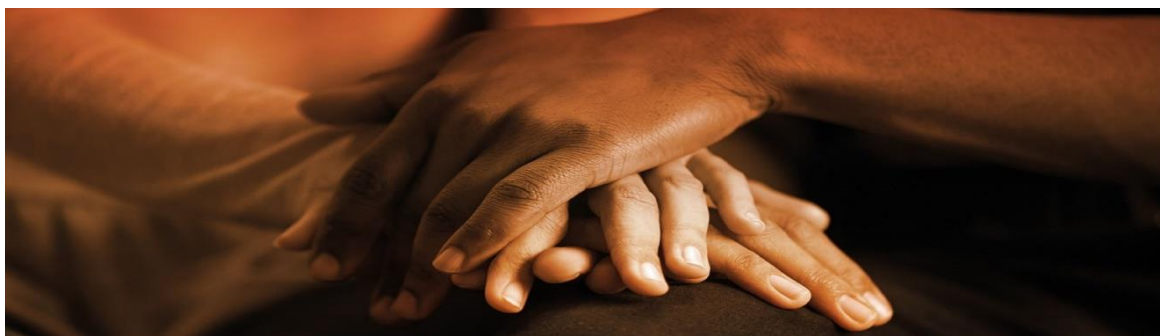


Suicide in the African Region, an alarming situation

By Sokona Sy & Serge Bataliack

Suicide: a public health concern in the African Region

Defined as the act of deliberately taking one's own life, suicide is a public health priority, with 1 in 100 deaths worldwide linked to suicide. Indeed, [SDG 3.4.2](#) calls for a reduction in the suicide mortality rate by 2030. Every year there are [more than 700,000 suicides in the world](#), according to the World Health Organization. Far from being a reality of high-income countries only, suicide is rampant in all societies. Indeed, in 2019, an estimated [77% of suicides took place in low- and middle-income countries](#). In the African Region in particular, the situation is alarming, with the highest suicide rate in the world, estimated at 11.2 per 100,000 population in 2019, compared to a global average of 9.0 per 100,000 according to the [iAHO fact sheet on suicide in the African Region](#). Similarly, the suicide rate for men is the highest at [18 per 100,000 population](#) in the Region compared to [12.4 per 100,000 population](#) globally. Several countries stand out in the list of countries with the highest suicide rates in the world, including Zimbabwe, South Africa, Mozambique, Central African Republic, Botswana, Eritrea, Cameroon and Côte d'Ivoire, all of which have [high rates compared to the world average](#). Lesotho and Eswatini stand out with alarming figures of [87.5 per 100,000 population](#) and [40.5 per 100,000 population](#) respectively.



Thus, it can be observed that certain geographical areas of the African Region have particularly high suicide rates, such as the southern region, especially for men. Particular attention should also be paid to the elderly, especially those in the 85+ age group. The [data](#) show that in all countries of the Region except the Seychelles and Mauritius, the crude suicide rate is highest in this age group. Considerably prone to abuse or ageist attitudes as highlighted in the [fact sheet on ageism in the African Region](#), the need for interventions targeting older people is paramount.

It is important to note, however, that these figures are probably underestimated due to the low availability and quality of data on suicide and attempted suicide. It is therefore plausible that several cases of death by suicide were not reported or were incorrectly classified.

Multiple risk factors contributing to suicidal behaviour

There are several risk factors that can lead to suicide, including some that can contribute to suicidal behaviour. Indeed, it is considered that a suicide attempt is the [most important risk factor for suicide](#). For every suicide, it is estimated that there are usually several failed suicide attempts. At the [societal](#) level, suicide may be due to barriers in accessing health services that can help or to the stigma associated with seeking help, which is often associated with weakness or cowardice, especially among men. Facilitating access to health services, insisting on responsible information from the media and implementing mental health policies can play an important role in this. At the [community](#) level, suicide can be linked to disasters, wars and conflicts. Discrimination, trauma and abuse in the community can also be a trigger. A range of interventions such as crisis hotlines or interventions targeting vulnerable groups can therefore have a positive impact. Human relationships also play an important role. A person who is isolated or lacks support, who has lost a loved one or who has a conflicting relationship with a loved one may be driven to suicide. At the [individual](#) level, there are many factors to consider, such as mental disorders, harmful alcohol consumption, loss of a job or poor financial situation, hopelessness, chronic pain or family history.

A still timid response from the Countries of the Region

To prevent suicides, several countries in the Region, such as Zimbabwe, are implementing several innovative initiatives. Indeed, the country has a [suicide mortality rate](#) of 14.1 per 100,000 population, one of the highest in the Region. As with the global trend, this rate is higher among men (20 per 100 000 population) than among women (8.8 per 100 000 population). To contain this scourge, several actions are being carried out in the country,



such as the helplines set up by several non-governmental associations to help people in distress who are thinking of committing suicide to get help through a telephone call or on the various social networks. These services provide free, anonymous and confidential counselling. Face-to-face sessions by health professionals (or lay health workers) are also available for people in distress.

Another example is the [Friendship Bench programme](#). First launched in Zimbabwe and later extended to other countries in the region, this programme links lay health workers, who are elderly women, with people in distress or

suffering from mental illness. Based on the model of cognitive behavioural therapy, this initiative fills gaps in the treatment of common mental disorders. Finally, the country has also integrated mental health services into primary care. For example, [Zimbabwe's National Mental Health Policy](#) stipulates that at the primary level, at least "one qualified psychiatric nurse per rural health centre or clinic" should be available to identify mental illness early, assist patients and advise doctors and nurses on the best management and care of sick patients.

Although countries such as Zimbabwe have initiatives in place to prevent suicide, few have a national strategy, policy and/or plan for suicide prevention. Indeed, in the African Region, 84% of the countries responding (32 countries) to the [Mental Health Atlas 2020](#)

questionnaire indicated that they do not currently have a national strategy, policy and/or plan for suicide prevention in their country.

In addition, many countries in the Region devote little funding to mental health interventions, which has a direct impact on the number of human resources specialised in psychiatric care. As highlighted by Dr. Matshidiso Moeti, WHO Regional Director for Africa, in her [speech on the occasion of World Mental Health Day](#) celebrated on 10 October each year, "to date, there are less than two mental health workers per 100,000 population" with a high concentration of these resources in urban areas and consequently low coverage at community and primary health care levels.

To prevent suicides, several actions should be taken by countries, including an increase in funding for mental health interventions, better awareness-raising, especially for at-risk populations, and above all breaking the taboo around mental health issues, which can affect everyone, regardless of gender, background, social rank or country.

Learn more about suicide:

[Suicide in the African Region Fact Sheet](#)

[Mental Health Atlas, 2020](#)

[Suicide in the world in 2019](#)

[Preventing suicide: A global imperative](#)

[LIVE LIFE: An implementation guide for suicide prevention in countries](#)

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