GBD PROFILE: SWAZILAND

GLOBAL BURDEN OF DISEASES, INJURIES, AND RISK FACTORS STUDY 2010

The Global Burden of Disease Study 2010 (GBD 2010) is a collaborative project of nearly 500 researchers in 50 countries led by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. It is the largest systematic scientific effort in history to quantify levels and trends of health loss due to diseases, injuries, and risk factors. GBD serves as a global public good to inform evidence-based policymaking and health systems design.

PROFILE OVERVIEW

- In terms of the number of years of life lost (YLLs) due to premature death in Swaziland, HIV/AIDS, diarrheal diseases, and lower respiratory infections were the highest ranking causes in 2010.
- Of the 25 most important causes of burden, as measured by disability-adjusted life years (DALYs), lower respiratory infections showed the largest decrease, falling by 9% from 1990 to 2010.
- The leading risk factor in Swaziland is suboptimal breastfeeding.

ALL-CAUSE MORTALITY RATE

- This chart shows the change in mortality rate at every age range. The points above 0 on the chart indicate positive declines in the all-cause mortality rate, while points below 0 indicate an increase in mortality rate between 1990 and 2010.
- The greatest reductions in all-cause mortality rate were experienced by females aged 1-4 years (8%). Females aged 25-29 years saw the largest increase in mortality rate (58%).

CAUSES OF PREMATURE DEATH

Years of life lost (YLLs) quantify premature mortality by weighting younger deaths more than older deaths.

This chart shows the change in the top 25 causes of YLLs due to premature mortality from 1990 to 2010. Solid lines indicate a cause has moved up in rank or stayed the same. Broken lines indicate a cause has moved down in rank. The causes are color coded by blue for non-communicable diseases, green for injuries, and red for communicable, maternal, neonatal, and nutritional causes of death.
YEARS LIVED WITH DISABILITY (YLDs)

Years lived with disability (YLDs) are estimated by weighting the prevalence of different conditions based on severity. The top five leading causes of YLDs in Swaziland are HIV/AIDS, major depressive disorder, asthma, iron-deficiency anemia, and low back pain.

The size of the colored portion in each bar represents the number of YLDs attributable to each cause. The height of each bar shows which age groups had the most YLDs in 2010. The causes are aggregated. For example, musculoskeletal disorders include low back pain and neck pain.

DISABILITY-ADJUSTED LIFE YEARS (DALYs)

Disability-adjusted life years (DALYs) quantify both premature mortality (YLLs) and disability (YLDs) within a population. In Swaziland, the top three causes of DALYs in 2010 were HIV/AIDS, diarrheal diseases, and lower respiratory infections. The causes that were in the 10 leading causes of DALYs in 2010 and not 1990 were cerebrovascular disease, chronic obstructive pulmonary disease, exposure to mechanical forces, and diabetes mellitus.

The top 25 causes of DALYs are ranked from left to right in order of the number of DALYs they contributed in 2010. Bars going up show the percent by which DALYs have increased since 1990. Bars going down show the percent by which DALYs have decreased. Globally, non-communicable diseases and injuries are generally on the rise, while communicable, maternal, neonatal, and nutritional causes of DALYs are generally on the decline.
RISK FACTORS

Overall, the three risk factors that account for the most disease burden in Swaziland are suboptimal breastfeeding, alcohol use, and high blood pressure. The leading risk factors for children under 5 and adults aged 15-49 years were suboptimal breastfeeding and alcohol use, respectively, in 2010.

The graph shows the top 15 risk factors for Swaziland. The colored portion of each bar represents the specific diseases attributable to that risk factor while bar size represents the percentage of DALYs linked to specific risk factors.

COUNTRY BENCHMARKING OF BURDEN OF DISEASE

Understanding the relative performance of Swaziland against other comparator countries provides key insight into public health successes and areas where Swaziland might be falling behind. The table identifies Swaziland’s rank across 14 other comparator countries, selected and ordered by income per capita, for five metrics of interest, with 1 indicating the best rank and 15 indicating the worst rank.

- Age-standardized rates are used to make meaningful comparisons across time by adjusting for changes in population size and age structure.
- Life expectancy incorporates mortality, and health-adjusted life expectancy further incorporates years lived in less than ideal health.
- In 2010, Swaziland ranked 15th for age-standardized death rate and 15th for age-standardized YLL rate.
### Ranking of leading age-standardized rates of disability-adjusted life years (DALYs) relative to comparator countries in 1990