

## Abstract

# What Causes the Most Death and Disability in Iraq, Findings from GBD Study 2016?

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## Abstract

**Background:** Global Burden of Disease study (GBD) is a systematic, scientific effort to quantify the comparative magnitude of health loss from all major diseases, injuries, and risk factors for all ages, sexes, and geographies, and over time. It provides a comprehensive assessment of all-cause and cause-specific mortality for 249 causes.

**Objective:** To report the most common causes of death and disability in Iraq, 2016

**Methods:** We used the 2016 GBD study for estimates of mortality and disability-adjusted life years (DALYs) of different cause of deaths and disabilities for Iraq available GBD result tool. Each value has a mean and a 95% uncertainty interval which means a range of values that include the correct estimate. All estimates were rates per 100,000 and age standardized. Percentages of change from 1990 to 2016 were calculated.

**Results:** Age-standardized mortality rate for all causes was 1,209 per 100,000 (1,026-1,385); NCDs accounted for 989 (835-1,141) with 6% decline from that of 1990, injury deaths increased by 61% to be second cause while neonatal/maternal/nutritional diseases declined by 46%. Cardiovascular diseases (CVD) was top cause of death; 613 (517-703) making 34% of all deaths, followed by cancers; 99 (80-117) which is increased by 4%. Age-standardized DALY rate for all causes was 44,138 per 100,000 (37,736-50,736). From which, NCDs accounted for 30,152 (25,905-34,708) with 6% decline from that of 1990, injury related DALYs was 8,546 (5,499-12,110) with 42% positive change, while neonatal/maternal/nutritional diseases declined by 44%. CVD was top cause of DALY; making 14% of total DALYs, followed by war/disasters; 4,255 (1,232-7,544) with 12% increase.

**Conclusions:** Major disease burden in Iraq made by NCDs, mainly CVDs with accountable rise in cancer and injury burden. About half of Iraqi people are disabled or prematurely died by preventable conditions. Sound preventive measures should be established, and decisions based on global estimates may enhance redirecting health policies.

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