2 indicate that in 2020, lower respiratory infections (6.5%) were the leading causes of deaths while in 2021, it was COVID - 19 (17.6%).

10 Leading Causes of Deaths for Males, All Ages, 2020				10 Leading Causes of Deaths for Males, All Ages, 2021		
Rank	Death Cause	%		Rank	Death Cause	%
1	Lower respiratory infections	6.5		1	COVID-19	17.6
2	HIV	6.5		2	Hypertensive disease	8.4
3	Hypertensive disease	6.4	$\succ$	3	Lower respiratory infections	7.0
4	Self-inflicted injuries	5.8		4	HIV	4.6
5	Road traffic accidents	5.4		5	Self-inflicted injuries	4.2
6	Tuberculosis	3.2		6	Road traffic accidents	3.6
7	Diarrhoeal diseases	3.0		7	Diabetes mellitus	2.9
8	Drownings	2.6		8	Nephritis and nephrosis	2.3
9	Endocrine disorders	2.5	$\searrow$	9	Tuberculosis	2.3
10	Nephritis and nephrosis	2.5		10	Endocrine disorders	2.1
Communi	cable, Maternal, Perinatal and Nutritional Co	nditions				
Non-Com	municable diseases					
Injuries a	nd Other External Causes					

#### Table 2: Top 10 Leading Cause of Death for Males, All Ages, 2020 and 2021

The top leading causes of deaths for females, table 3 indicate that in 2020, hypertensive diseases (11.9%) were the leading causes of deaths while in 2021, COVID - 19 (19.9%).

10 Leading Causes of Deaths for Females, All Ages, 20		s, 2020		10 Leading Causes of Deaths for Females, All Ages		
Rank	Death Cause	%		Rank	Death Cause	%
1	Hypertensive disease	11.9		1	COVID-19	19.9
2	HIV	7.0		2	Hypertensive disease	11.4
3	Lower respiratory infections	6.5	$\vdash$	3	Lower respiratory infections	6.9
4	Diarrhoeal diseases	4.3		4	HIV	4.5
5	Endocrine disorders	2.7		5	Diabetes mellitus	3.1
e	Diabetes mellitus	2.6		6	Diarrhoeal diseases	2.6
7	Nephritis and nephrosis	2.6		7	Endocrine disorders	2.5
8	Tuberculosis	2.6		8	Nephritis and nephrosis	2.4
9	Cerebrovascular disease	2.5	┝──▶	9	Cerebrovascular disease	1.9
10	Road traffic accidents	2.1		10	Road traffic accidents	1.7
Commun	icable, Maternal, Perinatal and Nutritional (	onditions				
Non-Com	municable diseases					
Injuries a	nd Other External Causes					

#### Table 3: Top 10 Leading Cause of Death for Females, All Ages, 2020 and 2021

# 6.2.2 Leading causes of under-five deaths

Table 4 shows that diarrhoeal diseases were ranked as the number one leading cause of death for children aged 0 - 4 years, in 2020 and 2021. The top 6 leading causes are part of the communicable, maternal, perinatal, and nutritional conditions major group.

	Table 4: Top	10 Leading Ca	uses of Deaths f	or Both Sexes, 0 -	4 years, 2	020 and 2021
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10 Leading Causes of Deaths for Both Sexes, 0 - 4 years, 2020				10 Leadir	ng Causes of Deaths for Both Sexes, 0 - 4 ye	ears, 2021
Rank	Death Cause	%		Rank	Death Cause	%
:	1 Diarrhoeal diseases	11.9		1	Diarrhoeal diseases	11.3
	2 Prematurity and low birth weight	8.8	$\sim$	2	Birth asphyxia and birth trauma	10.8
:	Birth asphyxia and birth trauma	8.3		3	Prematurity and low birth weight	8.8
	4 Lower respiratory infections	6.8	<b>├</b> ──►	4	Lower respiratory infections	7.0
	5 Protein-energy malnutrition	5.1	<b>├</b> ──►	5	Protein-energy malnutrition	4.7
(	5 Sudden infant death syndrome	4.5		6	Sudden infant death syndrome	4.4
	7 Endocrine disorders	2.6	┝──►	7	Endocrine disorders	3.2
1	8 Drownings	1.3	┝──▶	8	Drownings	1.5
9	9 Cerebrovascular disease	1.0	· ·	9	Congenital heart anomalies	1.5
10	D Congenital heart anomalies	1.0		10	COVID-19	1.0
Commun	icable, Maternal, Perinatal and Nutritional Conditions					
Non-Com	nmunicable diseases					
Injuries a	nd Other External Causes					

# 6.2.3 Leading causes of deaths for children aged 5 – 14 years

Table 5 indicates that the leading cause of death for children aged 5 - 14 years. In 2020 and 2021, drownings were ranked as the top leading cause of death with 13.2 percent and 11.1 percent respectively.

10 Leadir	ng Causes of Deaths for Both Sexes, 5 - 14 y	/ears, 2020		10 Leadin	g Causes of Deaths for Both Sexes, 5 - 14	years, 2021
Rank	Death Cause	%		Rank	Death Cause	%
	1 Drownings	13.2		• 1	Drownings	11.1
	2 Protein-energy malnutrition	9.3	k 🗡	2	Diarrhoeal diseases	10.1
	3 Road traffic accidents	8.0	$\mapsto$	3	Road traffic accidents	8.8
	4 Diarrhoeal diseases	7.8		4	Protein-energy malnutrition	7.5
	5 Lower respiratory infections	5.7		5	Endocrine disorders	4.6
	6 Leukaemia	2.3		6	Lower respiratory infections	4.2
	7 Tuberculosis	2.1	$\vdash$	7	Epilepsy	2.6
	8 Meningitis	1.3		8	Tuberculosis	2.0
	9 Endocrine disorders	1.0	Y	9	COVID-19	1.3
1	0 Cerebrovascular disease	1.0	┝──▶	10	Cerebrovascular disease	1.3
1	1 Iron deficiency Anaemia	0.8	1	11	Homicide	1.0
Commur	icable, Maternal, Perinatal and Nutritional	Conditions				
Non-Con	nmunicable diseases					
Injuries a	and Other External Causes					

#### Table 5: Top 10 Leading Causes of Deaths for Both Sexes, 5 – 14 years, 2020 and 2021

# 6.2.4 Leading causes of deaths for adults aged 15 – 59 years

Table 6 shows the leading cause of death for the economically active group (15 - 59 years). In 2020, HIV ranked as the first leading cause with 13.5 percent, while in 2021, COVID–19 was ranked as the first leading cause with 15.1 percent.

10 Lead	ding Causes of Deaths for Both Sexes, 1	L5 - 59 years, 2020	10 Lea	ding Causes of Deaths for Both Sexes,	15 - 59 years, 2021
Rank	Death Cause	%	Rank	Death Cause	%
<u>,</u>	1 HIV	13.5		1 COVID-19	15.
	2 Self-inflicted injuries	9.1	-	2 HIV	9.3
	3 Road traffic accidents	8.0	-	3 Self-inflicted injuries	6.
	4 Lower respiratory infections	4.7	•	4 Road traffic accidents	6.4
2	5 Tuberculosis	4.1	•	5 Lower respiratory infections	5.
	6 Homicide	3.3	-	6 Hypertensive disease	4.
	7 Hypertensive disease	3.0	$\checkmark$	7 Homicide	3.4
	8 Endocrine disorders	2.6	*	8 Tuberculosis	3.3
	9 Drownings	2.4	•	9 Endocrine disorders	2.3
	10 Nephritis and nephrosis	1.9	<b>→</b>	10 Nephritis and nephrosis	2.:
Commu	unicable, Maternal, Perinatal and Nutrit	ional Conditions			
Non-Co	mmunicable diseases				
Injuries	and Other External Causes				

#### Table 6: Top 10 Leading Causes of Deaths for Both Sexes, 15 – 59 years, 2020 and 2021

# 6.2.5 Leading causes of deaths for elderly aged 60 years and above

Table 7 indicates that the leading cause of death for the elderly (60+ years) in 2020 was hypertensive disease with 17.6 percent, while in 2021, COVID-19 ranked as the leading cause of death with 25.0 percent. The top 10 leading causes were Non-Communicable Diseases and Communicable conditions.

10 Leading Causes of Deaths for Both Sexes, 60+ years, 2020				10 Leadin	ng Causes of Deaths for Both Sexes, 60+ ye	ears, 2021
Rank	Death Cause	%		Rank	Death Cause	%
1	Hypertensive disease	17.6		1	COVID-19	25.0
2	Lower respiratory infections	8.1		2	Hypertensive disease	15.3
3	Nephritis and nephrosis	3.9		3	Lower respiratory infections	7.8
4	Diabetes mellitus	3.8	$\rightarrow$	4	Diabetes mellitus	4.5
5	HIV	3.5		5	Nephritis and nephrosis	2.9
6	Chronic obstructive pulmonary disease	3.4		6	HIV	2.3
7	Cerebrovascular disease	3.2		7	Chronic obstructive pulmonary disease	2.3
8	Tuberculosis	2.9	<b></b>	8	Endocrine disorders	2.0
9	Endocrine disorders	2.7		9	Cerebrovascular disease	1.9
10	Diarrhoeal diseases	2.3		10	Tuberculosis	1.3
Communi	cable, Maternal, Perinatal and Nutritional C	Conditions				
Non-Com	municable diseases					
Injuries ar	nd Other External Causes					

### Table 7: Top 10 Leading Causes of Deaths for Both Sexes, 60+ years, 2020 and 2021

# 6.3 Mortality due to Communicable diseases

Communicable diseases are caused by pathogenic microorganisms such as bacteria, parasites or fungi and can be spread directly or indirectly from one person to another.

Figure 40 Indicates the national deaths rates for four major types of communicable and infectious diseases. In 2021, most communicable deaths were due to COVID-19, which accounted for 91 deaths per 100,000 population while in 2019 and 2020 most deaths were due to HIV with 14 and 24 deaths per 100,000 population respectively. Tuberculosis death rates are consistently decreasing over the years with 20 deaths to 7 deaths per 100,000 population in 2018 and 2021 while HIV deaths have increased from 5 to 22 deaths per 100,000 population respectively. Malaria accounted for the least deaths over the years.



#### Figure 40: Communicable Diseases (COVID-19, HIV, TB, and Malaria) death rates by year, 2018 – 2021

# 6.3.1 Coronavirus (COVID-19)

The new Coronavirus (COVID-19) is a highly infectious disease that can spread from person-to-person through sneezing and coughing droplets. This virus has signs and symptoms like the common cold but is dangerous and if not reported early and managed by health workers it can cause severe illness in humans and can lead to death.

Figure 41 shows the number of deaths due to COVID-19 by months in 2020 and 2021. The monthly distribution of deaths due COVID-19 were less in 2020. However, 2021 recorded a high number of deaths due to COVID-19 and most of the deaths occurred during winter months of June – July.



Figure 41: Number of deaths due COVID-19 by months, death year 2020 - 2021

**Note:** CR data recorded Covid-19 deaths between January 2020 and June 2021, however according to the reported COVID-19 deaths by Ministry of Health, the first death was recorded in July 2020. This could be due to cause of death certification issues.

Figure 42 shows the percent distribution of COVID-19 deaths by age groups for the years 2020 – 2021. The figure shows that most COVID-19 deaths were among the elderly population (50+ years) and the young adults in both 2020 and 2021.



Figure 42: Percent distribution of COVID-19 deaths by age for the years 2020 and 2021

Figure 43 shows the regional percentage distribution of COVID-19 deaths in 2020 and 2021. In 2020, Most COVID-19 deaths were recorded in Khomas and Erongo region, while in 2021 Omusati region recorded the least.

#### Figure 43: Percent regional distribution of COVID-19 deaths in 2020 and 2021



# 6.3.2 Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV) is a virus that causes the condition known as the Acquired Immune Deficiency Syndrome (AIDS). The Human Hmmunodeficiency Virus hinders a person's ability to fight off secondary infections.

Figure 44 shows the regional percent distribution of HIV deaths in 2020 and 2021. The figure indicate that most HIV deaths were recorded in Khomas and Omusati regions, while Kavango East and Kavango West recorded the least for both years.



## Figure 44: Percent regional distribution of HIV deaths in 2020 and 2021

Figure 45 shows the percent distribution of HIV deaths by age groups in 2020 and 2021. HIV deaths started increasing from the ages 20 - 49 years.



#### Figure 45: Percent distribution of HIV deaths by Age and Year, 2020 and 2021

# 6.3.3 Tuberculosis (TB)

Tuberculosis (TB) is an illness caused by the inhalation of bacteria (Mycobacterium tuberculosis) which affects the lungs. The World Health Organization (WHO) estimates that up to one-quarter of the global population has latent TB, meaning they have been infected with the disease but are not ill with the disease (although this does not inhibit it from becoming active in the future). People with compromised immune systems, such as those suffering from malnutrition, diabetes, and smokers are more likely to become ill with TB. There is a strong link between HIV/AIDS and TB; those infected with HIV are 20-30 times more likely to develop active tuberculosis. (World Health Organisation, 2021)

Figure 46 shows the percent distribution of TB deaths by region in 2020 and 2021. Khomas and Omaheke regions had the highest TB deaths in 2020 and 2021.



Figure 46: Percent distribution of TB deaths by Region and Year, 2020 and 2021

Figure 47 shows the percent distribution of deaths due to Tuberculosis by age groups in 2020 and 2021. The figure indicates that TB deaths were high in adults aged 40 years and above in both years and low in children aged 9 years and below.



#### Figure 47: Percent distribution of TB deaths by age groups and year, 2020 and 2021

# 6.3.4 Malaria

Malaria is a blood disease caused by parasites in the female Anopheles mosquito. The illness can be classified in two categories, namely uncomplicated and severe malaria.

Figure 48 shows the regional percent distribution of deaths caused by malaria in 2020 and 2021. Kavango West recorded the highest in 2020 while Zambezi recorded the highest malaria deaths in 2021. The figure also shows that Malaria deaths increased significantly for Zambezi region between 2020 and 2021 (from 17.6% to 40.0%), while in Ohangwena, Malaria deaths decreased between the two years from 23.5 percent to 10.0 percent. There were no deaths due to Malaria in //Kharas, Kavango East, Omaheke, Omusati, Oshikoto, and Otjozondjupa for both years.



Figure 48: Percent distribution of deaths due to Malaria in 2020 and 2021

Figure 49 shows the percent distribution of Malaria deaths by age groups in 2020 and 2021. The results indicated Malaria deaths were high among the age groups 15 - 19 in both years. The data also shows that there were no deaths due to Malaria for specific age groups.



#### Figure 49: Percent distribution of Malaria deaths by age groups, 2020 and 2021

# 6.4 Mortality due to Non-Communicable Diseases (NCD)

Non-Communicable Diseases (NCD) are classified as non-infectious health conditions that cannot be spread from person to person and lasts for a lifetime. These are also known as chronic diseases which are caused by a combination of genetic, physiological, lifestyle, and environmental factors.

Figure 50 shows the proportion of deaths due to five common non-communicable diseases. The figure indicates that majority of the NCD were due to cardiovascular diseases (42.9% and 44.0%) while the least was endocrine disorders in 2020 (6.1%) and 2021 (5.9%).



Figure 50: Percent top 5 types of Non-Communicable Diseases by year of death, 2020 and 2021

Figure 51 presents ranked causes of NCDs by all cause types and year. The figure shows that the most common types of non-communicable causes of death were cardiovascular diseases with 42.9 percent and 44.0 percent, followed by malignant neoplasms recording 18.6 percent and 16.5 percent in 2020 and 2021 respectively.



#### Figure 51: Percent distribution of deaths due non-communicable diseases by all types and year

Figure 52 presents the distribution of deaths due to NCD by age groups for the years 2018 to 2021. Generally, there is an increase NCDs deaths from the ages of 35 years and above with a pattern of very high deaths among those aged 80 years and above. A consistent decline is observed to have happened between age groups 0 to 14 and 55-59 between 2018 and 2021.



#### Figure 52: Percent distribution of deaths due to NCDs by age groups and year, 2018 – 2021

## 6.4.1 Cardiovascular diseases

Cardiovascular diseases refer to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Conditions that affect heart's muscle, valves or rhythm are also considered as other forms of heart disease.

Figure 53 shows mortality due to cardiovascular diseases, 2020 and 2021. It shows that most deaths were due to other diseases of the Hypertensive diseases, 42.6 percent in 2020 and 53.0 percent in 2021. Other heart diseases were the second most common causes with 35.0 and 28.4 percent in 2020 and 2021 respectively.



#### Figure 53: Deaths due to cardiovascular diseases by type and death year, 2020 and 2021

Figure 54 shows the percent distribution of cardiovascular deaths by age groups and year, 2018 – 2021 and indicates a consistent pattern of most deaths being of those aged 60 years and above (elderly).



#### Figure 54: Percent distribution of cardiovascular deaths by age groups and death year, 2018 – 2021

Figure 55 shows the percent distribution of cardiovascular diseases by sex, age groups and years 2020
2021. Overall, there were more male than female deaths while in 2021 only age group 5-9 recorded male deaths.



#### Figure 55: Distribution of Cardiovascular diseases by sex and 5-year age groups, death year, 2020 - 2021

## 6.4.2 Cancer

Cancer is defined as a generic term for a large group of diseases characterized by the growth of abnormal cells beyond their usual boundaries that can then invade adjoining parts of the body and/ or spread to other organs. Other common terms used are malignant tumours and neoplasms (WHO, 2018).

Table 8 shows top 10 causes of cancer deaths in Namibia for the years 2020 and 2021. Other malignant neoplasms, malignant neoplasm of the prostate, trachea, bronchus, lung cancers were the top 3 causes, accounting to about 40 percent of all cancer deaths in 2020, while in 2021, Other malignant neoplasms, malignant neoplasm of the cervix uteri and prostate were the top three causes.

	2020			2021	
Rank	Cancer type	Percent		Cancer type	Percent
1	Other malignant neoplasms	25.1		Other malignant neoplasms	25.2
2	Malignant neoplasm of prostate	10.2		Malignant neoplasm of cervix uteri	8.9
3	Trachea, bronchus, lung cancers	8.6	$\searrow$	Malignant neoplasm of prostate	8.8
4	Malignant neoplasm of cervix uteri	8.5		Malignant neoplasm of breast	8.7
5	Malignant neoplasm of breast	7.3		Trachea, bronchus, lung cancers	7.7
6	Malignant neoplasm of liver and intrahepatic bile ducts	6.1		Malignant neoplasm of liver and intrahepatic bile ducts	6.6
7	Colon and rectum cancers	5.1		Colon and rectum cancers	5.2
8	Malignant neoplasm of pancreas	4.1	<b>_</b>	Other neoplasms	4.9
9	Mouth and oropharynx cancers	4.0		Mouth and oropharynx cancers	4.5
10	Other neoplasms	3.9		Malignant neoplasm of oesophagus	4.2

#### Table 8: Top ten types of Cancer deaths for 2020 and 2021

Table 9 shows top 10 causes of cancer deaths among females in Namibia. Other malignant neoplasms, cancer of the cervix uteri and breast, were the top 3 causes, accounting to about 60 percent of all cancer deaths among females in each year.

#### Table 9: Top ten types of Cancer deaths among females for the years 2020 and 2021

	2020			2021	
Rank	Cancer types, Female	Percent		Cancer types, Female	Percent
1	Other malignant neoplasms	27.1		Other malignant neoplasms	25.3
2	Malignant neoplasm of cervix uteri	16.9	>	Malignant neoplasm of cervix uteri	17.4
3	Malignant neoplasm of breast	13.9		Malignant neoplasm of breast	16.7
4	Malignant neoplasm of liver and intrahepatic bile ducts	6.0	k 🔺	Colon and rectum cancers	6.3
5	Trachea, bronchus, lung cancers	5.5		Other neoplasms	5.9
6	Malignant neoplasm of ovary	4.7		Trachea, bronchus, lung cancers	5.2
7	Other neoplasms	4.5	×	Malignant neoplasm of liver and intrahepatic bile ducts	3.6
8	Malignant neoplasm of pancreas	4.2		Malignant neoplasm of pancreas	3.2
9	Colon and rectum cancers	3.5		Mouth and oropharynx cancers	2.7
10	Mouth and oropharynx cancers	2.7	*	Malignant neoplasm of ovary	2.5

Table 10 shows top 10 causes of cancer deaths among males in Namibia. Other malignant neoplasms, neoplasms of the prostate, and cancers of trachea, bronchus, lung cancers, were the top 3 causes, accounting to about 55 percent of all cancer deaths among males in each year.

	2020			2021	
Rank	Cancer types, Male	Percent		Cancer types, Male	Percent
1	Other malignant neoplasms	23.0		Other malignant neoplasms	25.1
2	Malignant neoplasm of prostate	20.5		Malignant neoplasm of prostate	18.1
3	Trachea, bronchus, lung cancers	11.9		Trachea, bronchus, lung cancers	10.3
4	Colon and rectum cancers	6.8		Malignant neoplasm of liver and intrahepatic bile ducts	9.8
5	Malignant neoplasm of liver and intrahepatic bile ducts	6.3	$\prec$	Mouth and oropharynx cancers	6.4
6	Malignant neoplasm of oesophagus	5.6	$\rightarrow$	Malignant neoplasm of oesophagus	6.0
7	Mouth and oropharynx cancers	5.3		Malignant neoplasm of pancreas	4.3
8	Malignant neoplasm of pancreas	4.0	- *	Colon and rectum cancers	4.1
9	Non-Hodgkin lymphoma	3.3	-	Other neoplasms	3.8
10	Other neoplasms	3.3		Malignant neoplasm of larynx	3.3

Table 10: Top ten types of Cancer deaths among males for the years 2020 and 2021

Figure 56 presents the percent distribution of cancer deaths by age group for 2020 and 2021. Cancer deaths were more prevalent in older ages, specifically from 55 years and above with the highest deaths recorded in the age group 80 years and above in 2020 and 2021 with 14.0 percent and 14.5 percent respectively.



#### Figure 56: Percent Cancer Deaths by age group, death year 2020 and 2021

Figure 57 shows the percent distribution of cancer deaths by region and year, 2020 and 2021. Khomas recorded most deaths due to cancer in 2020 and 2021 with 44.2 and 50.3 percent respectively while the rest of the regions recorded less than 10 percent cancer for both years.



## Figure 57: Percent cancer deaths by region and year, 2020 and 2021

## 6.4.3 Diabetes

Diabetes occurs when the body cannot produce enough insulin, a hormone that regulates blood sugar (glucose). It can also occur when the body cannot effectively use the insulin it produces. Some effects of diabetes include heart disease, vision loss, and kidney injury. If blood sugar levels are not controlled, diabetes can seriously damage other organs and systems in the body over time.

Figure 58 shows that deaths due to diabetes increases with age for both 2020 and 2021. The figure shows that from the age of 60 years and above, each age group recorded about or above 10 percent deaths due to diabetes.



#### Figure 58: Percent deaths due to Diabetes Mellitus by age group and death year, 2020 – 2021

# 6.5 Mortality due to maternal, perinatal, and nutritional conditions

Statistics on maternal, perinatal, and nutritional conditions are used for identifying problems and designing policies and programmes to address these problems as well as evaluating the effectiveness of the country's health system. Maternal and Perinatal deaths statistics can be used to design high-quality antenatal care, delivery and postnatal care to reduce the incidence of complications and ensure the survival of mothers and infants. Nutritional conditions statistics are vital as these conditions negatively affect the most vulnerable population groups such as pregnant women and young children. Nutrition interventions can have a positive effect on micronutrient deficiencies, undernutrition and acute infections like diarrhoea, malaria, HIV/AIDS and tuberculosis.

# 6.5.1 Maternal Deaths

**Maternal death or maternal mortality** is defined by the World Health Organization (WHO) as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal mortality ratio is a key performance indicator (KPI) for efforts to improve the health and safety of mothers before, during, and after childbirth per country worldwide.

Figure 59 shows number of maternal deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes). The year 2018 recorded the highest number of deaths 96 per 100,000 births. The number of maternal deaths decreased in 2019 with 58 deaths per 100,000 live births but increased to 81 by 2021.



## Figure 59: Maternal Mortality Ratio by year, 2018 – 2021

Figure 60 shows the percent cause of maternal deaths by type in 2020 and 2021. The figure shows that most maternal deaths were due to other direct obstetric and abortions for both years.



#### Figure 60: Percent Cause of Maternal Deaths by type and death 2020 and 2021

Figure 61 shows the percent distribution of maternal deaths by region of registration, for the years 2020 and 2021. Khomas and Oshana regions recorded most maternal deaths in 2020 while in 2021, it was higher in Khomas, Oshana, Erongo, Omusati and Zambezi regions.





# 6.5.2 Stillbirths and Foetal Deaths

A stillbirth is defined as a baby born with no signs of life at or after 28 weeks' gestation. Stillbirth rate is the number of stillbirths per 1,000 births (live and stillbirths). However, the rate is not calculated in this report due to the limitations of data in the denominator (live and stillbirths). Stillbirths can occur at antepartum or intrapartum. In many cases, stillbirths reflect inadequacies in antenatal care coverage or in intrapartum care. For purposes of international comparison, stillbirths are defined as third trimester foetal deaths ( $\geq$  1000 g or  $\geq$ 28 weeks) (WHO).

Figure 62 shows the regional percent distribution of stillbirths in 2020 and 2021. Stillbirths reflect the health system care on pre-natal and post-natal services. The figure shows that Erongo (5.7%), and Otjozondjupa (6.2%) region recorded the highest number of stillbirths in 2020 while Hardap (3.0%) and Otjozondjupa (3.0%) recorded the highest in 2021.



#### Figure 62: Percent stillbirths by region and year, 2020 and 2021

# 6.5.3 Perinatal Deaths

WHO defines perinatal mortality as the number of stillbirths and deaths in the first week of life (early neonatal mortality). Perinatal mortality serves an indicator for the quality of antenatal and perinatal care.

Figure 63 shows perinatal deaths by sex for the years 2018 – 2021. Across the years, an increasing trend in perinatal deaths can be seen among the males while a decreasing trend can be seen among females. The highest perinatal deaths were recorded among the males in 2021 with 56.7 percent while females recorded the highest in 2018 with 46.0 percent respectively.



#### Figure 63: Percent perinatal deaths by sex and death year, 2018 – 2021

Figure 64 presents the percent regional distribution of perinatal deaths for the years 2020 and 2021. Khomas and Oshana recorded the highest for both years while Kavango west recorded the lowest.



#### Figure 64: Percent perinatal deaths by region and year, 2020 – 2021

## 6.5.4 Neonatal Mortality Rate (NMR)

Neonatal mortality rate (NMR) is the number of neonatal deaths (deaths in new-borns aged less than 28 days) per 1,000 live births during a specific period. Neonatal deaths account for a large proportion of child deaths and is a useful indicator of maternal and new-born health care and other social developmental factors.

Figure 65 shows the percent distribution of neonatal deaths by sex for the years 2018 – 2021. Overall, there were more male than female neonatal deaths.



#### Figure 65: Percent neonatal deaths by sex and year, 2018 – 2021

Figure 66 presents distribution of Neonatal mortality rates for the years 2020 and 2021. The map shows that Oshana region recorded the highest while Kavango West and Ohangwena recorded the lowest for both years.



## Figure 66: Neonatal Mortality Rates by Region and Year, 2020 and 2021

# 6.5.5 Post Neonatal Mortality

Post neonatal mortality is a measure of infants dying between 28 days of age and 1 year. Factors such as the health of mothers, intrapartum care, birth weight, nutritional and health care after birth continue to be important determinants of deaths in the post-neonatal period. The section provides statistics on the number of post neonatal deaths by region and sex as well as the top ten leading causes of death.

Figure 67 shows post neonatal death rates by region for the years 2020 – 2021. Omusati and Khomas regions recorded the highest while Kavango East and Kavango West recorded the lowest.



Figure 67: Post neonatal death rates by region and year of death, 2020 – 2021

# 6.5.6 Nutritional Conditions

Nutrition can be defined as the process of obtaining the necessary foods for health to stimulate growth and development. Lack of the right nutrients can result in nutrient related diseases that may cause development abnormalities. This section presents statistics on nutritional conditions by year.

Figure 68 presents nutritional condition related deaths for the years 2018 – 2021. Most of the deaths were due to other nutritional disorders and Protein energy malnutrition across the years. No deaths were recorded for type "lodine deficiency" and "Vitamin A deficiency".



Figure 68: Percent distribution of deaths due to Malnutrition for persons under 10 years, 2018 – 2021
Figure 69 indicates the percent distribution of malnutrition deaths for those aged below ten years. Malnutrition deaths are higher (over 85%) for those aged 0 and 1 years and start decreasing from age 2 years.



#### Figure 69: Percent distribution of Malnutrition deaths under 10 years, 2020 and 2021

## 6.6 Mortality due to external causes and injuries

This section deals with external causes of death and injuries. An external cause of death, as described in WHO's ICD-10, is a death resulting from accidents and violence including environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects.

Figure 70 shows the percent of deaths by main cause of injuries from 2018 – 2021. Thetotal number of deaths due to injuries was 841 in 2018, 1,238 in 2019, 1,233 in 2020 and 1,235 in 2021. The figure shows that in 2018 and 2021, most deaths were due to intentional injuries, whereas in 2019 and 2020 were mostly due to unintentional injuries.



#### Figure 70: Proportion of deaths by main cause of injuries and year of death, 2018 - 2021

The distribution of injuries as a cause of death by sex for the years 2020 and 2021 is presented in figure 71. The table shows that deaths due to injuries, either intentional or unintentional, were mostly of males.



#### Figure 71: Proportion of deaths by main cause of injuries and year of death, 2018 - 2021

The distribution of injuries as a cause of death by sex and type, for the years 2020 and 2021 is presented in table 11. Most intentional injuries were self-inflicted, accounting for a total of 65.4 percent and 60.3 percent, while for unintentional injuries, road traffic accidents accounted for 55.3 percent and 59.3 percent in 2020 and 2021 respectively.

#### Table 11: Percent injuries by sex, type and year, 2020 – 2021

Tupo of injury		2020			2021	
	Total	Male	Female	Total	Male	Female
Total Injuries	1 233	967	266	1 235	937	298
Intentional injuries	532	427	105	567	453	114
Homicide	11.7	10.3	17.1	9.2	8.6	11.4
Other Intentional injuries	22.7	21.8	26.7	30.0	27.8	38.6
Self-inflicted injuries	65.4	67.9	55.2	60.3	63.1	49.1
War and conflict	0.2	0.0	1.0	0.5	0.4	0.9
Other Intentional injuries	121	95	26	113	88	25
All other external causes	38.0	38.9	34.6	52.2	54.5	44.0
Other Intentional injuries	3.3	3.2	3.8	0.9	0.0	4.0
Other RTA	58.7	57.9	61.5	46.9	45.5	52.0
Unintentional injuries	580	445	135	555	396	159
All other external causes	2.6	2.7	2.2	2.3	1.8	3.8
Drownings	26.7	29.0	19.3	19.1	21.5	13.2
Fires	1.6	1.3	2.2	2.0	2.3	1.3
Other unintentional injuries	13.3	10.8	21.5	16.8	13.4	25.2
Poisonings	0.5	0.4	0.7	0.5	0.8	0.0
Road Traffic accidents	55.3	55.7	54.1	59.3	60.4	56.6

# 6.6.1 Deaths due to Road Traffic Accidents

Road traffic accidents were the major contributors of unintentional injuries and external causes of deaths in Namibia.

Figure 72 shows the percent of road traffic accident deaths by age groups in 2020 and 2021. The figure indicates that the prevalence of deaths due to road traffic accidents was dominant among those in age groups 20 - 44 years in both years.



Figure 72: Percent Road Traffic Accident deaths by age groups and death year, 2020 - 2021

Figure 73 shows the percent distribution of road traffic accident deaths by regions in 2020 and 2021. The figure shows that most deaths due to road traffic accidents were reported in Khomas region followed by Oshana region. Kavango West had no death registered that was due to road traffic accident in both years.



#### Figure 73: Percent distribution of road traffic accident deaths by region, 2020 and 2021

# CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS Data Challenges, Recommendations and Action for Improvement

### Data variables:

Due to the limitations in the data, statistics presented are best used for improving the CRVS system in Namibia including revision of form e.g., to include usual place of residence for the deceased and build capacity in cause of death recording by the physicians.

#### Cause of death data recording and coding:

According to the results, a great percentage of causes of death recording and coding were either ill-defined causes of deaths or unspecified causes of deaths. This shows the need to build capacity building of certifiers on how to properly record causes of death using recommended WHO standards. There is also a challenge in the data to identify the underlying cause of death based on the current format. This leaves some room for improvement in the recording to ensure that underlying cause of death can be clearly identified from the data.

#### Cause of death data completeness:

Efforts are required on improving the completeness of cause of death reporting for deaths where causes of death are not reported. This has caused a high number of ill-defined conditions and a low level of cause-specific details available for external causes which shows the need of improving the quality of causes of deaths reported in CRVS system.

In response, priority actions to improve the completeness of mortality and cause of death reporting using the e-death notification system should then be embedded with the ICD11 coding tool. A major effort should be directed to improving registration completeness to permit the calculation of key mortality indicators. In addition, ongoing capacity development should be supported to improve the quality of causes of death determination.

#### Calculation of death rates:

Calculation of death rates at sub-national level seems to be problematic as data only collects information on either place of death or place of death registration and not place of usual residence. The statistics show biasness at regional level especially for the Khomas and Oshana regions showing high rates due to referral hospitals in those regions hence high death numbers. Efforts are required on improving the death form to include the variable usual residence of the deceased.

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# Annexure

X: Projected population, births and deaths by region and year, 2018 – 2021

Pagion		Total po	pulation		Рор	ulation aged	15-59 years	
Region	2018	2019	2020	2021	2018	2019	2020	2021
//Kharas	89 157	90 874	92 588	94 294	56 306	57 231	58 159	59 099
Erongo	195 652	202 319	209 006	215 700	129 146	133 054	136 978	140 950
Hardap	90 325	91 905	93 477	95 049	53 865	54 738	55 622	56 544
Kavango East	153 255	155 709	158 182	160 670	81 293	82 514	83 767	85 130
Kavango West	90 514	91 102	91 671	92 239	42 549	42 797	43 078	39 092
Khomas	447 636	463 823	480 136	496 546	298 308	306 832	315 405	324 058
Kunene	102 485	104 858	107 245	109 672	52 263	53 726	56 870	58 603
Ohangwena	260 190	262 668	265 234	267 835	129 180	130 643	132 098	133 669
Omaheke	75 734	76 246	76 736	77 212	40 732	40 958	41 234	41 623
Omusati	252 931	254 546	256 194	257 874	129 919	131 165	132 389	133 718
Oshana	194 577	197 274	199 970	202 656	114 157	115 364	116 555	117 767
Oshikoto	200 686	203 522	206 385	209 270	108 098	109 901	111 674	113 498
Otjozondjupa	158 237	160 120	161 968	163 776	89 075	89 859	90 750	91 790
Zambezi	102 264	103 970	105 706	107 433	57 173	58 056	58 957	59 893
Total	2 413 643	2 458 936	2 504 498	2 550 226	1 382 064	1 406 838	1 433 536	1 455 434

# Table X1: Total projected population and population aged 15-59 years by region, 2018 – 2021

# Table X2: Projected births and deaths by region, 2018 – 2021

Degion		Projected	d births			Projected	deaths	
Region	2018	2019	2020	2021	2018	2019	2020	2021
//Kharas	2 338	2 343	2 341	2 338	860	858	853	853
Erongo	5 017	5 059	5 092	5 119	1 283	1 302	1 330	1 351
Hardap	2 362	2 364	2 363	2 356	1 083	1 083	1 084	1 085
Kavango East	5 351	5 358	5 365	5 363	2 552	2 532	2 512	2 489
Kavango West	3 017	2 982	2 953	2 922	830	809	794	778
Khomas	12 879	13 076	13 231	13 358	2 848	2 894	2 927	2 968
Kunene	3 366	3 395	3 426	3 458	1 086	1 084	1 090	1 088
Ohangwena	8 216	8 234	8 245	8 234	3 230	3 176	3 125	3 079
Omaheke	2 040	2 009	1 974	1 951	753	745	739	730
Omusati	6 774	6 772	6 757	6 735	3 202	3 151	3 114	3 068
Oshana	5 311	5 301	5 286	5 259	2 271	2 258	2 240	2 228
Oshikoto	5 659	5 681	5 689	5 698	2 174	2 157	2 146	2 140
Otjozondjupa	4 463	4 408	4 356	4 304	1 475	1 461	1 449	1 440
Zambezi	3 203	3 200	3 194	3 184	1 220	1 214	1 204	1 193
Total	69 996	70 182	70 272	70 279	24 867	24 724	24 607	24 490

A: Data Quality, timeliness, and completeness

Table A1: Deaths by timeliness status (within 14 days and within 12 months) of registration by region of registration and registration year, 2018 - 2021

	Tim	neliness status			Percent		Tim	eliness status			Percent
Registration region	Registered within 14 days	Registered after 14 days	Invalid	Total	registered within 14 days	Registration region	Registered within 12 months	Registered after 12 months	Invalid	Total	registered within 12 months
2018	11517	4 079	3 376	18 972	60.7	2018	15 484	112	3 376	18 972	81.6
//Kharas	412	166	160	738	55.8	//Kharas	577	1	160	738	78.2
Erongo	620	236	189	1 045	59.3	Erongo	854	2	189	1 045	81.7
Hardap	548	195	150	893	61.4	Hardap	734	6	150	893	82.2
Kavango East	968	394	315	1 677	57.7	Kavango East	1 357	Ŋ	315	1 677	80.9
Kavango West	149	139	54	342	43.6	Kavango West	288		54	342	84.2
Khomas	2 284	737	650	3 671	62.2	Khomas	2 992	29	650	3 671	81.5
Kunene	337	121	95	553	60.9	Kunene	457	Ч	95	553	82.6
Ohangwena	861	271	229	1361	63.3	Ohangwena	1 127	Ŋ	229	1361	82.8
Omaheke	429	160	137	726	59.1	Omaheke	589		137	726	81.1
Omusati	977	406	272	1 655	59.0	Omusati	1 334	49	272	1 655	80.6
Oshana	2 369	714	697	3 780	62.7	Oshana	3 081	2	697	3 780	81.5
Oshikoto	365	116	82	563	64.8	Oshikoto	480	Ч	82	563	85.3
Otjozondjupa	673	254	196	1 123	59.9	Otjozondjupa	919	8	196	1 123	81.8
Zambezi	525	170	150	845	62.1	Zambezi	695		150	845	82.2

							Tim	eliness status			Percent
Registration	Tim	neliness status		Total	Percent registered	Registration				Total	registered within 12 months
region	Registered within 14 days	Registered after 14 days	Invalid		within 14 days	region	Registered within 12 months	Registered after 12 months	Invalid		
2019	11 731	4 366	3 388	19 485	60.2	2019	15 976	121	3 388	19 485	82.0
//Kharas	379	134	114	627	60.4	//Kharas	513		114	627	81.8
Erongo	622	218	172	1 012	61.5	Erongo	836	4	172	1 012	82.6
Hardap	502	202	170	874	57.4	Hardap	702	2	170	874	80.3
Kavango East	961	437	252	1 650	58.2	Kavango East	1 374	24	252	1 650	83.3
Kavango West	204	236	76	516	39.5	Kavango West	417	23	76	516	80.8
Khomas	2 140	781	625	3 546	60.3	Khomas	2 909	12	625	3 546	82.0
Kunene	434	209	119	762	57.0	Kunene	603	40	119	762	79.1
Ohangwena	894	297	249	1 440	62.1	Ohangwena	1 188	ſ	249	1 440	82.5
Omaheke	501	184	110	795	63.0	Omaheke	684	Ч	110	795	86.0
Omusati	1 248	407	341	1 996	62.5	Omusati	1 653	2	341	1996	82.8
Oshana	2 028	661	618	3 307	61.3	Oshana	2 682	7	618	3 307	81.1
Oshikoto	537	171	145	853	63.0	Oshikoto	708		145	853	83.0
Otjozondjupa	701	250	223	1  174	59.7	Otjozondjupa	949	2	223	1  174	80.8
Zambezi	580	179	174	933	62.2	Zambezi	758	1	174	933	81.2

							Tim	eliness status			Percent
Registration	Tim	neliness status		Total	Percent registered	Registration				Total	registered within 12 months
region	Registered within 14 days	Registered after 14 days	Invalid		within 14 days	region	Registered within 12 months	Registered after 12 months	Invalid		
2020	11 063	3 851	3 186	18 100	61.1	2020	14 837	77	3 186	18 100	82.0
//Kharas	408	142	114	664	61.4	//Kharas	548	2	114	664	82.5
Erongo	632	236	186	1 054	60.0	Erongo	860	00	186	1 054	81.6
Hardap	506	154	155	815	62.1	Hardap	656	4	155	815	80.5
Kavango East	905	396	248	1 549	58.4	Kavango East	1 295	9	248	1 549	83.6
Kavango West	163	130	67	360	45.3	Kavango West	291	2	67	360	80.8
Khomas	1 954	653	519	3 126	62.5	Khomas	2 583	24	519	3 126	82.6
Kunene	368	151	109	628	58.6	Kunene	515	4	109	628	82.0
Ohangwena	857	277	243	1 377	62.2	Ohangwena	1 129	Ŋ	243	1  377	82.0
Omaheke	413	220	137	770	53.6	Omaheke	619	14	137	770	80.4
Omusati	1 138	315	328	1 781	63.9	Omusati	1 450	ſ	328	1 781	81.4
Oshana	1 797	504	517	2 818	63.8	Oshana	2 300	Ч	517	2 818	81.6
Oshikoto	519	195	173	887	58.5	Oshikoto	713	Ч	173	887	80.4
Otjozondjupa	749	256	204	1 209	62.0	Otjozondjupa	1 004	Ч	204	1 209	83.0
Zambezi	654	222	186	1 062	61.6	Zambezi	874	2	186	1 062	82.3

	Tim	neliness status			Percent		Tim	eliness status			Percent
Registration region	Registered within 14 days	Registered after 14 days	Invalid	Total	registered within 14 days	Registration region	Registered within 12 months	Registered after 12 months	Invalid	Total	registered within 12 months
2021	14 926	5 091	4 203	24 220	61.6	2021	19 936	81	4 203	24 220	82.3
//Kharas	605	239	183	1 027	58.9	//Kharas	844		183	1 027	82.2
Erongo	1 041	323	291	1,655	62.9	Erongo	1 360	4	291	1,655	82.2
Hardap	838	278	269	1385	60.5	Hardap	1 115	Ч	269	1 385	80.5
Kavango East	983	376	291	1 650	59.6	Kavango East	1 356	m	291	1 650	82.2
Kavango West	266	126	72	464	57.3	Kavango West	389	m	72	464	83.8
Khomas	2 895	950	801	4 646	62.3	Khomas	3 826	19	801	4 646	82.4
Kunene	496	165	165	826	60.0	Kunene	660	Ч	165	826	79.9
Ohangwena	1 081	342	269	1 692	63.9	Ohangwena	1 419	4	269	1 692	83.9
Omaheke	583	261	184	1 028	56.7	Omaheke	836	00	184	1 028	81.3
Omusati	1 519	484	399	2 402	63.2	Omusati	1 997	9	399	2 402	83.1
Oshana	2 246	710	599	3 555	63.2	Oshana	2 939	17	599	3 555	82.7
Oshikoto	585	229	164	978	59.8	Oshikoto	812	2	164	978	83.0
Otjozondjupa	980	337	281	1 598	61.3	Otjozondjupa	1 307	10	281	1 598	81.8
Zambezi	808	271	235	1314	61.5	Zambezi	1 076	3	235	1 314	81.9

# Table A2: Deaths by timeliness status (within 14 days and within 12 months) of capturing on NPRS by region of registration and registration year, 2018 – 2021

	Capture	e Status				Captur	e Status		Percent
Registration region	Captured within 14 days	Captured after 14 days	Total	Percent captured within 14 days	Registration region	Captured within 12 months	Captured after 12 months	Total	captured within 12 months
2018	18 011	973	18 984	94.9	2018	18 815	169	18 984	99.1
//Kharas	718	20	738	97.3	//Kharas	732	6	738	99.2
Erongo	1 023	24	1 047	97.7	Erongo	1 039	8	1 047	99.2
Hardap	829	67	896	92.5	Hardap	885	11	896	98.8
Kavango East Kavango	1 602	126	1 728	92.7	Kavango East Kavango	1 723	5	1 728	99.7
West	171	219	390	43.8	West	389	1	390	99.7
Khomas	3 607	79	3 686	97.9	Khomas	3 651	35	3 686	99.1
Kunene	402	64	466	86.3	Kunene	456	10	466	97.9
Ohangwena	1 329	30	1 359	97.8	Ohangwena	1 351	8	1 359	99.4
Omaheke	702	33	735	95.5	Omaheke	719	16	735	97.8
Omusati	1 575	64	1 639	96.1	Omusati	1 633	6	1 639	99.6
Oshana	3 636	127	3 763	96.6	Oshana	3 743	20	3 763	99.5
Oshikoto	532	11	543	98.0	Oshikoto	539	4	543	99.3
Otjozondjupa	1 068	97	1 165	91.7	Otjozondjupa	1 1 2 9	36	1 165	96.9
Zambezi	817	12	829	98.6	Zambezi	826	3	829	99.6
2019	18 458	1 455	19 914	92.7	2019	19 425	488	19 914	97.5
//Kharas	606	23	629	96.3	//Kharas	618	11	629	98.3
Erongo	988	26	1 014	97.4	Erongo	998	16	1 014	98.4
Hardap	850	35	885	96.0	Hardap	863	22	885	97.5
Kavango East Kavango	1 516	60	1 576	96.2	Kavango East Kavango	1 573	3	1 576	99.8
West	379	173	552	68.7	West	539	13	552	97.6
Khomas	3 495	76	3 571	97.9	Khomas	3 527	44	3 571	98.8
Kunene	633	398	1 031	61.4	Kunene	775	256	1 0 3 1	75.2
Ohangwena	1 352	81	1 433	94.3	Ohangwena	1 419	14	1 433	99.0
Omaheke	777	29	806	96.4	Omaheke	794	12	806	98.5
Omusati	1 952	45	1 997	97.7	Omusati	1 984	13	1 997	99.3
Oshana	3 154	248	3 402	92.7	Oshana	3 365	37	3 402	98.9
Oshikoto	824	46	870	94.7	Oshikoto	866	4	870	99.5
Otjozondjupa	1 016	180	1 196	84.9	Otjozondjupa	1 163	33	1 196	97.2
Zambezi	916	35	952	96.2	Zambezi	941	10	952	98.8

	Capture	e Status				Capture	e Status		Percent
Registration region	Captured within 14 days	Captured after 14 days	Total	Percent captured within 14 days	Registration region	Captured within 12 months	Captured after 12 months	Total	captured within 12 months
2020	17 475	849	18 324	95.4	2020	18 053	271	18 324	98.5
//Kharas	645	20	665	97.0	//Kharas	660	5	665	99.2
Erongo	1 020	27	1 047	97.4	Erongo	1 036	11	1 047	98.9
Hardap	795	25	820	97.0	Hardap	806	14	820	98.3
Kavango East Kavango	1 494	105	1 599	93.4	Kavango East Kavango	1 571	28	1 599	98.2
West	215	144	359	59.9	West	328	31	359	91.4
Khomas	3 069	68	3 137	97.8	Khomas	3 108	29	3 137	99.1
Kunene	526	136	662	79.5	Kunene	631	31	662	95.3
Ohangwena	1 362	41	1 403	97.1	Ohangwena	1 388	15	1 403	98.9
Omaheke	726	33	759	95.7	Omaheke	756	3	759	99.6
Omusati	1 740	60	1 800	96.7	Omusati	1 776	24	1 800	98.7
Oshana	2 785	74	2 859	97.4	Oshana	2 829	30	2 859	99.0
Oshikoto	872	28	900	96.9	Oshikoto	886	14	900	98.4
Otjozondjupa	1 172	71	1 243	94.3	Otjozondjupa	1 216	27	1 243	97.8
Zambezi	1 054	17	1 071	98.4	Zambezi	1 062	9	1071	99.2
2021	23 368	1 105	24 473	95.5	2021	24 118	355	24 473	98.5
//Kharas	1011	29	1 040	97.2	//Kharas	1 036	4	1 040	99.6
Erongo	1 627	68	1 695	96.0	Erongo	1 670	25	1 695	98.5
Hardap	1 369	45	1 414	96.8	Hardap	1 391	23	1 4 1 4	98.4
Kavango East Kavango	1 574	108	1 682	93.6	Kavango East Kavango	1 659	23	1 682	98.6
West	253	243	496	51.0	West	479	17	496	96.6
Khomas	4 581	135	4 716	97.1	Khomas	4 649	67	4 716	98.6
Kunene	762	134	896	85.0	Kunene	843	53	896	94.1
Ohangwena	1 675	34	1 709	98.0	Ohangwena	1 695	14	1 709	99.2
Omaheke	981	72	1 053	93.2	Omaheke	1 027	26	1 053	97.5
Omusati	2 179	57	2 236	97.5	Omusati	2 220	16	2 236	99.3
Oshana	3 521	88	3 609	97.6	Oshana	3 557	52	3 609	98.6
Oshikoto	967	18	985	98.2	Oshikoto	978	7	985	99.3
Otjozondjupa	1 559	59	1 618	96.4	Otjozondjupa	1 598	20	1 618	98.8
Zambezi	1 309	15	1 324	98.9	Zambezi	1 316	8	1 324	99.4

**B: Mortality patterns** 

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Table

									Death yea	L			-			
Region		201	8			201	6			202	0			2021		
	ч	Δ	U	Т	F	Μ	D	Т	F	Μ	N	Т	ч	M	J T	
//Kharas	338	387	0	725	265	365	0	630	562	369	0	665	472	549	0	1 021
Erongo	473	577	1	1051	448	564	0	1 012	434	609	0	1 043	737	914	0	1651
Hardap	402	473	1	876	374	498	Ч	873	348	460	0	808	687	697	0	1384
Kavango East	808	952	0	1 760	716	839	0	1555	710	811	Η	1 522	761	906	0	1 667
Kavango West	219	188	0	407	214	223	0	437	159	201	1	361	202	238	0	440
Khomas	1660	2 008	ŝ	3 671	1610	1 930	4	3 544	1 432	1 673	1	3 106	2 134	2 467	2	4 603
Kunene	259	298	0	557	321	413	Ч	735	253	353	0	606	390	442	0	832
Ohangwena	656	701	0	1 357	740	707	0	1 447	687	682	0	1 369	847	842	0	1689
Omaheke	339	383	1	723	372	474	0	846	313	428	0	741	430	580	0	$1\ 010$
Omusati	745	798	0	1 543	955	1 029	0	1 984	826	956	1	1 783	1 124	1 280	0	2 404
Oshana	1 749	1 987	0	3 736	1 548	1 759	1	3 308	1 332	1477	1	2 810	1 675	1 867	1	3 543
Oshikoto	231	335	0	566	403	455	0	858	381	502	0	883	419	551	0	970
Otjozondjupa	492	628	Ч	1121	536	643	2	1181	539	664	0	1 203	722	866	0	1588
Zambezi	382	464	0	846	413	529	0	942	492	570	0	1 062	611	704	0	1 315
Total	8 753	10 179	2	18 939	8 915	10 428	6	19 352	8 202	9 755	ß	17 962	11 211	12 903	ŝ	24 117
	// I//	(IN A)) (I-	// 0 //	1. 11 11.11		(1-1) ((-)	- - -						-			

Note: "F" = "Female", "M" = "Male", "U" = "Unknown", "T" = Total

Table B2: Number of deaths occurred by age, sex and year, 2018 – 2021

								Death	year							
Age at death			2018			201	6			202	0			2021		
	Ľ	Σ	D	Total	Ľ	Σ	D	Total	Ľ	Σ	D	Total	F	ר W	ſ	Total
0 days	360	422	4	786	376	443	9	825	387	475	2	864	383	513	2	868
1-6 days	162	188	0	350	145	210	1	356	156	214	0	370	167	210	0	377
7-27 days	136	150	0	286	114	159	0	273	143	134	0	277	138	150	0	288
28-364 days	954	1 049	1	2 004	971	1 054	2	2 027	831	1 004	2	1 837	666	1 195	0	2 194
1-4 years	439	472	0	911	513	563	0	1 076	380	449	0	829	384	436	0	820
5-9 years	110	119	1	230	94	110	0	204	66	133	0	232	77	101	0	178
10-14 years	81	94	0	175	74	84	0	158	82	98	0	180	65	106	0	171
15-19 years	122	157	0	279	113	174	0	287	93	145	0	238	110	146	0	256
20-24 years	188	301	0	489	160	290	0	450	162	253	0	415	147	254	0	401
25-29 years	288	404	0	692	248	421	0	699	190	378	0	568	246	371	0	617
30-34 years	355	503	0	858	330	478	0	808	269	449	0	718	317	465	0	782
35-39 years	399	640	0	1 039	371	554	0	925	311	480	0	791	388	600	0	988
40-44 years	391	600	0	991	415	598	0	1 013	340	528	0	868	416	647	0	1 063
45-49 years	400	606	0	1 006	389	609	0	966	307	513	0	820	492	719	0	1 211
50-54 years	348	588	0	936	370	579	0	949	343	498	0	841	545	768	0	1 313
55-59 years	417	548	0	965	385	551	0	936	349	512	0	861	656	868	0	1 524
60-64 years	401	525	0	926	409	487	0	896	411	554	0	965	748	923	0	1 671
65-69 years	400	576	0	976	469	576	0	1 045	434	568	0	1 002	718	917	1	1 636
70-74 years	406	522	0	928	389	553	0	942	456	595	0	1 051	738	864	0	1 602
75-79 years	481	562	0	1 043	469	559	0	1 028	475	514	0	989	675	779	0	1 454
80-84 years	419	408	0	827	516	450	0	996	499	437	0	936	836	764	0	1 600
85-89 years	539	327	0	866	533	420	0	953	459	356	0	815	631	495	0	1 126
90-94 years	422	200	0	622	447	218	0	665	473	244	0	717	629	331	0	960
95+ years	531	214	1	746	614	287	0	901	553	224	1	778	702	277	0	979
Unknown	4	4	0	∞	1	1	0	2	0	0	0	0	4	4	0	8
Total	8 753	10179	7	18 939	8 915	10 428	6	19 352	8 202	9 755	ß	17 962	11 211	12 903	ŝ	24 117

Table B3: Number of infant deaths by region, sex and year, 2018 – 2021

								Death yea	_								
		2	018				2019			2	020				2021		
	н	Σ	N	Total	ц	Σ	D	Total	н	Σ	n	Τc	otal	F	Μ	U	Total
	73	69	0	142	48	56	0	104	45	77		0	122	54	62	0	116
	88	118	1	207	96	108	0	204	79	143		0	222	107	136	0	243
	59	61	1	121	42	62	1	105	51	62		0	113	76	73	0	149
East	157	188	0	345	146	166	0	312	170	173		1	344	159	214	0	373
West	45	38	0	83	43	38	0	81	28	33		1	62	31	51	0	82
	367	410	1	778	363	402	4	769	285	357		1	643	303	366	2	671
	61	43	0	104	67	78	1	146	51	57		0	108	76	74	0	150
ena	83	86	0	169	75	85	0	160	88	93		0	181	91	106	0	197
رە دە	70	06	1	161	79	84	0	163	69	87		0	156	75	100	0	175
	108	122	0	230	133	146	0	279	117	133		1	251	175	185	0	360
	286	329	0	615	262	322	1	585	271	290		0	561	284	330	0	614
_	63	52	0	115	73	86	0	159	65	95		0	160	69	66	0	168
djupa	103	138	1	242	128	155	2	285	112	137		0	249	108	162	0	270
	49	65	0	114	51	78	0	129	86	06		0	176	79	110	0	189
	1 612	1 809	5	3 426	1 606	1 866	6	3 481	1 517	1 827		4	3 348	1 687	2 068	2	3 757

Table B4: Number of under five deaths by region, sex and year, 2018 – 2021

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								Death ye	sar							
Region		201	8			201	6			2020				2021		
	ч	Σ	D	Total	н	Σ	D	Total	ч	Σ	D	Total	Ľ	Σ	U	Total
//Kharas	81	79	0	160	5,	1 66	0	117	57	86	0	143	60	70	0	130
Erongo	113	134	1	248	115	5 125	0	240	97	163	0	260	128	160	0	288
Hardap	85	79	-	165	9(	77 0	Ч	138	62	73	0	135	89	86	0	175
Kavango East	197	244	0	441	196	5 214	0	410	212	221	Ч	434	198	253	0	451
Kavango West	62	58	0	120	56	5 59	0	115	39	47	Ч	87	44	62	0	106
Khomas	448	481	1	930	436	5 475	4	915	337	407	Ч	745	345	415	2	762
Kunene	77	64	0	141	105	5 129	Ч	235	69	82	0	151	94	97	0	191
Ohangwena	110	120	0	230	123	3 125	0	248	110	125	0	235	115	141	0	256
Omaheke	105	114	1	220	124	t 124	0	248	97	126	0	223	103	124	0	227
Omusati	134	172	0	306	20(	) 224	0	424	142	171	7	314	216	228	0	444
Oshana	328	399	0	727	307	4 376	1	681	303	334	0	637	324	385	0	709
Oshikoto	85	82	0	167	105	5 110	0	215	93	132	0	225	06	122	0	212
Otjozondjupa	145	166	1	312	165	5 211	2	378	165	182	0	347	142	209	0	351
Zambezi	81	89	0	170	75	9 114	0	193	114	127	0	241	123	152	0	275
Total	2 051	2 281	S	4 337	2 119	9 2 429	6	4 557	1 897	2 276	4	4 177	2 071	2 504	2	4 577

C: Causes of Deaths

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	Group	l: Commu	unicable, mate	ernal,	Gro	up II: No	ncommunica	ble	Group II	l: Injurie	s and				
Region	perinat	al and nu	utritional cond	itions		di	seases		Other Ex	tternal c	auses	III-C	Jefined/	Garbage Code	S
	Female	Male	Unknown	Tot	al Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
						ß		7							
2018	2 567	3 078	2	5	47 3 539	557	1	260	182	629	841	2 465	2 885	4	5 354
//Kharas	122	149	0	2	71 135	146	0	285	∞	17	25	69	75	0	144
Erongo	111	126	0	2	37 264	1 277	0	541	9	41	47	92	133	1	226
Hardap	113	138	1	2	52 124	1118	0	242	11	36	47	154	181	0	335
Kavango East	262	335	0	ũ	97 340	378	0	718	2	6	11	204	230	0	434
Kavango															
West	59	63	0	H	22 127	89	0	216	1	0	1	32	36	0	68
								1							
Khomas	520	578	0	1 0	98 797	844	1	642	47	217	264	296	369	2	667
Kunene	20	98	0	Ţ	68 105	93	0	198	7	30	37	77	77	0	154
Ohangwena	130	203	0	ŝ	33 232	201	0	433	15	30	45	279	267	0	546
Omaheke	107	131	0	2	38 75	85	0	160	ŝ	16	19	154	151	1	306
Omusati	162	220	0	ñ	82 227	185	0	412	22	69	91	334	324	0	658
								-							
Oshana	526	567	0	1 0	93 716	768	0	484	16	51	67	491	601	0	1 092
Oshikoto	78	103	0	1	81 51	. 60	0	111	14	49	63	88	123	0	211
Otjozondjupa	143	179	1	ŝ	23 206	215	0	421	14	53	67	129	181	0	310
Zambezi	164	188	0	ŝ	52 136	98	0	234	16	41	57	99	137	0	203

	Group	l: Comm	unicable, mate	ernal,	Grou	ID II: Noi	ncommunicat	ale	Group II	l: Injurie	ss and				
Region	perinat	al and nu	utritional cond	itions		dis	eases		Other E	ternal c	auses	III-C	Defined/	Garbage Code	S
	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
						2		S			7				
2019	2 213	2 628	4	4 845	2 640	750	0	390	318	920	238	3 744	4 130	ß	7 879
//Kharas	83	113	0	196	60	108	0	198	14	26	40	78	118	0	196
Erongo	47	61	0	108	93	121	0	214	10	45	55	298	337	0	635
Hardap	110	150	1	261	107	113	0	220	16	39	55	141	196	0	337
Kavango East	179	239	0	418	220	219	0	439	£	ß	∞	314	376	0	069
Kavango															
West	47	50	0	97	73	82	0	155	0	0	0	94	91	0	185
								Ч							
Khomas	352	412	0	764	585	586	0	171	75	245	320	598	687	4	1 289
Kunene	105	138	1	244	80	107	0	187	15	26	41	121	142	0	263
Ohangwena	170	169	0	339	168	143	0	311	4	16	20	398	379	0	777
Omaheke	82	76	0	158	53	56	0	109	13	44	57	224	298	0	522
Omusati	227	269	0	496	234	223	0	457	52	116	168	442	421	0	863
								Ч							
Oshana	401	478	0	879	637	999	0	303	28	131	159	482	484	1	967
Oshikoto	120	125	0	245	88	104	0	192	40	94	134	155	132	0	287
Otjozondjupa	125	157	2	284	104	116	0	220	33	55	88	274	315	0	589
Zambezi	165	191	0	356	108	106	0	214	15	78	93	125	154	0	279

	Group	l: Commu	unicable, mate	'nal,	Grou	p II: Non	communical	ole	Group II	l: Injurie	s and				
Region	perinat	al and nu	tritional condi	tions	-	dise	eases		Other Ex	ternal c	auses		Defined/	Garbage Code	S
	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
						2		4			1				
2020	1 439	1 748	1	3 188	2 083	175	1	259	266	967	233	4 414	4 865	£	9 282
//Kharas	61	81	0	142	78	63	0	141	∞	53	61	149	172	0	321
Erongo	113	143	0	256	144	194	0	338	7	42	49	170	230	0	400
Hardap	75	118	0	193	136	154	0	290	11	27	38	126	161	0	287
Kavango East	41	41	0	82	63	52	0	115	0	2	2	606	716	1	1 323
Kavango															
West	29	39	0	68	42	33	1	76	0	Ч	Ч	88	128	0	216
								-							
Khomas	294	356	Ч	651	572	590	0	162	51	212	263	515	515	0	1 030
Kunene	51	69	0	120	64	73	0	137	15	31	46	123	180	0	303
Ohangwena	116	118	0	234	192	132	0	324	17	70	87	362	362	0	724
Omaheke	106	151	0	257	85	107	0	192	16	34	50	106	136	0	242
Omusati	140	204	0	344	202	255	0	457	45	133	178	439	364	1	804
Oshana	146	133	0	279	197	200	0	397	31	126	157	958	1018	1	1977
Oshikoto	57	74	0	131	74	81	0	155	28	91	119	222	256	0	478
Otjozondjupa	79	96	0	175	107	120	0	227	25	71	96	328	377	0	705
Zambezi	131	125	0	256	127	121	0	248	12	74	86	222	250	0	472

	Group	l: Comm	unicable, mate	rnal, tionc	Grou	p II: Nor	ncommunicat	ole	Group II	l: Injurie	is and			Corboro Coo	
Region	perinat	al and nu	utritional condi	tions		dis	eases		Other EX	ternal c	auses	-	Jetined/	varbage coo	les
	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
						2		S			1		9		
2021	2 736	3 148	0	5 884	2519	672	0	191	298	937	235	5 658	146	ŝ	11 807
//Kharas	145	164	0	309	118	129	0	247	∞	32	40	201	224	0	425
Erongo	253	260	0	513	218	271	0	489	14	57	71	252	326	0	578
Hardap	229	256	0	485	223	198	0	421	14	43	57	221	200	0	421
Kavango East	124	143	0	267	88	101	0	189	4	∞	12	545	654	0	1199
Kavango															
West	28	34	0	62	39	39	0	78	1	4	Ŋ	134	161	0	295
								1							
Khomas	826	924	0	1 750	786	816	0	602	99	232	298	456	495	2	953
Kunene	87	78	0	165	81	92	0	173	ŋ	26	31	217	246	0	463
Ohangwena	129	161	0	290	157	142	0	299	32	61	93	529	478	0	1 007
Omaheke	212	286	0	498	73	100	0	173	10	27	37	135	167	0	302
Omusati	226	293	0	519	237	252	0	489	62	143	205	599	592	0	1191
													1		
Oshana	198	216	0	414	201	260	0	461	24	107	131	1 252	284	1	2 537
Oshikoto	48	71	0	119	85	83	0	168	21	74	95	265	323	0	588
Otjozondjupa	131	144	0	275	100	95	0	195	24	56	80	467	571	0	1 038
Zambezi	100	118	0	218	113	94	0	207	13	67	80	385	425	0	810

Table C2: Major causes of deaths by group including ill-defined, age, sex and year, 2018 – 2021

	Group	l: Commu	nicable, mat	ernal,					Group III:	Injuries ar	id Other				
Region	perinat	al and nut	tritional cont	litions	Group II:	Noncom	municable d	iseases	Exte	ernal cause	es	D-III	efined/G	arbage Code:	10
	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
2018	2 567	3 078	2	5 647	3 539	3 557	1	7 097	182	629	841	2 465	2 885	4	5 354
0 days	287	317	1	605	19	33	1	53	ŝ		ŝ	51	72	2	125
1-6 days	84	91	0	175	39	49	0	88	0	0	0	39	48	0	87
7-27 days	59	69	0	128	25	35	0	60	1	1	2	51	45	0	96
28-364 days	482	577	1	1 060	193	200	0	393	16	11	27	263	261	0	524
1-4 years	186	209	0	395	95	96	0	191	17	22	39	141	145	0	286
5-9 years	23	22	0	45	33	32	0	65	9	10	16	48	55	1	104
10-14 years	23	19	0	42	25	24	0	49	4	13	17	29	38	0	67
15-19 years	29	31	0	60	35	34	0	69	15	26	41	43	99	0	109
20-24 years	62	45	0	107	99	48	0	114	12	88	100	48	120	0	168
25-29 years	92	73	0	165	108	82	0	190	13	114	127	75	135	0	210
30-34 years	116	117	0	233	131	140	0	271	22	91	113	86	155	0	241
35-39 years	133	163	0	296	162	206	0	368	11	85	96	93	186	0	279
40-44 years	118	178	0	296	186	197	0	383	11	61	72	76	164	0	240
45-49 years	110	180	0	290	185	226	0	411	12	43	55	93	157	0	250
50-54 years	79	151	0	230	181	262	0	443	17	31	48	71	144	0	215
55-59 years	85	129	0	214	247	266	0	513	S	24	27	82	129	0	211
60-64 years	99	137	0	203	243	258	0	501	ŝ	∞	11	89	122	0	211
65-69 years	71	124	0	195	243	301	0	544	ε	15	18	83	136	0	219
70-74 years	64	66	0	163	229	266	0	495	ŝ	S	∞	110	152	0	262
75-79 years	76	125	0	201	263	290	0	553	4	9	10	138	141	0	279
80-84 years	68	70	0	138	227	199	0	426	2	2	4	122	137	0	259
85-89 years	85	73	0	158	242	151	0	393	2	1	ŝ	210	102	0	312
90-94 years	73	39	0	112	179	80	0	259	0	0	0	170	81	0	251
95+ years	94	39	0	133	183	79	0	262	2	2	4	252	94	1	347
Unknown	2	1	0	3	0	3	0	с	0	0	0	2	0	0	2

	Group I	: Comm	unicable, mat	ernal,		Monor	in olderia	303000	Group	III: Injurie	s and		of hood /o		2
Negion	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
2019	2 213	2 628	4	4 845	2 640	2 750	0	5 390	318	920	1 238	3 744	4 130	S	7 879
0 days	193	216	ŝ	412	14	34	0	48	1		Ч	168	193	æ	364
1-6 days	63	100	0	163	16	29	0	45	4	2	9	62	79	1	142
7-27 days	46	53	0	66	12	23	0	35	1	1	2	55	82	0	137
28-364 days	420	464	1	885	122	121	0	243	28	26	54	401	443	1	845
1-4 years	207	212	0	419	58	99	0	124	28	46	74	220	239	0	459
5-9 years	19	23	0	42	23	18	0	41	14	19	33	38	50	0	88
10-14 years	17	10	0	27	15	14	0	29	18	25	43	24	35	0	59
15-19 years	11	28	0	39	30	36	0	99	25	46	71	47	64	0	111
20-24 years	44	23	0	67	31	43	0	74	21	111	132	64	113	0	177
25-29 years	61	64	0	125	58	69	0	127	33	140	173	96	148	0	244
30-34 years	93	85	0	178	97	100	0	197	28	131	159	112	162	0	274
35-39 years	92	131	0	223	110	134	0	244	27	97	124	142	192	0	334
40-44 years	130	147	0	277	126	160	0	286	17	77	94	142	214	0	356
45-49 years	94	161	0	255	148	205	0	353	21	50	71	126	193	0	319
50-54 years	80	140	0	220	141	207	0	348	19	40	59	130	192	0	322
55-59 years	64	114	0	178	159	210	0	369	7	42	49	155	185	0	340
60-64 years	64	87	0	151	176	199	0	375	4	22	26	165	179	0	344
65-69 years	65	104	0	169	233	222	0	455	7	12	19	164	238	0	402
70-74 years	59	110	0	169	172	188	0	360	ß	13	18	153	242	0	395
75-79 years	71	108	0	179	204	205	0	409	2	7	6	192	239	0	431
80-84 years	61	72	0	133	200	176	0	376	2	9	∞	253	196	0	449
85-89 years	06	80	0	170	189	149	0	338	m	ŝ	9	251	188	0	439
90-94 years	65	38	0	103	141	75	0	216	0	1	Ч	241	104	0	345
95+ years	104	57	0	161	165	67	0	232	m	m	9	342	160	0	502
Unknown	0	1	0	1	0	0	0	0	0	0	0	1	0	0	1

S	Group I perinata	: Commu	unicable, mat itritional con	ternal, ditions	Group II:	: Noncom	municable d	liseases	Group I Other E	ll: Injurie xternal ca	s and auses	∎	.Defined/(	Garbage Code	Sõ
	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
	1 439	1 748	1	3 188	2 083	2 175	1	4 259	266	967	1 233	4 414	4 865	3	9 282
	69	82	1	152	Ŋ	8	0	13		2	2	313	383	1	697
	33	39	0	72	6	14	0	23	4	2	9	110	159	0	269
	42	38	0	80	12	∞	0	20	S	IJ	8	86	83	0	169
ays	205	237	0	442	58	99	1	125	21	37	58	547	664	1	1 212
	102	121	0	223	39	41	0	80	26	45	71	213	242	0	455
	14	12	0	26	19	22	0	41	18	32	50	48	67	0	115
ars	13	00	0	21	14	14	0	28	ŋ	33	38	50	43	0	93
ars	18	17	0	35	17	20	0	37	12	48	60	46	60	0	106
ars	37	23	0	60	28	23	0	51	29	106	135	68	101	0	169
ars	49	46	0	95	37	55	0	92	34	149	183	70	128	0	198
ars	64	82	0	146	61	99	0	127	26	138	164	118	163	0	281
ars	93	96	0	189	70	89	0	159	15	107	122	133	188	0	321
ars	91	110	0	201	97	109	0	206	13	79	92	139	230	0	369
ars	61	122	0	183	107	126	0	233	15	62	77	124	203	0	327
ars	71	115	0	186	117	169	0	286	11	34	45	144	180	0	324
ars	51	111	0	162	140	178	0	318	∞	31	39	150	192	0	342
ars	70	118	0	188	172	208	0	380	9	17	23	163	211	0	374
ars	68	85	0	153	190	220	0	410	S	21	26	171	242	0	413
ars	61	80	0	141	189	212	0	401	S	9	6	203	297	0	500
ars	51	99	0	117	186	181	0	367	S	4	6	233	263	0	496
ars	40	63	0	103	169	137	0	306	1	4	ŋ	289	233	0	522
ars	46	33	0	79	131	116	0	247	1	Ч	2	281	206	0	487
ars	46	26	0	72	120	52	0	172	2	4	9	305	162	0	467
0	44	18	0	62	96	41	0	137	3	0	3	410	165	1	576

			tom olderin.			· Noncom	municahla d	icascac		international and a					
Region	perinata	and nu	itritional conc	ditions					Other	External	causes	-III	-Defined/	Garbage Co	des
	Female	Male	Unknown	Total	Female	Male	Unknown	Total	Female	Male	Total	Female	Male	Unknown	Total
2021	2 736	3 148	0	5 884	2 519	2 672	0	5 191	298	937	1 235	5 658	6 146	3	11 807
0 days	59	75	0	134	7	9	0	13	1		1	316	432	2	750
1-6 days	34	45	0	79	ŋ	10	0	15	1	4	ß	127	151	0	278
7-27 days	28	34	0	62	9	11	0	17	5	2	7	66	103	0	202
28-364 days	206	230	0	436	72	75	0	147	34	44	78	687	846	0	1 533
1-4 years	89	76	0	165	40	55	0	95	22	46	68	233	259	0	492
5-9 years	13	13	0	26	∞	20	0	28	18	21	39	38	47	0	85
10-14 years	9	11	0	17	18	13	0	31	10	30	40	31	52	0	83
15-19 years	26	15	0	41	20	29	0	49	15	35	50	49	67	0	116
20-24 years	36	23	0	59	17	22	0	39	30	95	125	64	114	0	178
25-29 years	63	57	0	120	48	50	0	98	34	128	162	101	136	0	237
30-34 years	101	86	0	187	65	71	0	136	26	122	148	125	186	0	311
35-39 years	132	126	0	258	80	95	0	175	21	125	146	155	254	0	409
40-44 years	128	178	0	306	115	129	0	244	17	83	100	156	257	0	413
45-49 years	166	236	0	402	136	159	0	295	10	53	63	180	271	0	451
50-54 years	187	260	0	447	142	197	0	339	6	51	60	207	260	0	467
55-59 years	224	295	0	519	199	253	0	452	12	36	48	221	284	0	505
60-64 years	224	303	0	527	224	286	0	510	6	22	31	291	312	0	603
65-69 years	213	291	0	504	254	283	0	537	12	14	26	239	329	1	569
70-74 years	197	236	0	433	221	265	0	486	2	12	14	318	351	0	699
75-79 years	177	201	0	378	220	229	0	449	4	9	10	274	343	0	617
80-84 years	162	181	0	343	230	196	0	426	ŝ	4	7	441	383	0	824
85-89 years	107	103	0	210	156	111	0	267	0	2	2	368	279	0	647
90-94 years	83	45	0	128	126	67	0	193	0	1	1	420	218	0	638
95+ years	75	27	0	102	108	40	0	148	2	1	æ	517	209	0	726
Unknown	0	1	0	1	2	0	0	2	1	0	1	1	ŝ	0	4

	10 Leading Causes of D	eaths fo	r both Sexes and All Ages	
Rank	2018	%	2019	%
1	Lower respiratory infections	10.6	Hypertensive disease	8.8
2	Diarrhoeal diseases	5.6	HIV	6.7
3	Cerebrovascular disease	5.2	Lower respiratory infections	6.5
4	Nephritis and nephrosis	4.7	Road traffic accidents	4
5	Tuberculosis	4.7	Self-inflicted injuries	3.9
6	Endocrine disorders	3.9	Diarrhoeal diseases	3.6
7	Prematurity and low birth weight	1.8	Tuberculosis	2.9
8	Road traffic accidents	1.6	Endocrine disorders	2.6
9	Meningitis	1.3	Nephritis and nephrosis	2.5
10	Hypertensive disease	1.3	Diabetes mellitus	2.2
	10 Leading Causes	of Death	is for Males, All Ages	
1	Lower respiratory infections	10.5	Lower respiratory infections	10.2
2	Tuberculosis	5.1	Road traffic accidents	4.7
3	Diarrhoeal diseases	5.0	Diarrhoeal diseases	4.6
4	Cerebrovascular disease	4.6	Tuberculosis	4.4
5	Nephritis and nephrosis	4.4	Self-inflicted injuries	4.3
6	Endocrine disorders	3.7	Nephritis and nephrosis	3.7
7	Road traffic accidents	2.3	Endocrine disorders	3.3
8	Prematurity and low birth weight	1.7	Cerebrovascular disease	3.0
9	Homicide	1.5	Hypertensive disease	2.9
10	Nephritis and nephrosis	1.5	HIV	2.5
	10 Leading Causes of	of Deaths	for Females, All Ages	
1	Lower respiratory infections	10.6	Lower respiratory infections	10.8
2	Diarrhoeal diseases	6.3	Diarrhoeal diseases	4.9
3	Cerebrovascular disease	5.9	Nephritis and nephrosis	4.1
4	Nephritis and nephrosis	5.0	Hypertensive disease	3.9
5	Tuberculosis	4.1	HIV	3.9
6	Endocrine disorders	4.1	Endocrine disorders	3.8
7	Cervix uteri cancer	2.0	Cerebrovascular disease	3.7
8	Prematurity and low birth weight	1.9	Tuberculosis	3.2
9	Hypertensive disease	1.7	Road traffic accidents	2.5
10	Breast cancer	1.7	Cervix uteri cancer	2.0

Table C3: Leadin	g causes of	deaths by year,	2018 - 2019
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10 Leading Causes of Deaths all aged 0-4 years						
Rank	2018	%	2019	%		
1	Diarrhoeal diseases	11.0	Diarrhoeal diseases	10.2		
2	Prematurity and low birth weight	8.1	Prematurity and low birth weight	7.8		
3	Lower respiratory infections	7.8	Birth asphyxia and birth trauma	7.0		
4	Birth asphyxia and birth trauma	5.3	Lower respiratory infections	5.9		
5	Endocrine disorders	3.6	Protein-energy malnutrition	4.0		
6	Cerebrovascular disease	3.5	Endocrine disorders	3.2		
7	Sudden infant death syndrome	2.1	Sudden infant death syndrome	2.4		
8	Protein-energy malnutrition	1.4	Cerebrovascular disease	2.0		
9	Nephritis and nephrosis	0.5	Congenital heart anomalies	0.8		
10	Meningitis	0.5	Nephritis and nephrosis	0.6		
	10 Leading Causes	of Death	is all aged 5-14 years			
1	Diarrhoeal diseases	10.5	Diarrhoeal diseases	12.5		
2	Lower respiratory infections	9.5	Lower respiratory infections	9.7		
3	Endocrine disorders	5.3	Protein-energy malnutrition	9.3		
4	Tuberculosis	3.2	Road traffic accidents	6.3		
5	Drownings	3.0	Drownings	5.7		
6	Malaria	2.8	Endocrine disorders	3.6		
7	Protein-energy malnutrition	2.4	Tuberculosis	3.4		
8	Cerebrovascular disease	1.8	Meningitis	2.2		
9	Meningitis	1.8	Homicide	1.0		
10	Road traffic accidents	1.8	Malaria	0.6		
10 Leading Causes of Deaths all aged 15-59 years						
1	Lower respiratory infections	9.6	Lower respiratory infections	9.3		
2	Tuberculosis	8.5	Road traffic accidents	7.9		
3	Nephritis and nephrosis	5.2	HIV	6.7		
4	Diarrhoeal diseases	4.5	Self-inflicted injuries	6.7		
5	Endocrine disorders	3.8	Tuberculosis	6.4		
6	Road traffic accidents	3.7	Nephritis and nephrosis	4.0		
7	Cerebrovascular disease	3.4	Diarrhoeal diseases	3.3		
8	Meningitis	2.4	Endocrine disorders	3.3		
9	Homicide	2.2	Homicide	3.3		
10	HIV	2.1	Hypertensive disease	2.2		

10 Leading Causes of Deaths all aged 60+ years							
Rank	2018	%	2019	%			
1	Lower respiratory infections	13.3	Lower respiratory infections	14.2			
2	Cerebrovascular disease	8.4	Hypertensive disease	6.7			
3	Nephritis and nephrosis	7.1	Nephritis and nephrosis	6.0			
4	Endocrine disorders	3.9	Cerebrovascular disease	5.6			
5	Tuberculosis	3.7	Endocrine disorders	4.0			
6	Diarrhoeal diseases	2.9	Tuberculosis	3.5			
7	Hypertensive disease	2.9	Chronic obstructive pulmonary disease	2.3			
8	Ischaemic heart disease	2.5	Diarrhoeal diseases	2.2			
9	Prostate cancer	2.0	Ischaemic heart disease	1.9			
10	Chronic obstructive pulmonary disease	1.9	Prostate cancer	1.9			



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