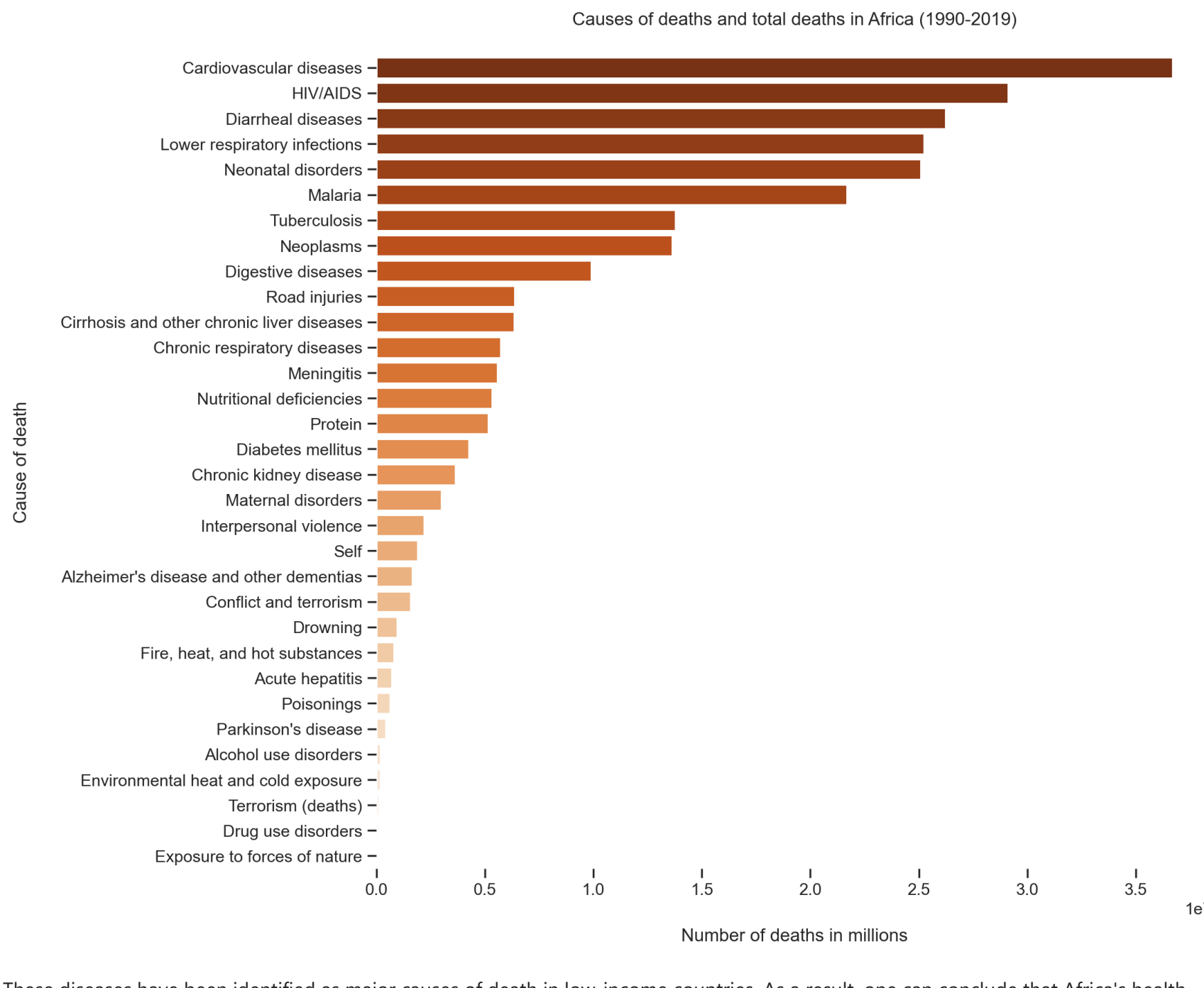


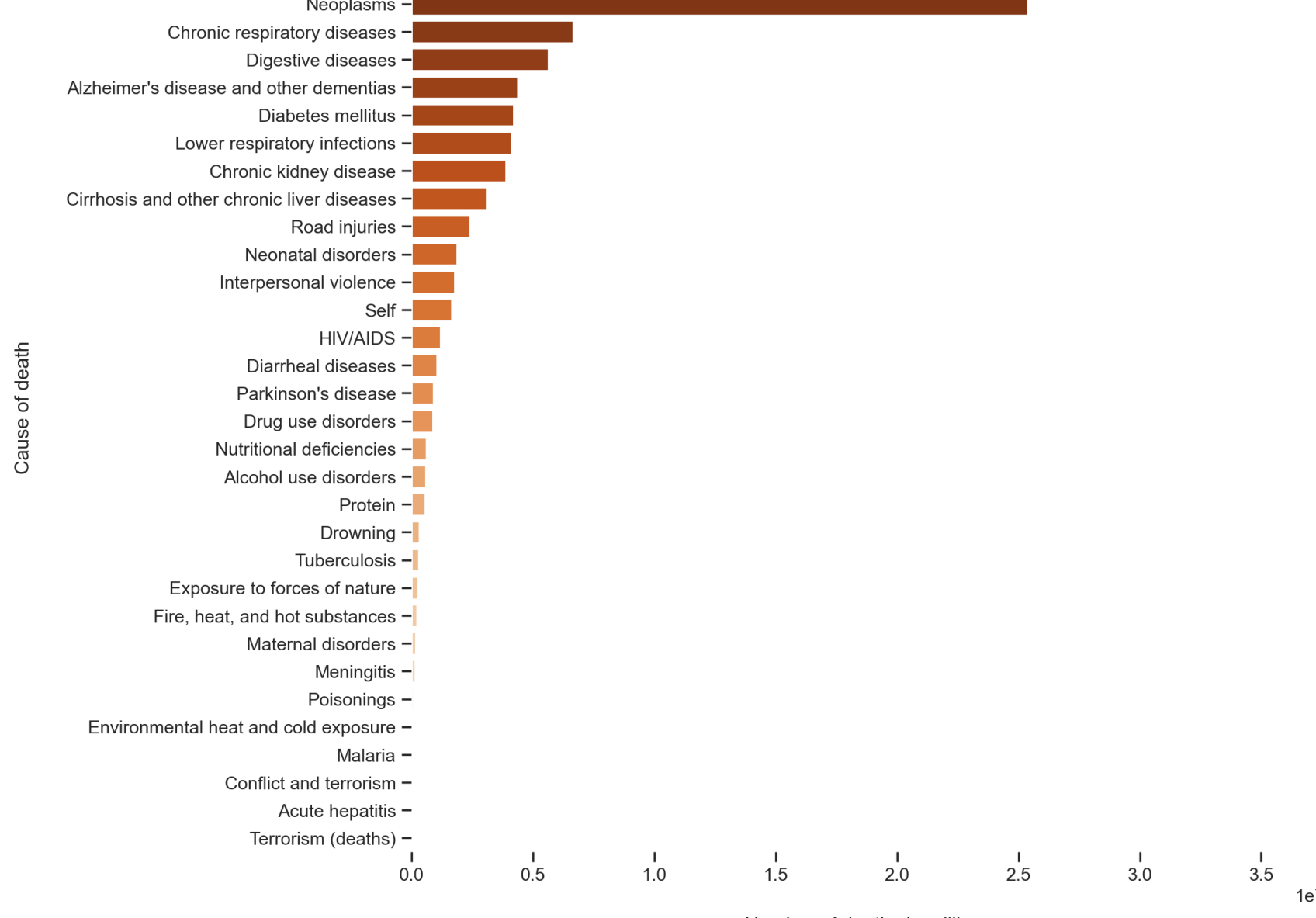
Insights

When we analyzed the data on the major causes of death in Africa, it was seen that cardiovascular diseases (highest), HIV/AIDS, diarrheal diseases, neonatal disorders, and lower respiratory infections are the top five major causes of death in Africa.



These diseases have been identified as major causes of death in low-income countries. As a result, one can conclude that Africa's health situation is linked to its low income and earning potential.

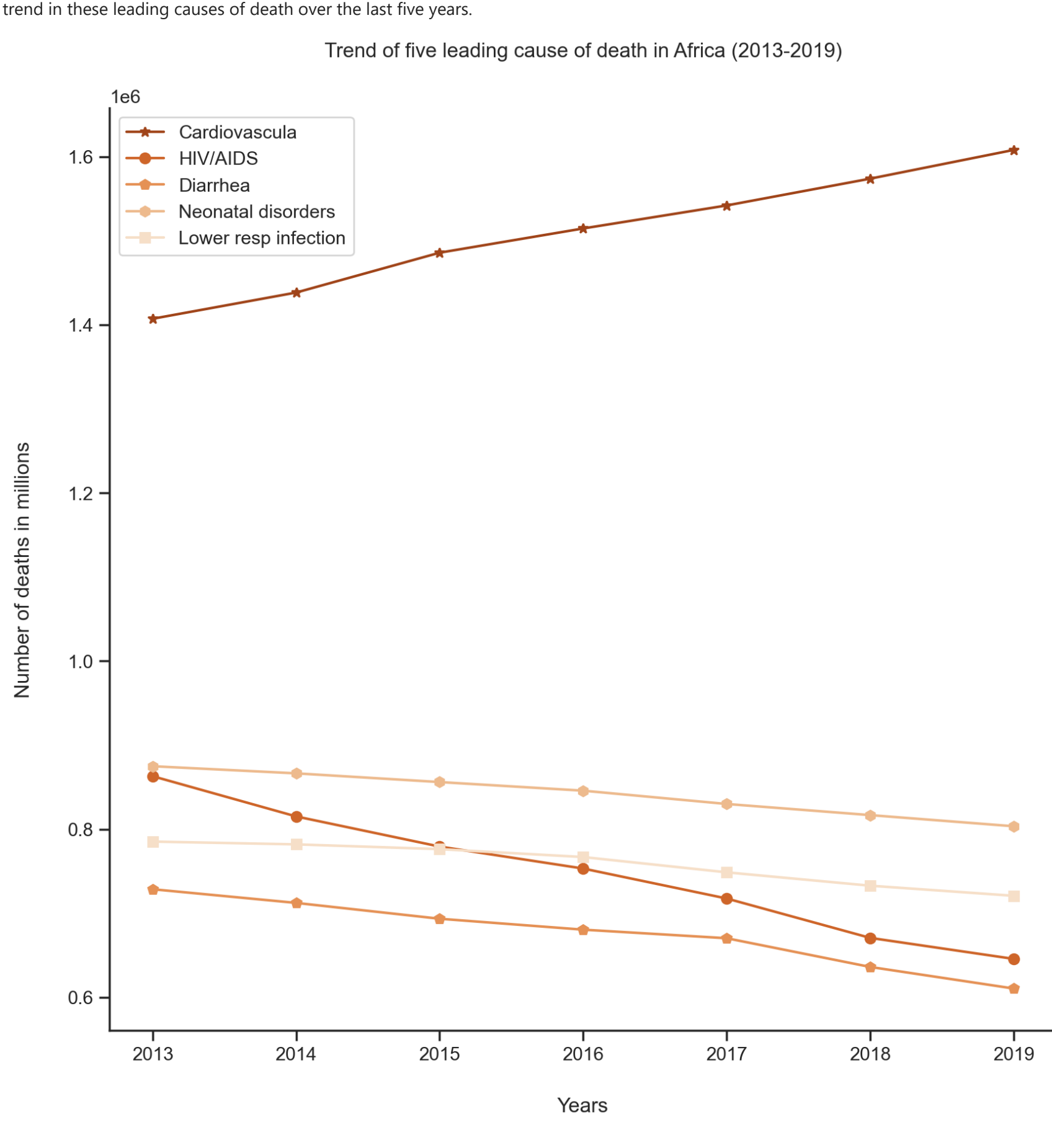
When comparing the leading causes of death in developed economies such as North America.



We discovered that there are fewer deaths in developed economies such as North America, and that the leading causes of death are cardiovascular diseases (highest and most common), neoplasms, chronic respiratory diseases, digestive diseases, and lower respiratory infections.

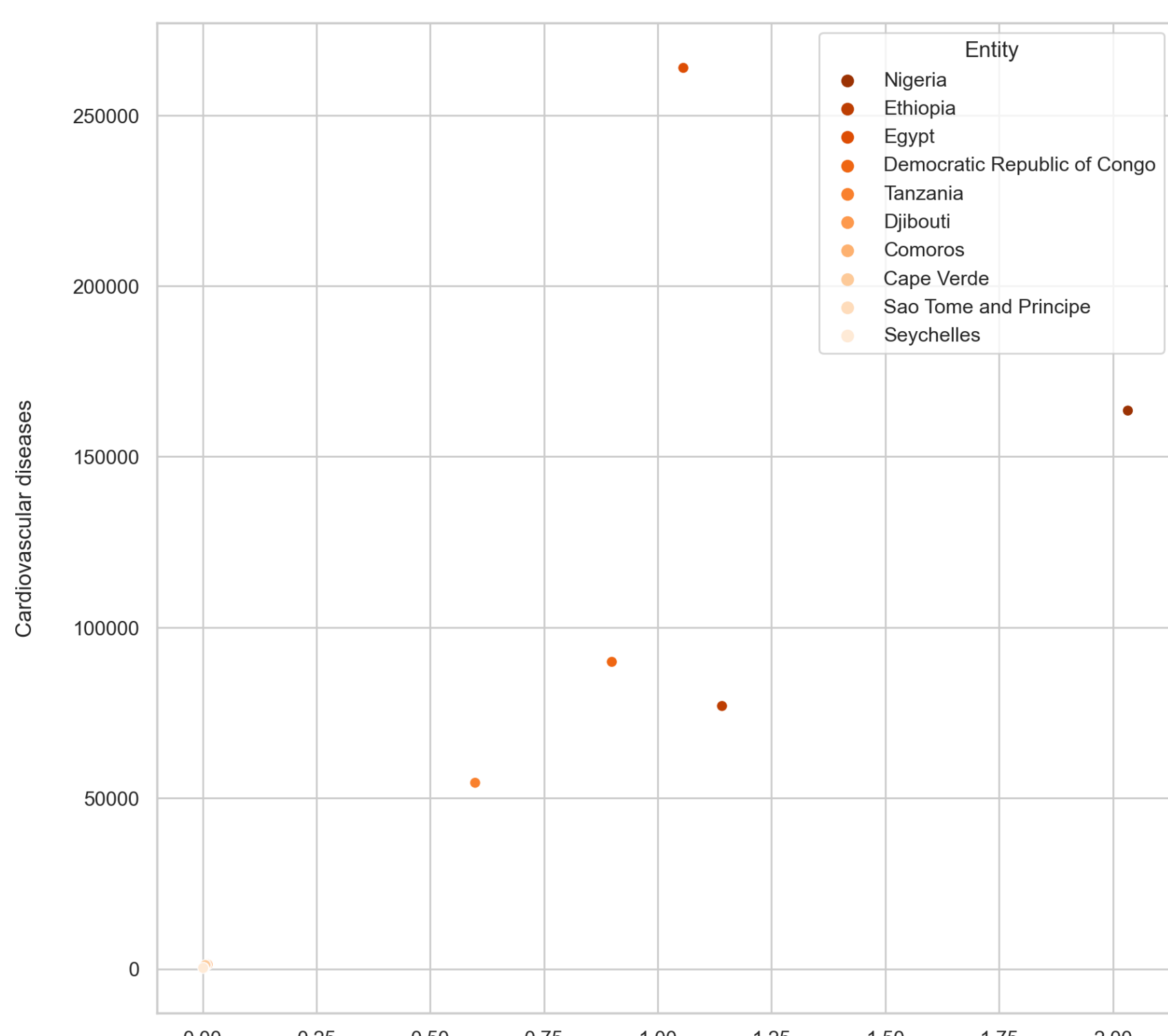
These findings lead us to the conclusion that African countries must increase their efforts to combat these diseases and learn from developed countries how to prevent them from occurring.

Notably, data show that African governments have been attempting to do just that. Except for cardiovascular diseases, we see a downward trend in these leading causes of death over the last five years.



The number of deaths from diseases such as diarrhea, lower respiratory infections, and HIV/AIDS has been decreasing. The most notable example is HIV/AIDS. However, it also demonstrates that for the past seven years, cardiovascular diseases have been killing Africans at an alarmingly high rate. Because of the continent's poverty, cardiovascular disease is difficult to control in Africa. Many people cannot eat well, and asking them to buy drugs for the disease is a significant financial burden. As a result, they require institutional assistance.

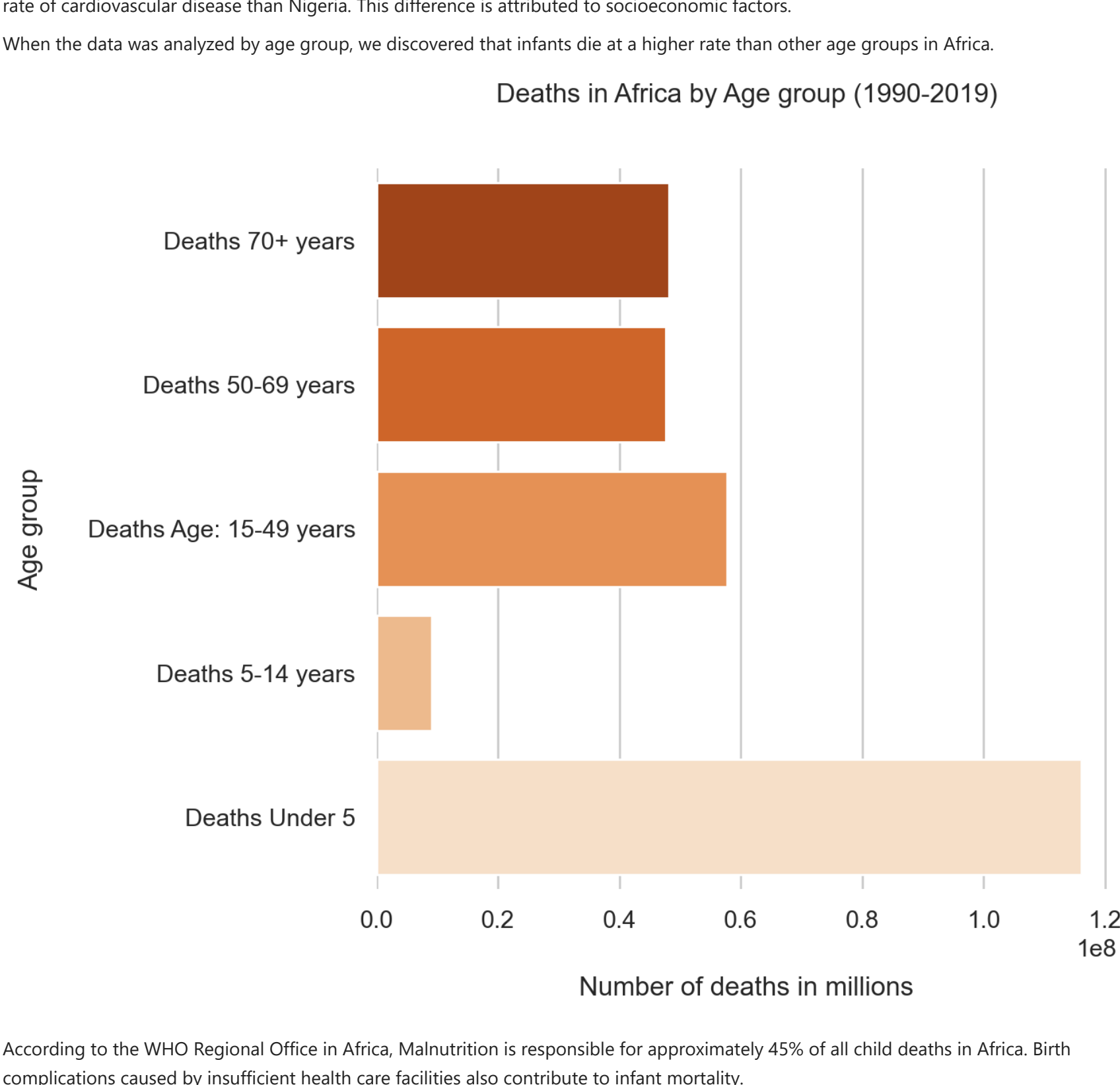
The data also demonstrates a positive linear relationship between Cardiovascular diseases and population.



More populous countries, such as Nigeria, Egypt, and Ethiopia, have a higher rate of cardiovascular disease deaths than less populous countries, such as Seychelles. These are to be expected because the higher the population, the higher the number of recorded cases.

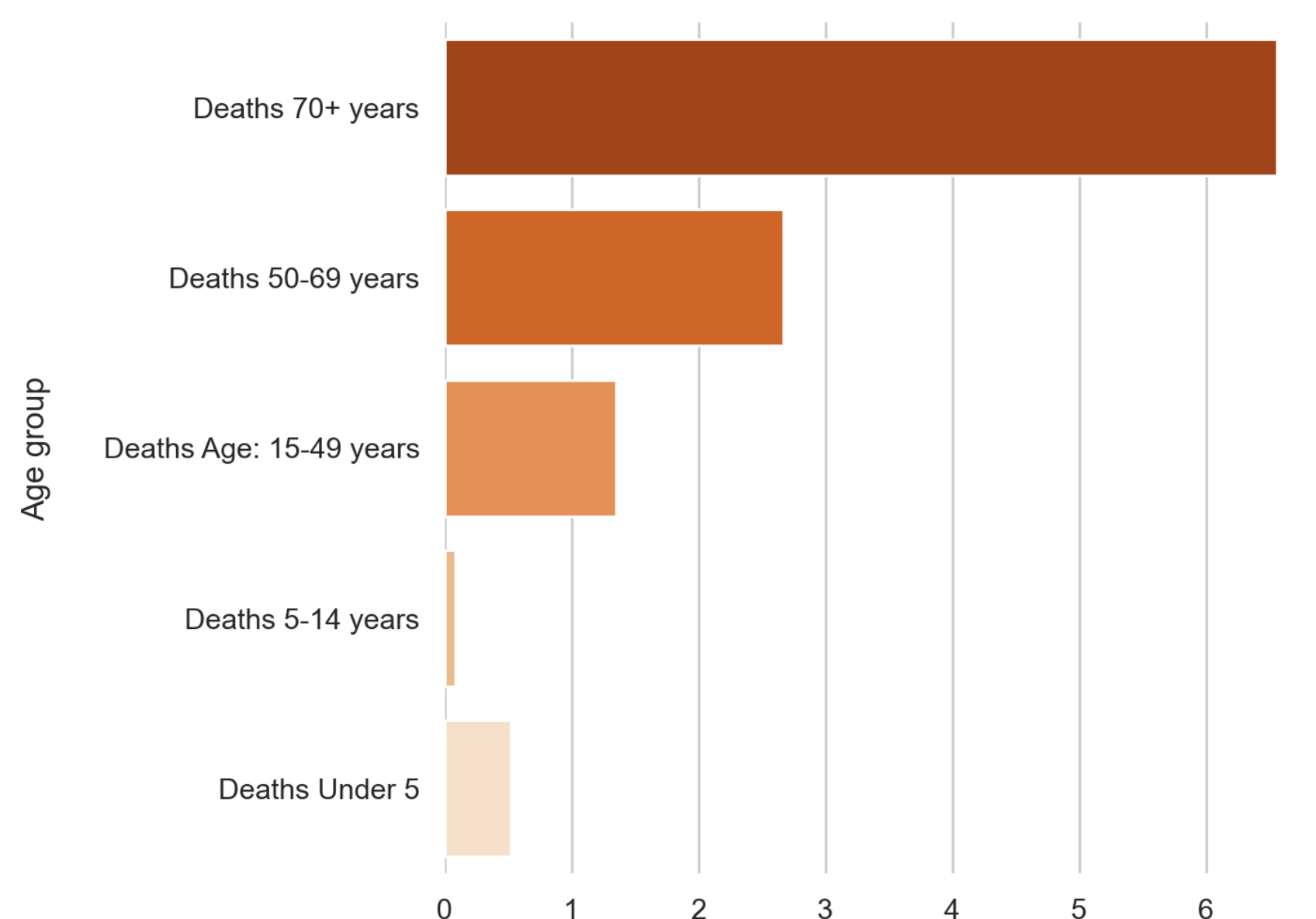
However, we can see a slight deviation in the graph. Although Nigeria has a larger population than Egypt, Egypt has a significantly higher rate of cardiovascular disease than Nigeria. This difference is attributed to socioeconomic factors.

When the data was analyzed by age group, we discovered that infants die at a higher rate than other age groups in Africa.



According to the WHO Regional Office in Africa, Malnutrition is responsible for approximately 45% of all child deaths in Africa. Birth complications caused by insufficient health care facilities also contribute to infant mortality.

When the data was compared to that of developed countries such as North America.



We discovered that the elderly have a higher mortality rate than infants and young people.

So you start wondering, "What's going on in Africa?" Why do infants and young people die at a higher rate in Africa? It demonstrates a major issue in the healthcare system. In this regard, we are losing a lot of people. Every year, young people and children account for more than 65 percent of all deaths in Africa.

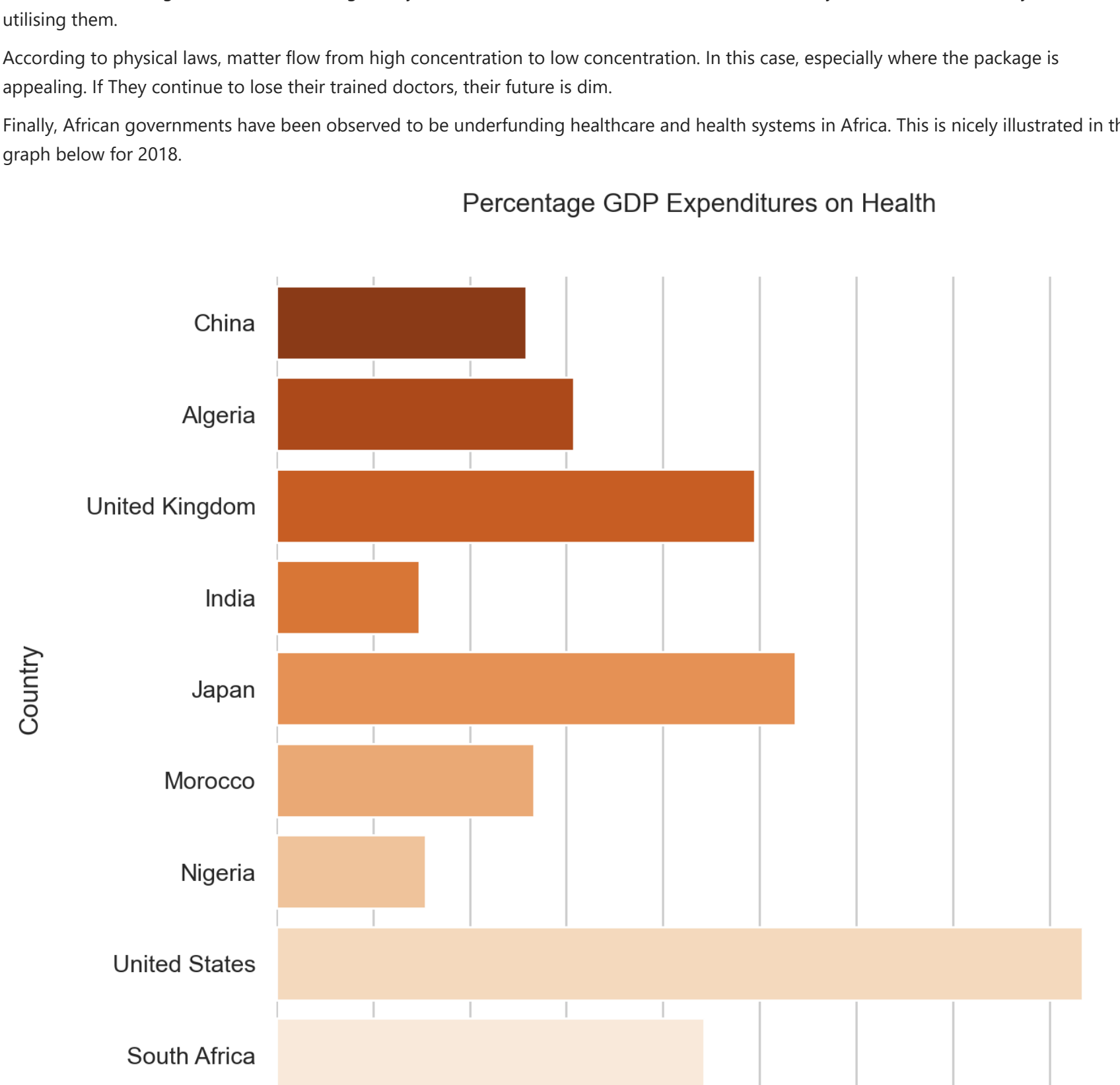
We can see why young people want to leave the continent in search of healthier pastures now. The health-care system is in shambles and needs to be completely overhauled.

It is surprising to note that Africa has a large population of doctors. In 2018, there were 467,371,752 doctors for a population of 3,546,178,327 people. That means that in Africa, there is roughly one doctor for every two people. According to European data, there is one doctor for every eight people.

The disparity is very clear. This answers a lot of questions. For example, many European countries pay very high salaries to attract African doctors, contributing to talent skills shortage. They must do more to retain those medical talents. They have the skills, but they are not utilizing them.

According to physical laws, matter flow from high concentration to low concentration. In this case, especially where the package is appealing. If they continue to lose their trained doctors, their future is dim.

Finally, African governments have been observed to be underfunding healthcare and health systems in Africa. This is nicely illustrated in the graph below for 2018.



On a high note, developed economies prioritise healthcare in their annual budgets. This data is for 2018. The United States, Germany, and Japan all spend more than 15% of their GDP on health and health-care systems. In Nigeria, however, it is barely more than 5%. South Africa, an African emerging economy, spent approximately 9% of its GDP.

This indicates that African governments do not prioritise health in their budgets. The wealthy are comfortable to travel abroad for medical care, while the poor are suffering.

Conclusion/Recommendation

Based on the findings, we can conclude that African governments are not doing enough to make healthcare affordable and accessible to all. They are not fully utilizing the continent's skilled medical doctors. Paying them at a rate commensurate with international standards and providing sufficient health care facilities for doctors and encouraging them to work harder will go a long way toward preventing many of the trends and patterns identified in this analysis.

Also, African governments should encourage international health institutions such as NGOs and the WHO to assist them where they are lacking. For example, there is a great need for treating cardiovascular diseases, but this requires a lot of money. Without outside assistance, such as cheaper drugs, there is a great limit on what a government in a developing economy can do.

African governments need to make health care and health infrastructures a priority in their budgets. If they don't, Africa's health crises will worsen even more.

