



## Part 3

# Disease incidence, prevalence and disability

9. How many people become sick each year?	28
10. Cancer incidence by site and region	29
11. How many people are sick at any given time?	31
12. Prevalence of moderate and severe disability	31
13. Leading causes of years lost due to disability in 2004	36

## 9. How many people become sick each year?

The “incidence” of a condition is the number of new cases in a period of time – usually one year (Table 5). For most conditions in this table, the figure given is the number of individuals who developed the illness or problem in 2004. However, for some conditions,

such as diarrhoeal disease or malaria, it is common for individuals to be infected repeatedly and have several episodes. For such conditions, the number given in the table is the number of disease episodes, rather than the number of individuals affected.

It is important to remember that the incidence of a disease or condition measures how many people are affected by it for the first time over a period of

Table 5: Incidence (millions) of selected conditions by WHO region, 2004

	World	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Tuberculosis <sup>a</sup>	7.8	1.4	0.4	0.6	0.6	2.8	2.1
HIV infection <sup>a</sup>	2.8	1.9	0.2	0.1	0.2	0.2	0.1
Diarrhoeal disease <sup>b</sup>	4 620.4	912.9	543.1	424.9	207.1	1 276.5	1 255.9
Pertussis <sup>b</sup>	18.4	5.2	1.2	1.6	0.7	7.5	2.1
Measles <sup>a</sup>	27.1	5.3	0.0 <sup>e</sup>	1.0	0.2	17.4	3.3
Tetanus <sup>a</sup>	0.3	0.1	0.0	0.1	0.0	0.1	0.0
Meningitis <sup>b</sup>	0.7	0.3	0.1	0.1	0.0	0.2	0.1
Malaria <sup>b</sup>	241.3	203.9	2.9	8.6	0.0	23.3	2.7
Dengue <sup>b</sup>	9.0	0.1	1.4	0.5	0.0	4.6	2.3
Lower respiratory infections <sup>b</sup>	429.2	131.3	45.4	52.7	19.0	134.6	46.2
Complications of pregnancy:							
– maternal haemorrhage	12.0	3.0	1.2	1.6	0.7	4.0	1.4
– maternal sepsis	5.2	1.2	0.6	0.7	0.3	1.7	0.6
– hypertensive disorders	8.4	2.1	0.8	1.2	0.5	2.8	1.1
– obstructed labour	4.0	1.1	0.1	0.5	0.0	1.9	0.4
– unsafe abortion	20.4	4.8	4.0	2.9	0.5	7.4	0.8
Malignant neoplasms – all sites	11.4	0.7	2.3	0.5	3.1	1.7	3.2
Congestive heart failure <sup>c</sup>	5.7	0.5	0.8	0.4	1.3	1.4	1.3
Stroke, first-ever	9.0	0.7	0.9	0.4	2.0	1.8	3.3
Injuries <sup>d</sup> due to:							
– road traffic accidents	24.3	4.7	2.2	2.8	1.8	8.6	4.1
– falls	37.3	2.8	3.3	3.6	5.3	14.4	8.0
– fires	10.9	1.7	0.3	1.5	0.8	5.9	0.7
– violence	17.2	4.5	5.9	2.0	1.6	2.2	1.0

<sup>a</sup> New cases.

<sup>b</sup> Episodes of illness.

<sup>c</sup> Incidence of congestive heart failure due to rheumatic heart disease, hypertensive heart disease, ischaemic heart disease or inflammatory heart diseases.

<sup>d</sup> Incidence of injuries severe enough to require medical attention.

<sup>e</sup> An entry of 0.0 in the table refers to an incidence of less than 0.05 million (less than 50 000).

time (mostly one year). Incidence does not measure how many people have a disease at any given moment (this is “prevalence”) or how badly their lives are affected. A health problem or disease can have a relatively low incidence but cause death or disability, and will therefore result in a high burden of disease or many life years lost. Conversely, some common illnesses may cause a much smaller burden of disease or fewer life years lost. Data on the contribution of various conditions and diseases to the burden of disease in a community are given in later sections.

### Diarrhoeal disease is the most common cause of illness

Of the diseases listed in [Table 5](#), diarrhoeal disease affects far more individuals than any other illness, even in regions that include high-income countries. Pneumonia and other lower respiratory tract infections are the second most common cause of illness globally, and in all regions except Africa. Other common illnesses – such as upper respiratory tract infections (including the common cold) and allergic rhinitis (hay fever) – have not been included in [Table 5](#).

## 10. Cancer incidence by site and region

### 11.4 million people were diagnosed with cancer in 2004

More cancers occur in high-income countries than in low- and middle-income countries. Cervix cancer is the only type of cancer more common in the African and South-East Asia regions than in high-income countries. In part, this is due to the age of the populations in different regions, because most cancers affect older adults; also, some cancers, such as prostate cancer, are much more common in older men than in younger men. Another factor contributing to the distribution of a type of cancer is the number of people exposed to causes, such as cigarette smoking in the case of lung cancer, and hepatitis B virus in the case of liver cancer. Globally, lung cancer is the most common cancer ([Table 6](#)), followed

by breast cancer, then colon and rectum cancer, and stomach cancer. Lung cancer is also the leading cancer in the Western Pacific Region, but is less common than colon and rectum cancers or breast cancers in most other regions. Cervix cancer is the cancer with the highest incidence in the African and South-East Asia regions, even though it occurs only in women.

Variations across regions in the risk of cancer are best shown using age-standardized incidence rates that apply the estimated age- and sex-specific incidence rates for cancers in each region to the WHO World Standard Population (22). This estimates how many cases of cancer would occur in that population if it experienced the cancer incidence rates of a given region ([Figure 18](#)).

1

2

3

4

Annex A

Annex B

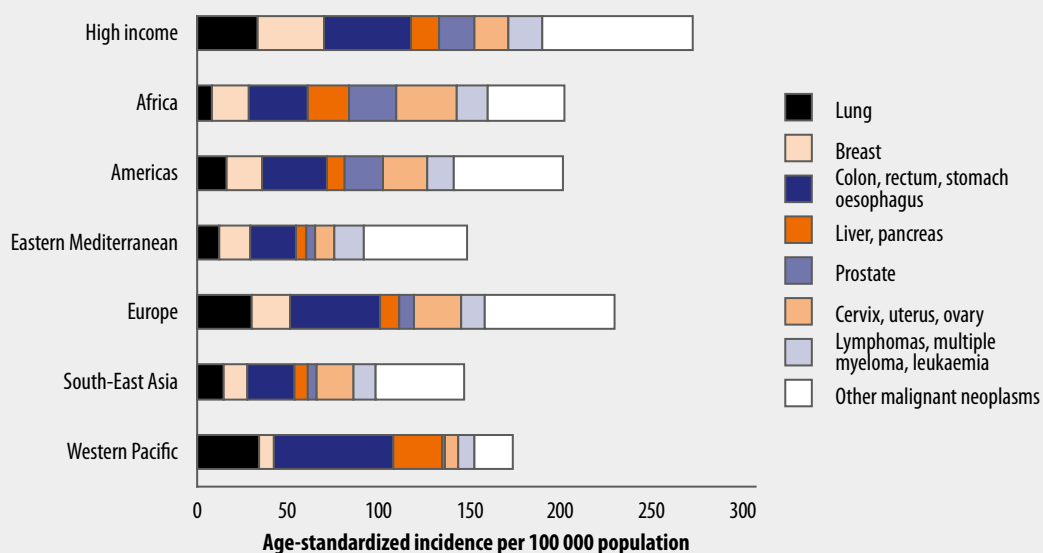
Annex C

References

Table 6 : Cancer incidence (thousands) by site, by WHO region, 2004

	World	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Lung cancer	1 448	27	264	34	401	164	558
Stomach cancer	933	38	89	25	182	78	521
Colon and rectum cancers	1 080	32	217	23	409	106	293
Liver cancer	632	65	38	13	67	64	386
Cervix cancer	489	95	95	15	81	180	73
Breast cancer	1 100	72	310	54	326	154	184
Prostate cancer	605	77	236	13	180	45	54
Lymphomas and multiple myeloma	479	56	102	39	113	91	79
Leukaemia	375	20	68	28	86	72	101
Other cancers	5 187	234	874	226	1 214	773	919
All sites (excluding non-melanoma skin cancer)	11 474	716	2 294	470	3 058	1 726	3 166

Figure 18: Age-standardized incidence rates for cancers by WHO region, 2004



## 11. How many people are sick at any given time?

The prevalence of an illness or condition is the number of individuals who have the condition at any moment. In some cases, such as epilepsy or migraine, individuals will not have symptoms most of the time, but still have the condition. The effects of the illness and the loss of health will vary from one individual to another. The result may be serious impairments and disability affecting a person's ability to work or take part in family and community activities, or only mild impairments or disability. Prevalence data therefore do not capture the burden of disease experienced by individuals in terms of lost health.

### Anaemia, hearing loss and migraine are the three most prevalent conditions

The conditions that affect the largest number of individuals at any given moment are not dramatic, and are thus easily overlooked and underestimated (Table 7). Worldwide, at any given moment, more individuals have iron-deficiency anaemia than any other health problem. Even in high-income countries, iron deficiency anaemia is common. Other very common conditions, with varying levels of severity, include asthma, arthritis, vision and hearing problems, migraine, major depressive episodes and intestinal worms.

## 12. Prevalence of moderate and severe disability

The previous sections presented estimates of numbers of new and current cases for various diseases and injuries. A disease or injury may have multiple disabling effects of various levels of severity, and cause varying degrees of health problems. The GBD links average loss of health to disease and injury causes through the disability weights (see Box 1, page 3). The term *disability* has a number of different meanings and, in particular, is not seen by some

as a synonym or proxy for “loss of health”. However, the GBD uses the term *disability* to refer to *loss of health*, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility, cognition, hearing and vision.

The original GBD study established severity weights for approximately 500 disabling sequelae of diseases and injury, in a formal study involving health workers from all regions of the world. These weights were then grouped into seven classes, where class I has a weight between 0 and 0.02, and class VII a weight between 0.7 and 1 (Table 8). Participants in the study estimated distributions across the seven classes for each sequela. Distributions across disability classes were estimated separately for treated and untreated cases where relevant; distributions could also vary by age group and sex.

These distributions were applied to prevalence estimates from the GBD 2004 study to estimate the prevalence of disability by severity class in 2004. Results are presented here for the prevalence of:

- “severe” disability, defined as severity classes VI and VII (the equivalent of having blindness, Down syndrome, quadriplegia, severe depression or active psychosis) – see Table 8;
- “moderate and severe” disability, defined as severity classes III and greater (the equivalent of having angina, arthritis, low vision or alcohol dependence).

Prevalence estimates were restricted to sequelae lasting, on average, six months or more.

The GBD prevalence estimates cannot be added easily, because they were calculated without regard for multiple pathologies or comorbidities; thus, a given individual would be counted more than once if they had more than one diagnosis. Overall disability prevalence estimates presented here were adjusted for comorbidity using a method that takes account of the increased probability of having certain pairs of conditions (23). Limited self-reported data were available on comorbidity levels in populations, so the adjusted disability prevalences presented here have quite high levels of uncertainty.

1

2

3

4

Annex A

Annex B

Annex C

References

Table 7: Prevalence (millions) of selected conditions by WHO region, 2004

	World	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Tuberculosis	13.9	3.0	0.5	1.1	0.6	5.0	3.8
HIV infection	31.4	21.7	2.8	0.5	2.0	3.3	1.0
Intestinal nematodes							
– high intensity infection	150.9	57.6	5.8	8.5	0.0	37.7	41.1
Protein-energy malnutrition:							
– wasting (ages 0-4)	56.2	13.7	1.4	6.5	0.9	27.0	6.7
– stunting (ages 0-4)	182.7	51.9	9.5	18.6	4.0	76.5	22.0
Iron-deficiency anaemia	1159.3	193.8	66.4	88.5	77.7	462.4	269.0
Diabetes mellitus	220.5	9.7	46.4	17.9	45.4	44.7	56.0
Unipolar depressive disorders	151.2	13.4	22.7	12.4	22.2	40.9	39.3
Bipolar affective disorder	29.5	2.7	4.1	2.1	4.4	7.2	8.9
Schizophrenia	26.3	2.1	3.9	1.9	4.4	6.2	7.9
Epilepsy	40.0	7.7	8.6	2.8	4.1	9.8	7.0
Alcohol use disorders	125.0	3.8	24.2	1.1	26.9	21.5	47.3
Alzheimer and other dementias	24.2	0.6	5.0	0.6	7.6	2.8	7.4
Parkinson disease	5.2	0.2	1.2	0.2	2.0	0.7	1.0
Migraine <sup>a</sup>	324.1	12.6	59.7	16.2	77.3	70.3	87.5
Low vision <sup>b</sup>	272.4	22.2	26.6	18.7	27.9	82.3	94.3
Blindness <sup>c</sup>	42.7	7.6	2.9	4.1	2.3	15.7	10.1
Hearing loss:							
– moderate or greater <sup>d</sup>	275.7	37.6	31.0	19.5	44.5	89.8	52.9
– mild <sup>e</sup>	360.8	18.6	45.7	25.2	75.8	88.5	106.3
Angina pectoris	54.0	2.0	6.3	4.1	17.2	16.0	8.2
Stroke survivors	30.7	1.6	4.8	1.1	9.6	4.5	9.1
COPD, symptomatic cases	63.6	1.5	13.2	3.3	11.3	13.9	20.2
Asthma	234.9	30.0	53.3	15.4	28.8	45.7	61.2
Rheumatoid arthritis	23.7	1.2	4.6	1.3	6.2	4.4	6.0
Osteoarthritis	151.4	10.1	22.3	6.0	40.2	27.4	45.0

COPD, chronic obstructive pulmonary disease.

<sup>a</sup> Prevalence of migraine sufferers, not of episodes.

<sup>b</sup> Low vision (presenting visual acuity <6/18 and ≥3/60) due to glaucoma, cataracts, macular degeneration or refractive errors.

<sup>c</sup> Blindness (<3/60 presenting visual acuity) due to glaucoma, cataracts, macular degeneration or refractive errors.

<sup>d</sup> Hearing loss threshold in the better ear of 41 decibels or greater (measured average for 0.5, 1, 2, 4 kHz).

<sup>e</sup> Hearing loss threshold in the better ear of 26–40 decibels (measured average for 0.5, 1, 2, 4 kHz).

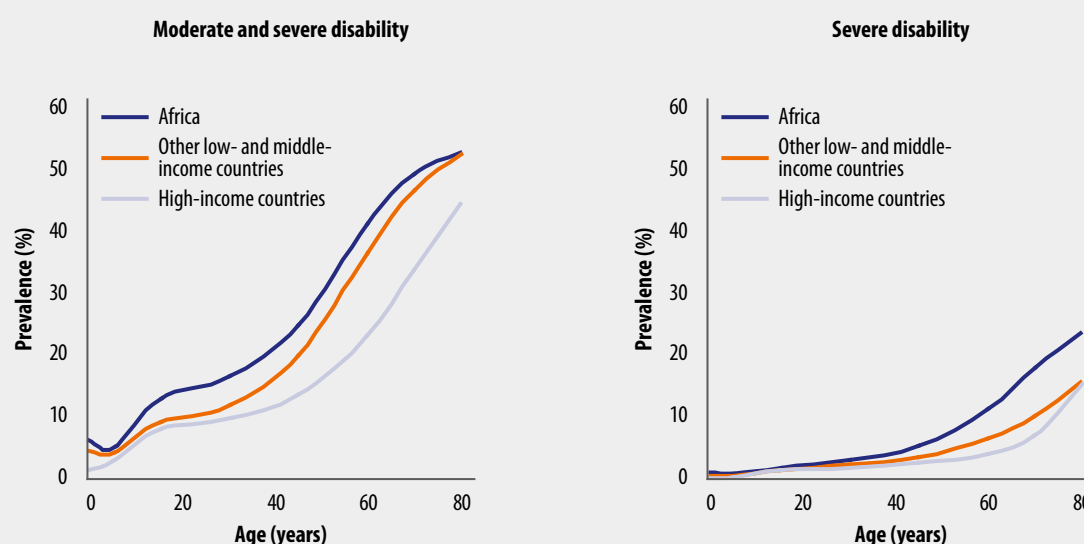
**Table 8: Disability classes for the GBD study, with examples of long-term disease and injury sequelae falling in each class<sup>a</sup>**

Disability class	Severity weights	Conditions <sup>b</sup>
I	0.00–0.02	Stunting due to malnutrition, schistosomiasis infection, long-term scarring due to burns (less than 20% of body)
II	0.02–0.12	Amputated finger, asthma case, edentulism, mastectomy, severe anaemia, stress incontinence
III	0.12–0.24	Angina, HIV not progressed to AIDS, infertility, alcohol dependence and problem use, low vision (<6/18, >3/60), rheumatoid arthritis
IV	0.24–0.36	Amputated arm, congestive heart failure, deafness, drug dependence, Parkinson disease, tuberculosis
V	0.36–0.50	Bipolar affective disorder, mild mental retardation, neurological sequelae of malaria, recto-vaginal fistula
VI	0.50–0.70	AIDS cases not on antiretroviral drugs, Alzheimer and other dementias, blindness, Down syndrome
VII	0.70–1.00	Active psychosis, severe depression, severe migraine, quadriplegia, terminal stage cancer

<sup>a</sup> Based on average severity weight globally for both sexes and all ages in the GBD 2004 update.

<sup>b</sup> Conditions are listed in the disability class for their global average weight. Most conditions will have distributions of severity spanning more than one disability class, potentially up to all seven.

**Figure 19: Estimated prevalence of moderate and severe disability by region, sex and age, global burden of disease estimates for 2004**



1

2

3

4

Annex A

Annex B

Annex C

References

### Almost 19 million people were severely disabled in 2004

Of the world's population of nearly 6.5 billion in 2004, 18.6 million (2.9%) were severely disabled and another 79.7 million (12.4%) had moderate long-term disability, according to the definitions given above. Disability prevalences rise strongly with age (Figure 19). The average global prevalence of moderate and severe disability ranges from 5% in children aged 0–14 years, to 15% in adults aged 15–59 years, and 46% in adults aged 60 years and older. At all ages, both moderate and severe levels of disability are higher in low- and middle-income countries than in high-income countries; they are also higher in Africa than in other low- and middle-income countries (Figure 19). Older people make up a greater proportion of the population in high-income countries, but have lower levels of disability than their counterparts in low- and middle-income countries. Disability is also more common among children in the low- and middle-income countries. Moderate disability rates are similar for males and females in high-income countries, but females have somewhat higher rates of severe disability. In low- and middle-income countries, male and female disability rates are similar, although females aged 15–59 years tend to have higher levels of moderate disability in Africa, the Eastern Mediterranean and the Western Pacific.

### Hearing loss, vision problems and mental disorders are the most common causes of disability

The most common causes of disability globally are adult-onset hearing loss and refractive errors. Mental disorders such as depression, alcohol use disorders and psychoses (e.g. bipolar disorder and schizophrenia) are also among the 20 leading causes of disability (Table 9). The pattern differs between the high-income countries and the low- and middle-income countries. In the lower income countries, many more people are disabled due to preventable causes such as unintentional injuries and infertility arising

from unsafe abortion and maternal sepsis. The data also demonstrate the lack of interventions for easily treated conditions such as hearing loss, refractive errors and cataracts in low-income countries.

Disability due to mental disorders is more common among people aged 0–59 years, whereas chronic diseases such as dementias, chronic obstructive pulmonary disease and cerebrovascular disease are more common in older populations. In low-income countries, disability due to unintentional injuries, among the younger population, and cataracts, among the older population, are far more common.

### Much uncertainty around the disability estimates

The GBD prevalence estimates are based on systematic assessments of the available data on incidence, prevalence, duration and severity of a wide range of conditions. However, these assessments are often based on inconsistent, fragmented and partial data from different studies, meaning that there are still substantial data gaps and uncertainties. Improving the population-level information on the incidence, prevalence and states of health associated with major health conditions remains a major priority for national and international health and statistical agencies. Clinically and conceptually, it is not usual practice to infer disability from diagnoses. In future revisions of the GBD study, increased effort will be devoted to direct estimation of the prevalences of impairments and disabilities, and to ensuring consistency with the estimates for disease- and injury-specific sequelae.

Population survey data on disability prevalence are limited in availability and comparability. The estimates derived from the GBD have the virtue of comprehensiveness, and at least some grounding in disease prevalence. However, they are very much approximations, and are subject to very clear limitations in the way they were compiled. These estimates are presented to give an indication of the regional prevalences of long-term disability implied by the GBD analyses.



**Table 9: Estimated prevalence of moderate and severe disability<sup>a</sup> (millions) for leading disabling conditions by age, for high-income and low- and middle-income countries, 2004**

Disabling condition <sup>c</sup>	High-income countries <sup>b</sup>		Low- and middle-income countries		World
	0–59 years	60 years and over	0–59 years	60 years and over	All ages
1 Hearing loss <sup>d</sup>	7.4	18.5	54.3	43.9	124.2
2 Refractive errors <sup>e</sup>	7.7	6.4	68.1	39.8	121.9
3 Depression	15.8	0.5	77.6	4.8	98.7
4 Cataracts	0.5	1.1	20.8	31.4	53.8
5 Unintentional injuries	2.8	1.1	35.4	5.7	45.0
6 Osteoarthritis	1.9	8.1	14.1	19.4	43.4
7 Alcohol dependence and problem use	7.3	0.4	31.0	1.8	40.5
8 Infertility due to unsafe abortion and maternal sepsis	0.8	0.0	32.5	0.0	33.4
9 Macular degeneration <sup>f</sup>	1.8	6.0	9.0	15.1	31.9
10 COPD	3.2	4.5	10.9	8.0	26.6
11 Ischaemic heart disease	1.0	2.2	8.1	11.9	23.2
12 Bipolar disorder	3.3	0.4	17.6	0.8	22.2
13 Asthma	2.9	0.5	15.1	0.9	19.4
14 Schizophrenia	2.2	0.4	13.1	1.0	16.7
15 Glaucoma	0.4	1.5	5.7	7.9	15.5
16 Alzheimer and other dementias	0.4	6.2	1.3	7.0	14.9
17 Panic disorder	1.9	0.1	11.4	0.3	13.8
18 Cerebrovascular disease	1.4	2.2	4.0	4.9	12.6
19 Rheumatoid arthritis	1.3	1.7	5.9	3.0	11.9
20 Drug dependence and problem use	3.7	0.1	8.0	0.1	11.8

COPD, chronic obstructive pulmonary disease.

<sup>a</sup> GBD disability classes III and above.

<sup>b</sup> High-income countries are those with 2004 gross national income per capita of \$10 066 or more, as estimated by the World Bank.

<sup>c</sup> Disease and injury causes of disability. Conditions are listed in descending order by global all-age prevalence.

<sup>d</sup> Includes adult-onset hearing loss, excluding that due to infectious causes; adjusted for availability of hearing aids.

<sup>e</sup> Includes presenting refractive errors; adjusted for availability of glasses and other devices for correction.

<sup>f</sup> Includes other age-related causes of vision loss apart from glaucoma, cataracts and refractive errors.

1

2

3

4

Annex A

Annex B

Annex C

References

### 13. Leading causes of years lost due to disability in 2004

The data presented in the sections above concern the number of new cases of diseases and injuries (incidence), and the number of individuals living with diseases or injuries and their sequelae (prevalence). These counts of incidence or prevalence of diseases in populations do not take into account the relative severity or health loss associated with different conditions, and hence do not capture the burden of disease experienced by individuals. The disability weights used in the GBD convert the years lived with various health conditions to equivalent lost years of full health. The disability weights used in the GBD 2004 are listed in detail elsewhere (24).

As explained in **Box 1 (see page 3)**, YLD measure the equivalent years of healthy life lost through time spent in states of less than full health. When all the years of life with reduced capability for all the sufferers of each condition are added up and weighted by the disability weight, a total of YLD for each condition is obtained. YLD estimates are restricted to loss of health experienced by individuals, and do not take into account other aspects of quality of life or well-being, or the impacts of a person's health condition on other people (except as far as they experience directly assessed losses of health themselves).

#### Neuropsychiatric disorders cause one third of YLD

The 10 leading causes of YLD are shown in **Table 10** for males and females, and in **Table 11** for high-income and low- and middle-income countries. The overall burden of non-fatal disabling conditions is dominated by a relatively short list of causes, particularly a number of neuropsychiatric conditions and sense organ disorders. In all regions, neuropsychiatric conditions are the most important causes of disability, accounting for around one third of YLD among adults aged 15 years and over.

#### Depression is particularly common among women

The disabling burden of neuropsychiatric conditions is almost the same for males and females, but the major contributing causes are different. While depression is the leading cause for both males and

females, the burden of depression is 50% higher for females than males. Females also have a higher burden from anxiety disorders, migraine and Alzheimer and other dementias. In contrast, the male burden for alcohol and drug use disorders is nearly seven times higher than that for females, and accounts for almost one third of the male neuropsychiatric burden. In both low- and middle-income countries, and high-income countries, alcohol use disorders are among the 10 leading causes of YLD. This includes only the direct burden of alcohol dependence and problem use. The total attributable burden of disability due to alcohol use is much larger.

#### One in four adults aged 45 years and older have hearing loss

Curable disorders of vision (cataracts and refractive errors) cause 9% of YLD in men and women aged 15 years and over; adult-onset hearing loss accounts for another 6.5% in men and 5.6% in women. Adult-onset hearing loss is extremely prevalent – more than 27% of males and 24% of females aged 45 years and over experience mild hearing loss or greater (hearing threshold of 26 decibels or greater in the better ear). The GBD 2004 has estimated only the burden of moderate or greater hearing loss (hearing threshold of 41 decibels or greater in the better ear). Childhood-onset hearing loss is not included in this cause category because most childhood hearing loss is due to congenital causes, infectious diseases, or other diseases or injury. It is included as sequelae for such causes in the estimation of burden of disease.

#### Ninety per cent of the burden of non-fatal health outcomes is in low- and middle-income countries

Perhaps surprisingly, around 90% of global non-fatal health outcomes (as measured by YLD) occur in low- and middle-income countries, and nearly half (44%) of all YLD fall in low-income countries. Although the prevalence of disabling conditions such as dementia and musculoskeletal disease are higher in countries with long life expectancies, this is offset by lower contributions to disability from conditions such as cardiovascular disease, chronic respiratory diseases and long-term sequelae of communicable diseases and nutritional deficiencies. In

other words, people living in developing countries not only face lower life expectancies (higher risk of premature death) than those in developed countries

but also live a higher proportion of their lives in poor health.

**Table 10: Leading global causes of YLD by sex, 2004**

Males				Females			
Cause	YLD (millions)	Per cent of total YLD		Cause	YLD (millions)	Per cent of total YLD	
1	Unipolar depressive disorders	24.3	8.3	1	Unipolar depressive disorders	41.0	13.4
2	Alcohol use disorders	19.9	6.8	2	Refractive errors	14.0	4.6
3	Hearing loss, adult onset	14.1	4.8	3	Hearing loss, adult onset	13.3	4.3
4	Refractive errors	13.8	4.7	4	Cataracts	9.9	3.2
5	Schizophrenia	8.3	2.8	5	Osteoarthritis	9.5	3.1
6	Cataracts	7.9	2.7	6	Schizophrenia	8.0	2.6
7	Bipolar disorder	7.3	2.5	7	Anaemia	7.4	2.4
8	COPD	6.9	2.4	8	Bipolar disorder	7.1	2.3
9	Asthma	6.6	2.2	9	Birth asphyxia and birth trauma	6.9	2.3
10	Falls	6.3	2.2	10	Alzheimer and other dementias	5.8	1.9

COPD, chronic obstructive pulmonary disease.

**Table 11: Leading global causes of YLD, high-income and low- and middle-income countries, 2004**

Low- and middle-income countries				High-income countries			
Cause	YLD (millions)	Per cent of total YLD		Cause	YLD (millions)	Per cent of total YLD	
1	Unipolar depressive disorders	55.3	10.4	1	Unipolar depressive disorders	10.0	14.6
2	Refractive errors	25.0	4.7	2	Hearing loss, adult onset	4.2	6.2
3	Hearing loss, adult onset	23.2	4.4	3	Alcohol use disorders	3.9	5.7
4	Alcohol use disorders	18.4	3.5	4	Alzheimer and other dementias	3.7	5.4
5	Cataracts	17.4	3.3	5	Osteoarthritis	2.8	4.1
6	Schizophrenia	14.8	2.8	6	Refractive errors	2.7	4.0
7	Birth asphyxia and birth trauma	12.9	2.4	7	COPD	2.4	3.5
8	Bipolar disorder	12.9	2.4	8	Diabetes mellitus	2.3	3.4
9	Osteoarthritis	12.8	2.4	9	Asthma	1.8	2.6
10	Iron-deficiency anaemia	12.6	2.4	10	Drug use disorders	1.7	2.4

COPD, chronic obstructive pulmonary disease.

1

2

3

4

Annex A

Annex B

Annex C

References

