# ESTIMATION OF THE INDONESIAN BURDEN OF DISEASE, INJURIES AND RISK FACTORS: LEVELS, TRENDS AND POLICY IMPLICATIONS

Collaboration of the NIHRD, Indonesian MoH

&

IHME, Univ. of Washington – Seattle, USA

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Jakarta, 30th April 2013



# **Needs for Better Evidence**

- National strategic decision-making
- Informing programme managers to improve implementation
- Dynamic monitoring critical outcomes -- key to accountability
- Building the evidence base on determinants and interventions for health



## **Burden of Disease**

 Burden of disease analysis provides a standardized framework for integrating all available information on mortality, causes of death, individual health status, and condition-specific epidemiology to provide an overview of the the levels and causes of population health



#### GBD Approach

- Measure loss of health due to comprehensive set of disease,injury and risk factor causes in a comparable way
- 2. Decouple epidemiological assessment and advocacy
- 3. Inject non-fatal health outcomes into health policy debate
- 4. Use a common metric for burden of disease assessment and cost-effectiveness analysis



### **Steps in Analysis**

- Demographic baseline
- Cause of death analysis
- Epidemiological description of non-fatal outcomes
- Internal consistency of epidemiological estimates
- Calculation of Calculation of other summary measures
- Comparative risk assessment
- Sensitivity analysis
- YLL and YLD

HME



### **Decide on levels of analysis**

- National or regional
- Subpopulations (area, other)
- Year of reference
- Age groups
- Disease groups
- Risk factors
- Scope of study (projections, etc)



### **GBD Classification System**

- Group I, consisting of communicable diseases, maternal causes, conditions arising in the perinatal period and nutritional deficiencies
- Group II, encompassing the non-communicable diseases
- Group III, comprising all injuries
- Group I (the pre-transitional causes), consists of the cluster of conditions that typically decline at a faster pace than all cause mortality during the process of the epidemiological transition.
- The non-communicable diseases clustered in group II are the most important health problems in population that have undergone the epidemiological transition.
- Injuries are separately classified into Group III, because their etiology is very different from that of most diseases and also because there is no generalized pattern of change in injury mortality that accompanies the epidemiological transition
- Each group is divided into several major sub categories of disease and injury that are mutually exclusive and exhaustive.



#### Outline

What is the GBD 2010?
 Some Key Global Results
 Indonesia Results
 Benchmarking Indonesia
 Continuous Updating
 Policy Implications



### **Global Burden of Disease 2010**

- 1. A *systematic scientific* effort to quantify the *comparative* magnitude of *health loss* for 187 countries from 1990 to 2010.
- 2. Covering 291 diseases and injuries, 1,160 sequelae of these diseases and injuries, and 67 risk factors or clusters of risk factors.
- 3. GBD 2010 study initiated in 2007 funded by Bill & Melinda Gates Foundation.
- 4. Summary papers published in a dedicated triple issue of *The Lancet*, December 15, 2012.
- 5. Global scientific collaboration: 488 authors from 303 institutions in 50 countries.



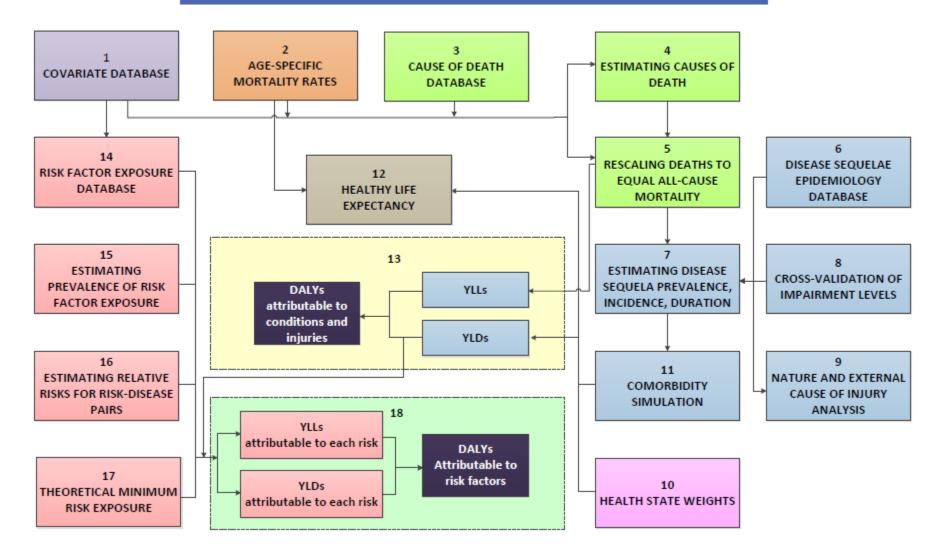
### GBD 2010 Team

#### 488 authors from 303 institutions in 50 countries.





#### Figure 3. GBD 2010 Data and Model Flow Chart





### **Some GBD Terminology**

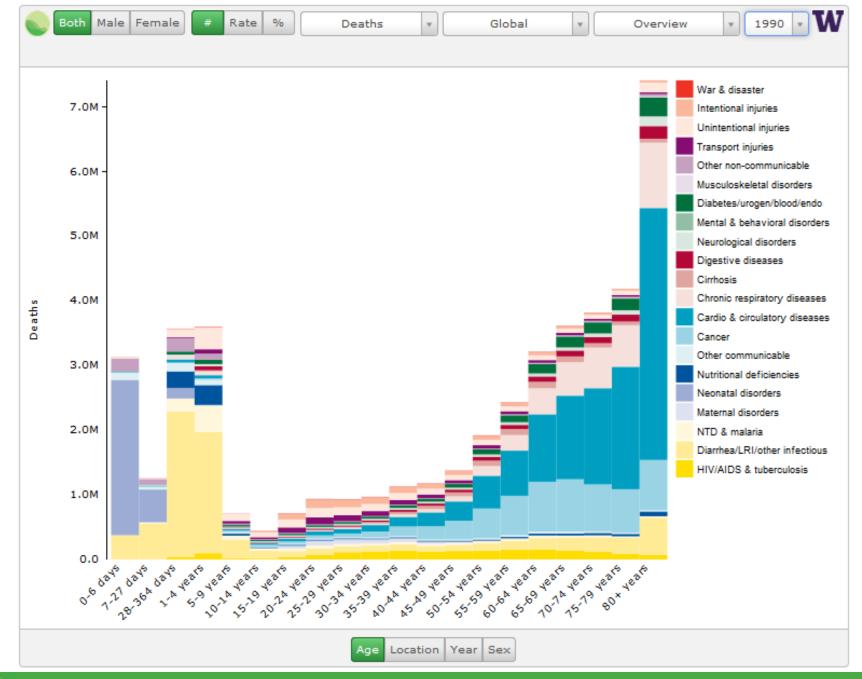
- Years of life lost due to premature mortality (YLLs) count the number of years lost at each age compared to a reference life expectancy of 86 at birth.
- 2. Years lived with disability for a cause in an age-sex group equals the prevalence of the condition times the disability weight for that condition (YLDs).
- 3. DALYs are the sum of YLLs and YLDs and are an overall metric of the burden of disease.



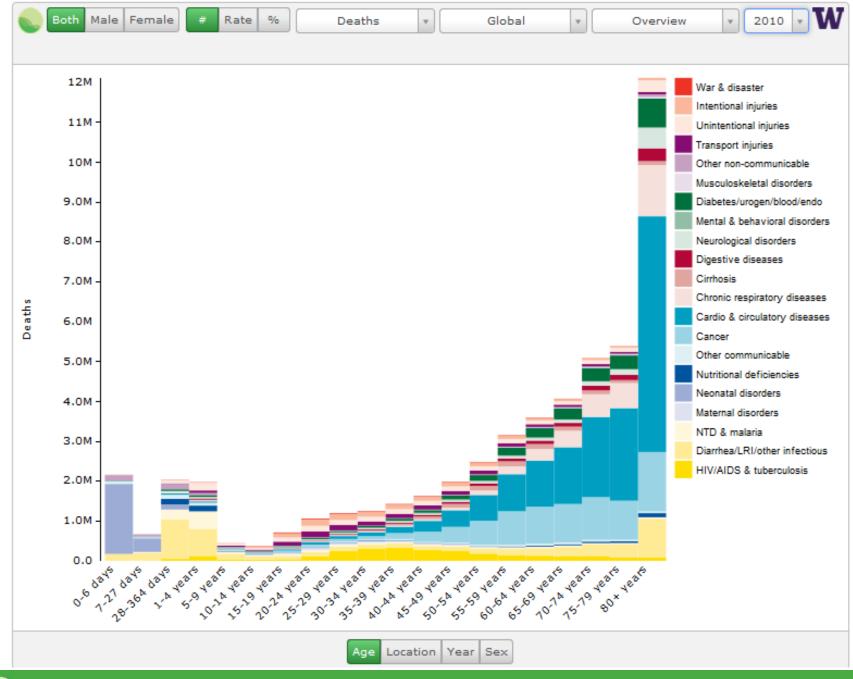
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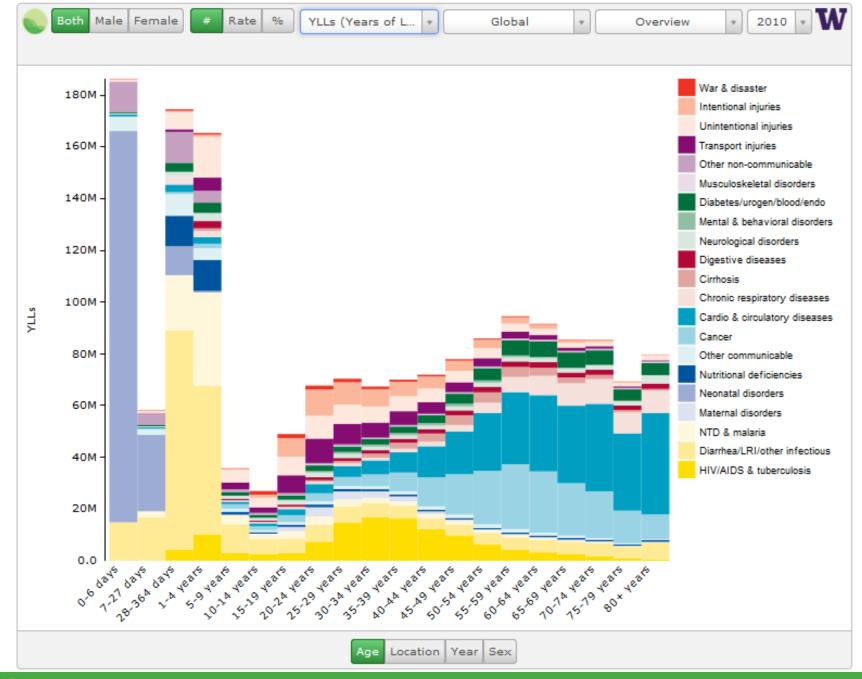




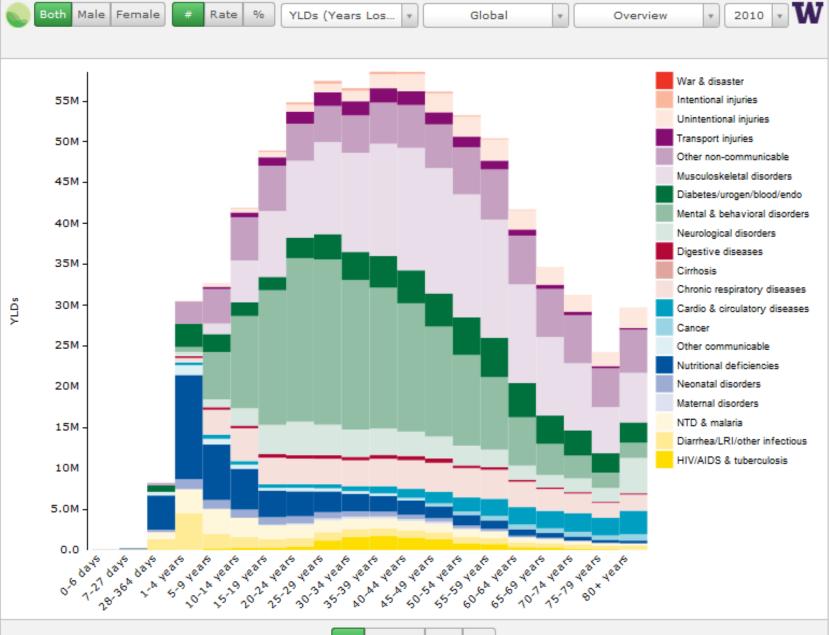






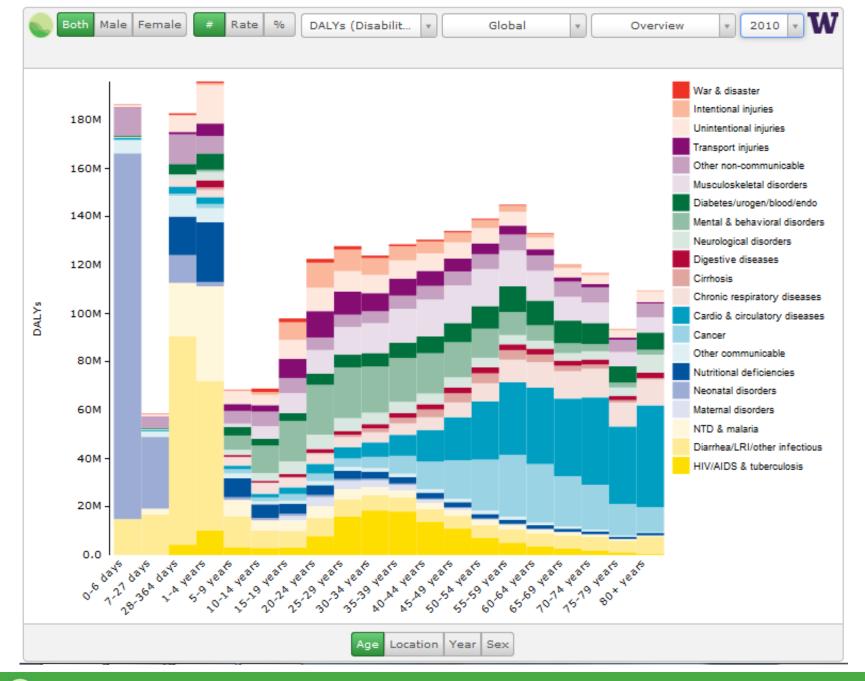




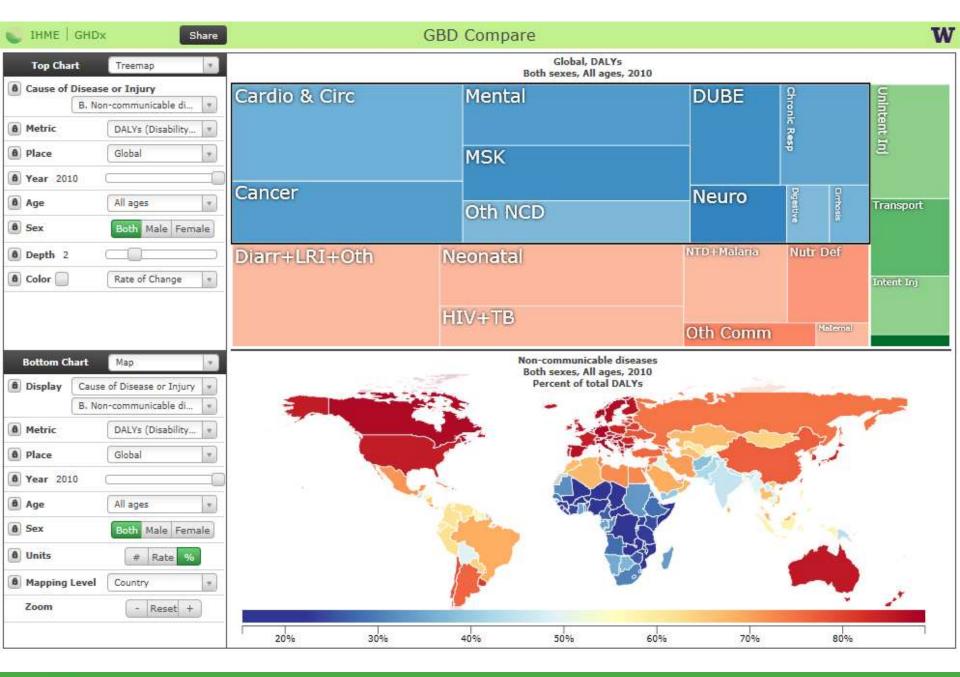


Age Location Year Sex

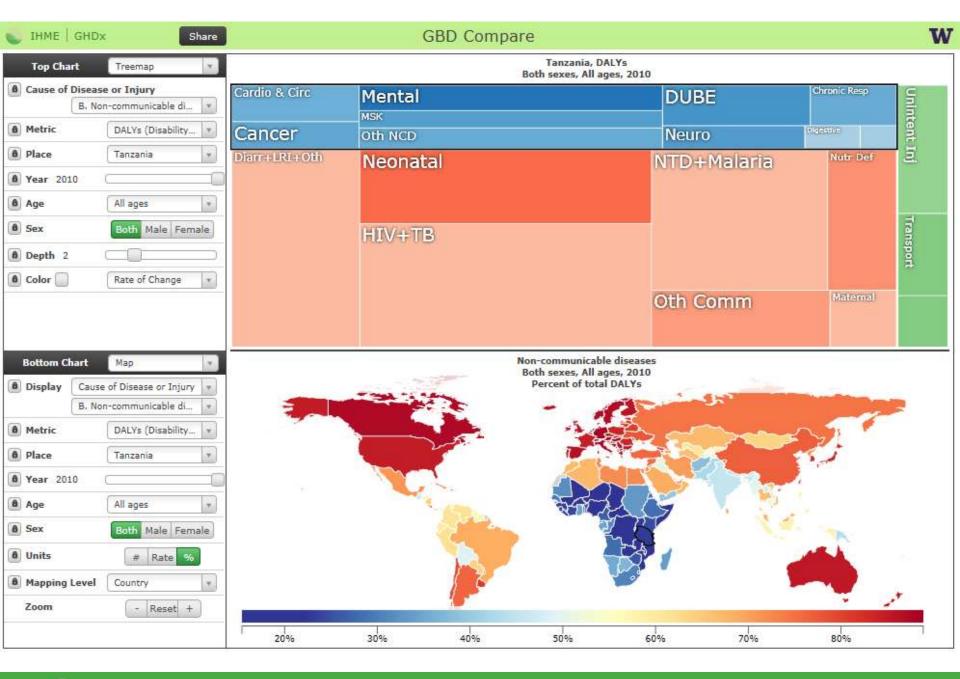




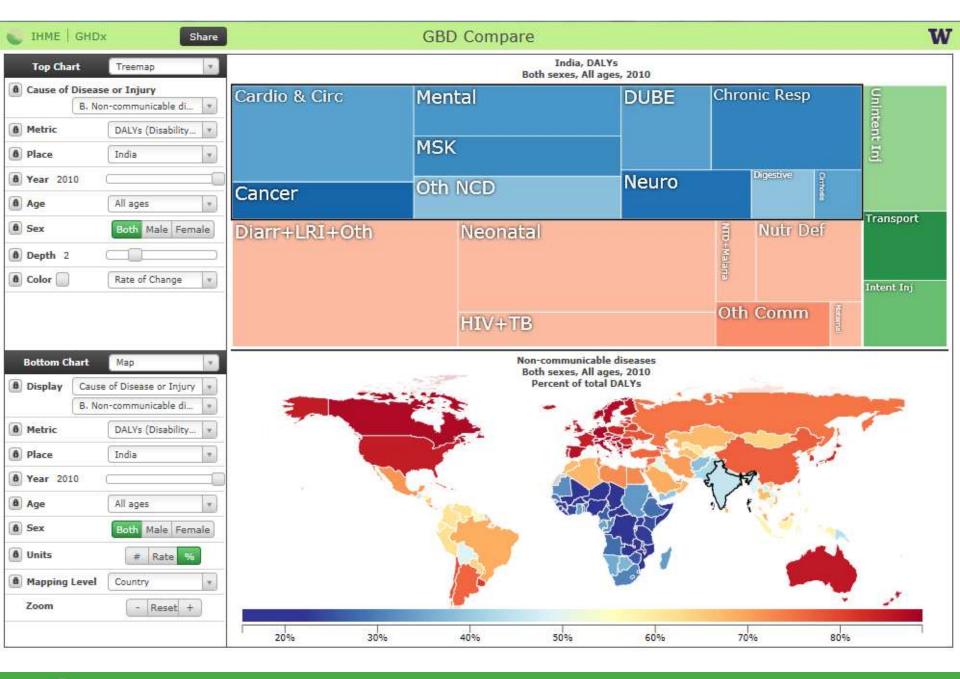
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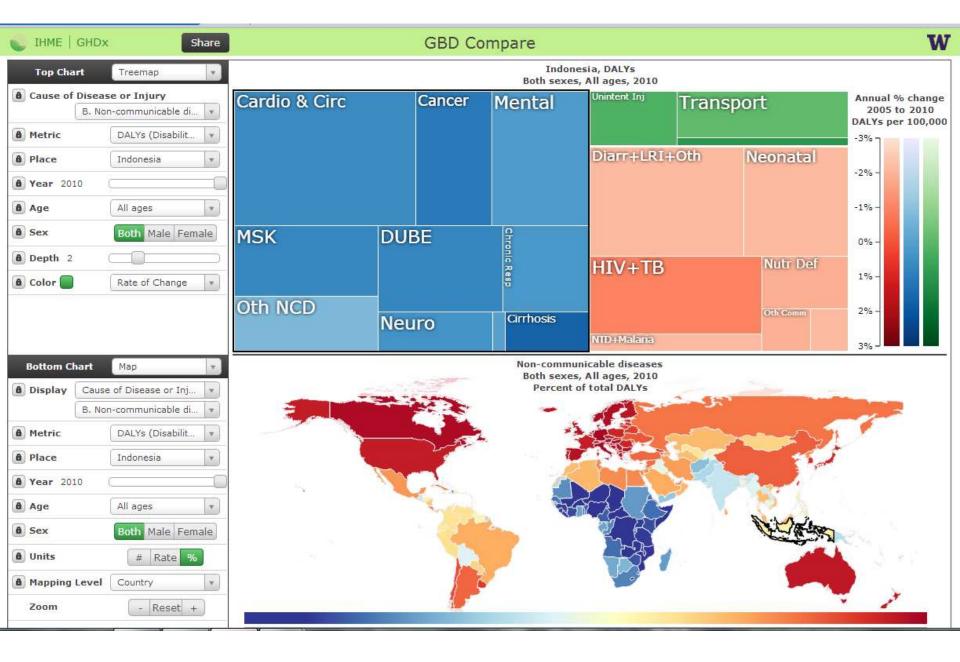




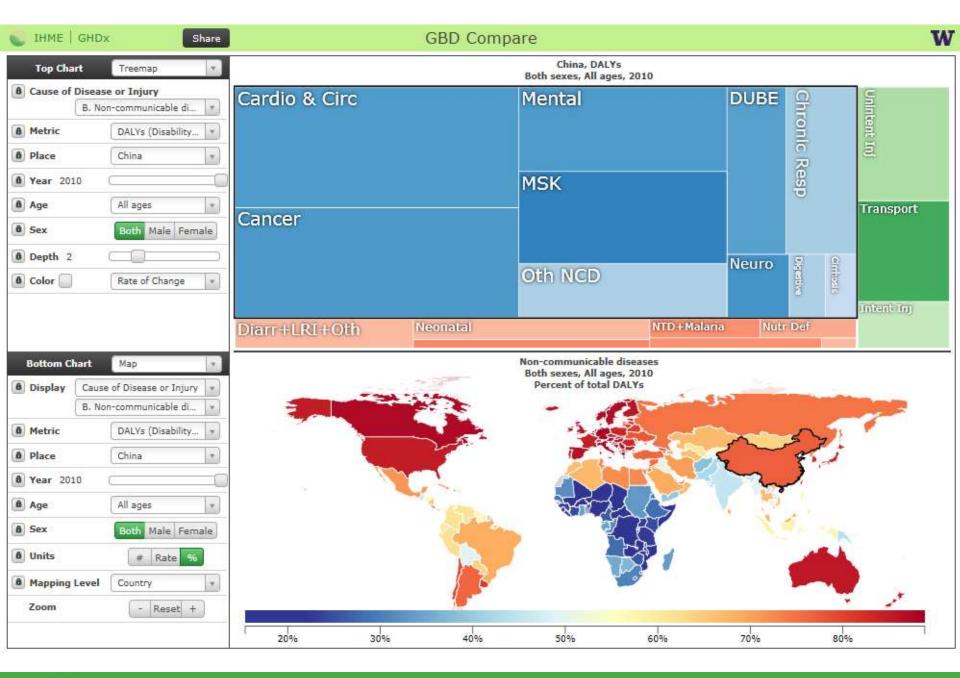




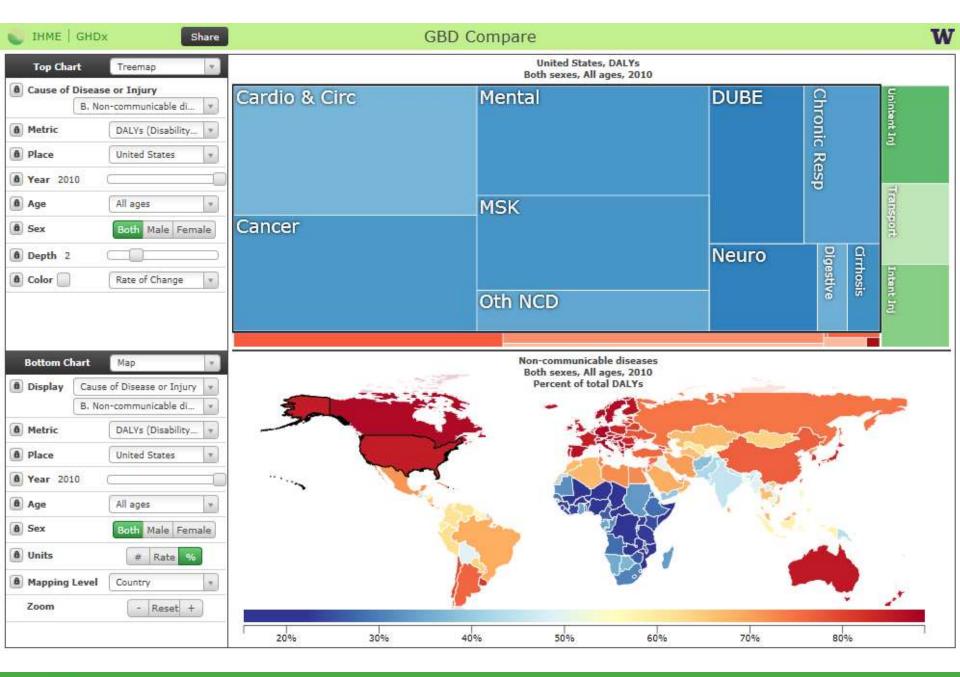












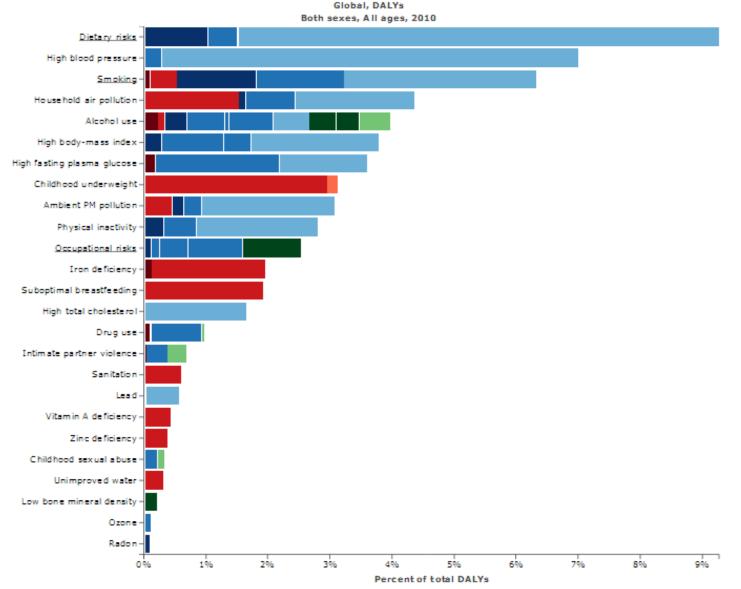


### **Global DALYs 1990 to 2010**

	1990 Mean rank (95% UI)		2010 Mean rank (95% UI)	I	Median % change (95% UI)
1.0 (1-2)	1 Lower respiratory infections	/	1 Ischemic heart disease	1.0 (1-2)	30% (21 to 34)
2.0 (1-2)	2 Diarrheal diseases		2 Lower respiratory infections	2.0 (1-3)	-44% (-48 to -39)
3.4 (3-5)	3 Preterm birth complications		3 Stroke	3.2 (2-5)	21% (5 to 26)
3.8 (3-5)	4 Ischemic heart disease		4 Diarrheal diseases	4.8 (4-8)	-51% (-57 to -45)
5.2 (4-6)	5 Stroke		5 HIV/AIDS	6.5 (4-9)	353% (293 to 413)
6.3 (5-8)	6 COPD	h. int	6 Malaria	6.7 (3-11)	18% (-9 to 63)
8.0 (6-13)	7 Malaria	han in	7 Low back pain	7.1 (3-11)	43% (38 to 48)
9.8 (7-13)	8 Tuberculosis	k	8 Preterm birth complications	7.9 (5-11)	-27% (-37 to -16)
10.1 (7-14)	9 Protein-energy malnutrition	N. /1-	9 COPD	8.1 (5-11)	-2% (-9 to 5)
10.2 (7-15)	10 Neonatal encephalopathy	Fan X	10 Road injury	8.4 (4-11)	33% (11 to 63)
11.7 (8-15)	11 Road injury	- and -	11 Major depressive disorder	10.8 (7-14)	37% (25 to 49)
11.9 (7-17)	12 Low back pain	KN KO	12 Neonatal encephalopathy	13.3 (11-17)	-17% (-30 to -1)
12.8 (8-16)	13 Congenital anomalies		13 Tuberculosis	13.4 (11-17)	-18% (-34 to -5)
15.0 (8-18)	14 Iron-deficiency anemia		14 Diabetes	14.2 (12-16)	70% (59 to 77)
15.2 (11-18)	15 Major depressive disorder	r st	15 Iron-deficiency anemia	15.2 (11-22)	-3% (-6 to -1)
15.2 (3-37)	16 Measles	FX-	16 Neonatal sepsis	15.9 (10-26)	-4% (-25 to 27)
15.3 (8-24)	17 Neonatal sepsis	h i i	17 Congenital anomalies	17.3 (14-21)	-28% (-43 to -9)
17.3 (15-19)	18 Meningitis	hà Ari-	18 Self-harm	18.7 (15-26)	24% (-1 to 42)
20.0 (17-25)	19 Self-harm	HAT Y	19 Falls	19.7 (16-25)	37% (20 to 55)
20.6 (18-26)	20 Drowning		20 Protein-energy malnutrition	19.9 (16-26)	-42% (-51 to -33)
21.1 (18-25)	21 Diabetes	K. K.	21 Neck pain	21.6 (15-28)	41% (37 to 46)
23.0 (19-28)	22 Falls	$(\gamma)$	22 Lung cancer	21.7 (17-27)	38% (18 to 47)
24.1 (21-30)	23 Cirrhosis	1	23 Other musculoskeletal	23.0 (19-26)	50% (43 to 57)
25.0 (20-32)	24 Lung cancer	HANNY.	24 Cirrhosis	23.0 (19-27)	27% (19 to 36)
26.1 (19-35)	25 Neck pain	$\mathbf{F}$	25 Meningitis	24.4 (20-27)	-22% (-32 to -12)
27.6 (23-33)	26 Maternal disorders	k / X /	26 Anxiety disorders	26.1 (19-33)	37% (24 to 50)
28.0 (21-35)	27 Asthma		27 Interpersonal violence	26.9 (21-32)	28% (19 to 47)
28.3 (19-41)	28 Tetanus		28 Asthma	29.9 (25-37)	5% (-5 to 17)
29.0 (25-34)	29 Other musculoskeletal		29 Chronic kidney disease	30.6 (28-35)	52% (41 to 63)
30.5 (25-39)	30 Interpersonal violence	T/ XX	30 Migraine	30.6 (24-43)	40% (31 to 51)
30.7 (22-40)	31 Anxiety disorders		32 Drowning	32.9 (27-38)	-33% (-40 to -5)
32.7 (26-38)	33 HIV/AIDS		40 Maternal disorders	39.8 (34-46)	-26% (-34 to -15)
37.0 (28-49)	36 Migraine		56 Measles	56.3 (28-94)	-80% (-85 to -74)
40.2 (36-45)	39 Chronic kidney disease	r `	80 Tetanus	80.8 (60-110)	-80% (-84 to -67)



### **Global DALYs Attributable to Major Risks**



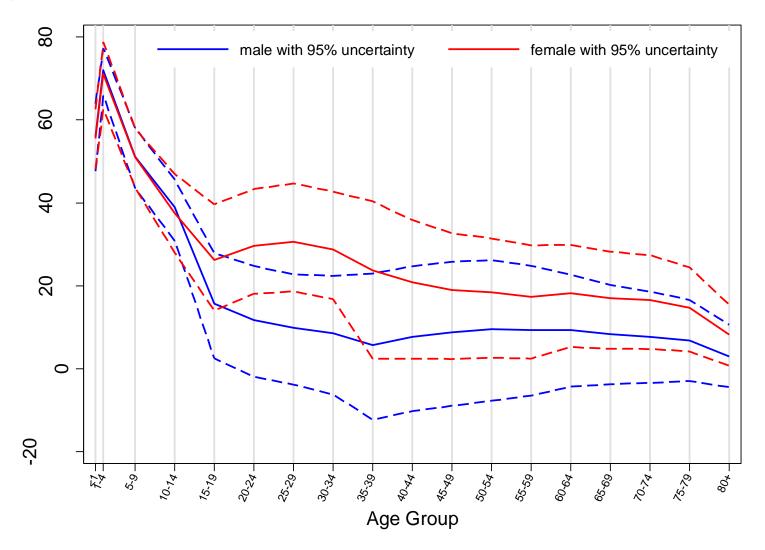


#### **Outline**

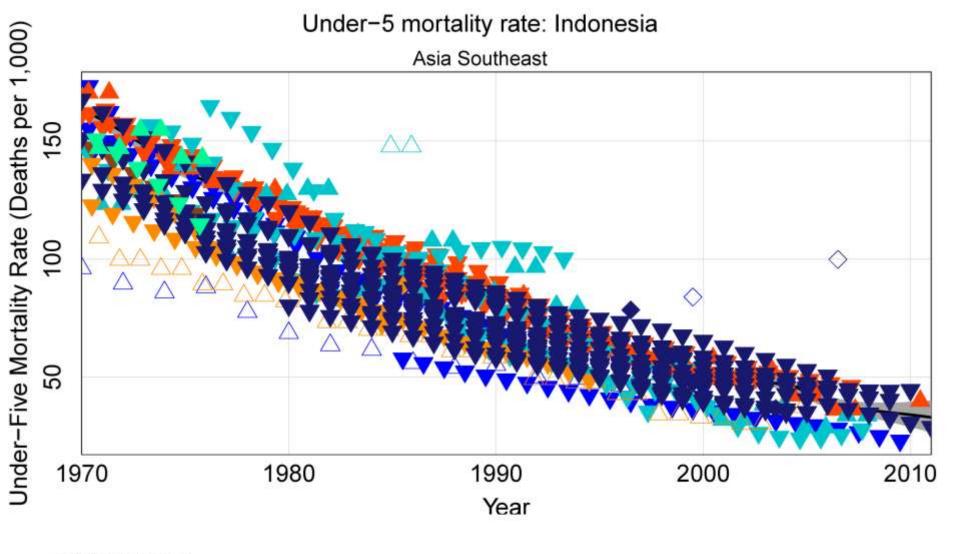
What is the GBD 2010? Some Key Global Results Indonesia Results Benchmarking the Indonesia Continuous Updating



# Percent change in Indonesia age-specific mortality by sex from 1990 to 2010







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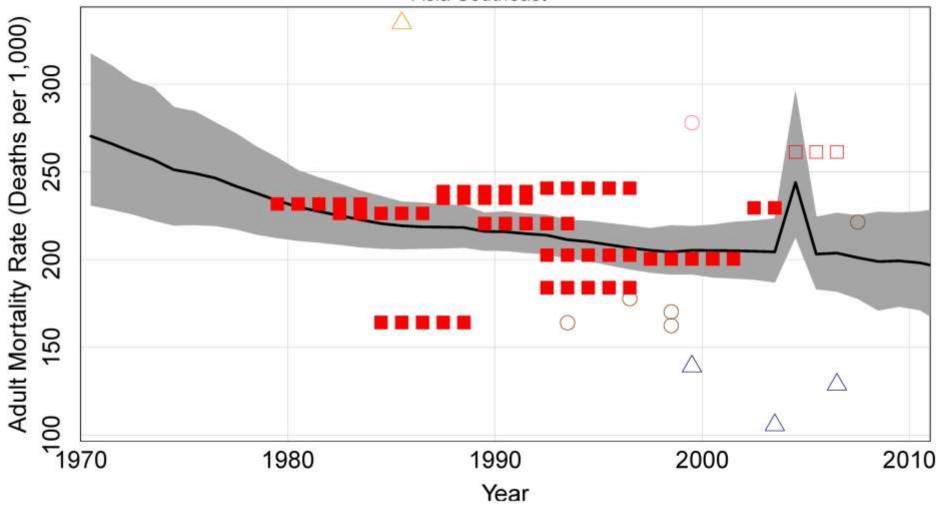
- Gaussian Process Regression with Uncertainty
- IFLS Complete Birth History
- IFLS Summary Birth History
- SUPAS Complete Birth History
- SUPAS Summary Birth History
- SUSENAS Summary Birth History
- Census Complete Birth History

\*Hollow points indicate data excluded from the analysis

- Census Summary Birth History
- Census Household Deaths Recall
- Standard Demographic and Health Survey Complete Birth History
- Standard Demographic and Health Survey Summary Birth History
- World Fertility Survey Complete Birth History
- World Fertility Survey Summary Birth History
- Other Summary Birth History

#### Adult mortality rate: Indonesia / males





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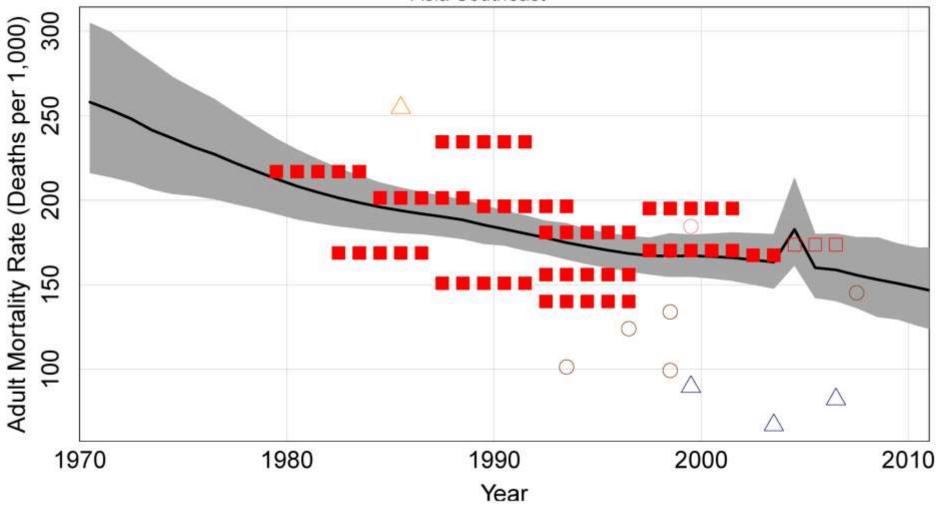
- Gaussian Process Regression with Uncertainty
- SUPAS DDM Adjusted
- SUSENAS DDM Adjusted
- Demographic and Health Survey Sibling History

- 2000 Census Survey Unadjusted
- Indonesia Family Life Survey Unadjusted
- National Socioeconomic Survey Unadjusted

\*Hollow points indicate data excluded from the analysis

#### Adult mortality rate: Indonesia / females

Asia Southeast



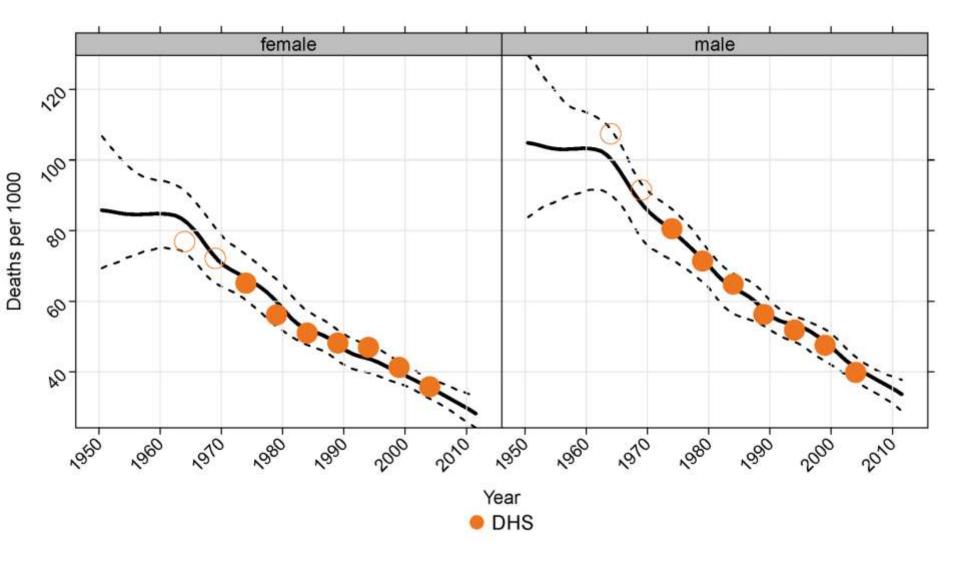
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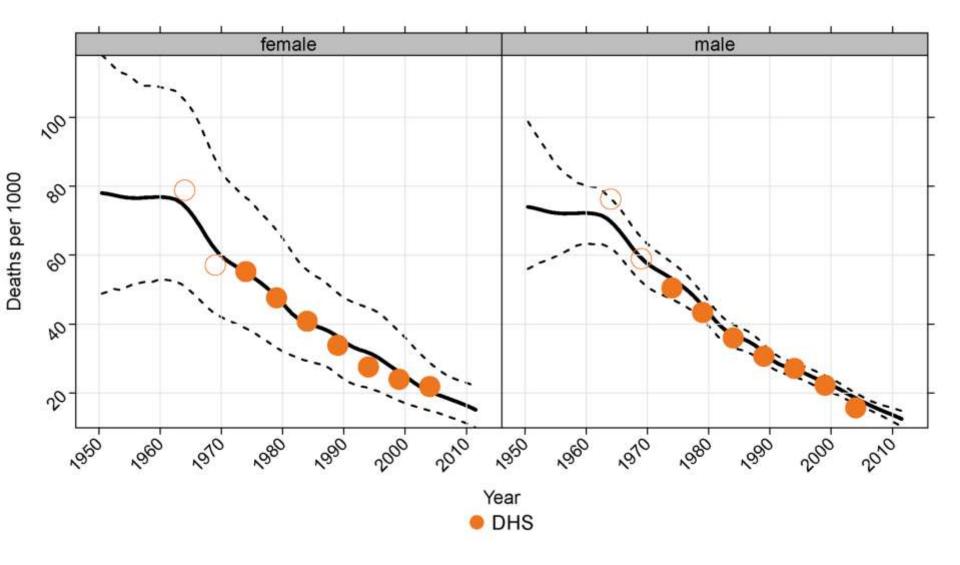
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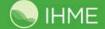
#### Indonesia – neonatal mortality rate



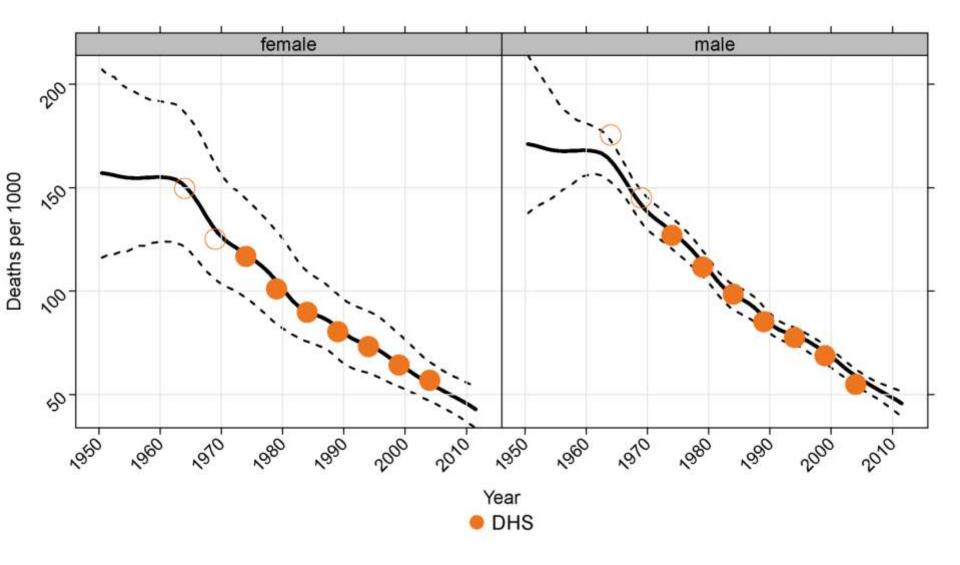


#### Indonesia – postneonatal mortality rate



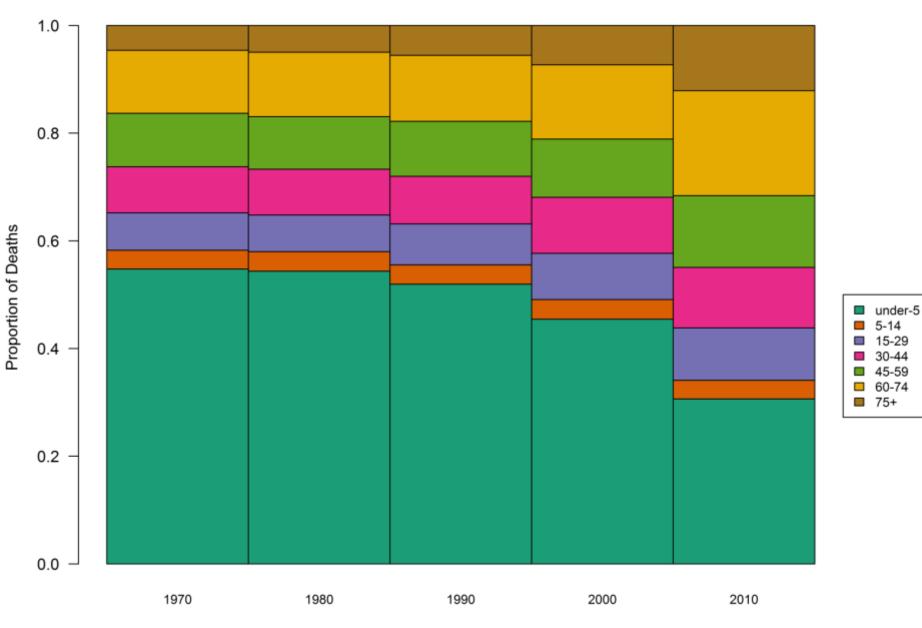


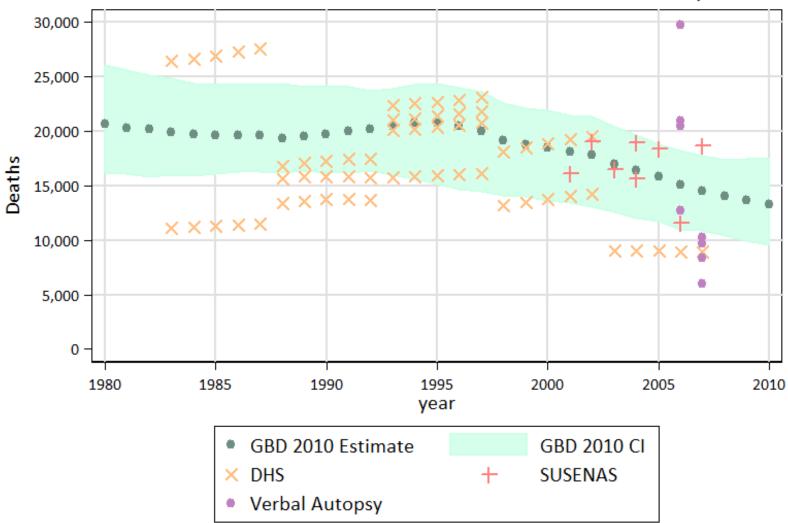
#### Indonesia – infant mortality rate





Deaths by age group in Indonesia

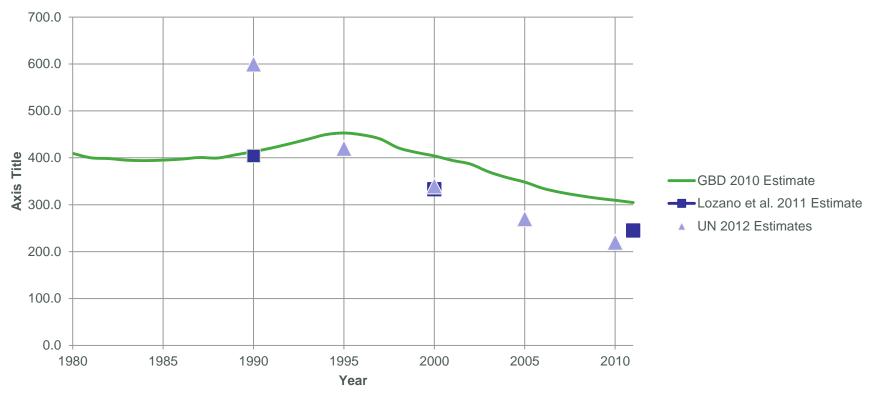




#### GBD 2010 Estimates of Maternal Deaths and Data, IDN

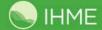


MMR in Indonesia, 1980-2011



• Annualized % decline in MMR 2000-2011: 2.6

- On track to meet MDG 5 Target by 2015: 5.5
- 2010 MMR = 309.5



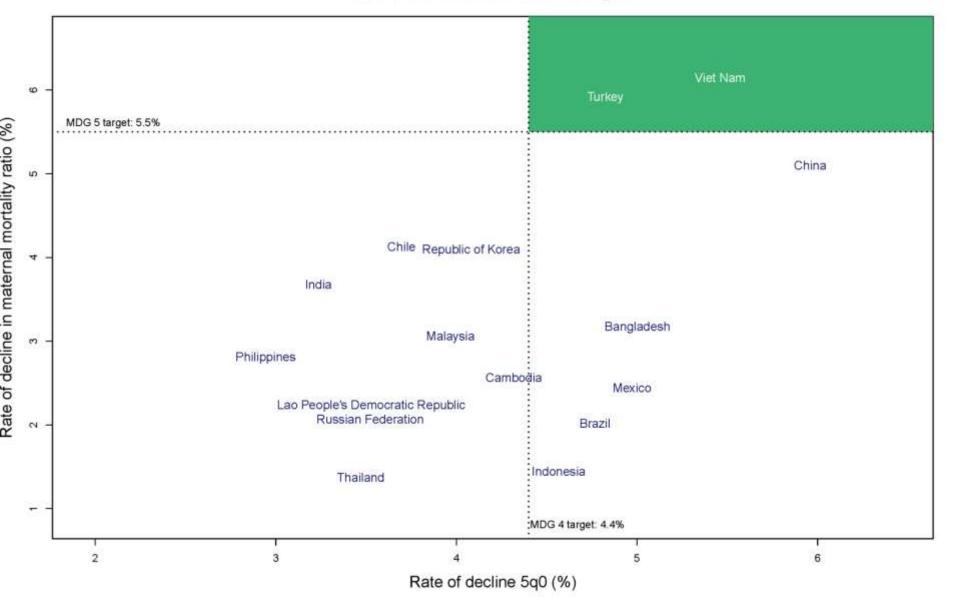
#### **Global Ranking** 001 **Global Ranking** 001 **Global Ranking** Year

#### MMR Global Ranking, Indonesia

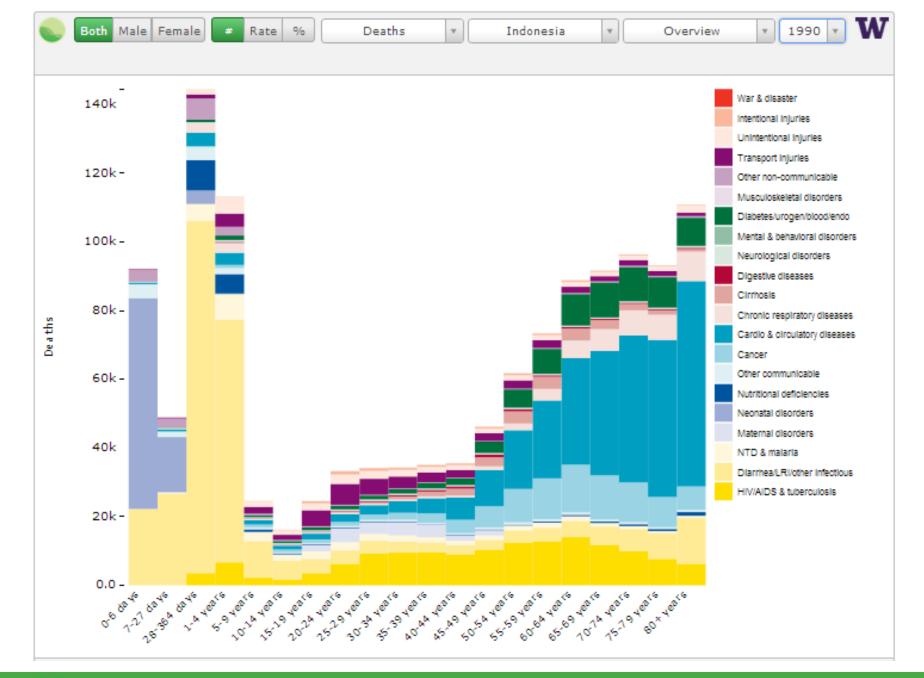
- 147th of 187 countries for 2010
- Countries with similar MMR:
  - Togo (322), Kenya (317), Benin (306), Ghana (304), Laos (299)



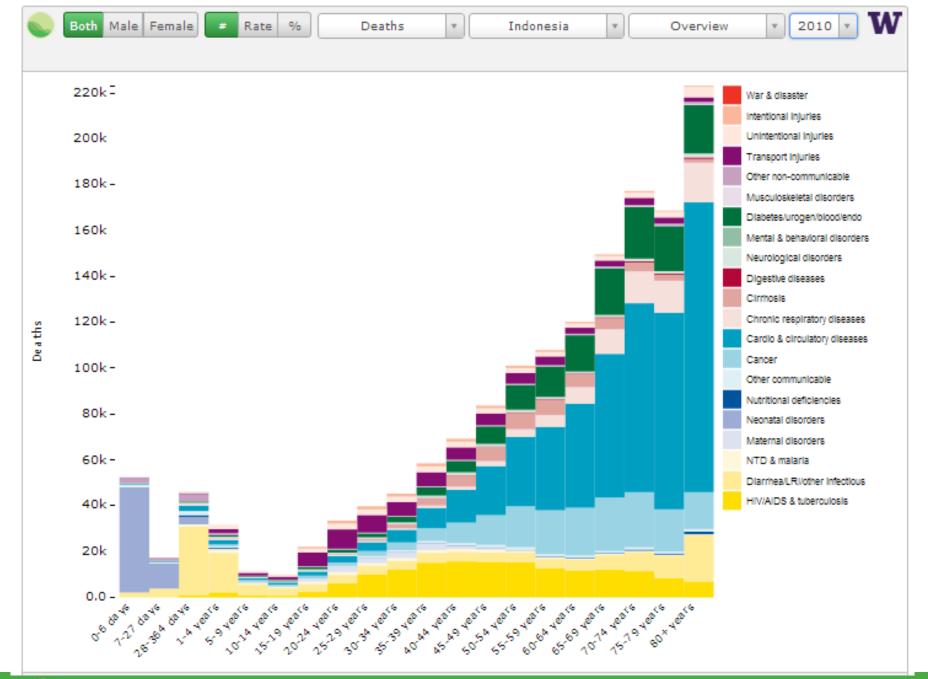
#### MDG 4 and 5 Rates of Decline Targets



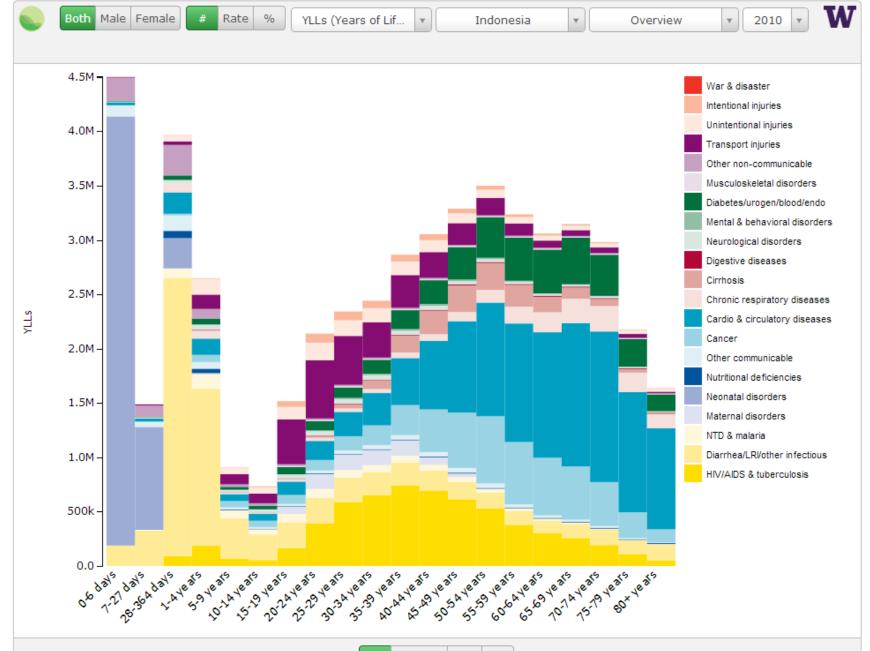






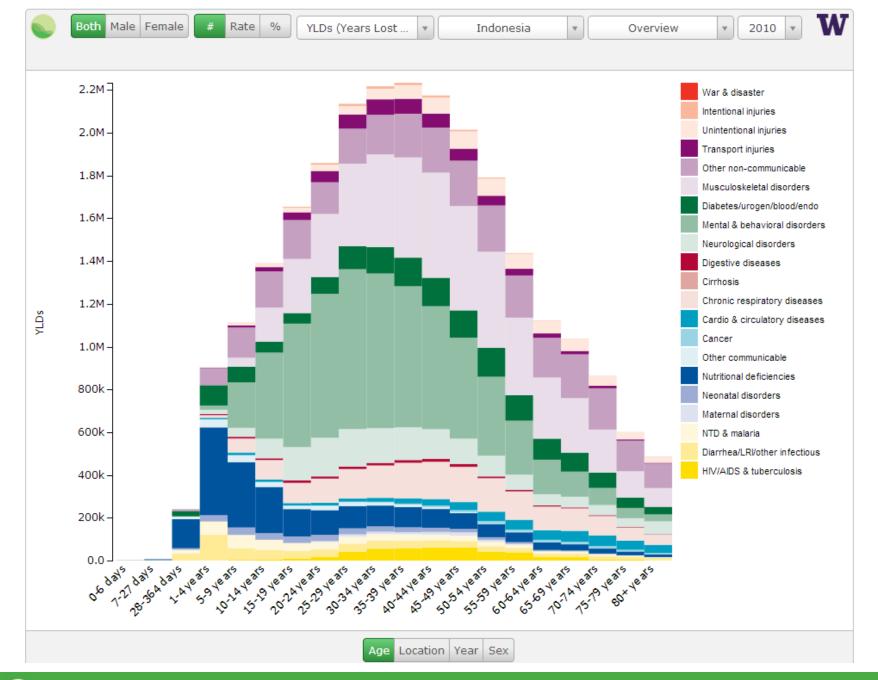


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Age Location Year Sex







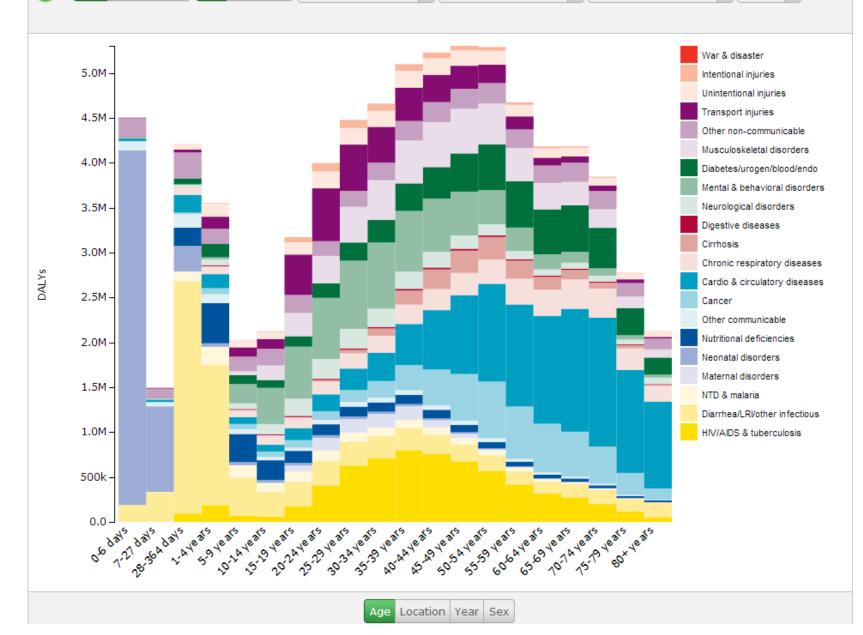


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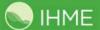
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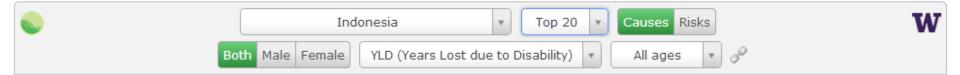


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•	Indonesia Both Male Female	Top 20     Causes     Risks       YLL (Years of Life Lost)     The cost     The cost     The cost	, w
	1990 Mean rank (95% UI)	2010 Mean rank (95% UI)	Median % change (95% UI)
1.1 (1-2)	1 Lower respiratory infections	1 Stroke 1.1 (1-2	2) 76% (49 to 101)

1.1 (1-2)	1 Lower respiratory infections	k	1 Stroke	1.1 (1-2)	76% (49 to 101)
2.3 (2-3)	2 Tuberculosis		2 Tuberculosis	1.9 (1-2)	-6% (-31 to 25)
2.7 (1-3)	3 Diarrheal diseases		3 Road injury	3.5 (3-5)	35% (3 to 77)
4.1 (4-5)	4 Stroke		4 Diarrheal diseases	4.3 (3-8)	-42% (-73 to -20)
6.5 (5-10)	5 Road injury		5 Ischemic heart disease	4.7 (3-6)	86% (59 to 112)
7.0 (5-11)	6 Preterm birth complications	h. 🔿	6 Lower respiratory infections	6.5 (4-9)	-81% (-85 to -63)
8.1 (5-13)	7 Malaria		7 Diabetes	7.3 (6-9)	86% (55 to 124)
9.0 (5-16)	8 Neonatal encephalopathy	<u>`````</u>	8 Neonatal encephalopathy	7.9 (5-11)	8% (-36 to 120)
11.3 (9-14)	9 Ischemic heart disease		9 Preterm birth complications	8.8 (6-11)	-15% (-41 to 26)
11.4 (5-20)	10 Meningitis		10 Cirrhosis	10.1 (9-11)	96% (59 to 142)
11.9 (6-18)	11 Protein-energy malnutrition	$\mathbb{N} \times \mathbb{Z}$	11 Chronic kidney disease	12.4 (11-15)	94% (52 to 142)
12.2 (4-25)	12 Measles	NN X - 7 17	12 Typhoid fevers	14.1 (6-45)	32% (6 to 66)
12.7 (5-25)	13 Neonatal sepsis		13 Neonatal sepsis	14.6 (9-22)	-16% (-78 to 55)
13.3 (8-19)	14 Congenital anomalies		14 Lung cancer	15.6 (12-22)	105% (68 to 149)
14.5 (11-18)	15 Diabetes	Y ~ X - //	15 Other cardio & circulatory	15.9 (13-20)	22% (-10 to 54)
15.2 (12-18)	16 Maternal disorders	ŀ/X <b>!</b> .∕/	16 Hypertensive heart disease	16.1 (12-20)	68% (38 to 100)
16.5 (8-26)	17 Tetanus	///////////////////////////////////////	17 COPD	16.4 (12-20)	40% (-1 to 65)
18.5 (16-21)	18 Cirrhosis		18 Congenital anomalies	17.8 (13-21)	-42% (-63 to 1)
18.5 (8-46)	19 Typhoid fevers		19 Maternal disorders	18.1 (13-22)	-34% (-51 to -12)
20.6 (17-25)	20 Other cardio & circulatory		20 Malaria	18.9 (12-29)	-66% (-86 to -30)
22.5 (19-26)	22 COPD		31 Meningitis	32.4 (25-38)	-81% (-90 to -45)
23.5 (20-28)	24 Chronic kidney disease		34 Measles	33.1 (17-53)	-79% (-87 to -65)
25.3 (21-29)	25 Hypertensive heart disease	Y/ N	40 Protein-energy malnutrition	41.9 (34-49)	-86% (-93 to -75)
27.7 (24-32)	28 Lung cancer	Y	57 Tetanus	56.0 (43-69)	-91% (-96 to -79)



	1990 Mean rank (95% UI)		2010 Mean rank (95% UI)	I	Median % change (95% UI)
1.5 (1-3)	1 Iron-deficiency anemia	ŀ	1 Low back pain	1.6 (1-3)	50% (19 to 87)
2.0 (1-4)	2 Major depressive disorder		2 Major depressive disorder	1.7 (1-4)	33% (-19 to 124)
2.5 (1-4)	3 Low back pain		3 Iron-deficiency anemia	3.0 (1-5)	-18% (-20 to -16)
5.5 (4-10)	4 COPD	}	4 COPD	5.1 (3-10)	55% (1 to 144)
5.8 (4-8)	5 Neck pain	}	5 Neck pain	5.7 (4-8)	51% (12 to 99)
6.5 (4-13)	6 Migraine	}	6 Migraine	6.6 (3-15)	46% (-41 to 258)
6.5 (3-14)	7 Anxiety disorders	····	7 Other musculoskeletal	7.4 (5-12)	63% (6 to 147)
8.1 (5-12)	8 Other musculoskeletal	}	8 Anxiety disorders	7.8 (3-18)	26% (-63 to 311)
10.3 (6-18)	9 Other hearing loss		9 Drug use disorders	11.1 (6-18)	53% (-4 to 145)
11.1 (6-19)	10 Drug use disorders		10 Falls	11.3 (8-16)	60% (33 to 96)
12.2 (8-17)	11 Falls	}	11 Other hearing loss	11.8 (6-19)	36% (13 to 61)
12.4 (8-18)	12 Road injury	}	12 Road injury	13.6 (9-18)	46% (16 to 84)
14.1 (8-24)	13 Bipolar disorder	}	13 Bipolar disorder	13.7 (7-21)	55% (16 to 102)
16.4 (9-27)	14 Dysthymia	k. /	14 Diabetes	14.3 (9-20)	83% (40 to 153)
16.4 (7-33)	15 Epilepsy	h	15 Osteoarthritis	14.8 (8-20)	84% (12 to 182)
17.4 (9-29)	16 Schizophrenia	$\rightarrow$	16 Schizophrenia	15.0 (8-22)	73% (16 to 153)
17.8 (12-26)	17 Diabetes	$r \sim r$	17 Dysthymia	16.3 (10-23)	49% (17 to 89)
18.2 (11-26)	18 Diarrheal diseases		18 Epilepsy	17.3 (8-29)	34% (-49 to 251)
18.4 (11-28)	19 Osteoarthritis		19 Tuberculosis	17.6 (12-24)	53% (39 to 69)
18.4 (12-28)	20 Tuberculosis		20 Periodontal disease	23.1 (11-40)	74% (40 to 117)
29.7 (12-53)	26 Periodontal disease		21 Diarrheal diseases	23.8 (19-30)	-2% (-19 to 16)





Both Male Female

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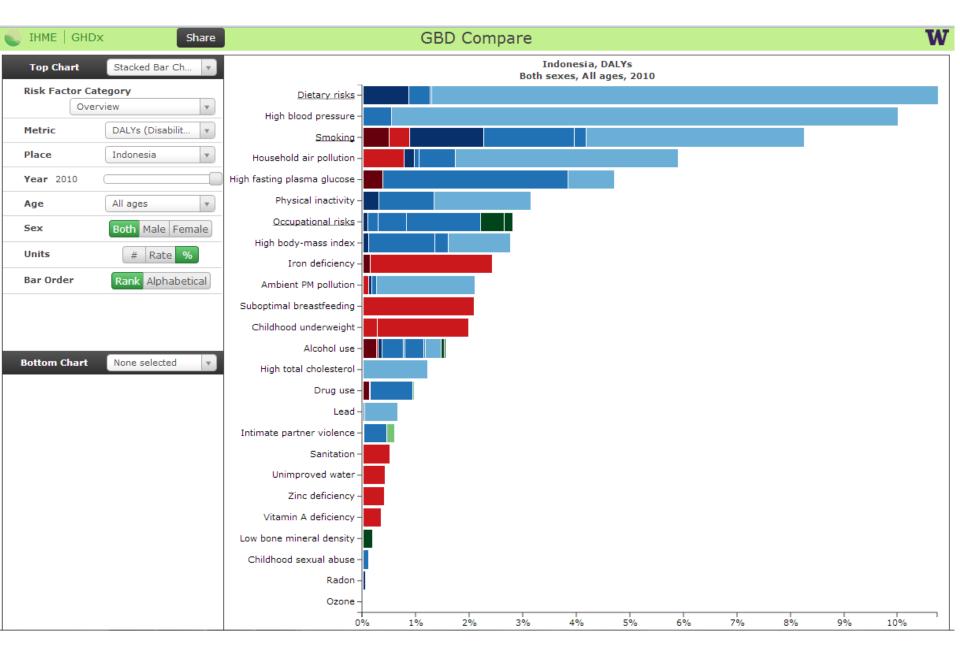
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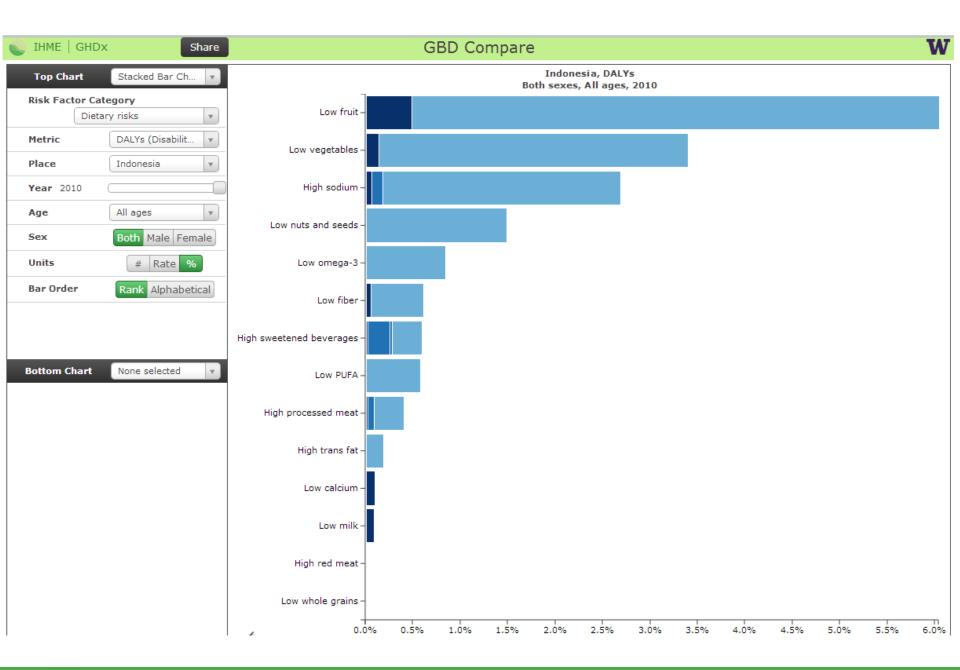
	1990 Mean rank (95% UI)		2010 Mean rank (95% UI)	P	ledian % change (95% UI)
1.1 (1-2)	1 Lower respiratory infections	k. –	1 Stroke	1.3 (1-2)	76% (50 to 101)
2.3 (2-3)	2 Tuberculosis	È.	2 Tuberculosis	1.7 (1-2)	-4% (-28 to 26)
2.7 (1-3)	3 Diarrheal diseases		- 3 Road injury	3.3 (3-5)	36% (7 to 72)
4.1 (4-5)	4 Stroke		4 Diarrheal diseases	4.8 (3-9)	-40% (-71 to -19)
6.1 (4-10)	5 Road injury		5 Ischemic heart disease	5.3 (4-7)	85% (59 to 111)
8.0 (5-14)	6 Preterm birth complications	$k \sim 1$	6 Diabetes	7.1 (5-10)	86% (57 to 118)
9.1 (5-16)	7 Iron-deficiency anemia	kin. X.L	7 Low back pain	8.1 (4-13)	50% (19 to 87)
9.6 (5-17)	8 Malaria	Min /	8 Major depressive disorder	8.2 (3-14)	33% (-19 to 124)
9.7 (5-18)	9 Neonatal encephalopathy	Fr	9 Lower respiratory infections	8.7 (5-12)	-81% (-85 to -63)
11.3 (5-20)	10 Major depressive disorder		10 Neonatal encephalopathy	9.6 (5-14)	7% (-34 to 104)
13.2 (7-20)	11 Low back pain	KY ANN	11 COPD	11.2 (6-15)	48% (9 to 97)
13.2 (5-24)	12 Meningitis		12 Preterm birth complications	11.4 (8-15)	-14% (-39 to 26)
13.5 (10-18)	13 Ischemic heart disease	K.X. Zi	13 Iron-deficiency anemia	12.8 (7-17)	-18% (-20 to -15)
14.0 (7-21)	14 Protein-energy malnutrition		14 Cirrhosis	13.8 (11-16)	95% (59 to 139)
15.9 (4-34)	15 Measles		15 Chronic kidney disease	16.8 (15-20)	90% (49 to 140)
16.1 (12-20)	16 Diabetes	$N \times X \times Z$	16 Neck pain	19.8 (15-30)	51% (12 to 99)
16.5 (5-33)	17 Neonatal sepsis		17 Typhoid fevers	20.2 (7-64)	32% (6 to 65)
16.6 (9-24)	18 Congenital anomalies		18 Neonatal sepsis	21.8 (12-35)	-16% (-78 to 55)
16.8 (10-22)	19 COPD		19 Other musculoskeletal	22.0 (16-30)	78% (19 to 161)
19.2 (16-22)	20 Maternal disorders	I. Mill	20 Migraine	22.1 (11-38)	46% (-41 to 258)
23.5 (20-28)	22 Cirrhosis		24 Congenital anomalies	23.8 (18-30)	-39% (-59 to 5)
24.4 (10-68)	23 Typhoid fevers		26 Maternal disorders	25.0 (17-32)	-31% (-50 to -6)
27.4 (21-36)	25 Neck pain		29 Malaria	26.8 (17-40)	-64% (-84 to -29)
28.6 (17-44)	29 Migraine		39 Meningitis	41.2 (34-49)	-77% (-86 to -43)
28.9 (24-35)	30 Chronic kidney disease	YZ N	50 Protein-energy malnutrition	50.8 (41-59)	-81% (-89 to -68)
33.2 (26-40)	33 Other musculoskeletal	Ý	51 Measles	51.1 (25-85)	-79% (-87 to -65)

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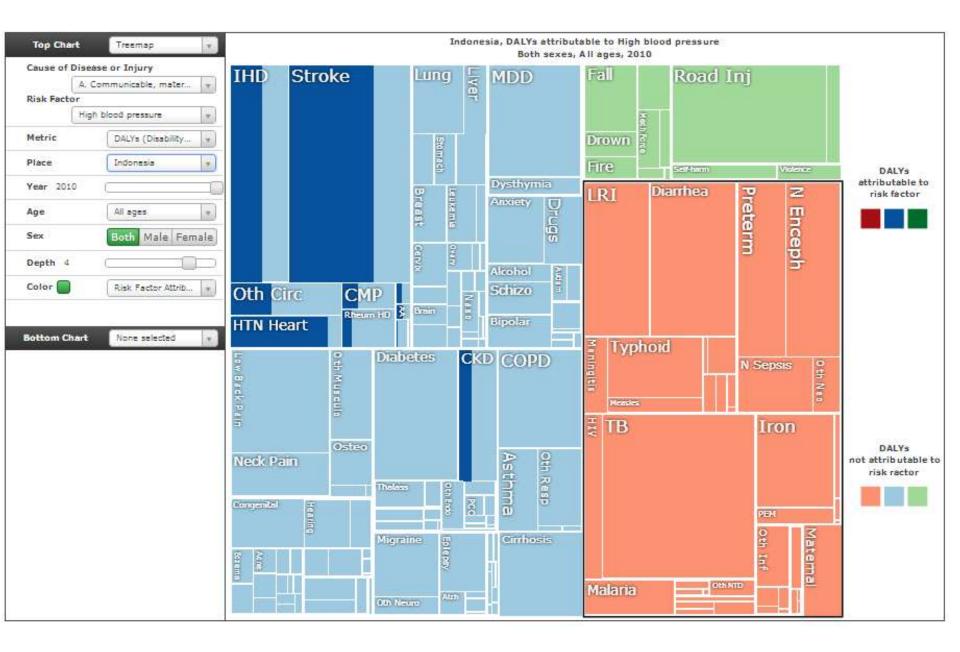
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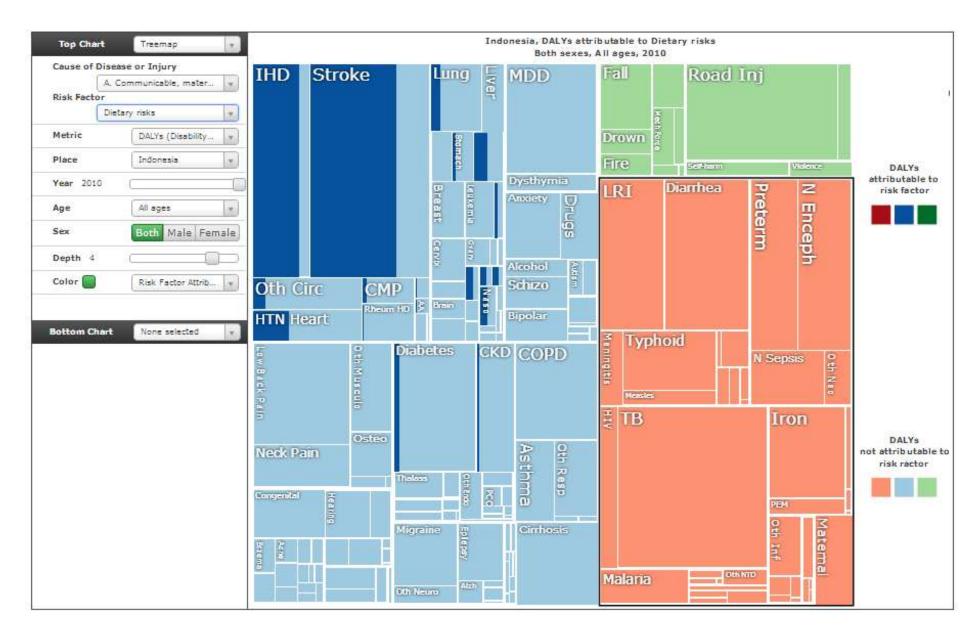




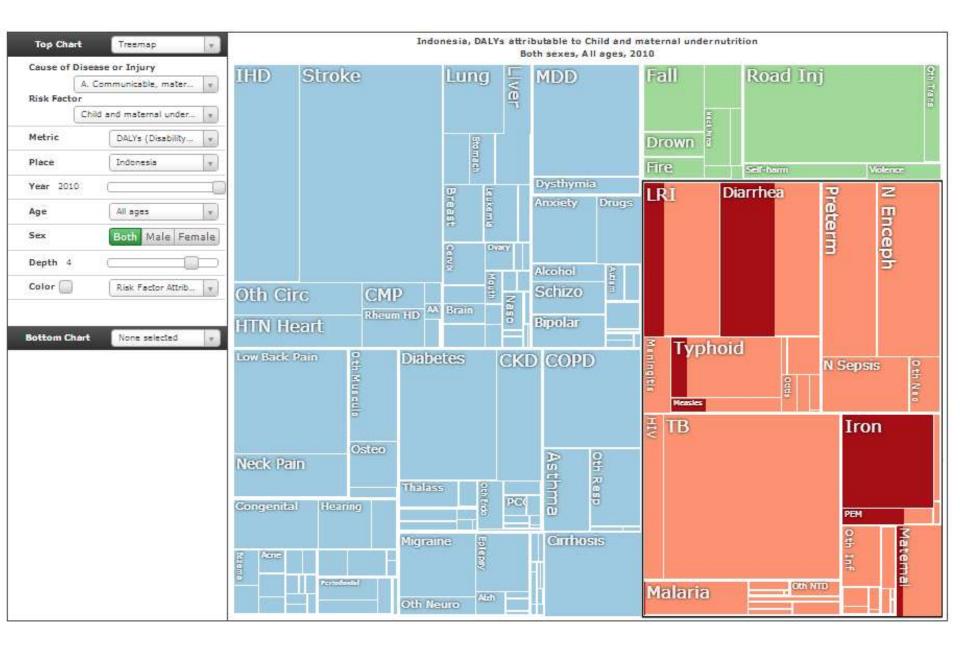














#### **Outline**

What is the GBD 2010? Some Key Global Results Indonesia Results Benchmarking Indonesia Continuous Updating



#### Indonesia Outcomes Compared to Other Countries of Interest

- South Korea
- Chile
- Vietnam
- Mexico
- China
- Turkey
- Thailand

- Brazil
- Malaysia
- Bangladesh
- Philippines
- Russia
- Cambodia
- Laos
- India

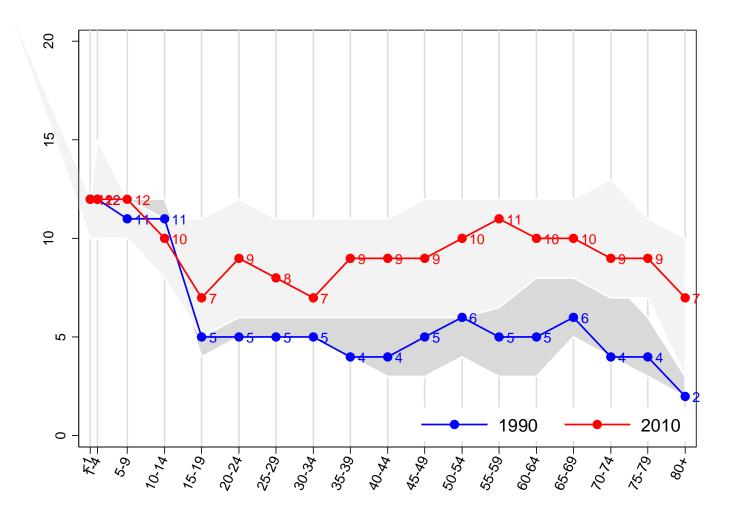


# Indonesia Outcomes Compared to Other Countries of Interest

	Age-st	andardiz (per 10	ed death i 0,000)	rate	Age-star	ndardize 100,0	ed YLL rate 000)	e (per	Age-star	e (per	Life	expecta	incy at t	oirth	Health-adjusted life expectancy at birth					
	199	0	201	0	199	0	201	0	199	1990		2010		90	2010		199	90	201	10
Country	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	LE	Rank	LE	Rank	HALE	Rank	HALE	Rank
Bangladesh	1,295	13	864	11	49,258	14	26,361	13	14,743	16	13,206	16	58.9	14	69.0	12	49.5	15	58.6	13
Brazil	854	6	670	8	26,370	9	17,580	9	12,016	8	11,637	10	69.1	7	74.1	7	59.6	8	64.0	9
Cambodia	1,355	14	957	14	47,844	13	28,770	14	14,501	15	12,603	15	59.2	13	67.5	14	50.0	13	58.0	14
Chile	760	3	490	2	18,210	1	11,136	2	11,185	5	10,407	5	72.9	1	78.5	2	63.4	2	68.6	2
China	896	8	607	5	24,989	6	14,024	3	9,639	1	8,782	1	69.3	6	75.7	3	61.7	6	67.8	3
India	1,447	15	1,097	16	50,084	15	33,366	15	13,727	14	12,494	14	58.3	15	65.2	16	49.8	14	56.2	16
Indonesia	1,033	12	867	10	34,584	12	24,178	11	12,101	9	11,107	7	65.0	12	69.7	11	56.2	12	60.9	10
Laos	1,532	16	1,094	15	56,031	16	34,746	16	13,297	12	12,323	12	56.4	16	64.8	15	48.4	16	56.0	15
Malaysia	825	5	726	9	19,850	3	16,000	6	11,926	7	11,186	8	71.6	4	73.7	9	62.0	5	64.4	7
Mexico	740	2	604	4	22,775	5	15,658	5	10,092	3	9,364	2	71.5	5	75.5	5	62.9	4	66.9	4
Philippines	909	9	868	12	28,515	10	23,262	10	13,334	13	12,483	13	67.8	10	70.1	10	57.7	11	60.2	11
Russia	953	11	952	13	25,715	7	25,387	12	11,536	6	11,444	9	68.7	9	68.9	13	59.8	7	60.0	12
South Korea	813	4	447	1	18,830	2	8,941	1	10,074	2	9,575	3	72.1	3	79.7	1	63.8	1	70.3	1
Thailand	712	1	663	7	20,676	4	17,227	8	11,069	4	10,369	4	72.4	2	74.1	8	63.1	3	65.2	6
Turkey	942	10	628	6	30,025	11	16,760	7	12,442	11	11,885	11	67.1	11	74.4	6	57.7	10	64.0	8
Vietnam	876	7	595	3	26,230	8	15,123	4	12,188	10	10,909	6	68.9	8	75.6	4	59.4	9	65.8	5

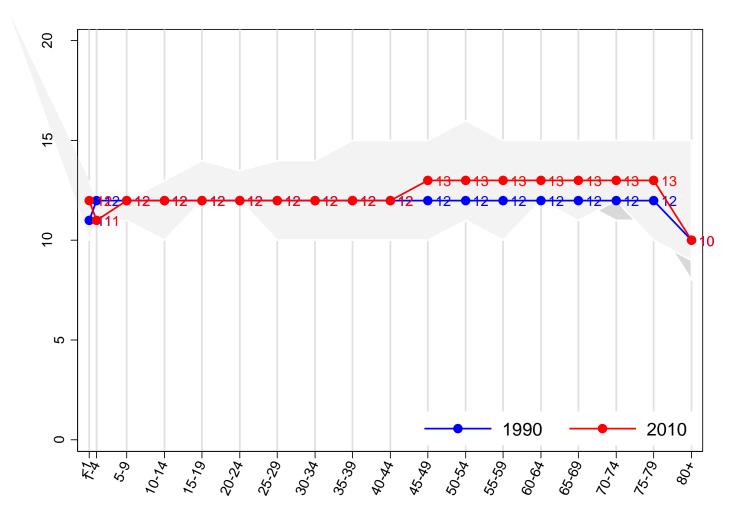


# Indonesia rank in male age-specific mortality when compared with 15 countries





# Indonesia rank in female age-specific mortality when compared with 15 countries





#### **Benchmarking Age-Standardized YLLs 2010**

					e <sup>en</sup>				tions						6				,	ets					
AllCall	e Groke	e ruber	culosis Diarrh	Road diser	injun Diabe	tscheat theat	No Lower	Neone	tallopa tallopa tallopa tallopa tallopa	hy the high	sis Typh	oid fever Chroni Kidn	ic diseas Neoni	e sepsi	cardion culatory reulatory heat	censivese disease	Malar	a Mater	nal disori	R Lung	HTN A	PS Rheat	aticeas diseas c congra	ental malies Breast	Leuken
South Korea 🗴	5	5	1	4	6	1	1	1	1	4	2	2	2	1	1	1	3	1	5	11	4	1	1	2	3
Chile 🗴	2	2	2	5	3	3	2	2	4	10	6	5	3	3	2	2		2	1	3	6	3	8	8	6
China 🗴	11	3	3	10	2	5	3	8	3	3	5	4	1	6	8	14	6	3	2	15	5	7	6	3	14
Vietnam 🛛	9	9	8	7	5	2	6	6	8	8	8	6	5	7	3	4	11	5	7	13	12	6	4	1	2
Mexico 🗴	1	6	9	8	16	7	5	7	7	16	3	16	10	5	7	3	5	10	4	1	8	2	12	7	11
Malaysia 🗴	8	7	4	6	7	10	11	3	2	2	10	8	4	12	6	10	8	8	9	8	14	4	2	10	5
Turkey 🛛	10	1	5	2	4	13	4	4	9	1	7	1	8	11	10	11	4	7	10	16	2	15	14	13	15
Thailand 🛛	4	8	7	15	8	6	10	5	6	5	13	10	7	9	5	5	10	4	8	12	15	12	5	4	7
Brazil 🗴	6	4	10	13	9	9	8	11	11	7	4	9	13	10	11	8	7	9	3	4	10	5	9	12	4
Philippines 🛛	12	13	11	3	14	12	14	10	12	6	14	14	9	8	16	7	9	11	14	10	3	10	13	15	13
Indonesia 🛛	16	16	14	16	15	8	9	15	10	15	16	13	14	14	13	9	14	14	12	9	9	11	3	14	12
Russia 🛛	15	10	6	12	1	16	7	9	5	13	1	3	6	2	4	6		6	6	14	16	8	11	16	8
Bangladesh 🗴	3	11	13	1	12	4	12	16	15	14	15	15	15	13	12	15	12	13	11	5	1	9	7	5	16
Cambodia 🗴	13	12	12	9	11	15	15	13	14	9	12	11	12	16	15	12	16	12	15	7	11	14	15	11	10
India 🗴	7	14	16	14	10	11	13	14	16	11	11	7	16	4	9	16	13	15	13	2	13	13	10	6	1
Laos 🗴	14	15	15	11	13	14	16	12	13	12	9	12	11	15	14	13	15	16	16	6	7	16	16	9	9

Columns ordered by largest difference between Indonesia and best country for each disease



## **Benchmarking Age-Standardized DALYs 2010**

					, e <sup>s</sup>				tions					anent	¢.	der							B		
AllCalls	se stroke	e Tuber	Diarth	Road i	injun entreat	hidisease Diabet	LOW PST	Metory In	atalopations ephalopations	Preter	ern birth Relications	sis tron	rdeficience Typho	Najor Najor	ress <sup>We</sup> onic	C diseas	atal sepsit	t pain her	Cardion Inculatory	ine Lung	Antiet	ev disordi	enital males falls	Other mus	Culoskeletal
South Korea 🛛	5	6	1	3	1	8	1	1	1	1	4	1	2	1	2	2	10	1	15	11	13	1	9	16	15
Chile 🛛	2	1	3	5	3	1	2	2	2	4	10	2	6	6	6	3	8	5	2	3	15	8	5	15	16
China 🛛	11	2	2	9	5	4	3	9	13	3	3	4	5	3	4	1	7	7	1	15	2	6	12	5	11
Mexico 🛛	1	3	9	7	7	16	5	7	3	7	16	3	3	2	16	10	1	3	3	1	3	13	1	14	12
Vietnam 🛛	9	10	8	8	2	3	6	6	8	8	9	6	8	5	7	5	6	4	13	13	1	3	10	8	10
Malaysia 🛛	8	7	4	6	10	7	11	3	10	2	2	5	10	13	9	4	2	11	5	8	11	2	11	11	6
Thailand 🛛	4	8	6	15	6	9	10	5	6	6	5	7	13	11	10	7	3	9	12	12	9	5	2	10	7
Turkey 🛛	10	4	7	2	13	5	4	4	7	9	1	11	7	16	1	8	14	12	4	16	16	14	4	7	2
Brazil 🛛	6	5	10	12	9	11	8	11	5	11	7	9	4	12	8	13	12	10	9	4	12	9	3	12	13
Indonesia 🛪	16	16	14	16	8	15	9	15	9	10	15	12	16	9	13	14	9	13	11	9	8	4	6	6	9
Philippines 🛛	12	14	11	4	12	14	14	10	12	12	6	10	14	10	14	9	13	6	7	10	10	12	7	3	4
Russia 🛛	15	9	5	13	16	2	7	8	4	5	13	8	1	15	3	6	15	2	6	14	4	10	14	13	14
Bangladesh 🛛	3	11	13	1	4	10	12	16	15	15	14	14	15	4	15	15	16	14	16	5	14	7	15	9	3
Cambodia 🛛 🛛	13	13	12	10	15	6	15	13	11	14	8	15	12	8	11	12	4	16	8	7	6	15	8	4	8
India 🗴	7	12	16	14	11	12	13	14	16	16	11	16	11	7	5	16	11	8	14	2	7	11	16	1	1
Laos 🛛	14	15	15	11	14	13	16	12	14	13	12	13	9	14	12	11	5	15	10	6	5	16	13	2	5

Columns ordered by largest difference between Indonesia and best country for each disease



### **Benchmarking Age-Standardized DALYs** Attributable to Risk Factors

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115	,e	. <sup>00</sup> 2 Y	isk's	hold to.	,05 F	astinuc	alisical	255	Mate	Linedin	ficiel	odight	tiona	, 5° ,	ot a rol	+1905	NOVOT A	orovource	ficier	Ko no	e à	re viole	onder	oo duse	tialre	don int pollution
All-Caus	"an"	blood pres	4011	JEIO' bac	nsolid fuel high shake	(Pohys!	Physical 2 Physical 2 by High A	Netwity activity Antherio	CUL UDO	strond	9 childhe	end (	upational Alcol	nol use t	lesterol Lead	exposure Unimp Sant	proved proved Uninte	erinc	deficiency Vitani	ciency Drug	use Intine	ne ovine	era childh	Jal si	e antiel entient	28
	Aug.	Q/-	_`\$°`	~~	, b <sub>la</sub>	1010	\v0 <sup>-</sup>	\$ <sup>2</sup>	PL-	150	Jn	00		. %.	V <sup>67</sup>	62	NNS.	び	_9e.						· 22	
South Korea 🗴	1	2		3	3	4	5	5			1	2	10	3	3	7		3	3	11	3	8	12	13	3	
Chile 🗴	2	1	3	2	1	3	11	2	3	2	2	5	7	4	1	2	3	1	2	14	2	5	13	2	1	
China 🗴	7	8	10	5	6	6	6	14	5	4	5	9	5	5	6	8	7	4	4	1	5	12	8	16	14	
Mexico 🗴	4	5	7	1	16	8	14	4	10	3	7	1	13	9	9	4	6	8	6	9	1	1	4	6	12	
Vietnam 🛛	6	6	9	8	2	1	1	9	7	6	10	7	6	1	7	11	9	9	10	10	4	13	3	11	7	
Malaysia 🛛	10	9	2	7	10	13	12	7	4	5	8	3	4	15	5	3	8	5	7	8	6	14	5	1	11	
Thailand 🗙	3	3	8	6	5	5	7	6	8	7	9	6	11	7	2	1	10	10	9	7	11	4	7	4	6	
Turkey 🛛	11	10	5	13	8	15	15	12	6	10	4	8	3	13	8	6	4	7	5	12	12	3	11	15	13	
Brazil 🛛	9	7	6	4	9	9	13	1	9	9	6	10	14	10	11	9	5	6	8	15	9	6	10	12	4	
Indonesia 🛪	15	12	11	11	13	11	9	8	13	12	12	12	2	6	12	13	14	11	14	5	8	10	2	7	8	
Philippines 🛛	13	14	13	14	12	14	10	3	12	11	11	11	12	14	13	10	12	15	11	2	7	9	1	3	5	
Russia 🛛	16	16	4	16	15	16	16	10		8	3	4	16	16	4	5	2	2	1	16	15	2	15	14	9	
Bangladesh 🛛	5	4	12	9	7	2	2	11	11	14	13	16	1	2	10	12	11	12	12	3	13	16	14	10	15	
Cambodia 🛛	12	15	15	12	4	7	4	13	15	15	14	13	9	11	16	14	15	14	13	4	10	7	6	9	2	
India 🛛	8	11	14	10	14	10	3	16	14	16	15	15	8	8	15	16	13	13	15	6	16	15	16	5	16	
Laos 🛛	14	13	16	15	11	12	8	15	16	13	16	14	15	12	14	15	16	16	16	13	14	11	9	8	10	

Columns ordered by largest difference between Indonesia and best country for each risk factor



#### **Outline**

What is the GBD 2010? Some Key Global Results Indonesia Results Benchmarking Indonesia Understanding Local Health Risks Continuous Updating



#### **GBD 2.0: a Global Public Good**

- Vision: provide the world access to continuously updated country level assessments of the burden of disease over time for all major diseases, injuries and risk factors using the latest available evidence.
- As new evidence on descriptive epidemiology is published, collected through surveillance systems or released in reports, this evidence will be rapidly incorporated in the GBD country, regional and global estimates and made widely available.
- Methodological innovations or studies that provide new insights into etiology or causation should also be adopted when the evidence is compelling.



#### **Building the Network of Collaborators**

- GBD 2010 collaboration organized around diseases, injuries and risk factors. GBD 2.0 will expand this collaboration.
- 2) GBD 2.0 will add collaborators organized by country whose role will be:
  - a. Assess the face validity of country results
  - b. Identify missing datasets or inadequate or incorrect interpretation of available data.
  - c. Interpret findings and facilitate country policy translation
  - d. Where feasible, undertake sub-national assessments



## **Expanding the Scope of the GBD**

- Forecasts for disease burden (mortality, causes of death, prevalence, YLDs, YLLs, DALYs) by country for the next 15-25 years.
- 2) Track health expenditure at the national level by disease and injury categories.
- Eventually link size of problem to what can be addressed through affordable and effective policies. Bringing cost-effectiveness evidence and descriptive epidemiology together in a coherent framework.



# **POLICY IMPLICATIONS**

- Indonesia needs to improve the efforts to improve the population health status.
- Since there are big variation among regions and provinces/districts/cities, we need to apply similar GBD Approach to region and provinces/districts/cities
- To accelerate reduction of the Burden of Disease and Injuries, special efforts should be prioritized, planned and implemented; among others:
  - Control of major risk factors of Non-Communicable Diseases: unhealthy diet including reduction of salt consumption and avoiding high total cholesterol food, controlling high blood pressure and smoking behavior
  - Special preventive effort by the health sector and other related sectors should be carried out for reducing road traffic injuries



# **POLICY IMPLICATIONS**

- Beside controlling major risk factors for Non-Communicable Diseases, controlling Communicable Diseases with big "burden" also need to be prioritized; this include among others: Tuberculosis, Diarrheal Diseases, Pneumonia, Typhoid Fever, Malaria and HIV/AIDS
- Further research should be conducted to investigate etiologies and determinants of high incidence of blood hypertension, Cerebrovascular Disease/Stroke, Ischaemic Heart Disease, Diabetes Mellitus, Liver Cirrhosis, Chronic Kidney Disease and Road Injury



#### Unfinished Agenda for Child and Maternal Mortality

- Despite sustained and rapid reductions in child mortality, a substantial fraction of the burden of disease is due to premature mortality in children. Neonatal causes, diarrhea and pneumonia are the major causes. Progress on diarrhea has been notably less than pneumonia since 1990.
- 2. Progress on maternal mortality has occurred but levels are high compared to other countries at a similar level of development.
- 3. In a decentralized system, improving the quality of maternity care will require concerted action.



# **Tackling Stroke**

- 1. Stroke is not only the #1 cause of burden, it is also the disease with the biggest gap between Indonesia and comparator countries.
- 2. Key factors include high levels of hypertension, tobacco consumption, and diet especially high sodium consumption and low fruit consumption.
- Two key strategies to tackle high stroke rates.
   First, risk factor reduction through public health campaigns, taxation and legislation.
   Second, blood pressure management through effective diagnosis, treatment and follow up in primary care.



# **Accelerating Progress on Tuberculosis**

- 1. Despite 37% reduction in age-standardized tuberculosis death rates 1990 to 2010, TB is the #2 cause of burden.
- 2. Case detection rates need to be increased through better diagnostic capabilities in the peripheral health system facilities.
- 3. Given the unusually high burden of tuberculosis in Indonesia present for decades, other strategies such as mass preventive therapy should be considered to accelerate progress.



# **Road Injuries**

- 1. Road injuries are the #3 cause of burden and increasing steadily. It is also has the fourth highest potential for burden reduction.
- 2. Indonesia has the highest rates among the comparator nations.
- 3. Successful multi-sectoral approaches to reducing road traffic injuries are needed including road engineering, traffic calming, separation of pedestrians from traffic, helmet law enforcement, and vehicle safety standards.



#### Massive Rise of Diabetes and Chronic Kidney Diseases

- 1. Diabetes and Chronic Kidney Diseases have risen by 86% and 90% respectively since 1990.
- Disease burden and cost on these conditions will steadily grow. In most countries, cost per case is very high
- 3. Prevention strategies such as encouraging physical activity and weight reduction are important but given experience in other countries, Indonesia needs to aggressively manage complications such as retinopathy, nephropathy, neuropathy and cardiovascular complications through improved primary care.



## **Tobacco Control**

- 1. Tobacco consumption is still high in Indonesia (67.4 % among males). Rising burden in men means that tobacco's toll in Indonesia is nearly equal to the United States in 1990.
- 2. Burden will continue to rise for decades on current patterns of consumption.
- 3. Future cost in terms of cardiovascular diseases, cancers and other outcomes will be very large.
- Aggressive tobacco control efforts following the MPOWER WHO Policy package and FCTC are urgently needed.



## **Household Air Pollution**

- 1. Declining since 1990 but still fourth leading risk factor and third leading contributor to potential burden reduction.
- 2. Poverty related agenda as burden is concentrated in poor households using solid fuels for cooking.
- 3. Important contributor to child and adult female mortality, because of increased exposure in both groups.
- 4. Changes in cooking technology or shifts to clean fuels can accelerate reduction in this risk factor.



# **Transforming the Health Sector**

- 1. Pace of epidemiological change is very rapid. The rise of non-communicable diseases and behavioural risks requires a different type of health personnel training and skill set than tackling communicable diseases.
- 2. Often difficult for the health sector to transform their staff and structure to cope with the new challenges.
- This transformation will continue and likely accelerate with continued development in Indonesia. The Ministry of Health should consider ways to ensure it has sufficient work force it needs to tackle these problems.



# Implications for National Health Insurance (JAMKESNAS)

- 1. Results of the burden of disease in terms of incidence and prevalence of diseases along with information on likely costs per case treated, should be used to forecast the financial burdens that should be expected due to the epidemiological transition.
- 2. Instituting disease expenditure tracking and linkage to ongoing updates of the burden of disease should be undertaken to aid in anticipating high cost areas of health care delivery.



#### Undertake Subnational Burden of Disease Tracking

- 1. Epidemiological patterns in Indonesia are highly heterogeneous as a function of income and socioeconomic status.
- 2. National results are useful but effective planning will require subnational assessments.
- 3. Many Indonesian data sources provide sufficient information to undertake a subnational assessment.
- 4. The capacity for an ongoing subnational assessment should be built and linked to the ongoing global tracking of the burden of disease.



### **Visualizations**

- 1. Search GBD Compare
- 2. http://www.healthmetricsandevaluation.org/gbd/visualiz ations/country



# **GBD Technical Training Workshop**

When: May 7-17, 2013

Where: Greece

#### Learn more about:

- $_{\odot}$  Data, methods and key findings from the GBD
- Metric calculations: YLLs, YLDs, DALYs, HALE, disability weights
- Data visualization tools and how to use them to communicate key findings to policy makers
- Using GBD as a performance benchmarking tool
- Email <a href="mailto:training@healthmetricsandevaluation.org">to express interest in attending</a>
- Find out more <u>www.healthmetricsandevaluation.org/gbd/training</u>

