MORTALITY STATISTICS OF SRI LANKA 2019–2022

Mortality statistics in Sri Lanka are derived from death records collected through the Civil Registration System. The statistics are compiled based on the year of registration, and the figures presented for each year refer to deaths registered during that particular year, irrespective of the year in which the deaths occurred.

This bulletin presents an overview of mortality statistics in Sri Lanka for the period 2019–2022, compiled and analyzed by the Vital Statistics Unit of the Registrar General's Department. The bulletin provides information on mortality levels and trends, crude death rates, age-specific death rates, leading causes of death, and variations in mortality patterns by sex, age, and place of death (hospital and community). It also presents geographical variations in mortality, including deaths due to selected malignant neoplasms by district of usual residence.

Causes of death are classified according to the International Classification of Diseases, Tenth Revision (ICD-10), with emphasis on identifying and coding the underlying cause of death rather than the immediate cause of death. The underlying cause of death refers to the disease or injury that initiated the sequence of events leading directly to death. Identifying the underlying cause provides a more meaningful basis for understanding mortality patterns, identifying major public health concerns, and supporting evidence-based health policies, planning, and decision-making. The use of ICD-10 also facilitates international comparability of cause-of-death statistics.

A. Mortality Level

Indicator	2019	2020	2021	2022
Registered deaths	146,397	132,371	163,990	180,066
Male(%)	55.2	55.4	55.8	55.1
Female(%)	44.8	44.6	44.2	44.9
Crude death rate (CDR per 1,000 population)	6.7	6.0	7.4	8.1
Male CDR (per 1,000 Male population)	7.7	6.9	8.5	9.1
Female CDR (per 1,000 Female population)	5.8	5.2	6.4	7.1

Source : Registrar General's Department

B. Place of Death

Indicator	2019	2020	2021	2022
Hospital deaths (%)	53.7	50.8	51.8	50.2
Community deaths (%)	46.3	49.2	48.2	49.8
Hospital deaths – Male (%)	59.5	59.8	59.9	59.9
Hospital deaths – Female (%)	40.5	40.2	40.1	40.1
Community deaths – Male (%)	50.1	50.8	51.4	50.3
Community deaths – Female (%)	49.9	49.2	48.6	49.7

Source : Registrar General's Department

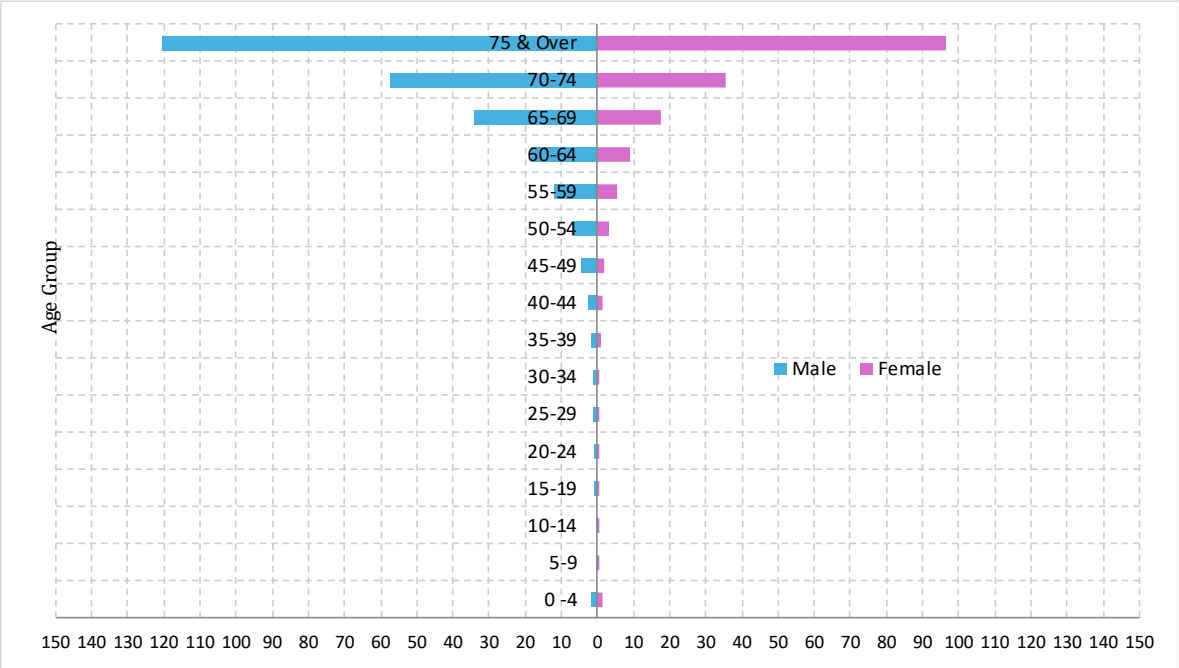
C. Leading Causes

Indicator	2019	2020	2021	2022
All deaths	Ischaemic heart disease	Ischaemic heart disease	COVID-19	Ischaemic heart disease
Male	Ischaemic heart disease	Ischaemic heart disease	COVID-19	Ischaemic heart disease
Female	Ischaemic heart disease	Ischaemic heart disease	COVID-19	Ischaemic heart disease
Age 0–4	Conditions arising during the perinatal period	Conditions arising during the perinatal period	Conditions arising during the perinatal period	Conditions arising during the perinatal period

Source : Registrar General's Department

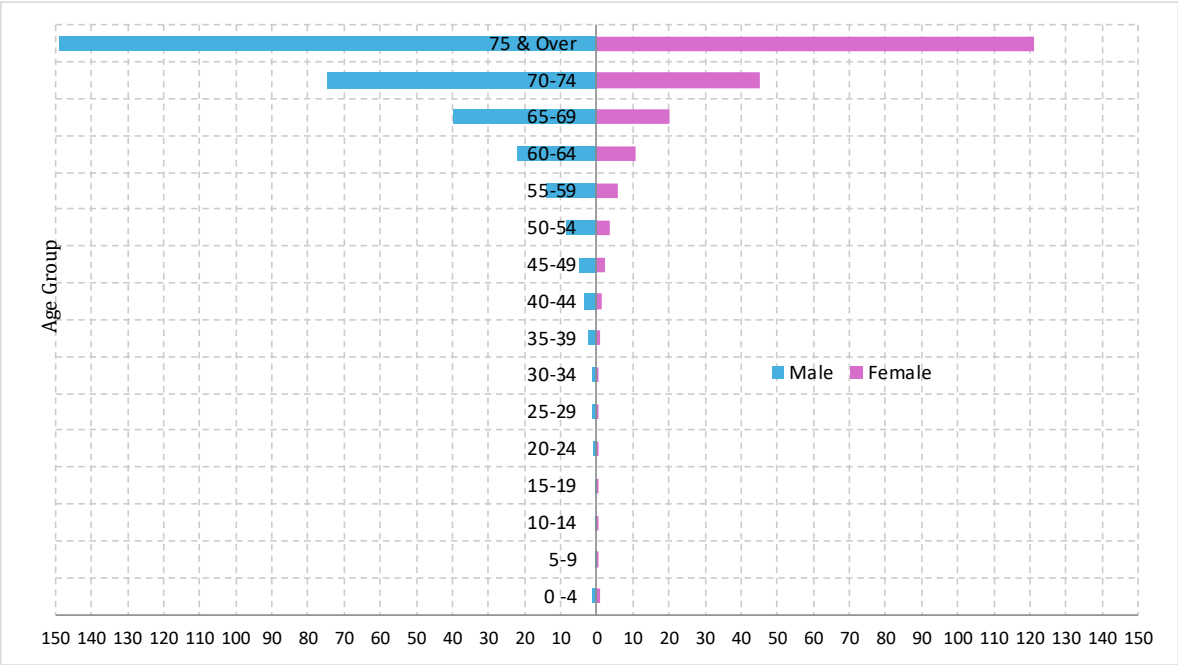
D. Age-Specific Death Rates by Sex, Sri Lanka, 2019 and 2022

Figure 1: Age Specific Death Rates(Per 1000 population) - 2019



Source : Registrar General's Department

Figure 2: Age Specific Death Rates(Per 1000 population) - 2022



Source : Registrar General's Department

Age-specific death rates were calculated by dividing the number of deaths in each age group by the corresponding mid-year population of that age group and multiplying by 1,000. These rates represent the number of deaths per 1,000 population in each age group.

The age-specific death rates in Sri Lanka show a clear increase with advancing age in both 2019 and 2022. Mortality rates remained relatively low among children, adolescents, and young adults, but increased gradually from middle age, with a particularly sharp rise among persons aged 60 years and above. The highest death rates were observed among persons aged 75 years and over in both years.

A comparison of 2019 and 2022 indicates an increase in age-specific death rates among older age groups, particularly those aged 65 years and above. Male death rates were generally higher than female death rates across most adult age groups, with the difference becoming more pronounced at older ages.

E. Top 10 Causes of Death, 2019–2022

The data on the ten leading causes of death in Sri Lanka during 2019–2022 were obtained through the ANACoD3 software and analyzed using four-character codes of the International Classification of Diseases, Tenth Revision (ICD-10). The analysis highlights variations in mortality patterns by sex, place of death (hospital and community), and year.

Percentage Distribution of the Ten Leading Causes of Hospital Deaths by Sex, Sri Lanka, 2019–2022

Figure 1: Hospital Deaths – Male, 2019

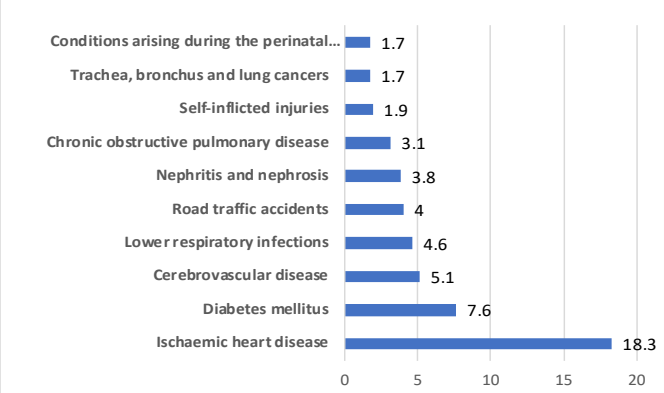


Figure 2: Hospital Deaths – Female, 2019

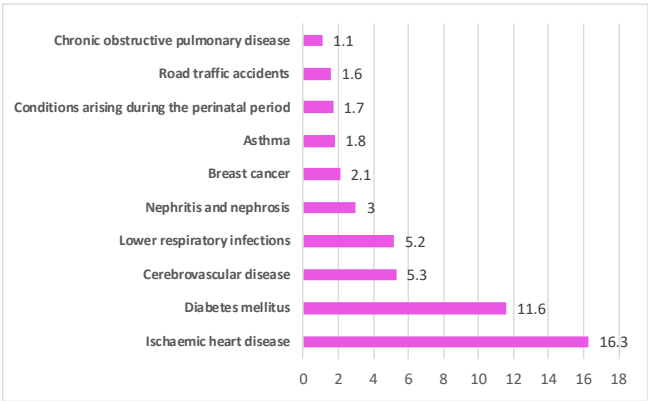


Figure 3: Hospital Deaths – Male, 2020

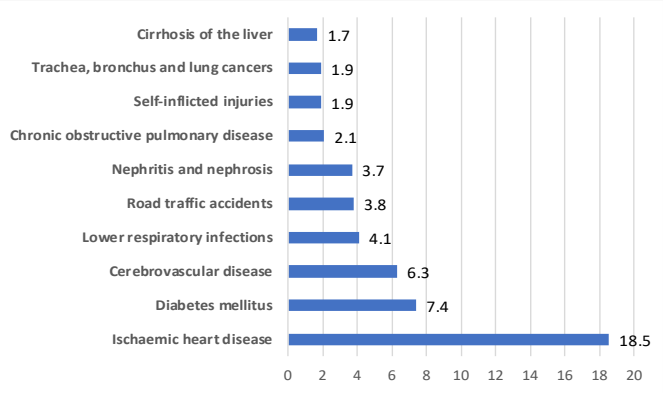


Figure 4: Hospital Deaths – Female, 2020

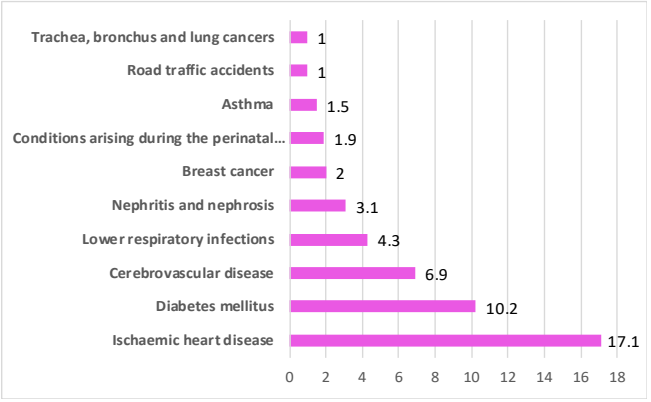


Figure 5: Hospital Deaths – Male, 2021

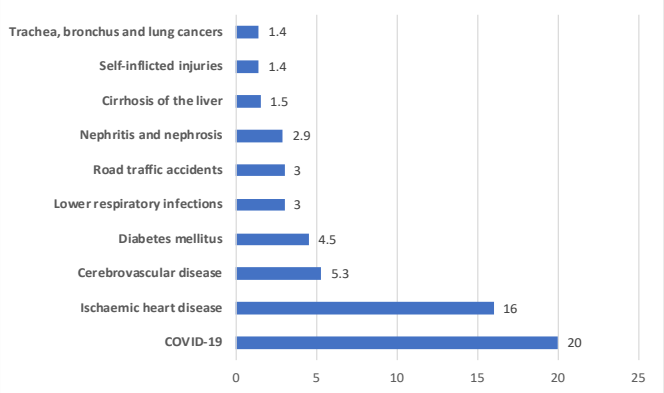


Figure 6: Hospital Deaths – Female, 2021

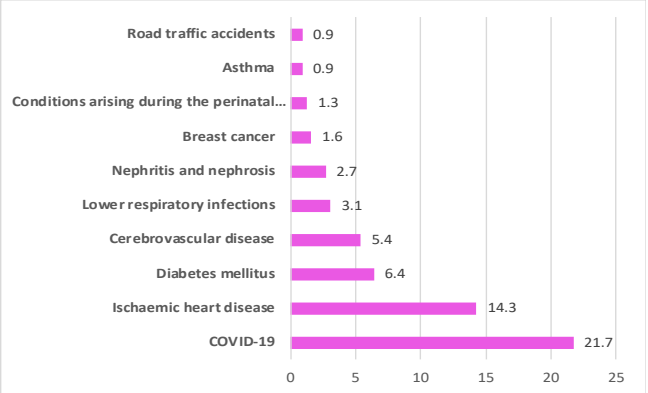


Figure 7: Hospital Deaths – Male, 2022

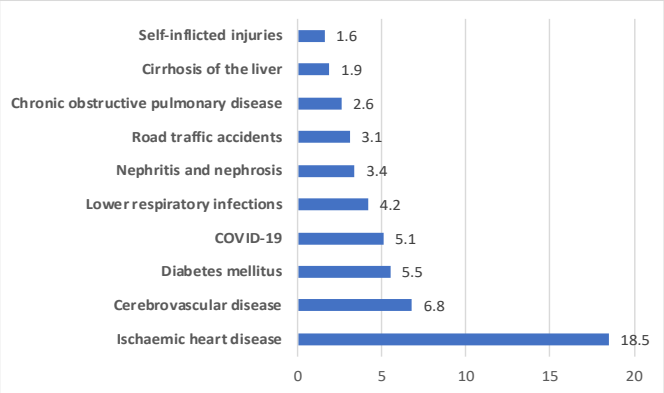
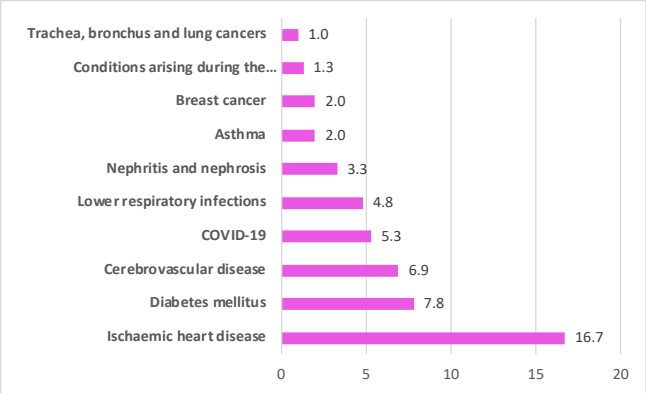


Figure 8: Hospital Deaths – Female, 2022



Source : Registrar General's Department

Percentage Distribution of the Ten Leading Causes of Community Deaths by Sex, Sri Lanka, 2019-2022

Figure 9: Community Deaths – Male, 2019

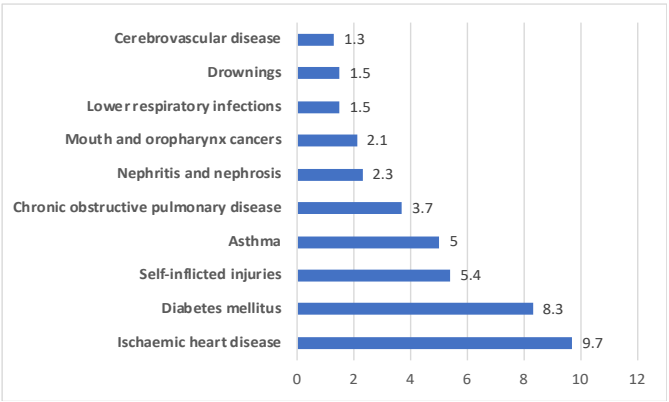


Figure 10: Community Deaths – Female, 2019

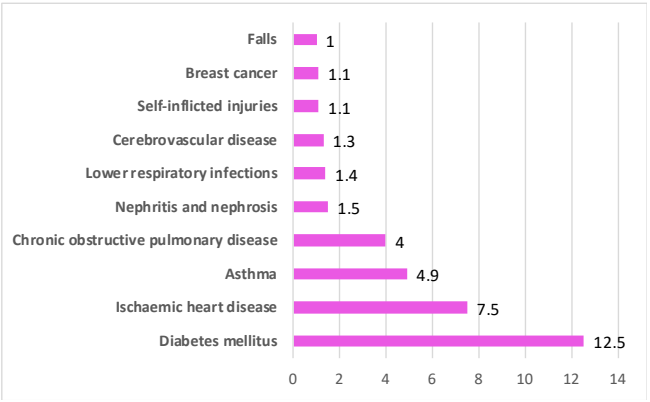


Figure 11: Community Deaths – Male, 2020

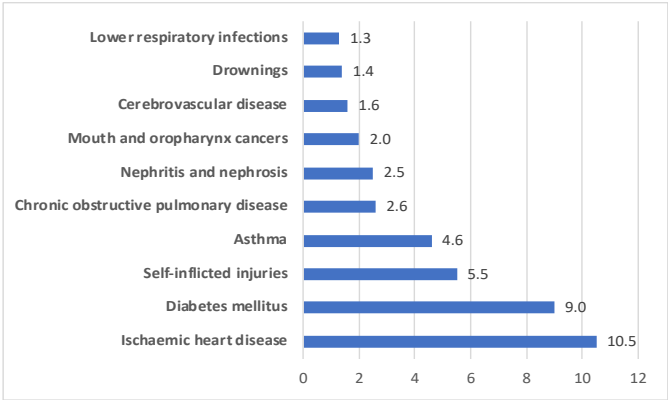


Figure 12: Community Deaths – Female, 2020

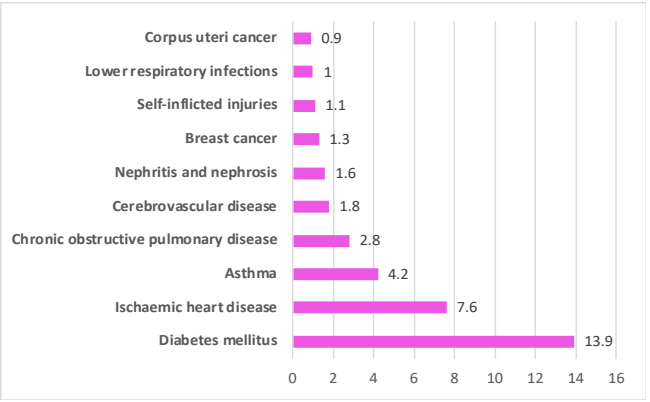


Figure 13: Community Deaths – Male, 2021

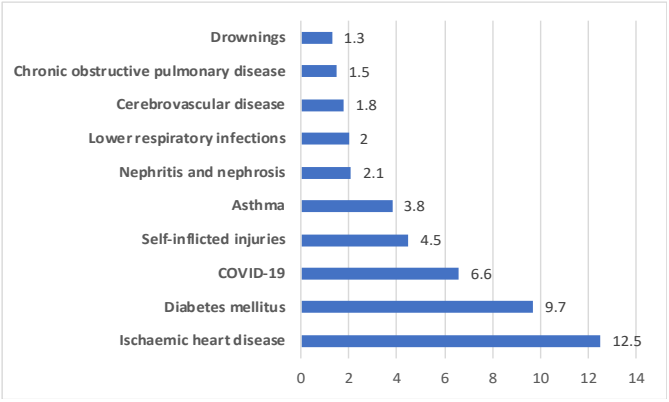


Figure 14: Community Deaths – Female, 2021

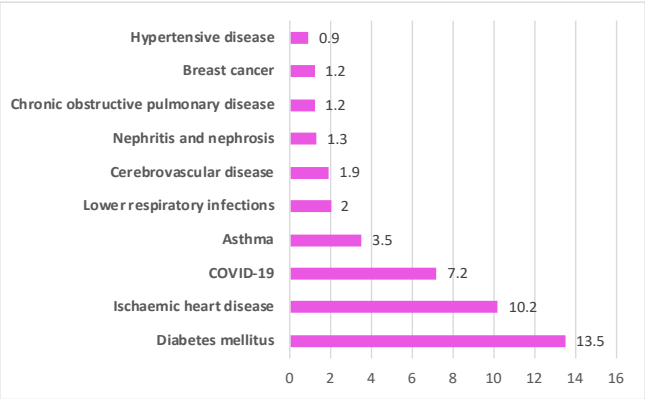


Figure 15: Community Deaths – Male, 2022

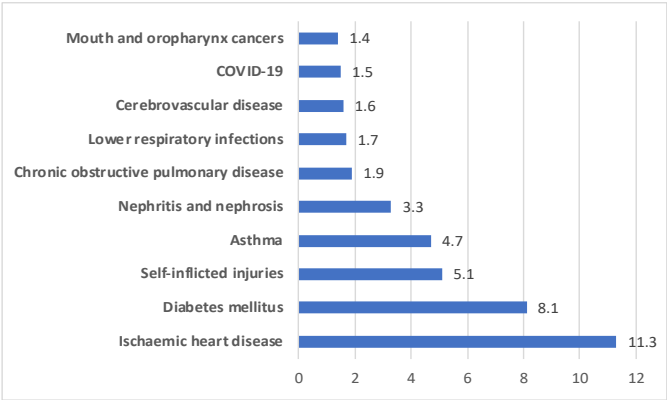
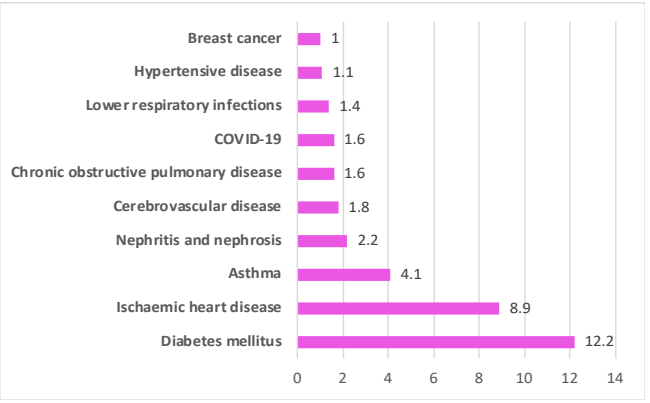


Figure 16: Community Deaths – Female, 2022



Source : Registrar General's Department

Ischaemic heart disease was the leading cause of hospital deaths among both males and females in 2019, 2020, and 2022. However, in 2021, COVID-19 became the leading cause of hospital deaths for both sexes. Throughout the period, ischaemic heart disease accounted for a higher proportion of male hospital deaths than female hospital deaths, while diabetes mellitus contributed a higher proportion of female hospital deaths. Road traffic accidents and self-inflicted injuries were more prominent among males.

Among community deaths, ischaemic heart disease and diabetes mellitus were the major leading causes throughout the period. Ischaemic heart disease generally accounted for a higher proportion of male community deaths, whereas diabetes mellitus was more prominent among females. COVID-19 also appeared among the ten leading causes of community deaths in 2021 and 2022.

Overall, the findings highlight the significant contribution of non-communicable diseases, particularly cardiovascular diseases and diabetes mellitus, to mortality in Sri Lanka, as well as the impact of COVID-19 on mortality patterns.

F. Deaths Due to Malignant Neoplasms (ICD-10 Codes C00–C97) by Three-Character Code, Sri Lanka, 2022

Table 1: Number of Deaths Due to Malignant Neoplasms by District of Registration and District of Usual Residence, Sri Lanka, 2022

No.	District	District of Registration	District of Usual Residence
1	Colombo	3,751	2,204
2	Gampaha	1,541	1,899
3	Kalutara	562	847
4	Kandy	1,555	1,302
5	Matale	326	404
6	Nuwara Eliya	411	538
7	Galle	966	834
8	Matara	378	575
9	Hambantota	419	495
10	Jaffna	530	522
11	Mannar	63	67
12	Vavuniya	93	95
13	Mullaitivu	57	68
14	Kilinochchi	54	59
15	Batticaloa	310	325
16	Ampara	334	362
17	Trincomalee	173	195
18	Kurunegala	1,247	1,413
19	Puttalam	456	563
20	Anuradhapura	659	644
21	Polonnaruwa	328	362
22	Badulla	736	777
23	Monaragala	272	325
24	Ratnapura	719	852
25	Kegalle	539	752
	Total	16,479	16,479

Source : Registrar General's Department

In 2022, a total of 16,479 deaths due to malignant neoplasms (cancers) were reported in Sri Lanka. Colombo District recorded the highest number of deaths by district of registration (3,751), followed by Kandy (1,555) and Gampaha (1,541). Based on district of usual residence, Colombo also recorded the highest number (2,204), followed by Gampaha (1,899) and Kurunegala (1,413). The differences between the two distributions may reflect patients travelling to other districts, particularly those with major healthcare facilities, for medical treatment.

Table 2. Death Rates Due to Selected Malignant Neoplasms by District of Usual Residence, Sri Lanka, 2022
(Deaths per 100,000 population)

No.	District of usual residence	Breast (C50)	Lip, oral cavity and pharynx (C00–C14)	Bronchus and lung (C34)
1	Colombo	8.8	6.0	8.7
2	Gampaha	4.9	5.5	7.5
3	Kalutara	5.5	4.8	4.5
4	Kandy	5.9	5.8	8.9
5	Matale	5.3	3.8	7.3
6	Nuwara Eliya	2.9	5.1	5.8
7	Galle	5.0	4.3	7.0
8	Matara	4.0	4.3	6.9
9	Hambantota	4.0	4.7	6.7
10	Jaffna	5.1	11.1	7.1
11	Mannar	2.7	8.0	6.2
12	Vavuniya	2.0	0.5	3.0
13	Mullaitivu	1.0	1.9	1.9
14	Kilinochchi	1.5	3.1	5.4
15	Batticaloa	3.5	3.2	5.2
16	Ampara	1.9	2.4	4.8
17	Trincomalee	2.9	2.5	4.3
18	Kurunegala	4.2	6.4	7.9
19	Puttalam	3.2	6.9	4.6
20	Anuradhapura	2.9	3.6	9.3
21	Polonnaruwa	3.1	5.7	13.7
22	Badulla	3.4	6.3	9.3
23	Monaragala	3.3	6.0	6.6
24	Ratnapura	3.1	8.4	4.3
25	Kegalle	6.0	5.3	6.9

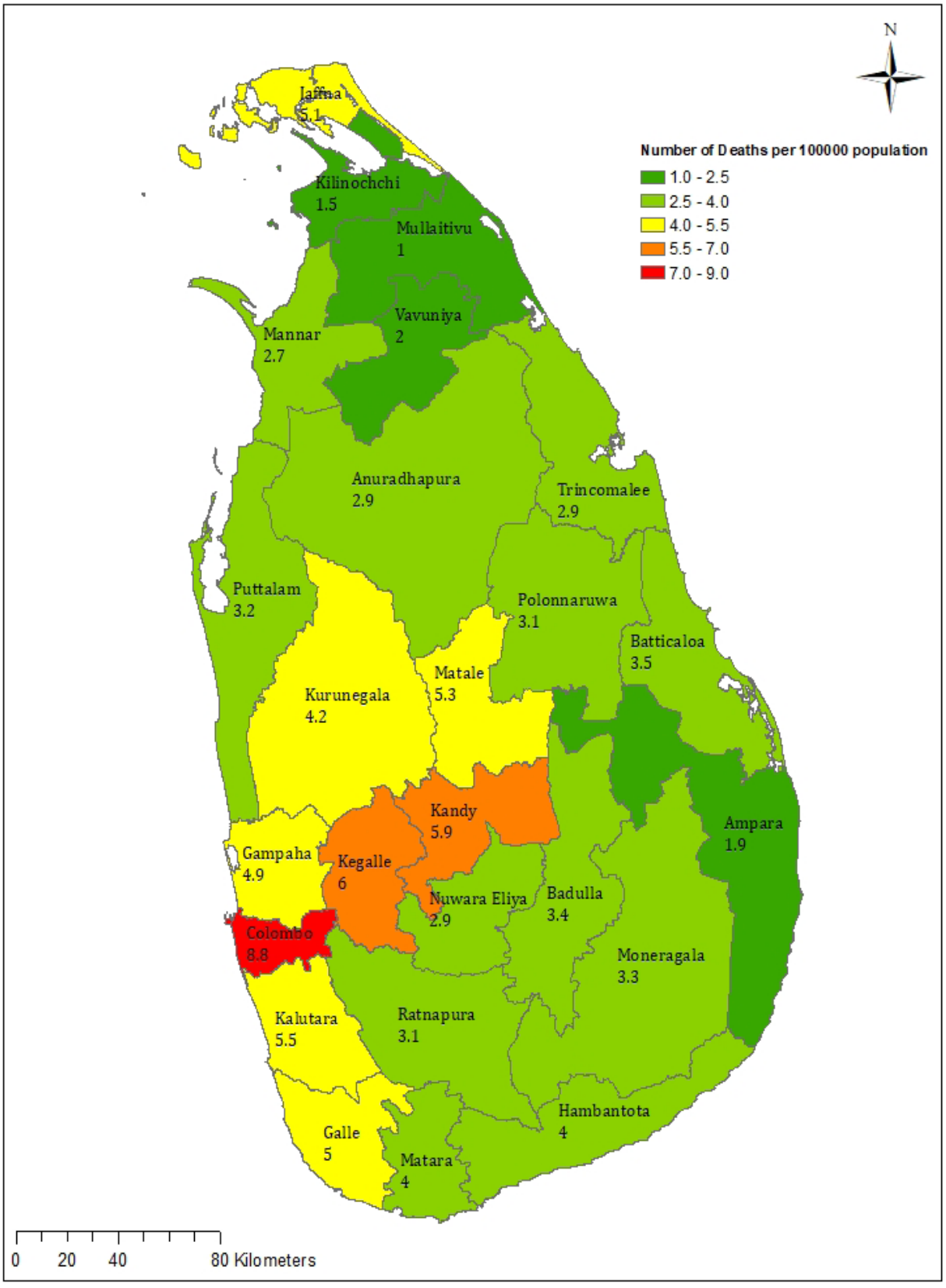
Source : Registrar General's Department

Colombo recorded the highest breast cancer death rate (8.8 per 100,000 population). Jaffna recorded the highest rate for cancers of the lip, oral cavity and pharynx (11.1), followed by Ratnapura (8.4) and Mannar (8.0). Polonnaruwa had the highest bronchus and lung cancer death rate (13.7), followed by Anuradhapura and Badulla (9.3 each).

G. Spatial Distribution of Mortality Due to Selected Malignant Neoplasms by District of Usual Residence -2022

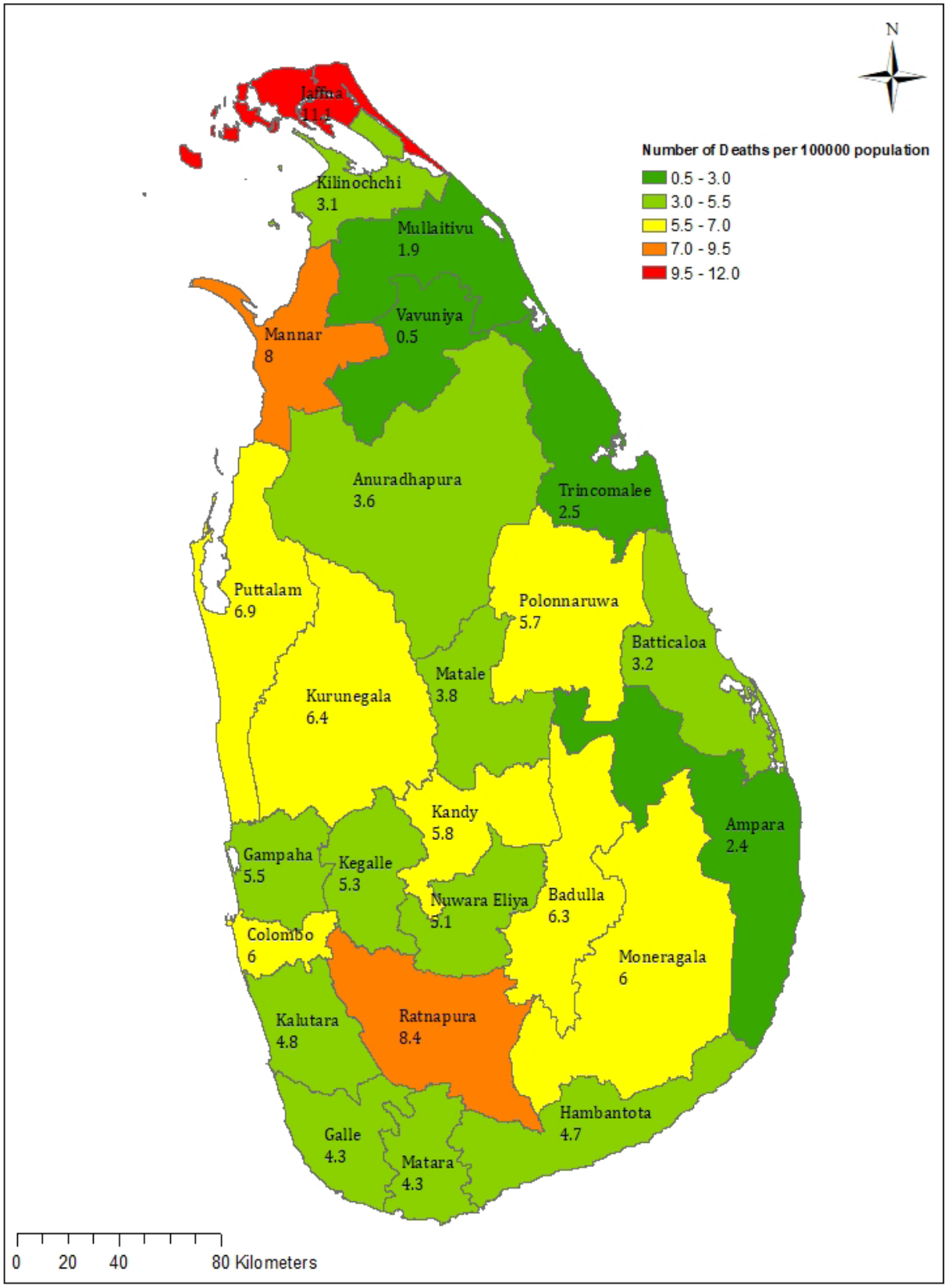
The three maps illustrate the spatial distribution of cause-specific death rates for selected malignant neoplasms across Sri Lanka, based on the district of usual residence. Distinct spatial variations were observed in mortality due to breast cancer, cancers of the lip, oral cavity and pharynx, and bronchus and lung cancer. These variations highlight differences in mortality patterns across districts and among the selected cancer types.

Figure 17: Malignant neoplasm of breast(C50) per 100,000 population by District of Usual Residence -2022



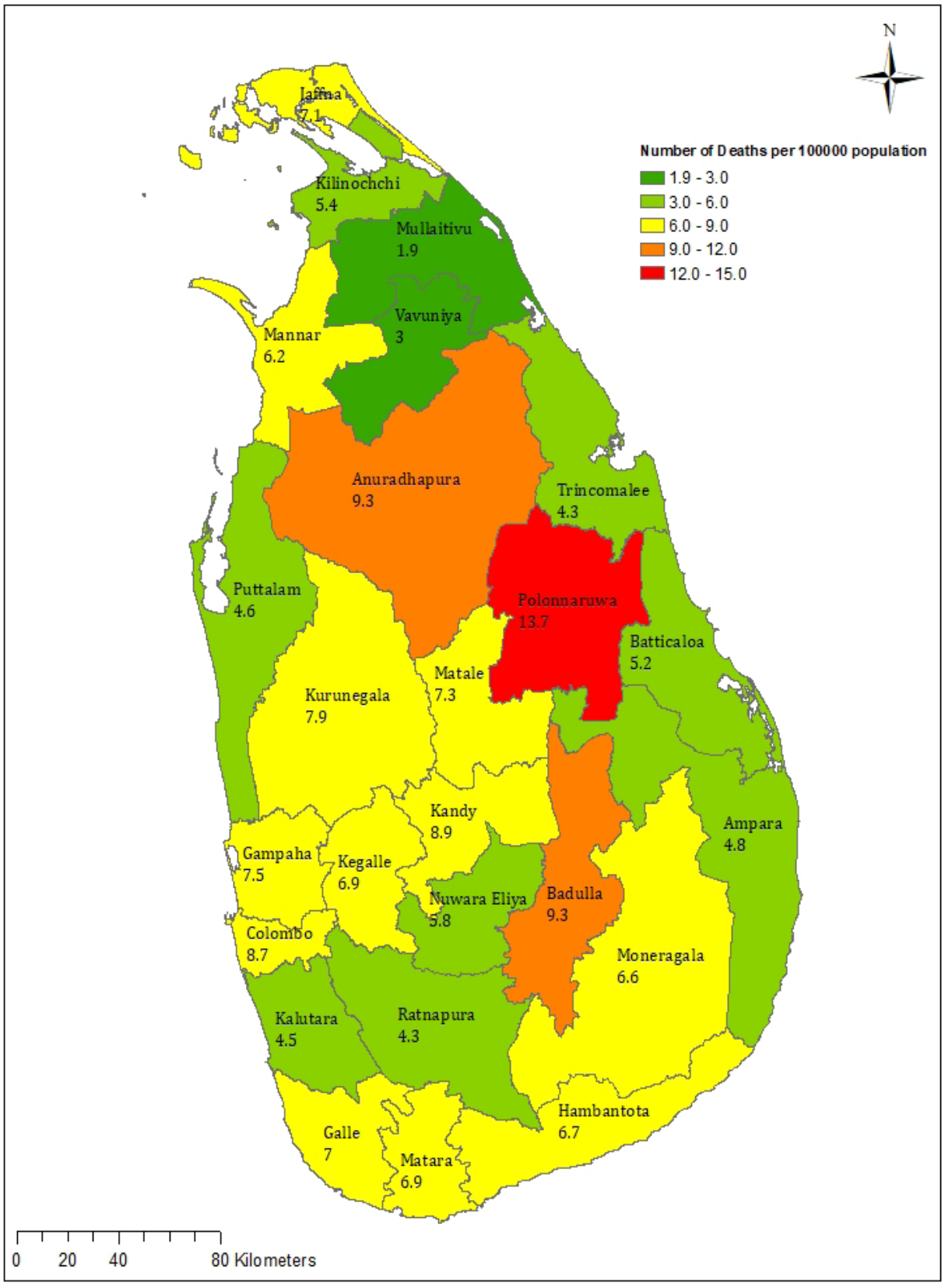
Source : Registrar General's Department

Figure 18: Malignant neoplasm of lip, oral cavity and pharynx (C00 - C14) per 100,000 population by District of Usual Residence - 2022



Source : Registrar General's Department

Figure 19: Malignant neoplasm of bronchus and lung (C34) per100,000 population by District of Usual Residence - 2022



Source : Registrar General's Department

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