

# New global study finds countries saving more lives, despite a 'triad of troubles'

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Countries have saved more lives over the past decade, especially among children under age 5, but persistent health problems, such as obesity, conflict, and mental illness, comprise a "triad of troubles," and prevent people from living long, healthy lives, according to a new scientific study.

"Death is a powerful motivator, both for individuals and for countries, to address diseases that have been killing us at high rates," said Dr. Christopher Murray, Director of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. "But, we've been much less motivated to address issues leading to illnesses. A 'triad of troubles'—obesity, conflict, and mental illness, including substance use disorders—poses a stubborn and persistent barrier to active and vigorous lifestyles."

The annual Global Burden of Disease study (GBD) found that since 2006, substantial progress has been made in driving down death rates from some of the world's most pernicious diseases and conditions. Among the leading drivers of the overall disease burden, [lower respiratory infections](#), diarrhea, neonatal preterm birth, HIV/AIDS, and malaria, all declined by 30% or more in just one decade.

Moreover, in 2016, for the first time in modern history, fewer than 5 million children under age 5 died in one year, as compared to 1990 when 11 million died.

Researchers attribute this global health landmark to improvements in increased educational levels of mothers, rising per capita incomes, declining levels of fertility, increased vaccination programs, mass distribution of insecticide-treated bed nets, improved water and sanitation, and a wide array of other health programs funded by development funding for health.

The GBD study was published today in the international medical journal, *The Lancet*, marking the 20th anniversary edition of the study, which first appeared in the peer-review journal in 1997.

In addition, visualizations have been created from which to compare and contrast data among nations and by health conditions. See: <https://vizhub.healthdata.org/gbd-compare/>. Despite progress on reducing deaths, this "triad of troubles"—obesity, conflict, and [mental illness](#), including substance use disorders—is preventing further progress.

- One of the most alarming risks in the GBD is excess body weight. The rate of illness related to people being too heavy is rising quickly, and the disease burden can be found in all sociodemographic levels. High body mass index (BMI) is the fourth largest contributor to the loss of healthy life, after high blood pressure, smoking, and high blood sugar.
- Deaths over the past decade due to conflict and terrorism more than doubled. Recent conflicts, such as those in Syria, Yemen, South Sudan, and Libya, are major public health threats, both in regard to casualties and because they lead to long-term physical and mental consequences.
- Mental illness and substance use disorders continued to contribute substantially to the loss of healthy life in 2016, affecting all countries regardless of their socioeconomic status. Treatment rates for mental and substance use disorders remain low. Even in high-income countries where treatment coverage

has increased, the prevalence of the most common disorders has not changed.

The GBD is the largest and most comprehensive effort to quantify health loss across places and over time. It draws on the work of more than 2,500 collaborators from more than 130 countries and territories. IHME coordinates the study. This year, several billion data points are included.

The papers provide in-depth analyses of [life expectancy](#) and mortality, causes of death, overall disease burden, years lived with disability, and risk factors that lead to health loss. One paper examines progress toward achieving the health-related Sustainable Development Goals (SDGs). It was published online earlier this week to coincide with the release of a report by the Bill & Melinda Gates Foundation. That report, *Goalkeepers: The Stories Behind the Data*, is the Foundation's first annual progress report on the SDGs and was produced in partnership with IHME.

This year's GBD improves upon the previous annual study through new data sources, improvements in methodology, and a measure for tracking completeness of vital registration information.

The study's other findings include:

- Poor diet was associated with nearly one in five deaths globally.
- Non-communicable diseases were responsible for 72% of all deaths worldwide in 2016, in contrast to 58% in 1990. Within the past decade, diabetes rose in rank order from the 17th to the 9th leading cause of death in low-middle income countries.
- Tobacco was linked to 7.1 million deaths and, in more than 100 countries, smoking was among the top risk factors for loss of healthy life.
- The leading causes of disease burden globally included: ischemic

heart disease, cerebrovascular [disease](#), lower respiratory infections, low back and neck pain, diarrhea-related diseases, and road injuries.

- Among countries with populations greater than 1 million, the highest life expectancy at birth in 2016 was in Japan for women (86.9 years) and Singapore for men (81.3 years).
- Several "exemplar countries" - including Ethiopia, Niger, Portugal, Peru, and the Maldives - had higher life expectancies than would be expected based on their levels of development alone. Ethiopia's life expectancy is five years longer than would be expected; in Peru and Niger, it is about six years longer.
- Only four of the leading 20 causes of disability in 2016—stroke, COPD, diabetes, and falls -were also leading causes of death.

In addition, the top conditions in 2016 that made people sick, but were not necessarily fatal were: low back pain, migraine headaches, hearing loss, iron-deficiency anemia, and major depressive disorders.

"Unless and until the world addresses behavioral risks effectively, advances in life expectancy and well-being will continue to be compromised," Dr. Murray said. "Anyone associated with the delivery of health care - clinicians, administrators, policymakers and others - would be well-served by examining the GBD findings."

Provided by Institute for Health Metrics and Evaluation

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