Reducing Preventable Deaths in South Sudan; Overview of Institutional Morbidity and Mortality (2020–2024)

This factsheet presents an overview of institutional morbidity and mortality patterns in South Sudan, drawing on health facility data from 2020 to 2024. It aims to identify the major causes of illness and death, highlight the most affected population groups, and outline systemic factors contributing to preventable mortality.

The analysis provides a basis for understanding where and why deaths occur, with a focus on conditions that are both treatable and preventable through strengthened primary care, improved emergency response, and integrated health services. The findings and recommendations are intended to support decision-makers, health planners, and implementing partners in prioritizing targeted interventions that address both immediate health burdens and long-term system challenges.

The WHO SCORE report (2020) and Global Civil Registration and Vital Statistics Scaling Up Investment Plan 2015–2024 state that mortality and cause-of-death data are necessary for monitoring over 67 SDG indicators, or approximately 40% of the 232 unique indicators.

Therefore, mortality statistics are required for monitoring over 40% of all SDG indicators. Without mortality and cause-of-death data, it is impossible to credibly assess progress on key global goals, particularly in health, equity, and development.

Methodology

Routine data were abstracted from the DHIS2 for the years 2020 to 2024 on outpatient and inpatient data. The data were assessed for data quality (completeness and consistency) over the years. Averages over the years were obtained, disaggregated by age and gender, to obtain one trend value for each diagnosis. Besides the individual diagnoses, the causes of death, they were also grouped as either Communicable Diseases, Injuries, Neglected Tropical Diseases or Non-Communicable Diseases. The results are presented as percentages and averages.

Emerging pattern

Causes of institutional Morbidity and Mortality

- Malaria accounts for 31% of all institutional deaths and 57% of inpatient admissions. Among children under five, the case fatality rate is 2 deaths per 100 malaria cases.

- Stroke, and cancers including liver and colon cancer have among the highest mortality rates, with liver cancer reaching 27 deaths per 100 discharges.

- Pneumonia and acute diarrhea are among the top causes of both outpatient visits and inpatient admissions in children under five.

Malaria accounts for
31% of all institutional deaths

Vulnerable Populations

- Children under five account for over 90% of communicable disease related inpatient admissions. The mortality rate from infectious causes is approximately 5 deaths per 100 discharges. Malnutrition contributes to 2% of under-five admissions.

- Among children under five admitted with malnutrition, the mortality rate is 4 deaths per 100 discharges. Malnutrition and infection interact to heighten mortality risk.

- Adult males over five represent 11% of trauma related admissions. Injury case fatality is 6 deaths per 100 trauma admissions. Males face higher mortality from injuries and NCDs compared to females.

Among children under five admitted with malnutrition
4 deaths per 100 discharges

Systemic Burden of Preventable Conditions

- Communicable diseases account for 87% of outpatient visits and 88% of inpatient admissions.
- Neglected tropical diseases such as schistosomiasis and lymphatic filariasis show a case fatality rate of 4 deaths per 100 discharges. Adult males over five have the highest mortality from these conditions at 5 deaths per 100 discharges.
- Noncommunicable diseases account for 7% of all admissions and 7% of deaths. Among adult males, NCD mortality is 8 deaths per 100 discharges.

Gender Disparities in Health Outcomes

- Males experience higher mortality than females across all major disease categories:
  - Communicable diseases: 6 deaths per 100 discharges (males) vs 4 (females)
  - Noncommunicable diseases: 8 deaths per 100 discharges (males) vs 6 (females)
  - Injuries: 3 deaths per 100 discharges (males) vs 2 (females)

Table 1: The distribution of burden in the OPD for the general disease conditions (averages from 2020 to 2024)

Condition	Male Under 5	Female Under 5	Male Over 5	Female Over 5	All gender and age
Communicable Diseases	88.4%	88.2%	86.2%	86.1%	87.0%
Injuries	1.2%	1.1%	4.3%	2.8%	2.5%
Neglected Tropical Diseases	0.7%	0.7%	1.3%	1.2%	1.0%
Non-Communicable Diseases	9.7%	9.9%	8.2%	9.9%	9.5%
All conditions	**100%**	**100%**	**100%**	**100%**	**100%**

Table 2: The burden of the diagnoses in the inpatient department (averages from 2020 to 2024)

| Condition	Male Under 5	Female Under 5	Male Over 5	Female Over 5	All gender and age	Admission ate Average
Communicable Diseases	91.6%	90.9%	79.1%	88.6%	88.1%	16.4%
Injuries	1.4%	1.5%	11.2%	3.7%	4.1%	18.7%
Neglected Tropical Diseases	0.5%	0.5%	1.1%	0.6%	0.7%	10.4%
Non-Communicable Diseases	6.4%	7.2%	8.6%	7.0%	7.2%	16.5%
All conditions	**100%**	**100%**	**100%**	**100%**	**100%**	**16.1%**

Table 3: The distribution of deaths by main condition per 100 discharges (averages from 2020 to 2024)

Condition	Average number of deaths per 100 discharges Male Under 5	Average number of deaths per 100 discharges Female Under 5	Average number of deaths per 100 discharges Male Over 5	Average number of deaths per 100 discharges Female Over 5	Average number of deaths per 100 discharges All gender and ages
Communicable Diseases	5.89	4.91	6.09	3.97	5.48
Injuries	4.85	4.00	3.18	2.23	2.68
Neglected Tropical Diseases	3.45	2.62	4.76	3.38	4.26
Non-Communicable Diseases	6.56	6.12	8.14	5.90	7.32
All conditions	**5.93**	**5.25**	**6.79**	**4.78**	**6.13**

Analysis

Analysis of the institutional data reveals that the burden of preventable morbidity and mortality in South Sudan is shaped by weaknesses in access, service quality, demand, and system resilience. These systemic gaps are compounded by regional disparities in disease control capacity, program implementation, and health financing. South Sudan's mortality profile exceeds regional averages across most leading causes of death.

Access and utilization
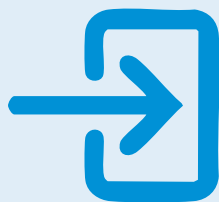
Service access in South Sudan remains limited by environmental, infrastructural, and sociocultural constraints. In counties affected by flooding and poor road conditions, including Jonglei and Fangak, communities are regularly cut off from services, especially during the rainy season (OCHA, 2023). Health facility functionality is also compromised, with more than 60 percent of public health facilities partially or non-functional due to damage, insecurity, or chronic understaffing (WHO, 2022). While traditional gender norms limit decision-making autonomy for some women, institutional data indicate that adult males are disproportionately affected by poor access and late care seeking. Adult males have higher mortality from communicable diseases, injuries, noncommunicable diseases, and neglected tropical diseases compared to females, reflecting low service uptake and delayed health seeking behavior (MoH, 2024).

Quality of services

Where care is accessed, service quality remains a key driver of poor outcomes. Inadequate infection prevention and control practices and inconsistent clinical standards contribute to complications and missed opportunities for early intervention. Mortality from treatable conditions such as pneumonia and diarrhea are high, particularly among children under five, with 5 to 6 deaths per 100 discharges recorded in institutional data (MoH, 2024). Poor patient experience, including drug stock-outs, long waiting times, and lack of follow-up services, discourages sustained care engagement (source). These challenges are not unique to South Sudan but are more acute compared to neighboring countries such as Kenya and Rwanda, where targeted investments in quality improvement have reduced in-hospital case fatality from common childhood illnesses to below 3 percent (UNICEF, 2023).

Community demand

Demand for early and preventive care remains low in South Sudan, especially among high-risk groups. Adult males account for 11% of trauma admissions and experience a case fatality of 6 deaths per 100 discharges, yet few present early to health facilities (MoH, 2024). Low utilization of preventive interventions such as long-lasting insecticide-treated nets, safe water practices, and antenatal care further reflects gaps in community health education and sustained engagement. In contrast, neighboring countries have seen improved uptake of prevention and early care seeking through expanded community health programs and male-inclusive outreach campaigns (WHO, 2021).

Health system resilience

The ability of the health system to maintain services under stress is limited. Recurrent flooding, conflict, and operational disruptions routinely interrupt service delivery, including malaria diagnosis, immunization, and emergency care. Remote counties frequently report complete service outages for extended periods during the rainy season or conflict events (WHO, 2022; IOM, 2023). Adherence to clinical standards is also inconsistent. Mortality from stroke and cancers elevated, with liver cancer reaching 27 deaths per 100 discharges, suggesting late-stage presentation and lack of treatment continuity (MoH, 2024). South Sudan allocates approximately 2% of its national budget to health, one of the lowest shares in the region, limiting investments in infrastructure, workforce, and medical commodities (MoH, 2021).

Comparative regional burden
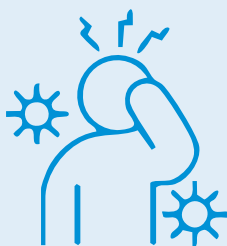
Compared to other East African countries, South Sudan's institutional burden from malaria, pneumonia, diarrhea, and malnutrition is higher. Malaria accounts for 57% of inpatient admissions and 31 percent of deaths, compared to 19% to 25% hospital deaths in Uganda and Kenya (MoH, 2024; WHO, 2023). Mortality from pneumonia and diarrhea among children under five reaches 6%, while neighboring countries report rates below 3% (UNICEF, 2023). Facility-based mortality due to malnutrition is above 4 per 100 discharges in South Sudan, whereas Kenya and Ethiopia have brought this below 2% through sustained nutrition programming (Nutrition Cluster, 2023). Trauma and NCD-related deaths among adult males are also more frequent, with higher fatality ratios than in Rwanda, Uganda, or Tanzania, where better emergency systems and NCD programs are in place.

These systemic and regional comparisons highlight the urgent need for strengthened primary healthcare, improved emergency response, and scaled-up prevention strategies, particularly in underserved and high-mortality counties.

Call to action

Reducing preventable deaths in South Sudan requires coordinated action across service delivery, emergency care, disease management, and system strengthening. The following priorities are recommended:

1. Prioritize Expansion of Integrated Primary and Community Health Services

Target the dominant causes of avoidable morbidity and mortality—malaria, pneumonia, diarrhea, and malnutrition—through service scale-up and integration.

- Expand the reach of community health workers in underserved counties
- Strengthen outreach platforms for immunization, nutrition screening, and NTD control
- Integrate curative and preventive services at the primary care level, including child health and WASH components

2. Establish a National Framework for Emergency and Trauma Care

Address the growing burden of injuries and conflict-related mortality through structured trauma response and referral systems.

- Operationalize trauma stabilization units in high-risk geographic clusters
- Develop and finance ambulance and inter-facility referral systems
- Build capacity of frontline facilities to manage acute surgical and trauma cases

3. Institutionalize Early Detection and Long-term Care for NCDs and Neglected Conditions

Transition from reactive to proactive management of chronic and neglected diseases.

- Introduce systematic screening for hypertension, diabetes, and cancers at the PHC level
- Ensure uninterrupted supply of NCD and palliative care medicines
- Scale up integrated NTD control through MDA, case management, and WASH services

4. Strengthen System Resilience to Maintain Essential Services in Crisis Settings

Build the foundations for sustained health service delivery during floods, insecurity, and resource shocks.

- Invest in infrastructure, cold chain, and workforce coverage in high-mortality counties
- Institutionalize use of health data for risk-informed planning and subnational targeting
- Establish contingency mechanisms for essential services during supply and funding disruptions

5. Improve National Mortality Estimates to Drive Planning and Accountability

Reliable national estimates of mortality and causes of death are critical for guiding interventions and tracking SDG progress.

- Strengthen institutional and community-based death reporting and review systems
- Scale up implementation of standardized cause-of-death certification and mortality surveillance
- Invest in CRVS and mortality data systems to ensure national coverage and alignment with global reporting frameworks

Reference

International Organization for Migration (2023). Access to health services in displacement settings: South Sudan site monitoring report, Round 14. Juba, South Sudan: IOM Displacement Tracking Matrix.
Ministry of Health (2021). South Sudan health sector strategic plan 2020–2024. Juba, South Sudan.
Ministry of Health (2023). South Sudan Malaria Indicator Survey (MIS) 2023. Juba, South Sudan.
Ministry of Health (2024). DHIS2 routine health facility data, 2020–2024. Juba, South Sudan.
South Sudan Nutrition Cluster (2023). Acute malnutrition situation and response overview: SMART surveys and IPC analysis Juba, South Sudan: Ministry of Health and Nutrition Cluster Partners.
United Nations Children's Fund (2023). The state of the world's children 2023: For every child, vaccination. New York, NY: UNICEF. https://www.unicef.org/reports/state-worlds-children-2023
United Nations Office for the Coordination of Humanitarian Affairs (2023). South Sudan humanitarian needs overview 2023. Juba, South Sudan. https://reliefweb.int
World Health Organization (2021). Standards for improving quality of maternal and newborn care in health facilities. Geneva, Switzerland: World Health Organization.
World Health Organization (2022). Health Cluster Bulletin – South Sudan, Q4 2022. Juba, South Sudan: World Health Organization and Health Cluster Partners.

Annex

Detailed Morbidity and Mortality Tables (2020–2024 Averages)
The following tables present age and sex disaggregated data on outpatient consultations, inpatient admissions, and institutional mortality patterns for the top 20 diagnoses reported in health facilities across South Sudan. These five-year averages provide additional granularity to complement the summary findings and support targeted planning and prioritization.
The annex includes:
- Table 4: Top 20 outpatient diagnoses, inpatient diagnoses, and causes of death by proportion
- Table 5: Top 20 outpatient diagnoses by age and sex
- Table 6: Top 20 inpatient diagnoses by age and sex
- Table 7: Top 20 diagnoses by deaths per 100 discharges, disaggregated by age and sex

Table 4: Institutional morbidity and mortality patterns for five years (averages from 2020 to 2024) for the top 20 diagnoses

Pos	Diagnosis	OPD burden	Pos	Diagnosis	In patient	Pos	Diagnosis	Deaths per 100 discharges	Pos	Diagnosis	Deaths proportions
1	Malaria	39.31%	1	Malaria	56.86%	1	Cancer Liver	27.3	1	Malaria	30.98%
2	URTI excluding pneumonia	13.46%	2	Pneumonia	6.76%	2	Cancer Colon	23.1	2	Pneumonia	6.60%
3	Diarrhoea- Acute	7.55%	3	Diarrhoea- Acute	5.30%	3	Heart failure	20.6	3	Diarrhoea- Acute	5.53%
4	Pneumonia	4.93%	4	URTI excluding pneumonia	3.95%	4	Plague	20.0	4	Injuries / trauma due to other causes	4.06%
5	Urinary Tract Infections (UTI)	4.17%	5	Typhoid Fever	3.36%	5	Chronic heart diseases	19.3	5	Other types of anaemia	4.01%
6	Skin diseases	3.47%	6	Urinary Tract Infections (UTI)	2.22%	6	Yellow fever	17.4	6	Injuries due to road traffic accidents	3.17%
7	Any other communicable diseases	2.54%	7	Injuries / trauma due to other causes	2.17%	7	Kaposis Sarcoma	16.2	7	Severe Acute Respiratory Infection (SARI)	3.09%
8	Typhoid Fever	2.51%	8	Malnutrition (all forms)	1.29%	8	Ischemic heart diseases	16.1	8	Typhoid Fever	2.52%
9	Intestinal worms	2.46%	9	Other Sexually Transmitted Infections	1.21%	9	Neonatal tetanus	15.9	9	Urinary Tract Infections (UTI)	2.49%
10	Severe Acute Respiratory Infection	2.41%	10	Other types of anaemia	1.17%	10	Cancer Others	15.8	10	Malnutrition (all forms)	2.15%
11	Malnutrition (all forms)	2.40%	11	Severe Acute Respiratory Infection (SARI)	1.14%	11	Stroke/ Cardiovascular Accident (CVA)	15.4	11	Pelvic inflammatory disease (PID)	1.98%
12	Injuries / trauma due to other causes	1.77%	12	Any other communicable diseases	1.14%	12	Hepatitis C	14.9	12	Other Sexually Transmitted Infections	1.85%
13	Other eye conditions	1.40%	13	Dysentery	1.06%	13	HIV-Oral lesions	13.9	13	Skin diseases	1.85%
14	Other Sexually Transmitted Infections	1.19%	14	Measles	0.77%	14	Oral Cancers	13.9	14	Any other communicable diseases	1.77%
15	Dysentery	1.00%	15	Injuries due to road traffic accidents	0.70%	15	Hepatitis B	12.1	15	Dysentery	1.75%
16	Other NTDs	0.91%	16	Skin diseases	0.68%	16	Cancer Cervix	11.5	16	URTI excluding pneumonia	1.73%
17	Otitis media	0.89%	17	Diarrhoea- Persistent	0.65%	17	Tumours (eye ~)	11.2	17	Tuberculosis	1.62%
18	Gastro-Intestinal Disorders (non-infective)	0.72%	18	Gastro-Intestinal Disorders (non-infective)	0.61%	18	Acute Flaccid Paralysis	10.6	18	Acute Flaccid Paralysis	1.40%
19	Diarrhoea- Persistent	0.65%	19	Brucellosis	0.56%	19	Diabetic retinopathy	10.6	19	Other NTDs	1.15%
20	Pain requiring palliative care (e.g. ulcers)	0.51%	20	Other NTDs	0.55%	20	Suicide (SUI)	10.6	20	Measles	1.08%

Table 5: The distribution of the top 20 diagnoses in the OPD by gender and age cohorts (averages from 2020 to 2024)

Male under five (5) years			Female under five (5) years			Male Over five (5) years			Female Over five (5) years		
Pos	Diagnosis	OPD (%)	Pos	Diagnosis	OPD (%)	Pos	Diagnosis	OPD (%)	Pos	Diagnosis	OPD (%)
1	Malaria	37.55%	1	Malaria	37.77%	1	Malaria	40.20%	1	Malaria	40.52%
2	URTI excluding pneumonia	16.35%	2	URTI excluding pneumonia	16.27%	2	URTI excluding pneumonia	11.78%	2	URTI excluding pneumonia	11.46%
3	Diarrhoea- Acute	12.29%	3	Diarrhoea- Acute	11.96%	3	Diarrhoea- Acute	5.05%	3	Urinary Tract Infections (UTI)	7.14%
4	Pneumonia	7.31%	4	Pneumonia	7.24%	4	Urinary Tract Infections (UTI)	4.65%	4	Diarrhoea- Acute	4.21%
5	Malnutrition (all forms)	4.35%	5	Malnutrition (all forms)	4.52%	5	Pneumonia	3.72%	5	Typhoid Fever	4.18%
6	Skin diseases	3.96%	6	Skin diseases	3.91%	6	Typhoid Fever	3.66%	6	Pneumonia	3.18%
7	Severe Acute Respiratory Infection (SARI)	2.79%	7	Severe Acute Respiratory Infection (SARI)	2.88%	7	Skin diseases	3.59%	7	Skin diseases	2.89%
8	Intestinal worms	2.01%	8	Intestinal worms	2.03%	8	Injuries / trauma due to other causes	3.18%	8	Any other communicable diseases	2.86%
9	Any other communicable diseases	1.96%	9	Any other communicable diseases	1.95%	9	Any other communicable diseases	3.03%	9	Intestinal worms	2.65%
10	Other eye conditions	1.77%	10	Other eye conditions	1.73%	10	Intestinal worms	2.90%	10	Severe Acute Respiratory Infection (SARI)	2.09%
11	Otitis media	1.28%	11	Otitis media	1.26%	11	Severe Acute Respiratory Infection (SARI)	2.18%	11	Injuries / trauma due to other causes	2.06%
12	Urinary Tract Infections (UTI)	1.11%	12	Urinary Tract Infections (UTI)	1.17%	12	Other Sexually Transmitted Infections	1.68%	12	Other Sexually Transmitted Infections	1.86%
13	Dysentery	1.02%	13	Dysentery	1.02%	13	Other eye conditions	1.31%	13	Malnutrition (all forms)	1.54%
14	Diarrhoea- Persistent	0.87%	14	Diarrhoea- Persistent	0.88%	14	Dysentery	1.11%	14	Other eye conditions	1.07%
15	Injuries / trauma due to other causes	0.71%	15	Other NTDs	0.69%	15	Other NTDs	1.08%	15	Pelvic inflammatory disease (PID)	1.04%
16	Other NTDs	0.68%	16	Injuries / trauma due to other causes	0.60%	16	Gastro-Intestinal Disorders (non-infective)	0.84%	16	Other NTDs	1.04%
17	Gastro-Intestinal Disorders (non-infective)	0.45%	17	Gastro-Intestinal Disorders (non-infective)	0.43%	17	Otitis media	0.69%	17	Pain requiring palliative care (e.g. ulcers)	0.95%
18	Other oral conditions	0.33%	18	Other oral conditions	0.34%	18	Dental caries	0.65%	18	Gastro-Intestinal Disorders (non-infective)	0.94%
19	Burns	0.33%	19	Burns	0.32%	19	Pain requiring palliative care (e.g. ulcers)	0.64%	19	Dysentery	0.91%
20	Typhoid Fever	0.29%	20	Typhoid Fever	0.29%	20	Diarrhoea- Persistent	0.60%	20	Otitis media	0.59%

Table 6: The distribution of top 20 diagnoses in the inpatient department with gender and age cohorts (averages from 2020 to 2024)

Male under five (5) years			Female under five (5) years			Male Over five (5) years			Female Over five (5) years		
Pos	Diagnosis	IPD (%)	Pos	Diagnosis	IPD (%)	Pos	Diagnosis	IPD (%)	Pos	Diagnosis	IPD (%)
1	Malaria	54.37%	1	Malaria	54.87%	1	Malaria	44.42%	1	Malaria	64.54%
2	Pneumonia	12.00%	2	Pneumonia	11.93%	2	Injuries / trauma due to other causes	6.68%	2	Typhoid Fever	4.81%
3	Diarrhoea- Acute	8.45%	3	Diarrhoea- Acute	8.54%	3	Typhoid Fever	6.36%	3	Urinary Tract Infections (UTI)	3.40%
4	URTI excluding pneumonia	5.70%	4	URTI excluding pneumonia	5.98%	4	Pneumonia	4.03%	4	Diarrhoea- Acute	2.64%
5	Malnutrition (all forms)	2.19%	5	Malnutrition (all forms)	2.59%	5	Diarrhoea-Acute	3.62%	5	Pneumonia	2.43%
6	Other types of anaemia	1.89%	6	Other types of anaemia	1.83%	6	URTI excluding pneumonia	3.58%	6	URTI excluding pneumonia	2.12%
7	Severe Acute Respiratory Infection (SARI)	1.50%	7	Severe Acute Respiratory Infection (SARI)	1.36%	7	Urinary Tract Infections (UTI)	3.10%	7	Injuries / trauma due to other causes	1.97%
8	Measles	1.28%	8	Measles	1.28%	8	Injuries due to road traffic accidents	2.47%	8	Other Sexually Transmitted Infections	1.81%
9	Animal bites (suspected rabies)	1.13%	9	Any other communicable diseases	1.09%	9	Other Sexually Transmitted Infections	2.43%	9	Pelvic inflammatory disease (PID)	1.04%
10	Any other communicable diseases	1.10%	10	Diarrhoea-Persistent	0.96%	10	Any other communicable diseases	1.72%	10	Dysentery	1.02%
11	Dysentery	1.00%	11	Dysentery	0.96%	11	Dysentery	1.36%	11	Any other communicable diseases	0.94%
12	Urinary Tract Infections (UTI)	0.92%	12	Skin diseases	0.78%	12	Severe Acute Respiratory Infection (SARI)	1.30%	12	Pain requiring palliative care (e.g. ulcers)	0.88%
13	Skin diseases	0.86%	13	Typhoid Fever	0.75%	13	Brucellosis	1.25%	13	Brucellosis	0.79%
14	Diarrhoea-Persistent	0.77%	14	Urinary Tract Infections (UTI)	0.56%	14	Snake bites	1.04%	14	Severe Acute Respiratory Infection (SARI)	0.76%
15	Typhoid Fever	0.77%	15	Injuries / trauma due to other causes	0.53%	15	Tuberculosis	1.03%	15	Gastro-Intestinal Disorders (non-infective)	0.67%
16	Injuries / trauma due to other causes	0.52%	16	Burns	0.52%	16	Pain requiring palliative care (e.g. ulcers)	0.95%	16	Malnutrition (all forms)	0.61%
17	Burns	0.52%	17	Intestinal worms	0.45%	17	Gastro-Intestinal Disorders (non-infective)	0.93%	17	Other types of anaemia	0.60%
18	Other NTDs	0.45%	18	Other NTDs	0.41%	18	Other NTDs	0.89%	18	Injuries due to road traffic accidents	0.57%
19	Gastro-Intestinal Disorders (non-infective)	0.45%	19	Otitis media	0.39%	19	Skin diseases	0.85%	19	Asthma	0.56%
20	Intestinal worms	0.44%	20	Gastro-Intestinal Disorders (non-infective)	0.37%	20	Asthma	0.82%	20	Intestinal worms	0.55%

Table 7: The distribution of top 20 diagnoses with their number of deaths per 100 discharged (averages from 2020 to 2024)

| | Male under five (5) years | | | Female under five (5) years | | | Male Over five (5) years | | | Female Over five (5) years | |
Pos	Diagnosis	Deaths per 100 discharges	Pos	Diagnosis	Deaths per 100 discharges	Pos	Diagnosis	Deaths per 100 discharges	Pos	Diagnosis	Deaths per 100 discharges
1	Chronic heart diseases	34.8	1	Plague	50.0	1	Cancer Liver	33.2	1	Neonatal tetanus	25.0
2	Cancer Others	33.6	2	Heart failure	22.1	2	Cancer Colon	27.3	2	Cancer Liver	23.8
3	Cancer Liver	33.3	3	Chronic heart diseases	20.5	3	Heart failure	22.6	3	Oral Cancers	23.3
4	Stroke/Cardiovascular Accident (CVA)	33.3	4	Cancer Cervix	20.0	4	Kaposis Sarcoma	22.2	4	Heart failure	20.5
5	Ischemic heart diseases	20.0	5	Hearing loss	19.9	5	Cancer Breast	21.9	5	Chronic heart diseases	18.3
6	Moderate-Severe Depressive Disorder (DEP)	20.0	6	Dental caries	16.2	6	Neonatal tetanus	21.9	6	Cancer Colon	16.7
7	Yellow fever	18.5	7	Cholera	15.8	7	Ischemic heart diseases	20.1	7	Cancer Others	15.4
8	Other Sexually Transmitted Infections	18.2	8	Tumours (eye)	15.3	8	Cancer Others	18.7	8	Stroke/Cardiovascular Accident (CVA)	12.4
9	Chronic Obstructive Pulmonary Disease (COPD)	17.3	9	Pelvic inflammatory disease (PID)	13.9	9	Tetanus (over 28 days)	18.1	9	HIV-Oral lesions	11.9
10	Neonatal tetanus	16.9	10	Animal bites (suspected rabies)	13.4	10	Stroke/Cardiovascular Accident (CVA)	17.4	10	Human African trypanosomiasis	11.8
11	Cholera	15.4	11	Neonatal tetanus	13.4	11	HIV-Oral lesions	17.2	11	Blindness	11.3
12	Other Viral Haemorrhagic Fevers	14.3	12	Bacterial meningitis	12.6	12	Oral Cancers	16.4	12	Hepatitis C	11.3
13	Tumours (eye ~)	12.6	13	Acute Stress (ACU)	12.5	13	Hepatitis C	16.0	13	Hepatitis B	10.8
14	Buruli ulcer	12.5	14	Cancer Breast	12.5	14	Acute Flaccid Paralysis	15.1	14	Pneumococcal meningitis	10.7
15	Intestinal schistosomiasis	12.5	15	Cancer Others	12.5	15	Bacterial meningitis	14.7	15	Cancer Cervix	10.7
16	Rape and Gender based violence (GBV)	12.2	16	Buruli ulcer	11.1	16	Other Viral Haemorrhagic Fevers	14.6	16	Ischemic heart diseases	10.6
17	Injuries due to road traffic accidents	11.1	17	Other cardiovascular diseases	10.6	17	Hepatitis B	14.6	17	Cholera	9.1
18	Hearing loss	11.1	18	HIV-Oral lesions	10.2	18	Other cardiovascular diseases	13.7	18	Acute Flaccid Paralysis	8.5
19	Dental caries	10.8	19	Suicide (SUI)	10.0	19	Chronic heart diseases	13.6	19	Thyroid disease	8.0
20	Suicide (SUI)	10.7	20	Injuries due to road traffic accidents	9.6	20	Cancer Lung	12.8	20	Other cardiovascular diseases	7.9

Authors: *Joseph Mung'atu, Anabay Mamo, Moses Ongom, Humphrey Karamagi (WHO SSD Rep)*

For more details, refer to total mortality report produced by MOH, NBS and WHO