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GBD 2016 Healthcare Access and Quality Collaborators; Fullman, Nancy; Yearwood, Jamal; Abay, Solomon M.; Abbafati, Cristiana; Abd-Allah, Foad; Abdela, Jemal; Abdelalim, Ahmed; Abebe, Zegeye; Abebo, Teshome Abuka

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Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016



GBD 2016 Healthcare Access and Quality Collaborators*

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*Collaborators listed at end of the Article

Correspondence to:

Prof Rafael Lozano, Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA 98121, USA
rlozano@uw.edu

Summary

Background A key component of achieving universal health coverage is ensuring that all populations have access to quality health care. Examining where gains have occurred or progress has faltered across and within countries is crucial to guiding decisions and strategies for future improvement. We used the Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016) to assess personal health-care access and quality with the Healthcare Access and Quality (HAQ) Index for 195 countries and territories, as well as subnational locations in seven countries, from 1990 to 2016.

Methods Drawing from established methods and updated estimates from GBD 2016, we used 32 causes from which death should not occur in the presence of effective care to approximate personal health-care access and quality by location and over time. To better isolate potential effects of personal health-care access and quality from underlying risk factor patterns, we risk-standardised cause-specific deaths due to non-cancers by location-year, replacing the local joint exposure of environmental and behavioural risks with the global level of exposure. Supported by the expansion of cancer registry data in GBD 2016, we used mortality-to-incidence ratios for cancers instead of risk-standardised death rates to provide a stronger signal of the effects of personal health care and access on cancer survival. We transformed each cause to a scale of 0–100, with 0 as the first percentile (worst) observed between 1990 and 2016, and 100 as the 99th percentile (best); we set these thresholds at the country level, and then applied them to subnational locations. We applied a principal components analysis to construct the HAQ Index using all scaled cause values, providing an overall score of 0–100 of personal health-care access and quality by location over time. We then compared HAQ Index levels and trends by quintiles on the Socio-demographic Index (SDI), a summary measure of overall development. As derived from the broader GBD study and other data sources, we examined relationships between national HAQ Index scores and potential correlates of performance, such as total health spending per capita.

Findings In 2016, HAQ Index performance spanned from a high of 97·1 (95% UI 95·8–98·1) in Iceland, followed by 96·6 (94·9–97·9) in Norway and 96·1 (94·5–97·3) in the Netherlands, to values as low as 18·6 (13·1–24·4) in the Central African Republic, 19·0 (14·3–23·7) in Somalia, and 23·4 (20·2–26·8) in Guinea-Bissau. The pace of progress achieved between 1990 and 2016 varied, with markedly faster improvements occurring between 2000 and 2016 for many countries in sub-Saharan Africa and southeast Asia, whereas several countries in Latin America and elsewhere saw progress stagnate after experiencing considerable advances in the HAQ Index between 1990 and 2000. Striking subnational disparities emerged in personal health-care access and quality, with China and India having particularly large gaps between locations with the highest and lowest scores in 2016. In China, performance ranged from 91·5 (89·1–93·6) in Beijing to 48·0 (43·4–53·2) in Tibet (a 43·5-point difference), while India saw a 30·8-point disparity, from 64·8 (59·6–68·8) in Goa to 34·0 (30·3–38·1) in Assam. Japan recorded the smallest range in subnational HAQ performance in 2016 (a 4·8-point difference), whereas differences between subnational locations with the highest and lowest HAQ Index values were more than two times as high for the USA and three times as high for England. State-level gaps in the HAQ Index in Mexico somewhat narrowed from 1990 to 2016 (from a 20·9-point to 17·0-point difference), whereas in Brazil, disparities slightly increased across states during this time (a 17·2-point to 20·4-point difference). Performance on the HAQ Index showed strong linkages to overall development, with high and high-middle SDI countries generally having higher scores and faster gains for non-communicable diseases. Nonetheless, countries across the development spectrum saw substantial gains in some key health service areas from 2000 to 2016, most notably vaccine-preventable diseases. Overall, national performance on the HAQ Index was positively associated with higher levels of total health spending per capita, as well as health systems inputs, but these relationships were quite heterogeneous, particularly among low-to-middle SDI countries.

Interpretation GBD 2016 provides a more detailed understanding of past success and current challenges in improving personal health-care access and quality worldwide. Despite substantial gains since 2000, many low-SDI and middle-SDI countries face considerable challenges unless heightened policy action and investments focus on advancing

access to and quality of health care across key health services, especially non-communicable diseases. Stagnating or minimal improvements experienced by several low-middle to high-middle SDI countries could reflect the complexities of re-orienting both primary and secondary health-care services beyond the more limited foci of the Millennium Development Goals. Alongside initiatives to strengthen public health programmes, the pursuit of universal health coverage hinges upon improving both access and quality worldwide, and thus requires adopting a more comprehensive view—and subsequent provision—of quality health care for all populations.

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Introduction

Providing access to quality health care is among the foremost objectives of health systems,^{1,2} because the receipt of effective personal health care can substantially improve many health outcomes and avert premature

mortality. The advancement of population health was elevated to global agendas with the Alma Ata Declaration of 1978, wherein WHO called for the achievement of “health for all” by 2000.³ Such aspirations garnered new momentum in the Sustainable Development Goal (SDG)

Research in context

Evidence before this study

Improving, and subsequently measuring, health-care access and quality has emerged as an increasing priority alongside a heightened emphasis on universal health coverage in the Sustainable Development Goal era. Nevertheless, few studies have sought to assess personal health-care access and quality across a wide range of key health service dimensions and the development spectrum. Primarily focused on high-income countries, past analyses have used amenable mortality—deaths from causes that should not occur in the presence of high-quality health care—to approximate national levels of personal health-care access and quality. Drawing from the Global Burden of Diseases, Injuries, and Risk Factors Study 2015 (GBD 2015), the GBD collaboration used this amenable mortality framework in developing the Healthcare Access and Quality (HAQ) Index, and subsequently offered several advances from previous work. First, the extensive cause-of-death standardisation processes that occur as part of GBD enabled better comparisons across locations and over time. Second, risk-standardising death rates for environmental and behavioural risk factors helped isolate differences in health-care access and quality from variations in death rates due to background risk exposure. Third, estimating the HAQ Index for 195 countries and territories from 1990 to 2015, allowed for a broader investigation of trends in personal health-care access and quality across the development spectrum. Despite these methodological strengths, additional areas for improvement were identified, including the consideration of health outcomes that more directly reflect the progression of disease onset to mortality for amenable causes and examining subnational inequalities.

Added value of this study

Based on updated cause of death and risk factor estimates from the GBD 2016 study, our analysis offers an improved assessment of national levels of personal health-care access and quality from 1990 to 2016. For the first time, we report subnational levels and trends on the HAQ Index for seven countries: Brazil, China, England, India, Japan, Mexico,

and the USA. Because of major improvements in cancer estimation and data availability, we used mortality-to-incidence ratios rather than risk-standardised death rates from cancer, ultimately providing a more robust approximation of cancer detection and treatment effects across countries. To improve index stability, we used percentiles (ie, first and 99th percentile) for transforming HAQ Index components to a scale of 0–100. Finally, we did an exploratory analysis of national HAQ Index levels and potential correlates of performance, examining relationships between the HAQ Index and some indicators such as health financing (eg, total health spending per capita).

Implications of all the available evidence

Globally, personal health-care access and quality improved since 1990, with many countries in sub-Saharan Africa and southeast Asia accelerating their pace of progress from 2000 to 2016. Such gains in the more recent time period could reflect the catalytic effects of the Millennium Development Goals and their focus on a subset of health service areas (ie, vaccine-preventable diseases, infectious diseases, and maternal and child health). Nonetheless, inequalities increased in some parts of the world, which might be related to many low-to-middle income countries recording much slower gains for cancers and other non-communicable diseases. Large disparities in subnational levels of personal health-care access and quality emerged for several countries, especially China and India. These results emphasise the urgent need to improve both access to and quality of health care across service areas and for all populations; otherwise, health systems could face widening gaps between the health services they provide and the disease burden experienced by local communities. Going forward, the HAQ Index can provide a robust measure for both informing and monitoring the effects of policy action on health-care access and quality, a key component of achieving universal health coverage. To deliver health systems for the next generation and hasten progress in the Sustainable Development Goal era, now is the time to align investments for improving access and quality across the full range of health-care needs.

era,⁴ with a heightened emphasis on attaining universal health coverage in this pursuit. Making progress on universal health coverage entails all people having access to quality health services they need without incurring financial hardship.⁵ To advance toward this ambition, it is crucial to monitor where improvements in health-care access and quality have occurred, and where progress must be accelerated, across the development spectrum.

Measuring health-care access and quality has become an increasingly important priority alongside its ascent in global health policy. In particular, the use of amenable mortality—deaths from causes that should not occur in the presence of effective medical care—to approximate national levels of personal health-care access and quality has gained greater traction.^{6–15} Amenable mortality metrics are thought to provide a strong signal of what can or should be addressed by the receipt of effective health care, and thus performance on overall personal health-care access and quality. Combining such measures with those capturing avertable or preventable health outcomes (ie, burden that can be avoided through public health programmes or policies implemented outside the immediate health sector) can offer a more complete set of potential pathways for improving health.^{11,15,17} The Nolte and McKee list of causes amenable to health care^{6–9} remains the most widely used framework to quantify national levels of health-care access and quality on the basis of amenable mortality. This is particularly true for Europe,^{11,15,17} the Organisation for Economic Co-operation and Development (OECD),¹² and the USA,¹³ but increasingly also for other country-specific analyses (eg, Brazil,¹⁴ China,¹⁸ and Mexico¹⁹). As part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2015 (GBD 2015),²⁰ the GBD collaboration applied this framework to develop a novel measure, the Healthcare Access and Quality (HAQ) Index, to track gains and gaps in personal health-care access and quality in 195 countries and territories over time.

The HAQ Index offered several strengths and insights into personal health-care access and quality across countries, which has prompted calls for further improvements. First, 32 causes considered amenable to health care comprise the HAQ Index, representing a range of health service areas: vaccine-preventable diseases; infectious diseases and maternal and child health; non-communicable diseases, including cancers, cardiovascular diseases, and other non-communicable diseases such as diabetes; and gastrointestinal conditions from which surgery can easily avert death (eg, appendicitis). Other than in high-income countries, past research rarely accounts for this array of services,²¹ even though effective preventive interventions, treatment, and medical technologies exist; instead, these studies often focus on infectious diseases and maternal and child health, and do not shed light on potential challenges across service areas. Second, because GBD quantifies risk exposure and risk-attributable deaths, we could account

for local variations in risk exposure and better isolate differences in mortality related to health care. Nonetheless, challenges can still exist in ensuring that these measures provide a strong signal on health-care access and quality. For instance, in the absence of stronger monitoring systems, low rates of cancer mortality could actually represent inadequate detection and treatment of cancer rather than good access to cancer screening and high-quality care.²² Third, although some insights into the relationship between the HAQ Index and socio-demographic development were explored in GBD 2015,²⁰ further examination of how health financing and system measures are related to the HAQ Index has yet to occur. Fourth, considerable debate continues about how well the current cause list represents the range of causes amenable to health care, particularly non-fatal outcomes, as well as the ages at which health care can substantially improve outcomes. Finally, GBD 2015 highlighted sizeable inequalities across countries²⁰ but did not capture subnational differences in personal health-care access and quality, a crucial need in light of the magnitude by which health outcomes can vary within countries.^{23–30}

In this study, we provide updated estimates from 1990 to 2016 for the HAQ Index in 195 countries and territories, as well as at global and regional levels. For the first time, we report subnational estimates of the HAQ Index for seven countries, allowing for a more in-depth examination of inequalities in personal health-care access and quality. With the improved estimation of cancers in GBD 2016,^{31–33} we use mortality-to-incidence ratios (MIRs) for cancers to better reflect potential differences in cancer diagnostic and treatment capacity across locations. Finally, we do an exploratory analysis of the associations between the HAQ Index and potential correlates of performance.

Methods

Overview

Drawing from methods established in GBD 2015,²⁰ our analysis involved four steps: mapping the Nolte and McKee cause list to GBD causes; constructing MIRs for cancers and risk-standardising non-cancer deaths to remove variations in mortality not directly amenable to health care; calculating the HAQ Index on the basis of principal components analysis (PCA), providing an overall score of personal health-care access and quality on a scale of 0–100; and examining associations between national HAQ Index scores and potential correlates of performance.

Our study draws from GBD 2016 results,^{31–33} which entail several improvements since GBD 2015, including 169 new country-years of vital registration data, 528 new cancer-registry years with a total of 92 countries' cancer registries,³¹ five new risk factors,³² and cause-specific mortality modelling updates (eg, cancers, tuberculosis).³¹ Further information can be found in the appendix (pp 12–89) and the GBD 2016 capstone series.^{31–33}

See Online for appendix

In addition to national and aggregated HAQ Index results, we report estimates at the subnational level for Brazil (26 states and the Federal District), China (33 provinces and special administrative regions), England (nine regions and 150 local government areas), India (31 states and union territories), Japan (47 prefectures), Mexico (32 states), and the USA (50 states and the District of Columbia).

As with all GBD revisions, GBD 2016 HAQ Index estimates for the full time series published here supersede previous iterations. This analysis complies with the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER);³⁴ additional information is found in the appendix (pp 5–7).

Mapping the Nolte and McKee amenable cause list to GBD causes

We mapped 32 of 33 causes from the Nolte and McKee cause list^{6–9} to GBD causes in accordance with International Classification of Diseases codes (table 1; appendix p 156). GBD includes thyroid diseases within a larger residual category, and only non-fatal outcomes are estimated for benign prostatic hyperplasia; consequently, these causes were not included in our analyses. GBD provides separate estimates for diphtheria and tetanus, so we disaggregated these causes from the original Nolte and McKee list.

Mortality-to-incidence ratios for cancers

GBD cancer mortality estimates are informed by MIRs, which are derived from incidence and mortality data recorded in cancer registries; more detail on MIR estimation is in the appendix (pp 41–49).³¹ MIRs provide a good approximation of cancer survival and have been used to identify countries with higher or lower cancer mortality relative to incidence.^{22,35} Because of the improved quantity and quality of cancer registry data from GBD 2016, we used cancer-specific MIRs instead of risk-standardised death rates. As detailed in the appendix (pp 10–11), cancer-specific MIRs were more strongly correlated with the Socio-demographic Index (SDI), a measure of overall development, than were risk-standardised death rates. These results, and the distribution of MIRs by SDI quintile (appendix pp 96–111), showed that cancer MIRs provide a more robust signal of cancer care access and quality than do risk-standardised death rates.

Risk-standardisation of death rates for non-cancer causes

To better isolate differences in mortality associated with health-care access and quality from differences associated with underlying risk exposure, we risk-standardised cause-specific deaths to global levels of risk exposure.³² We did not risk-standardise differences in exposure to three metabolic risk factors (high systolic blood pressure, high total cholesterol, and high fasting plasma glucose) given their amenability to health care (eg, diagnosis and treatment of hypertension in primary care). For the

	Amenable age range (years)
Communicable, maternal, neonatal, and nutritional diseases	
Tuberculosis	0–74
Diarrhoea, lower respiratory, and other common infectious diseases	
Diarrhoeal diseases	0–14
Lower respiratory infections	0–74
Upper respiratory infections	0–74
Diphtheria	0–74
Whooping cough	0–14
Tetanus	0–74
Measles	1–14
Maternal disorders	0–74
Neonatal disorders	0–74
Non-communicable diseases	
Neoplasms	
Colon and rectum cancer	0–74
Non-melanoma skin cancer (squamous-cell carcinoma)	0–74
Breast cancer	0–74
Cervical cancer	0–74
Uterine cancer	0–44
Testicular cancer	0–74
Hodgkin's lymphoma	0–74
Leukaemia	0–44
Cardiovascular diseases	
Rheumatic heart disease	0–74
Ischaemic heart disease	0–74
Cerebrovascular disease	0–74
Hypertensive heart disease	0–74
Chronic respiratory diseases	1–14
Digestive diseases	
Peptic ulcer disease	0–74
Appendicitis	0–74
Inguinal, femoral, and abdominal hernia	0–74
Gallbladder and biliary diseases	0–74
Neurological disorders	
Epilepsy	0–74
Diabetes, urogenital, blood, and endocrine diseases	
Diabetes	0–49
Chronic kidney disease	0–74
Other non-communicable diseases	
Congenital heart anomalies	0–74
Injuries	
Unintentional injuries	
Adverse effects of medical treatment	0–74

Although 0 (at birth) to 1 are listed as the lower bound of age ranges, age restrictions are applied for many causes such that mortality estimates are not produced before a given age group (eg, 15–19 years for many non-communicable diseases). Causes are ordered on the basis of the GBD cause list and corresponding group hierarchies. GBD=Global Burden of Disease.

Table 1: Causes for which mortality is amenable to health care, mapped to GBD causes, and amenable age range

24 non-cancer causes, we risk-standardised deaths by removing the joint effects of location-specific behavioural and environmental risk exposure, and replaced these estimates with the global level of joint risk exposure (appendix pp 9–10).

Joint population attributable fraction (PAF) estimation accounts for effects of multiple risks combined, including the mediation of different risk factors through each other. More detail on the PAF calculations and risk-standardisation is provided in the appendix (pp 9–10). Since GBD 2015,³⁶ five risk factors were added, most notably low birthweight and short gestation,³² which enabled the risk-standardisation of neonatal disorder deaths. Risk-standardised deaths equalled observed deaths for causes in which no risk–outcome pairs have met evidence thresholds for inclusion in GBD (eg, diphtheria, appendicitis).

Age-standardisation

Using the GBD world population data,³⁷ we age-standardised risk-standardised death rates, as well as cancer mortality and incidence estimates, before producing MIRs. We rescaled age weights to equal 1, by cause, a necessary step since included age groups represented a subset of the age groups comprising the world population standard.

Constructing the HAQ Index

By cause, we log-transformed age-standardised risk-standardised death rates (or MIRs for cancers) and scaled them from 0 to 100 across locations from 1990–2016. Zero was determined by the first percentile observed (ie, highest death rates or MIRs), and 100 was applied to the 99th percentile (ie, lowest death rates or MIRs). This scaling approach differs somewhat from that of GBD 2015,²⁰ wherein maximum values determined zero and minimum values set 100. Using a percentile-based approach more closely aligns with other index construction methods used in GBD,³⁸ and is less sensitive to outliers or fluctuations in estimates over time. We then applied cause-specific thresholds set by the national level to subnational locations.

We used PCA to construct the HAQ Index on the basis of scaled cause values, resulting in an overall score on a scale of 0–100. The GBD 2016 HAQ Index differed in three main ways from GBD 2015. First, no cause had negative PCA weights (ie, implying that higher death rates were associated with access to higher-quality health care), so all causes contributed to the final index. In GBD 2015, colon and breast cancers had negative PCA weights in the first PCA iteration, so their weights were ultimately set to zero. Second, some cancers had PCA weights more similar to communicable, maternal, and neonatal causes, which meant these causes were weighted more equally (appendix p 157). Finally, we derived PCA weights from country-level estimates and applied them to subnational results; this approach provides greater stability across

GBD iterations, particularly as the GBD continues to expand its subnational assessments.

Examining correlates of HAQ Index performance

The HAQ Index reflects many factors that affect service access and quality across the continuums of care and therapeutic areas, and thus it is challenging to distinguish the unique contribution of access versus quality from other potential drivers.³⁹ To provide an initial examination of correlates with HAQ Index performance, we ran Pearson correlations between location-specific HAQ Index values with financial measures (eg, total health spending per capita),⁴⁰ and health system inputs and outputs (eg, outpatient and inpatient utilisation).³³ We selected these indicators on the basis of data availability in relation to GBD locations, and thus they do not represent all possible correlates.

Comparing performance on the HAQ Index across the development spectrum

As well as examining global patterns, we report differences in the HAQ Index across levels of development. To do this, we used SDI, a summary measure of overall development based on average income per capita, educational attainment, and total fertility rates.⁴¹ Countries are grouped by SDI quintiles, as established in GBD 2016, on the basis of their 2016 SDI values.³¹

Uncertainty analysis

GBD aims to propagate uncertainty throughout its estimation process, which results in uncertainty intervals (UIs) accompanying each estimate. We estimated the HAQ Index for each location-year on the basis of 1000 draws from the posterior distribution for each included cause of death. 95% UIs were based on the 2·5th and 97·5th quantiles of the draws for each measure.

Role of the funding source

The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Results

National and subnational patterns in personal health-care access and quality

The HAQ Index performance followed distinct geographical patterns in 2016 (figure 1), with most countries in the highest decile clustered in Europe or nearby (ie, Iceland), and almost all countries in the lowest decile located in sub-Saharan Africa. Exceptions to this pattern included Canada, Japan, Australia, and New Zealand in the tenth decile, and Afghanistan in the first decile. More heterogeneity emerged among the next deciles of performance (eg, USA, UK, Malta, Lebanon, Singapore, and South Korea, in the ninth decile; Cuba, Chile,

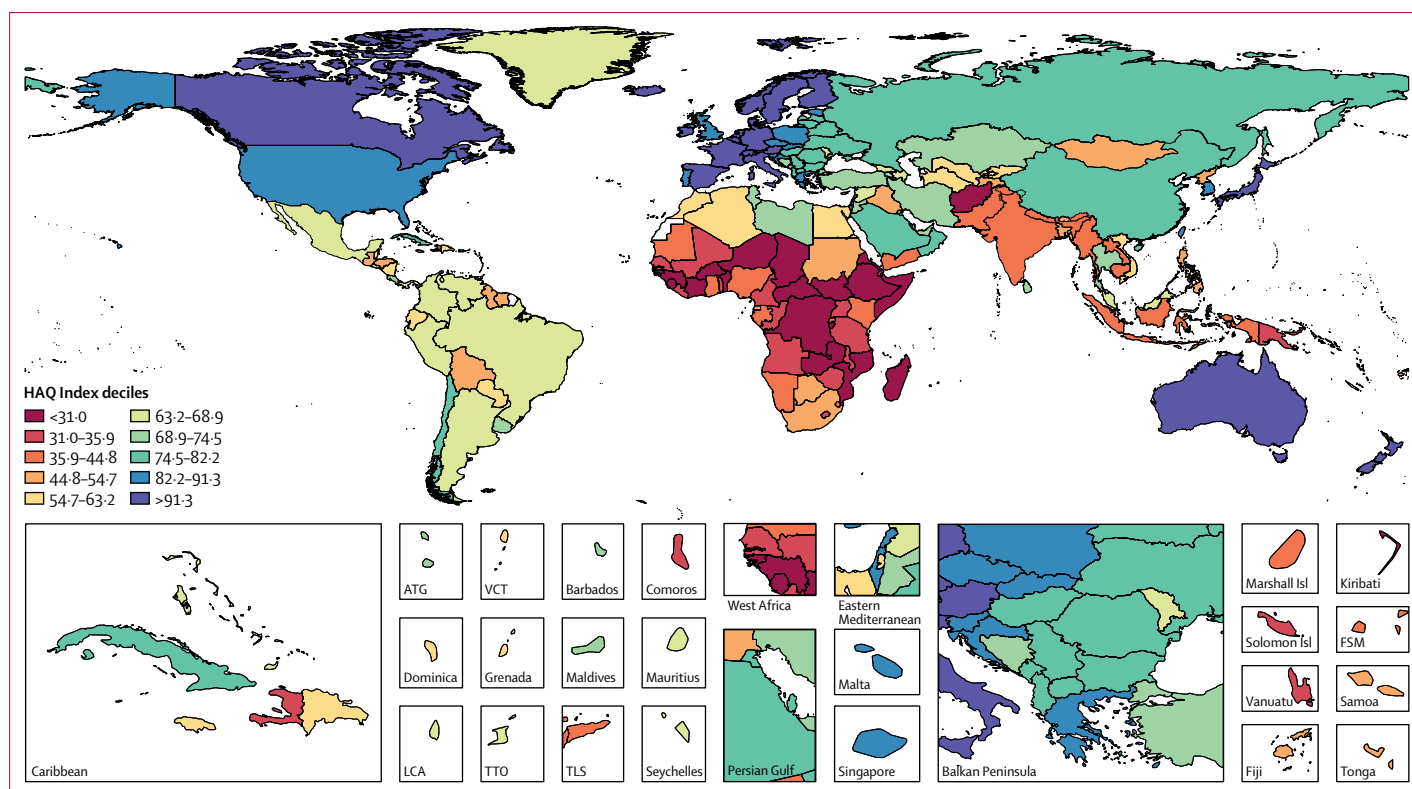


Figure 1: Map of HAQ Index values, by decile, in 2016

Deciles are based on the distribution of HAQ Index values in 2016. Where lower and upper bounds of deciles appear to overlap, they should be interpreted as values up to but not equaling the upper bound in the preceding decile (ie, exclusive of the upper bound value) and values equaling the lower bound of the following decile (ie, inclusive of the lower bound value). HAQ Index=Healthcare Access and Quality Index. ATG=Antigua and Barbuda. VCT=Saint Vincent and the Grenadines. LCA=Saint Lucia. TTO=Trinidad and Tobago. FSM=Federated States of Micronesia. TLS=Timor-Leste.

Saudi Arabia, and Russia, in the eighth decile). Most Latin American countries scored between the fourth and sixth deciles, whereas southeast Asia featured a broader range, spanning from the seventh (Thailand and Sri Lanka) to third deciles (Cambodia, Indonesia, Laos, Myanmar, and Timor-Leste). By 2016, many sub-Saharan African countries improved their performance from 1990 and 2000 (appendix pp 113–14), such as South Africa and Botswana rising to the fourth decile, and several locations moving to the third decile (eg, Kenya, Rwanda, Namibia, Nigeria, Ghana). African countries that remained in the first decile since 1990 were generally concentrated in central and eastern sub-Saharan Africa.

We applied the deciles set by national HAQ Index scores in 2016 to subnational locations (figure 2), and a more nuanced landscape surfaced regarding inequalities in personal health-care access and quality. China was in the eighth decile in 2016, and had provinces spanning from the tenth decile (Beijing 91.5, 95% UI 89.1–93.6) to the fourth decile (Tibet 48.0, 43.5–53.2), with a higher performance (ie, eighth and ninth deciles) among eastern provinces and lower (ie, fifth and sixth deciles) in western provinces. For India, which was in the third decile in 2016, subnational performance ranged from the sixth (Goa 64.8,

59.6–68.8; Kerala 63.9, 58.6–67.0) to the second deciles (Assam 34.0, 30.3–38.1; and Uttar Pradesh 34.9, 31.1–38.4). Brazil and Mexico, each in the sixth decile nationally for 2016, had variable subnational patterns. In Brazil, performance was as high as the eighth decile for the Federal District (75.4, 72.3–78.1), but most states, particularly northern ones, were in the fifth decile. Conversely, Mexico featured six states in the seventh decile, whereas most others were in the sixth decile; four states, all along Mexico's southern border, fell within the fifth decile. Both occupying the ninth decile nationally, England and the USA had subnational locations spanning from the tenth to seventh deciles in 2016; Blackpool (79.7 [76.6–82.8]) had the lowest HAQ Index score in England and Mississippi (81.5 [78.6–84.2]) had the lowest score in the USA. The USA's highest HAQ Index scores were limited to a subset of northeastern states, Minnesota, and Washington state, and higher performance was primarily dispersed across southern England. Nearly all Japanese prefectures occupied the top decile of HAQ Index performance in 2016. The appendix contains a more in-depth exploration of subnational trends over time by country (pp 115–28).

Patterns of performance on the overall HAQ Index and health areas varied considerably across countries in

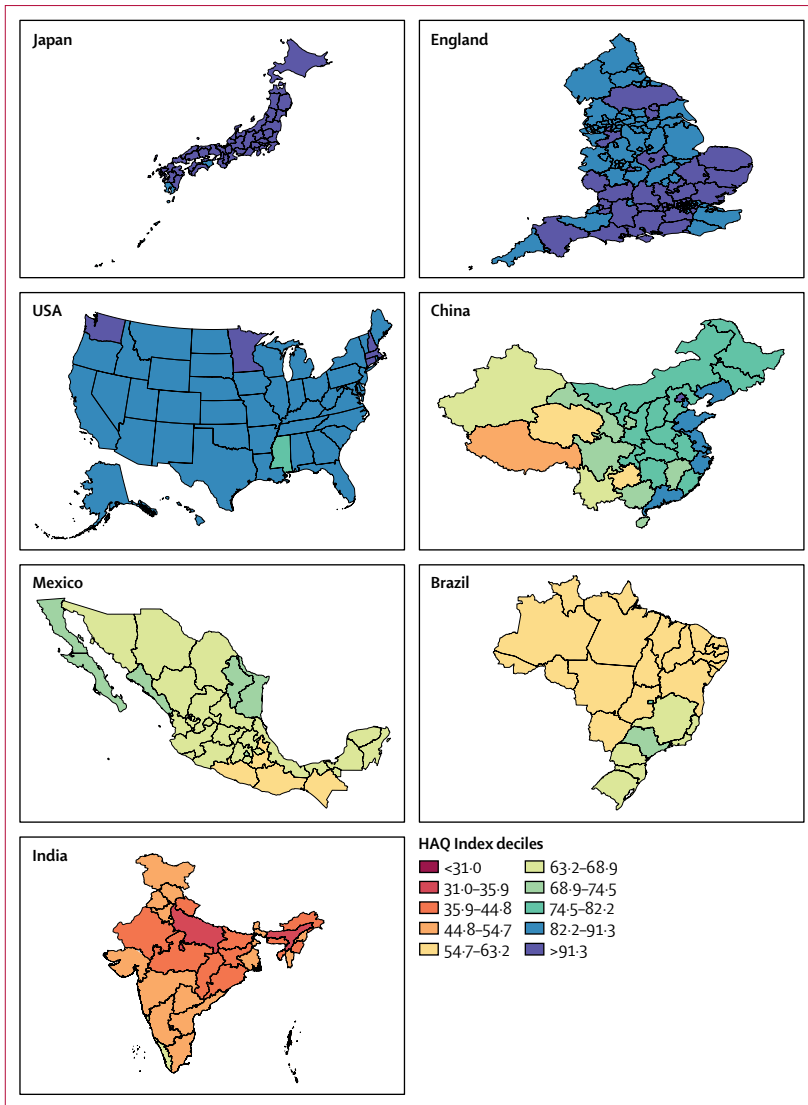


Figure 2: Map of HAQ Index values for selected subnational locations in 2016

Deciles are based on the distribution of HAQ Index values for countries and territories in 2016 (as shown in figure 1), and then applied for subnational locations. Where lower and upper bounds of deciles appear to overlap, they should be interpreted as values up to but not equalling the upper bound in the preceding decile (ie, exclusive of the upper bound value) and values equalling the lower bound of the following decile (ie, inclusive of the lower bound value). HAQ Index=Healthcare Access and Quality Index.

2016 (figure 3). Locations that scored approximately 90 or higher on the HAQ Index had generally high scores across broader causes, including vaccine-preventable diseases, infectious diseases and maternal and child health, and causes that require complex case management (eg, epilepsy, diabetes, and chronic kidney disease). Nonetheless, many of these countries had lower scores for cancers and some non-communicable diseases. Greater heterogeneity occurred across causes for countries that scored below 90 on the HAQ Index, though many locations achieved greater consistency, and high scores, for vaccine-preventable diseases and gastrointestinal causes for which surgery could avert death. For these

countries, a mixture of relatively low values on cancers and some non-communicable diseases, and then comparably better performance on other health areas, was commonplace. Among countries with lower HAQ Index scores in 2016 (ie, lower than approximately 50), most fared poorly across health areas and recorded particularly low scores on cancers, some infectious causes like tuberculosis, and maternal and child health. Nonetheless, many still exceeded a score of 90 for some causes (eg, diphtheria, upper respiratory infections).

Progress on personal health-care access and quality

Although global gaps between the highest and lowest HAQ Index values slightly widened over time (from 76.4 in 1990 to 78.5 in 2016), changes by SDI quintile showed more diverse trends (figure 4A). Low-middle-SDI countries saw some differences increase since 1990, with HAQ Index scores ranging from 29.0 to 67.2 by 2016. Conversely, disparities considerably narrowed among middle-SDI countries from 1990 (a 46.8-point difference) to 2016 (a 30.6-point difference). Among countries with subnational HAQ Index estimates (figure 4B), there was variation in when and how much local inequalities changed. In the USA, state-level differences decreased since 1990, but then comparably little progress occurred from 2000 to 2016. On the other hand, in Japan, absolute differences between prefectures narrowed to a 4.8-point difference between 2000 and 2016. In England, disparities slightly increased since 1990, from a 13.7-point difference in 1990, to a 16.9-point difference in 2016. China's overall gains quickened since 2000, though absolute differences between Chinese provinces remained high in 2016 (a 43.5-point gap). Mexico's progress on the HAQ Index was much faster from 1990 to 2000, than from 2000 to 2016, although absolute inequalities somewhat narrowed by 2016 (ie, a 20.9-point difference to a 17.0-point difference). Brazil's state-level disparities slightly widened after 2000, rising from an absolute difference of 17.2 in 1990, to 20.4 in 2016. However, compared with Mexico, Brazil's overall progress was more consistent across time periods. Although India's improvements on the HAQ Index hastened from 2000 to 2016, the gap between the country's highest and lowest scores widened (23.4-point difference in 1990, and 30.8-point difference in 2016).

From 1990 to 2016, 186 of 195 countries and territories significantly increased their HAQ Index score, with several middle-SDI countries, including China, the Maldives, Equatorial Guinea, Peru, and Thailand achieving among the most pronounced gains (table 2; appendix p 130). South Korea, Taiwan (Province of China), and Cyprus recorded the largest improvements among high-SDI countries, and Lebanon, Turkey, and Saudi Arabia had the most progress for high-middle-SDI countries. For many low-middle-SDI and low-SDI countries, advances in the HAQ Index either primarily took place or accelerated from 2000 to 2016 (figure 5; appendix pp 133–35). Bangladesh, Myanmar, Bhutan,

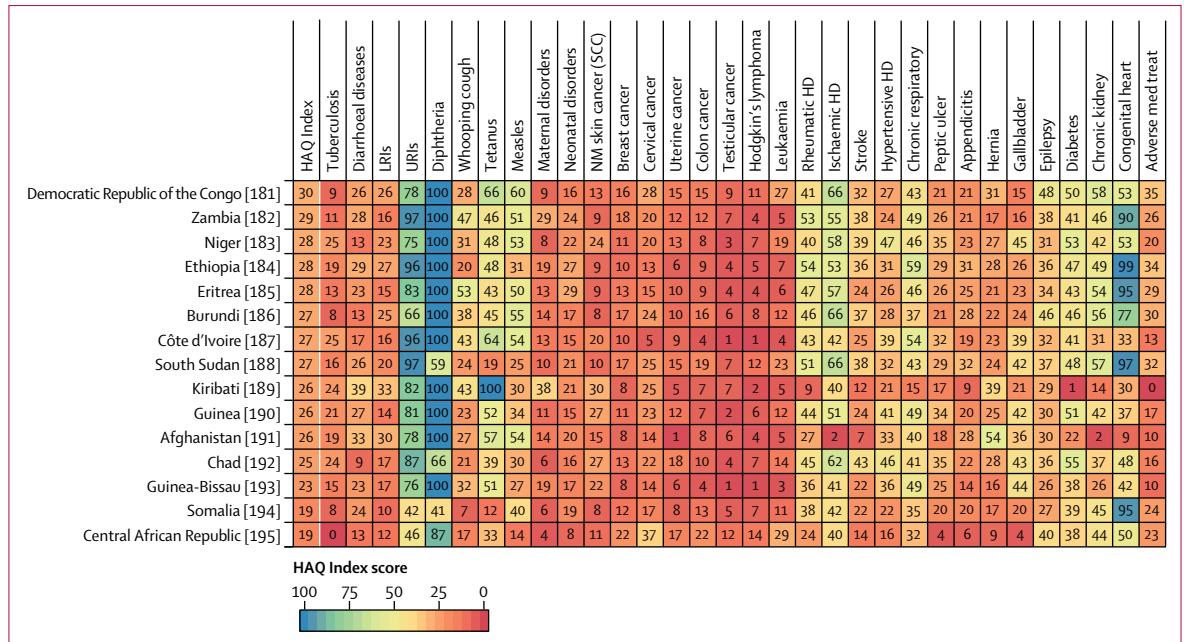


Figure 3: Performance on the HAQ Index and 32 individual causes, by country or territory, in 2016
 Countries are ranked by their HAQ Index score from highest to lowest in 2016. The HAQ Index and individual causes are reported on a scale of 0–100, with 0 representing the worst levels observed from 1990 to 2016, and 100 reflecting the best during that time. HAQ Index=Healthcare Access and Quality Index. LRIs=lower respiratory infections. URIs=upper respiratory infections. NM=non-melanoma. SCC=squamous-cell carcinoma. Colon cancer=colon and rectum cancer. HD=heart disease. Chronic respiratory=chronic respiratory diseases. Peptic ulcer=peptic ulcer disease. Hernia=inguinal, femoral, and abdominal hernia. Gallbladder=gallbladder and biliary diseases. Chronic kidney=chronic kidney disease. Congenital heart=congenital heart anomalies. Adverse med treat=adverse effects of medical treatment.

Cambodia, and Laos (low-middle SDI), and Rwanda and Ethiopia (low SDI), exemplified this trend. Some countries in eastern Europe and central Asia (eg, Russia, Belarus, Kazakhstan) also experienced substantive progress from 2000 to 2016, after stalled gains or faltering performance from 1990 to 2000. A subset of countries, including Vietnam and Nepal, recorded more comparable rates of change for each time period, whereas others, including several countries in Latin America and the Caribbean (eg, Guatemala, Mexico, Dominican Republic; table 2, appendix pp 133–35), had much slower progress after making considerable gains from 1990 to 2000. Nine countries, all low-to-middle SDI, did not record significant increases from 1990 to 2016. Table 2 and the appendix (pp 158–64) provide estimates of HAQ Index values, as well as absolute change and annualised rates of change for 1990–2000, 2000–16, and 1990–2016.

Focusing on 2000–16, examining improvement across health areas highlights a mixture of progress and potential for worsening performance if past trends are not addressed (appendix pp 136–41). Across locations, the largest gains primarily took place for vaccine-preventable diseases (eg, measles), some infectious diseases (eg, diarrhoeal diseases), some cancers (eg, leukaemia), and some non-communicable diseases. Such advances were most pronounced among countries that also recorded substantive increases in their overall HAQ Index (eg, China, Turkey). At the same

time, many low-to-middle SDI countries experienced relatively few gains across most non-communicable diseases. Furthermore, countries with minimal progress on overall HAQ Index performance had comparatively small advances, even for health areas in which improvements have been more widespread. The main exception was vaccine-preventable diseases, especially measles, for low-SDI to middle-SDI countries (appendix pp 136–41).

Correlates of HAQ Index performance

Although total health spending per capita was strongly correlated with HAQ Index performance in 2016 ($r=0.94$; figure 6), large variation existed at similar spending levels. For instance, some countries with HAQ Index scores between 40 and 70 spent at least three times more than did peers with similar performance. Government spending as a fraction of total health spending had positive, albeit moderate, correlation with HAQ Index performance in 2016 ($r=0.76$; appendix p 145), whereas development assistance for health showed an opposite pattern ($r=-0.71$; appendix p 147). Country-level HAQ Index scores in 2016 were positively associated with physicians, nurses, and midwives per 1000 ($r=0.79$), and similar, though more moderate, correlations were found for hospital beds per 1000 and utilisation (appendix pp 149–52). Nonetheless, sizeable heterogeneity emerged across

these health system measures and their relationships to the HAQ Index, particularly among middle-to-high SDI countries. All correlations and additional figures are in the appendix (pp 142–52, 165).

Discussion

Summary of findings

Amid gains on personal health-care access and quality, striking disparities remained regarding HAQ Index scores achieved by 2016, and how quickly locations improved over time. In 2016, HAQ Index performance diverged along the development spectrum, ranging from more than 97 in Iceland to less than 20 in the Central African Republic and Somalia. Subnational inequalities were particularly pronounced in China and India, although high-income countries, including England and the USA, also saw considerable local gaps in performance. The global pace of progress accelerated from 2000 to 2016, a trend fuelled by many low-SDI and low-middle-SDI countries in sub-Saharan Africa and southeast Asia. By contrast, several countries saw slowed or minimal improvement from 2000 to 2016 after recording larger gains from 1990 to 2000. Examining patterns in broader causes unveiled considerable heterogeneity in country-level improvements across health areas. These findings, coupled with the variable relationships between national HAQ Index values and potential correlates of performance, underscore the complexities of orienting health systems toward providing access to quality services across health needs and along continuums of care.

Inequalities in personal health-care access and quality within countries

Our subnational assessment of HAQ Index performance shows the importance of monitoring health-care gaps and gains at more local levels. Further, because some factors might be more uniform because of country-level policy or health-care characteristics (eg, national insurance schemes, federally-maintained referral systems), this analysis offers the opportunity to consider if or how challenges in access and quality are experienced within countries. For instance, Mexico's subnational differences could be more related to state-level variations in quality given the country's concerted efforts to expand access and service coverage through a tiered insurance system.^{42,43} Similar factors might underlie disparities in England, where the National Health Service ought to minimise financial barriers to accessing health care.³⁰ Nonetheless, other obstacles probably exist, including inadequate utilisation of care across Mexican states,⁴⁴ and local variations in health funding⁴⁵ or human resource constraints within England.⁴⁶ Striking disparities in China and India might represent myriad factors, including large variations in physical access to health facilities, health

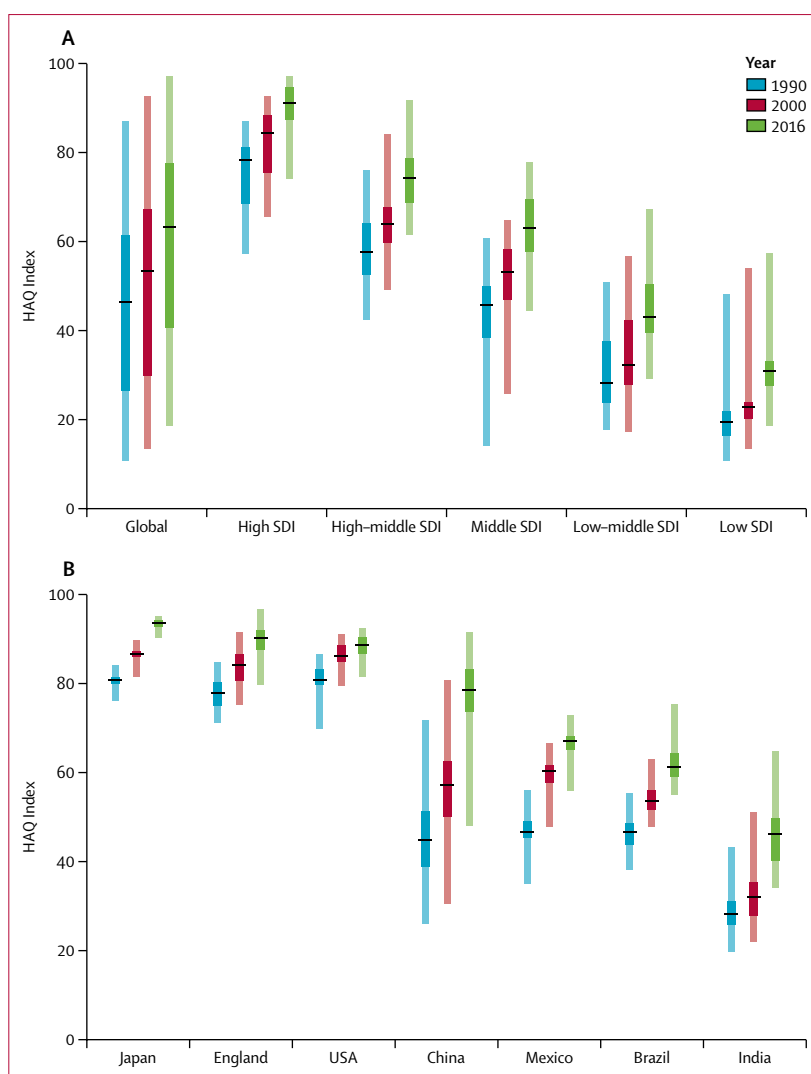


Figure 4: Median, IQR, and range of the HAQ Index in 1990, 2000, and 2016, globally and by SDI quintile (A), and for seven countries with subnational estimates (B)

Black lines represent the median, dark-coloured boxes represent the IQR, and the light-coloured boxes represent the full range of values within a given group. Subnational locations represented in panel B are as follows: 47 prefectures in Japan; 150 local government areas in England; 50 states and the District of Columbia in the USA; 33 provinces and special administrative regions in China; 32 states in Mexico; 26 states and the Federal District in Brazil; and 31 states and union territories in India. HAQ Index=Healthcare Access and Quality Index. SDI=Socio-demographic Index.

system infrastructure and scale-up of medical technologies, and provision of effective services across continuums of care. Brazil's universal health coverage-focused initiatives, including expanding community-based health programmes and governance functions, seem to have contributed to local reductions in amenable mortality from 2000 to 2012.¹⁴ However, state-level progress on the HAQ Index was generally faster from 1990 to 2000 than from 2000 to 2016, suggesting that advances in access might not always be accompanied by improved quality of care across health services, especially for non-communicable diseases. State-level differences in the USA could be

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
Global	37.6 (36.8 to 38.8)	42.4 (41.6 to 43.2)	54.4 (53.5 to 55.4)	16.8 (15.2 to 18.0)*	4.7 (4.0 to 5.4)*	12.0 (10.9 to 13.1)*	1.42 (1.28 to 1.53)*	1.18 (0.99 to 1.36)*	1.56 (1.42 to 1.70)*
Southeast Asia, east Asia, and Oceania†	37.1 (35.9 to 38.6)	44.9 (43.9 to 46.2)	62.9 (61.8 to 64.2)	25.9 (24.1 to 27.3)*	7.8 (6.9 to 8.8)*	18.0 (16.6 to 19.4)*	2.04 (1.88 to 2.16)*	1.92 (1.67 to 2.17)*	2.11 (1.93 to 2.27)*
East Asia	42.8 (41.4 to 44.6)	53.3 (52.1 to 54.9)	77.0 (75.5 to 78.1)	34.2 (31.7 to 35.9)*	10.5 (8.8 to 12.2)*	23.7 (21.7 to 25.3)*	2.26 (2.08 to 2.39)*	2.20 (1.80 to 2.56)*	2.30 (2.11 to 2.46)*
China	42.6 (41.2 to 44.5)	53.3 (52.0 to 55.1)	77.9 (76.5 to 78.9)	35.3 (32.8 to 37.0)*	10.8 (8.8 to 12.6)*	24.6 (22.4 to 26.2)*	2.33 (2.13 to 2.46)*	2.25 (1.83 to 2.63)*	2.37 (2.15 to 2.54)*
North Korea	49.6 (46.2 to 52.9)	47.6 (44.1 to 51.2)	53.4 (49.6 to 56.9)	3.8 (-1.3 to 8.2)	-1.9 (-6.2 to 2.0)	5.7 (1.2 to 10.2)*	0.28 (-0.10 to 0.62)	-0.40 (-1.26 to 0.41)	0.71 (0.15 to 1.26)*
Taiwan (Province of China)	60.6 (58.6 to 62.7)	71.8 (69.9 to 73.7)	85.4 (82.5 to 88.2)	24.8 (21.4 to 28.1)*	11.2 (8.6 to 13.6)*	13.6 (10.2 to 16.7)*	1.32 (1.14 to 1.49)*	1.70 (1.30 to 2.07)*	1.08 (0.82 to 1.32)*
Oceania	27.2 (22.9 to 31.0)	32.4 (28.4 to 36.3)	36.0 (31.8 to 40.4)	8.8 (4.0 to 13.5)*	5.2 (1.9 to 8.5)*	3.6 (-0.5 to 7.8)	1.08 (0.49 to 1.66)*	1.76 (0.62 to 2.97)*	0.66 (-0.10 to 1.44)
American Samoa	47.6 (44.6 to 50.6)	55.9 (52.9 to 59.1)	59.5 (55.0 to 64.1)	11.9 (6.5 to 17.4)*	8.3 (4.1 to 12.5)*	3.6 (-1.8 to 8.9)	0.86 (0.46 to 1.23)*	1.61 (0.79 to 2.42)*	0.38 (-0.20 to 0.96)
Federated States of Micronesia	27.9 (23.4 to 32.5)	32.2 (27.2 to 37.1)	41.6 (34.8 to 49.1)	13.7 (5.8 to 21.4)*	4.3 (0.0 to 8.0)	9.4 (2.3 to 17.2)*	1.54 (0.68 to 2.40)*	1.44 (0.02 to 2.72)*	1.59 (0.44 to 2.77)*
Fiji	41.0 (34.8 to 47.2)	43.3 (39.7 to 47.0)	47.9 (41.9 to 54.3)	6.8 (-1.9 to 15.4)	2.2 (-4.0 to 8.6)	4.6 (-2.4 to 11.8)	0.59 (-0.17 to 1.35)	0.55 (-0.92 to 2.16)	0.62 (-0.34 to 1.59)
Guam	61.9 (59.0 to 64.9)	71.3 (68.7 to 74.0)	68.7 (64.8 to 72.9)	6.7 (2.0 to 11.6)*	9.4 (5.6 to 13.4)*	-2.7 (-7.5 to 2.5)	0.40 (0.12 to 0.67)*	1.41 (0.83 to 2.03)*	-0.24 (-0.67 to 0.21)
Kiribati	20.3 (17.0 to 23.8)	23.0 (19.9 to 26.3)	26.5 (21.4 to 31.1)	6.2 (1.0 to 11.1)*	2.7 (-1.0 to 6.0)	3.4 (-1.1 to 7.9)	1.02 (0.19 to 1.81)*	1.27 (-0.49 to 2.79)	0.86 (-0.27 to 1.95)
Marshall Islands	33.1 (30.4 to 36.1)	34.5 (31.1 to 38.0)	43.0 (38.0 to 48.2)	9.9 (4.3 to 15.1)*	1.3 (-2.5 to 5.3)	8.6 (3.5 to 13.7)*	1.00 (0.46 to 1.50)*	0.38 (-0.76 to 1.54)	1.39 (0.56 to 2.17)*
Northern Mariana Islands	61.5 (56.0 to 67.0)	71.9 (67.7 to 75.9)	73.7 (69.2 to 78.3)	12.2 (5.4 to 19.4)*	10.4 (5.6 to 15.1)*	1.8 (-3.8 to 7.4)	0.70 (0.30 to 1.12)*	1.56 (0.83 to 2.37)*	0.15 (-0.33 to 0.64)
Papua New Guinea	22.9 (17.8 to 27.7)	28.5 (23.2 to 33.6)	31.8 (26.2 to 37.4)	8.9 (2.7 to 15.1)*	5.6 (1.4 to 9.8)*	3.3 (-2.1 to 8.6)	1.27 (0.37 to 2.15)*	2.19 (0.52 to 3.95)*	0.70 (-0.43 to 1.85)
Samoa	37.4 (32.8 to 41.7)	43.6 (38.8 to 48.2)	47.6 (42.8 to 52.6)	10.3 (4.5 to 16.1)*	6.3 (2.6 to 9.7)*	4.0 (-1.2 to 9.0)	0.93 (0.41 to 1.48)*	1.56 (0.67 to 2.43)*	0.55 (-0.16 to 1.21)
Solomon Islands	26.7 (21.2 to 32.3)	31.4 (25.9 to 36.8)	32.4 (27.1 to 37.7)	5.8 (-0.9 to 12.3)	4.8 (0.4 to 8.8)*	1.0 (-4.6 to 6.2)	0.76 (-0.11 to 1.65)	1.66 (0.14 to 3.15)*	0.20 (-0.87 to 1.24)
Tonga	38.4 (33.7 to 42.9)	42.8 (38.4 to 47.2)	49.6 (44.4 to 54.4)	11.2 (5.0 to 17.4)*	4.4 (0.4 to 8.3)*	6.8 (1.7 to 11.8)*	0.99 (0.44 to 1.55)*	1.10 (0.08 to 2.11)*	0.92 (0.22 to 1.60)*
Vanuatu	28.2 (23.2 to 33.1)	28.7 (24.0 to 33.2)	32.4 (26.9 to 37.5)	4.3 (-2.0 to 10.3)	0.6 (-3.4 to 4.8)	3.7 (-1.9 to 8.9)	0.55 (-0.26 to 1.36)	0.21 (-1.17 to 1.73)	0.75 (-0.39 to 1.82)
Southeast Asia	29.3 (27.8 to 30.8)	34.5 (33.0 to 36.0)	47.5 (45.9 to 49.2)	18.1 (16.4 to 20.0)*	5.1 (4.0 to 6.2)*	13.0 (11.4 to 14.6)*	1.85 (1.67 to 2.05)*	1.61 (1.25 to 1.97)*	2.00 (1.76 to 2.27)*
Cambodia	20.3 (17.7 to 23.6)	23.0 (20.9 to 25.3)	39.4 (36.4 to 42.5)	19.1 (14.8 to 23.0)*	2.7 (-0.7 to 5.7)	16.5 (13.0 to 19.9)*	2.56 (1.90 to 3.12)*	1.25 (-0.33 to 2.76)	3.38 (2.65 to 4.10)*
Indonesia	28.9 (26.4 to 31.7)	33.0 (31.1 to 35.3)	44.5 (42.6 to 46.8)	15.6 (12.8 to 18.4)*	4.1 (1.8 to 6.0)*	11.5 (9.2 to 13.8)*	1.67 (1.33 to 2.01)*	1.34 (0.57 to 2.00)*	1.87 (1.49 to 2.27)*
Laos	18.0 (15.4 to 21.4)	21.8 (18.8 to 24.7)	36.6 (32.6 to 41.1)	18.6 (13.6 to 24.0)*	3.8 (0.4 to 7.1)*	14.8 (10.2 to 19.6)*	2.74 (1.97 to 3.51)*	1.94 (0.21 to 3.58)*	3.24 (2.23 to 4.25)*
Malaysia	44.2 (42.5 to 46.1)	54.2 (52.6 to 55.9)	68.1 (65.9 to 70.2)	23.9 (21.3 to 26.6)*	10.0 (7.8 to 12.3)*	13.9 (11.5 to 16.2)*	1.66 (1.47 to 1.85)*	2.05 (1.59 to 2.51)*	1.43 (1.19 to 1.66)*
Maldives	37.6 (33.6 to 41.0)	52.7 (49.9 to 55.4)	70.4 (65.7 to 74.8)	32.8 (26.9 to 39.1)*	15.1 (11.9 to 18.6)*	17.6 (11.9 to 22.8)*	2.41 (1.98 to 2.92)*	3.39 (2.62 to 4.32)*	1.80 (1.24 to 2.29)*
Mauritius	53.9 (52.6 to 55.3)	61.9 (60.4 to 63.2)	68.7 (65.5 to 71.9)	14.8 (11.6 to 18.0)*	8.0 (6.4 to 9.4)*	6.8 (3.6 to 10.0)*	0.93 (0.75 to 1.12)*	1.38 (1.10 to 1.64)*	0.65 (0.35 to 0.94)*
Myanmar	19.9 (17.2 to 22.6)	23.1 (20.2 to 26.0)	41.6 (38.0 to 45.5)	21.7 (17.4 to 26.4)*	3.1 (-0.2 to 6.2)	18.6 (14.5 to 22.5)*	2.84 (2.29 to 3.44)*	1.46 (-0.08 to 2.86)	3.70 (2.82 to 4.54)*
Philippines	39.0 (37.3 to 40.6)	42.7 (40.7 to 44.5)	51.2 (47.9 to 54.4)	12.2 (8.7 to 15.8)*	3.8 (1.9 to 5.7)*	8.4 (4.8 to 11.9)*	1.05 (0.76 to 1.33)*	0.92 (0.46 to 1.41)*	1.12 (0.65 to 1.56)*
Seychelles	45.9 (43.8 to 48.1)	57.3 (55.2 to 59.4)	65.6 (62.2 to 68.9)	19.8 (16.1 to 23.5)*	11.4 (8.6 to 14.0)*	8.4 (4.6 to 12.0)*	1.38 (1.12 to 1.63)*	2.22 (1.67 to 2.75)*	0.85 (0.48 to 1.22)*

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Sri Lanka	47.4 (45.1 to 49.8)	54.4 (52.1 to 56.9)	70.6 (66.3 to 75.3)	23.2 (18.5 to 28.1)*	7.0 (3.8 to 10.2)*	16.2 (11.5 to 21.0)*	1.53 (1.24 to 1.84)*	1.38 (0.75 to 2.02)*	1.62 (1.16 to 2.08)*
Thailand	44.4 (42.4 to 46.6)	54.7 (52.2 to 57.4)	69.5 (66.5 to 72.6)	25.1 (21.4 to 28.7)*	10.3 (7.2 to 13.3)*	14.8 (10.9 to 18.6)*	1.72 (1.46 to 1.95)*	2.09 (1.49 to 2.66)*	1.49 (1.09 to 1.88)*
Timor-Leste	22.2 (17.2 to 27.8)	27.3 (23.0 to 34.5)	43.4 (37.2 to 51.9)	21.2 (12.9 to 29.8)*	5.2 (-0.9 to 12.3)	16.0 (9.3 to 22.8)*	2.60 (1.51 to 3.68)*	2.12 (-0.33 to 4.94)	2.89 (1.61 to 4.06)*
Vietnam	36.6 (33.1 to 40.4)	44.7 (41.6 to 48.2)	60.3 (56.3 to 64.1)	23.7 (18.1 to 29.0)*	8.1 (4.2 to 12.1)*	15.6 (10.8 to 20.3)*	1.92 (1.46 to 2.40)*	2.01 (1.01 to 3.05)*	1.87 (1.28 to 2.47)*
Central Europe, eastern Europe, and central Asia†	57.1 (55.8 to 58.6)	59.5 (58.1 to 60.8)	71.4 (68.1 to 74.3)	14.3 (10.9 to 17.4)*	2.5 (0.6 to 4.2)*	11.8 (8.4 to 14.9)*	0.86 (0.66 to 1.03)*	0.43 (0.10 to 0.73)*	1.13 (0.82 to 1.41)*
Central Asia	48.4 (47.0 to 49.9)	49.6 (48.2 to 51.0)	60.2 (58.2 to 62.4)	11.8 (9.5 to 14.1)*	1.2 (-0.5 to 2.8)	10.6 (8.3 to 12.9)*	0.84 (0.68 to 1.00)*	0.25 (-0.10 to 0.58)	1.21 (0.96 to 1.47)*
Armenia	55.7 (53.6 to 58.0)	58.9 (57.2 to 61.0)	70.7 (67.8 to 73.5)	15.0 (11.9 to 18.0)*	3.2 (1.1 to 5.3)*	11.7 (8.9 to 14.8)*	0.92 (0.74 to 1.10)*	0.56 (0.18 to 0.94)*	1.14 (0.87 to 1.42)*
Azerbaijan	49.6 (47.0 to 52.1)	51.9 (49.4 to 54.4)	65.6 (61.2 to 69.6)	16.1 (11.1 to 20.6)*	2.3 (-1.1 to 5.6)	13.8 (9.2 to 18.4)*	1.08 (0.76 to 1.37)*	0.46 (-0.21 to 1.10)	1.47 (1.00 to 1.93)*
Georgia	61.2 (59.0 to 63.5)	63.4 (60.8 to 65.4)	67.1 (62.7 to 71.0)	5.9 (1.1 to 10.7)*	2.1 (-0.7 to 4.7)	3.7 (-0.8 to 7.9)	0.35 (0.07 to 0.63)*	0.34 (-0.11 to 0.76)	0.36 (-0.08 to 0.76)
Kazakhstan	55.5 (53.1 to 57.6)	54.1 (51.4 to 56.5)	69.1 (64.7 to 73.2)	13.6 (9.3 to 18.0)*	-1.4 (-4.3 to 1.5)	15.0 (10.2 to 19.6)*	0.84 (0.58 to 1.10)*	-0.25 (-0.80 to 0.27)	1.53 (1.05 to 1.97)*
Kyrgyzstan	50.9 (49.5 to 53.1)	52.6 (51.3 to 54.2)	60.6 (58.3 to 62.8)	9.7 (6.7 to 12.4)*	1.8 (0.1 to 3.3)*	8.0 (5.2 to 10.3)*	0.67 (0.46 to 0.85)*	0.34 (0.02 to 0.63)*	0.88 (0.57 to 1.13)*
Mongolia	36.6 (34.0 to 39.3)	38.7 (36.1 to 41.5)	53.4 (49.1 to 57.6)	16.8 (11.3 to 21.9)*	2.2 (-1.3 to 5.6)	14.6 (9.5 to 19.7)*	1.45 (0.98 to 1.86)*	0.58 (-0.35 to 1.46)	2.00 (1.32 to 2.65)*
Tajikistan	41.3 (38.7 to 44.2)	42.6 (39.9 to 45.5)	51.7 (47.7 to 55.5)	10.4 (5.7 to 15.3)*	1.3 (-2.7 to 5.1)	9.1 (4.4 to 13.8)*	0.86 (0.48 to 1.25)*	0.30 (-0.64 to 1.24)	1.21 (0.60 to 1.82)*
Turkmenistan	45.4 (43.8 to 46.9)	49.1 (47.1 to 51.0)	61.6 (58.7 to 64.8)	16.2 (13.0 to 20.2)*	3.6 (1.3 to 6.1)*	12.6 (9.8 to 15.3)*	1.17 (0.96 to 1.44)*	0.77 (0.27 to 1.29)*	1.43 (1.12 to 1.71)*
Uzbekistan	50.3 (48.4 to 52.2)	52.8 (51.0 to 54.6)	62.9 (59.3 to 66.0)	12.6 (8.6 to 16.1)*	2.5 (0.2 to 4.8)*	10.1 (6.2 to 13.2)*	0.86 (0.60 to 1.09)*	0.49 (0.04 to 0.92)*	1.09 (0.69 to 1.42)*
Central Europe	58.8 (57.7 to 60.2)	68.9 (67.6 to 69.9)	80.6 (79.2 to 81.7)	21.8 (19.6 to 23.2)*	10.1 (8.3 to 11.3)*	11.7 (10.5 to 12.9)*	1.21 (1.09 to 1.30)*	1.58 (1.30 to 1.79)*	0.98 (0.88 to 1.09)*
Albania	54.8 (52.7 to 56.9)	63.6 (61.5 to 65.7)	75.4 (72.5 to 78.2)	20.6 (17.2 to 24.0)*	8.8 (6.1 to 11.7)*	11.8 (8.4 to 15.0)*	1.23 (1.03 to 1.42)*	1.49 (1.03 to 1.96)*	1.06 (0.77 to 1.35)*
Bosnia and Herzegovina	52.3 (49.4 to 55.2)	61.3 (58.1 to 64.4)	72.2 (67.2 to 76.4)	19.9 (14.8 to 24.6)*	9.0 (5.8 to 12.3)*	10.9 (5.9 to 16.1)*	1.24 (0.94 to 1.52)*	1.59 (1.01 to 2.18)*	1.02 (0.56 to 1.51)*
Bulgaria	65.1 (64.0 to 66.4)	68.0 (66.5 to 69.0)	77.2 (73.3 to 80.7)	12.1 (8.4 to 15.8)*	2.9 (1.2 to 4.2)*	9.2 (5.4 to 12.8)*	0.65 (0.46 to 0.84)*	0.43 (0.18 to 0.63)*	0.79 (0.48 to 1.08)*
Croatia	73.9 (71.9 to 76.2)	78.1 (76.5 to 79.7)	86.9 (84.5 to 89.4)	13.0 (9.7 to 16.4)*	4.2 (1.6 to 6.7)*	8.8 (5.8 to 11.8)*	0.63 (0.46 to 0.79)*	0.55 (0.21 to 0.90)*	0.67 (0.45 to 0.89)*
Czech Republic	72.2 (70.9 to 73.4)	81.4 (79.8 to 82.4)	89.0 (87.5 to 90.4)	16.8 (14.9 to 18.7)*	9.2 (7.4 to 10.4)*	7.6 (6.0 to 9.5)*	0.80 (0.72 to 0.89)*	1.20 (0.96 to 1.35)*	0.56 (0.44 to 0.70)*
Hungary	66.4 (64.8 to 68.6)	74.5 (73.0 to 76.0)	82.1 (79.5 to 84.9)	15.7 (12.6 to 18.7)*	8.0 (6.0 to 9.9)*	7.6 (4.7 to 10.7)*	0.81 (0.66 to 0.96)*	1.14 (0.83 to 1.41)*	0.61 (0.38 to 0.84)*
Macedonia	59.3 (57.2 to 61.6)	65.3 (63.6 to 67.4)	75.1 (72.6 to 77.5)	15.7 (12.3 to 18.9)*	6.0 (3.4 to 8.4)*	9.7 (6.7 to 12.6)*	0.90 (0.71 to 1.09)*	0.96 (0.54 to 1.36)*	0.87 (0.61 to 1.11)*
Montenegro	69.1 (66.5 to 71.7)	70.3 (68.4 to 72.4)	81.0 (78.6 to 83.5)	11.9 (8.3 to 15.5)*	1.1 (-1.8 to 3.9)	10.8 (7.8 to 13.9)*	0.61 (0.42 to 0.80)*	0.16 (-0.26 to 0.57)	0.89 (0.64 to 1.14)*
Poland	61.0 (59.8 to 62.4)	70.8 (69.1 to 72.0)	82.4 (79.7 to 84.6)	21.4 (18.2 to 23.8)*	9.8 (7.6 to 11.4)*	11.6 (9.3 to 14.0)*	1.16 (0.99 to 1.28)*	1.49 (1.16 to 1.73)*	0.95 (0.77 to 1.13)*
Romania	59.1 (57.6 to 61.0)	66.8 (65.2 to 68.4)	78.3 (75.9 to 80.7)	19.2 (16.3 to 21.9)*	7.7 (5.3 to 9.5)*	11.5 (8.9 to 14.2)*	1.08 (0.91 to 1.22)*	1.22 (0.83 to 1.51)*	0.99 (0.78 to 1.21)*
Serbia	64.7 (61.9 to 67.5)	66.9 (64.9 to 69.2)	77.2 (74.9 to 79.3)	12.5 (9.3 to 15.6)*	2.2 (-0.7 to 5.2)	10.3 (7.4 to 13.0)*	0.68 (0.51 to 0.86)*	0.33 (-0.11 to 0.80)	0.90 (0.64 to 1.13)*
Slovakia	67.8 (65.8 to 69.4)	73.6 (71.6 to 75.4)	83.3 (80.4 to 86.3)	15.5 (12.3 to 18.9)*	5.9 (3.6 to 8.1)*	9.7 (6.6 to 12.8)*	0.79 (0.64 to 0.95)*	0.83 (0.51 to 1.15)*	0.77 (0.53 to 1.02)*

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Slovenia	74.1 (72.2 to 76.1)	79.5 (77.8 to 81.3)	90.8 (88.2 to 93.4)	16.6 (13.5 to 19.8)*	5.3 (3.0 to 7.9)*	11.3 (8.0 to 14.6)*	0.78 (0.63 to 0.92)*	0.70 (0.39 to 1.03)*	0.83 (0.59 to 1.06)*
Eastern Europe	63.5 (61.7 to 65.3)	63.1 (61.1 to 64.8)	75.0 (69.6 to 80.2)	11.5 (5.7 to 16.5)*	-0.4 (-3.0 to 1.9)	11.9 (6.4 to 17.1)*	0.64 (0.33 to 0.90)*	-0.07 (-0.48 to 0.29)	1.08 (0.60 to 1.51)*
Belarus	64.8 (63.4 to 66.3)	66.1 (63.7 to 67.6)	79.0 (75.3 to 82.8)	14.3 (10.5 to 18.1)*	1.3 (-1.6 to 3.1)	13.0 (9.1 to 16.9)*	0.76 (0.58 to 0.96)*	0.20 (-0.25 to 0.48)	1.12 (0.79 to 1.46)*
Estonia	68.2 (66.8 to 69.8)	71.6 (70.2 to 72.8)	85.9 (83.6 to 88.3)	17.7 (15.1 to 20.6)*	3.4 (1.7 to 5.0)*	14.3 (11.8 to 17.0)*	0.89 (0.76 to 1.03)*	0.48 (0.25 to 0.72)*	1.14 (0.94 to 1.35)*
Latvia	67.3 (65.9 to 68.8)	69.6 (68.1 to 71.0)	80.7 (78.0 to 83.3)	13.4 (10.5 to 16.4)*	2.3 (0.4 to 4.1)*	11.1 (8.3 to 14.2)*	0.70 (0.55 to 0.84)*	0.33 (0.06 to 0.61)*	0.93 (0.70 to 1.17)*
Lithuania	69.3 (68.0 to 70.6)	72.1 (70.6 to 73.4)	80.5 (78.7 to 82.3)	11.2 (9.2 to 13.2)*	2.9 (1.2 to 4.4)*	8.3 (6.0 to 10.7)*	0.58 (0.47 to 0.68)*	0.40 (0.17 to 0.62)*	0.68 (0.49 to 0.87)*
Moldova	56.6 (54.4 to 59.0)	58.1 (56.0 to 60.2)	67.4 (64.5 to 70.4)	10.8 (7.3 to 14.0)*	1.5 (-1.5 to 4.3)	9.3 (6.2 to 12.6)*	0.67 (0.46 to 0.86)*	0.26 (-0.25 to 0.76)	0.93 (0.62 to 1.24)*
Russia	63.1 (60.6 to 65.4)	62.5 (60.1 to 64.7)	75.1 (67.7 to 81.7)	11.9 (4.5 to 19.0)*	-0.6 (-3.8 to 2.5)	12.6 (5.0 to 19.4)*	0.66 (0.26 to 1.01)*	-0.10 (-0.63 to 0.40)	1.14 (0.48 to 1.73)*
Ukraine	64.9 (63.3 to 66.5)	64.0 (61.8 to 65.8)	74.6 (68.3 to 79.8)	9.6 (3.3 to 15.2)*	-1.0 (-3.6 to 1.2)	10.6 (4.2 to 16.5)*	0.53 (0.19 to 0.81)*	-0.15 (-0.56 to 0.18)	0.95 (0.39 to 1.45)*
High income†	75.5 (74.4 to 76.6)	83.2 (82.3 to 83.8)	89.8 (89.2 to 90.4)	14.4 (13.3 to 15.5)*	7.7 (6.7 to 8.8)*	6.6 (6.0 to 7.4)*	0.67 (0.62 to 0.73)*	0.98 (0.84 to 1.11)*	0.48 (0.43 to 0.54)*
Australasia	83.2 (82.4 to 84.0)	89.7 (89.0 to 90.5)	95.5 (94.5 to 96.4)	12.3 (11.2 to 13.3)*	6.5 (5.8 to 7.3)*	5.8 (4.8 to 6.8)*	0.53 (0.48 to 0.57)*	0.76 (0.67 to 0.85)*	0.39 (0.32 to 0.46)*
Australia	83.9 (83.0 to 84.7)	90.4 (89.6 to 91.2)	95.9 (94.8 to 96.8)	12.0 (10.9 to 13.1)*	6.5 (5.6 to 7.5)*	5.5 (4.4 to 6.6)*	0.51 (0.47 to 0.56)*	0.75 (0.65 to 0.86)*	0.37 (0.30 to 0.44)*
New Zealand	80.2 (79.2 to 81.4)	87.0 (86.0 to 87.8)	92.4 (90.3 to 94.3)	12.2 (9.8 to 14.3)*	6.8 (5.4 to 7.9)*	5.4 (3.1 to 7.4)*	0.54 (0.44 to 0.64)*	0.81 (0.64 to 0.95)*	0.38 (0.22 to 0.51)*
High-income Asia Pacific	73.7 (72.1 to 75.6)	81.8 (80.6 to 83.1)	93.2 (91.8 to 94.2)	19.5 (16.9 to 21.5)*	8.1 (5.9 to 10.0)*	11.4 (9.7 to 13.0)*	0.90 (0.78 to 1.00)*	1.04 (0.75 to 1.30)*	0.81 (0.69 to 0.93)*
Brunei	62.9 (60.0 to 65.6)	70.0 (67.5 to 72.7)	76.4 (71.9 to 81.0)	13.5 (8.4 to 18.7)*	7.1 (3.9 to 10.6)*	6.4 (1.4 to 11.3)*	0.75 (0.48 to 1.02)*	1.07 (0.60 to 1.60)*	0.55 (0.12 to 0.94)*
Japan	80.9 (80.3 to 81.7)	86.9 (86.3 to 87.5)	94.1 (93.5 to 94.6)	13.3 (12.2 to 13.9)*	6.1 (5.4 to 6.4)*	7.2 (6.6 to 7.8)*	0.58 (0.54 to 0.62)*	0.72 (0.65 to 0.77)*	0.50 (0.45 to 0.54)*
Singapore	69.2 (66.5 to 72.0)	79.7 (77.2 to 82.0)	90.6 (87.2 to 93.3)	21.4 (17.5 to 25.0)*	10.5 (7.1 to 13.9)*	10.9 (7.1 to 14.8)*	1.04 (0.85 to 1.21)*	1.41 (0.95 to 1.88)*	0.80 (0.53 to 1.08)*
South Korea	59.5 (56.2 to 62.9)	74.4 (71.4 to 77.0)	90.3 (85.6 to 93.9)	30.9 (24.6 to 35.7)*	14.9 (10.0 to 18.9)*	15.9 (10.9 to 20.4)*	1.61 (1.28 to 1.87)*	2.24 (1.47 to 2.86)*	1.21 (0.84 to 1.54)*
High-income North America	81.0 (80.1 to 81.7)	87.1 (86.5 to 87.7)	89.1 (88.4 to 89.8)	8.1 (7.4 to 9.0)*	6.1 (5.5 to 6.8)*	2.0 (1.5 to 2.6)*	0.37 (0.34 to 0.41)*	0.73 (0.66 to 0.81)*	0.14 (0.11 to 0.18)*
Canada	83.2 (82.2 to 84.1)	89.3 (88.4 to 90.2)	93.8 (92.8 to 94.8)	10.6 (9.3 to 11.9)*	6.1 (5.1 to 6.9)*	4.5 (3.4 to 5.7)*	0.46 (0.40 to 0.52)*	0.71 (0.59 to 0.80)*	0.31 (0.24 to 0.39)*
Greenland	54.0 (50.6 to 57.5)	59.2 (56.4 to 62.8)	67.5 (62.7 to 72.7)	13.5 (8.0 to 19.0)*	5.2 (1.6 to 8.9)*	8.3 (3.3 to 13.5)*	0.86 (0.52 to 1.19)*	0.92 (0.29 to 1.55)*	0.82 (0.33 to 1.31)*
USA	80.7 (79.8 to 81.5)	86.8 (86.1 to 87.4)	88.7 (88.0 to 89.4)	8.0 (7.2 to 8.8)*	6.1 (5.5 to 6.7)*	1.9 (1.4 to 2.5)*	0.36 (0.33 to 0.40)*	0.72 (0.65 to 0.81)*	0.13 (0.10 to 0.18)*
Southern Latin America	54.2 (52.9 to 55.5)	62.6 (61.0 to 63.8)	70.0 (67.9 to 72.0)	15.8 (13.7 to 17.8)*	8.4 (6.8 to 9.7)*	7.4 (5.2 to 9.5)*	0.99 (0.86 to 1.10)*	1.45 (1.17 to 1.66)*	0.70 (0.50 to 0.89)*
Argentina	53.8 (52.3 to 55.2)	61.7 (59.8 to 63.1)	68.1 (65.8 to 70.1)	14.3 (12.0 to 16.5)*	8.0 (6.1 to 9.5)*	6.3 (4.2 to 8.5)*	0.91 (0.77 to 1.04)*	1.38 (1.06 to 1.64)*	0.61 (0.41 to 0.82)*
Chile	56.5 (54.9 to 58.4)	67.0 (65.4 to 68.5)	77.9 (72.3 to 83.7)	21.4 (15.5 to 27.5)*	10.5 (8.4 to 12.5)*	10.9 (5.3 to 16.4)*	1.23 (0.93 to 1.53)*	1.70 (1.35 to 2.03)*	0.94 (0.47 to 1.39)*
Uruguay	57.9 (56.7 to 59.1)	64.7 (63.2 to 65.8)	71.0 (68.9 to 73.0)	13.1 (10.9 to 15.2)*	6.8 (5.1 to 8.2)*	6.3 (4.1 to 8.5)*	0.79 (0.66 to 0.90)*	1.12 (0.84 to 1.34)*	0.58 (0.39 to 0.78)*
Western Europe	78.6 (77.9 to 79.6)	85.3 (84.6 to 86.0)	92.6 (91.7 to 93.3)	13.9 (12.8 to 14.8)*	6.7 (6.0 to 7.3)*	7.2 (6.6 to 7.9)*	0.63 (0.58 to 0.67)*	0.82 (0.73 to 0.90)*	0.51 (0.46 to 0.56)*
Andorra	84.7 (79.5 to 89.3)	92.8 (88.9 to 96.0)	94.7 (91.2 to 97.0)	10.0 (4.4 to 15.4)*	8.1 (3.8 to 12.6)*	1.8 (-2.5 to 5.8)	0.43 (0.19 to 0.67)*	0.92 (0.43 to 1.45)*	0.12 (-0.17 to 0.39)

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Austria	80.9 (79.9 to 82.2)	87.4 (86.5 to 88.5)	93.9 (92.6 to 95.3)	13.1 (11.3 to 14.7)*	6.6 (5.6 to 7.6)*	6.5 (5.1 to 8.0)*	0.58 (0.50 to 0.65)*	0.78 (0.66 to 0.91)*	0.45 (0.36 to 0.55)*
Belgium	80.7 (79.4 to 82.2)	86.1 (84.8 to 87.3)	92.9 (90.7 to 95.0)	12.2 (9.6 to 14.7)*	5.4 (3.7 to 7.1)*	6.8 (4.6 to 9.1)*	0.54 (0.43 to 0.65)*	0.65 (0.44 to 0.85)*	0.47 (0.32 to 0.63)*
Cyprus	68.3 (66.3 to 70.5)	78.0 (76.6 to 79.7)	90.3 (88.8 to 91.8)	22.0 (19.6 to 24.3)*	9.6 (7.7 to 11.5)*	12.3 (10.5 to 14.3)*	1.07 (0.95 to 1.20)*	1.32 (1.04 to 1.59)*	0.92 (0.78 to 1.06)*
Denmark	81.1 (79.3 to 82.7)	85.0 (83.5 to 86.8)	92.1 (89.8 to 94.3)	11.0 (8.2 to 13.7)*	3.8 (1.7 to 6.5)*	7.2 (4.5 to 10.0)*	0.49 (0.36 to 0.61)*	0.46 (0.20 to 0.78)*	0.51 (0.32 to 0.70)*
Finland	81.0 (79.8 to 82.3)	87.7 (86.7 to 88.7)	95.9 (94.6 to 96.9)	14.9 (13.0 to 16.5)*	6.8 (5.3 to 8.0)*	8.1 (6.7 to 9.5)*	0.65 (0.56 to 0.72)*	0.80 (0.62 to 0.95)*	0.55 (0.46 to 0.65)*
France	77.6 (76.4 to 79.1)	84.1 (83.0 to 85.3)	91.7 (90.3 to 93.1)	14.1 (12.1 to 16.0)*	6.6 (5.4 to 7.7)*	7.6 (6.0 to 9.1)*	0.64 (0.55 to 0.73)*	0.81 (0.66 to 0.95)*	0.54 (0.42 to 0.65)*
Germany	78.9 (77.5 to 80.6)	86.1 (84.9 to 87.3)	92.0 (90.4 to 93.6)	13.1 (10.8 to 15.1)*	7.2 (5.4 to 8.9)*	5.9 (4.1 to 8.0)*	0.59 (0.49 to 0.68)*	0.87 (0.65 to 1.09)*	0.42 (0.29 to 0.56)*
Greece	79.5 (78.4 to 80.5)	85.3 (84.4 to 86.3)	90.4 (88.8 to 91.9)	10.9 (9.1 to 12.6)*	5.8 (4.8 to 6.8)*	5.1 (3.5 to 6.7)*	0.49 (0.42 to 0.57)*	0.70 (0.58 to 0.84)*	0.36 (0.25 to 0.47)*
Iceland	87.0 (85.6 to 88.5)	92.8 (91.5 to 93.9)	97.1 (95.8 to 98.1)	10.2 (8.6 to 11.7)*	5.8 (4.1 to 7.3)*	4.4 (2.8 to 6.0)*	0.42 (0.36 to 0.49)*	0.65 (0.46 to 0.81)*	0.29 (0.18 to 0.39)*
Ireland	76.3 (74.9 to 77.5)	83.9 (82.4 to 85.4)	94.6 (91.8 to 96.8)	18.3 (15.3 to 20.9)*	7.6 (6.0 to 9.3)*	10.7 (7.8 to 13.4)*	0.83 (0.70 to 0.94)*	0.95 (0.75 to 1.17)*	0.75 (0.55 to 0.93)*
Israel	71.2 (68.9 to 73.7)	77.9 (75.5 to 80.5)	84.8 (80.7 to 88.4)	13.5 (8.6 to 18.0)*	6.7 (3.4 to 10.0)*	6.8 (2.3 to 10.8)*	0.67 (0.43 to 0.88)*	0.90 (0.46 to 1.34)*	0.52 (0.18 to 0.83)*
Italy	81.5 (80.6 to 82.4)	88.8 (87.8 to 89.7)	94.9 (93.4 to 96.0)	13.3 (11.8 to 14.7)*	7.2 (6.3 to 8.1)*	6.1 (4.7 to 7.4)*	0.58 (0.52 to 0.64)*	0.85 (0.74 to 0.96)*	0.41 (0.32 to 0.51)*
Luxembourg	81.4 (79.7 to 83.0)	90.3 (88.8 to 91.6)	96.0 (94.4 to 97.3)	14.7 (12.4 to 16.7)*	8.9 (7.2 to 10.6)*	5.7 (3.9 to 7.4)*	0.64 (0.53 to 0.73)*	1.04 (0.83 to 1.24)*	0.38 (0.26 to 0.49)*
Malta	75.0 (73.0 to 77.0)	81.1 (79.0 to 83.0)	89.9 (86.3 to 93.0)	14.9 (10.8 to 18.8)*	6.1 (3.5 to 8.7)*	8.8 (4.9 to 12.6)*	0.70 (0.52 to 0.87)*	0.78 (0.45 to 1.11)*	0.64 (0.36 to 0.91)*
Netherlands	84.1 (82.8 to 85.4)	88.6 (87.1 to 89.8)	96.1 (94.5 to 97.3)	11.9 (10.0 to 13.6)*	4.5 (3.1 to 6.0)*	7.4 (5.6 to 9.1)*	0.51 (0.43 to 0.58)*	0.52 (0.36 to 0.69)*	0.50 (0.38 to 0.62)*
Norway	84.0 (82.9 to 85.1)	90.6 (89.5 to 91.7)	96.6 (94.9 to 97.9)	12.6 (10.6 to 14.3)*	6.6 (5.4 to 7.9)*	6.0 (4.1 to 7.6)*	0.54 (0.46 to 0.61)*	0.76 (0.62 to 0.91)*	0.40 (0.27 to 0.51)*
Portugal	67.1 (65.9 to 68.3)	76.2 (75.1 to 77.3)	85.7 (84.1 to 87.3)	18.6 (16.9 to 20.4)*	9.1 (8.0 to 10.4)*	9.5 (7.8 to 11.3)*	0.94 (0.86 to 1.03)*	1.27 (1.11 to 1.46)*	0.74 (0.61 to 0.87)*
Spain	76.2 (75.2 to 77.2)	84.1 (83.1 to 84.9)	91.9 (90.5 to 93.2)	15.7 (14.2 to 17.3)*	7.9 (6.9 to 8.8)*	7.8 (6.5 to 9.2)*	0.72 (0.65 to 0.79)*	0.99 (0.87 to 1.11)*	0.56 (0.46 to 0.65)*
Sweden	85.2 (84.2 to 86.2)	92.4 (91.5 to 93.2)	95.5 (93.4 to 97.2)	10.2 (7.9 to 12.1)*	7.1 (6.1 to 8.2)*	3.1 (1.0 to 5.0)*	0.44 (0.34 to 0.51)*	0.81 (0.69 to 0.93)*	0.21 (0.07 to 0.33)*
Switzerland	86.8 (85.2 to 88.2)	91.6 (90.2 to 93.0)	95.6 (92.4 to 97.8)	8.8 (5.3 to 11.4)*	4.8 (3.0 to 6.6)*	4.0 (0.5 to 6.7)*	0.37 (0.22 to 0.48)*	0.54 (0.33 to 0.74)*	0.26 (0.04 to 0.45)*
UK	78.0 (77.1 to 78.6)	83.9 (83.0 to 84.6)	90.5 (89.6 to 91.3)	12.5 (11.8 to 13.4)*	6.0 (5.5 to 6.5)*	6.5 (5.9 to 7.2)*	0.57 (0.54 to 0.61)*	0.74 (0.69 to 0.80)*	0.47 (0.43 to 0.51)*
Latin America and Caribbean†	41.3 (40.3 to 42.5)	52.6 (51.3 to 53.7)	61.8 (60.4 to 63.0)	20.5 (19.0 to 21.8)*	11.3 (9.8 to 12.3)*	9.2 (8.1 to 10.2)*	1.55 (1.43 to 1.65)*	2.42 (2.09 to 2.66)*	1.01 (0.89 to 1.12)*
Andean Latin America	34.1 (32.4 to 36.0)	46.9 (45.3 to 48.6)	59.3 (56.3 to 62.4)	25.2 (21.4 to 28.8)*	12.8 (10.0 to 15.0)*	12.4 (9.5 to 15.3)*	2.13 (1.82 to 2.42)*	3.19 (2.47 to 3.76)*	1.47 (1.14 to 1.77)*
Bolivia	26.2 (23.6 to 29.0)	36.5 (34.2 to 38.9)	48.8 (43.5 to 54.0)	22.6 (16.6 to 28.1)*	10.3 (7.1 to 13.2)*	12.3 (6.8 to 17.6)*	2.39 (1.82 to 2.93)*	3.31 (2.27 to 4.38)*	1.81 (1.08 to 2.51)*
Ecuador	37.8 (36.1 to 39.9)	51.1 (48.9 to 52.8)	62.2 (59.5 to 64.6)	24.3 (20.8 to 27.4)*	13.3 (10.4 to 15.6)*	11.1 (8.8 to 13.4)*	1.91 (1.63 to 2.15)*	3.01 (2.35 to 3.55)*	1.22 (0.98 to 1.47)*
Peru	38.6 (36.3 to 41.3)	51.0 (48.8 to 53.4)	64.3 (59.2 to 69.4)	25.8 (19.8 to 31.4)*	12.4 (8.7 to 15.7)*	13.4 (8.0 to 18.5)*	1.97 (1.52 to 2.34)*	2.79 (1.92 to 3.53)*	1.45 (0.90 to 1.97)*
Caribbean	37.9 (36.1 to 40.0)	45.6 (43.6 to 47.7)	54.2 (51.1 to 57.3)	16.3 (12.7 to 19.7)*	7.7 (5.0 to 10.2)*	8.7 (5.3 to 12.1)*	1.38 (1.09 to 1.64)*	1.85 (1.20 to 2.43)*	1.09 (0.67 to 1.50)*
Antigua and Barbuda	57.0 (54.5 to 59.5)	62.8 (60.2 to 65.4)	69.8 (66.5 to 73.3)	12.8 (8.7 to 16.7)*	5.8 (2.7 to 9.0)*	7.0 (3.2 to 11.2)*	0.78 (0.53 to 1.01)*	0.97 (0.46 to 1.51)*	0.66 (0.31 to 1.04)*

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Barbados	59.3 (57.1 to 61.6)	67.3 (64.3 to 69.7)	70.8 (67.3 to 73.8)	11.6 (7.5 to 15.4)*	8.0 (4.8 to 11.0)*	3.6 (-0.2 to 7.5)	0.69 (0.45 to 0.90)*	1.27 (0.76 to 1.73)*	0.32 (-0.02 to 0.67)
Belize	46.6 (44.3 to 48.8)	48.6 (46.1 to 50.8)	55.7 (50.8 to 59.9)	9.1 (4.0 to 13.6)*	2.0 (-1.0 to 4.8)	7.2 (2.5 to 11.4)*	0.69 (0.31 to 1.01)*	0.41 (-0.21 to 1.02)	0.86 (0.31 to 1.35)*
Bermuda	63.1 (60.8 to 65.8)	73.5 (71.0 to 76.0)	83.1 (79.7 to 86.3)	20.0 (15.7 to 24.0)*	10.4 (6.8 to 13.7)*	9.6 (5.6 to 13.5)*	1.06 (0.84 to 1.26)*	1.52 (0.98 to 2.01)*	0.76 (0.45 to 1.08)*
Cuba	63.7 (62.4 to 65.5)	67.3 (66.2 to 68.6)	75.5 (73.5 to 77.7)	11.8 (9.5 to 14.2)*	3.6 (2.1 to 5.2)*	8.2 (6.0 to 10.4)*	0.65 (0.53 to 0.78)*	0.56 (0.32 to 0.79)*	0.72 (0.53 to 0.91)*
Dominica	52.4 (50.1 to 54.8)	58.9 (56.3 to 61.2)	61.9 (58.2 to 65.3)	9.5 (5.3 to 13.2)*	6.5 (3.8 to 9.3)*	3.0 (-1.3 to 6.9)	0.64 (0.37 to 0.88)*	1.18 (0.69 to 1.67)*	0.31 (-0.14 to 0.71)
Dominican Republic	38.4 (35.8 to 41.5)	52.5 (49.5 to 55.5)	61.2 (57.3 to 65.6)	22.8 (17.8 to 27.5)*	14.1 (9.6 to 18.1)*	8.7 (4.2 to 13.4)*	1.80 (1.40 to 2.14)*	3.14 (2.07 to 3.95)*	0.96 (0.46 to 1.44)*
Grenada	47.2 (44.1 to 50.4)	53.2 (50.4 to 55.8)	58.5 (54.7 to 62.2)	11.3 (6.7 to 16.2)*	5.9 (2.0 to 9.6)*	5.3 (1.2 to 9.7)*	0.82 (0.49 to 1.19)*	1.19 (0.40 to 1.95)*	0.60 (0.13 to 1.07)*
Guyana	38.4 (36.3 to 40.5)	43.2 (41.0 to 45.1)	49.8 (46.8 to 53.0)	11.4 (8.0 to 15.3)*	4.8 (1.9 to 7.2)*	6.6 (3.4 to 9.9)*	1.00 (0.71 to 1.32)*	1.19 (0.48 to 1.77)*	0.88 (0.46 to 1.32)*
Haiti	16.7 (13.8 to 19.8)	23.2 (19.6 to 26.9)	32.1 (26.6 to 37.8)	15.4 (9.5 to 21.4)*	6.5 (2.0 to 10.9)*	8.9 (2.7 to 15.1)*	2.51 (1.59 to 3.48)*	3.30 (1.02 to 5.61)*	2.02 (0.65 to 3.35)*
Jamaica	51.1 (48.2 to 54.2)	56.4 (52.4 to 59.8)	62.0 (56.8 to 67.3)	10.8 (5.0 to 16.7)*	5.2 (0.7 to 9.2)*	5.6 (0.2 to 10.9)*	0.74 (0.35 to 1.12)*	0.97 (0.13 to 1.69)*	0.59 (0.03 to 1.12)*
Puerto Rico	67.1 (65.7 to 68.8)	74.6 (73.0 to 76.2)	82.7 (80.2 to 85.0)	15.6 (12.7 to 18.2)*	7.5 (5.7 to 9.4)*	8.1 (5.5 to 10.7)*	0.80 (0.66 to 0.93)*	1.06 (0.80 to 1.32)*	0.64 (0.45 to 0.84)*
Saint Lucia	48.9 (46.6 to 51.1)	56.8 (54.5 to 58.9)	63.3 (60.3 to 66.0)	14.4 (10.9 to 17.7)*	7.9 (5.0 to 10.8)*	6.5 (3.3 to 9.7)*	1.00 (0.76 to 1.21)*	1.50 (0.95 to 2.07)*	0.68 (0.35 to 0.98)*
Saint Vincent and the Grenadines	49.6 (47.2 to 51.7)	53.0 (50.7 to 55.1)	57.4 (54.8 to 59.9)	7.8 (4.6 to 11.1)*	3.4 (0.9 to 5.8)*	4.4 (1.5 to 7.6)*	0.56 (0.34 to 0.79)*	0.66 (0.18 to 1.14)*	0.50 (0.17 to 0.86)*
Suriname	41.9 (39.9 to 44.2)	45.6 (43.0 to 47.9)	54.5 (51.2 to 57.6)	12.5 (8.3 to 16.4)*	3.6 (0.3 to 6.4)*	8.9 (5.6 to 12.4)*	1.01 (0.66 to 1.29)*	0.83 (0.07 to 1.47)*	1.12 (0.71 to 1.55)*
The Bahamas	56.1 (54.0 to 58.3)	63.4 (61.3 to 65.4)	66.4 (62.9 to 69.7)	10.3 (6.3 to 14.0)*	7.3 (4.7 to 9.8)*	3.0 (-0.7 to 6.4)	0.65 (0.40 to 0.88)*	1.22 (0.79 to 1.67)*	0.29 (-0.06 to 0.61)
Trinidad and Tobago	51.2 (49.7 to 52.6)	55.7 (53.7 to 57.3)	64.3 (60.7 to 67.5)	13.1 (9.0 to 16.6)*	4.5 (2.3 to 6.4)*	8.6 (5.3 to 11.8)*	0.87 (0.62 to 1.10)*	0.84 (0.43 to 1.18)*	0.89 (0.57 to 1.20)*
Virgin Islands	57.2 (54.6 to 60.4)	65.7 (63.0 to 68.8)	74.0 (70.0 to 79.1)	16.8 (11.9 to 21.9)*	8.5 (4.9 to 12.1)*	8.3 (4.0 to 13.2)*	0.99 (0.72 to 1.28)*	1.38 (0.80 to 1.96)*	0.75 (0.36 to 1.18)*
Central Latin America	43.3 (42.3 to 44.5)	55.8 (54.2 to 56.8)	64.4 (62.6 to 65.6)	21.1 (19.3 to 22.6)*	12.5 (10.8 to 13.7)*	8.6 (7.6 to 9.7)*	1.53 (1.40 to 1.63)*	2.54 (2.20 to 2.78)*	0.90 (0.79 to 1.01)*
Colombia	48.5 (46.7 to 50.6)	57.6 (55.9 to 59.0)	68.5 (65.8 to 70.9)	20.0 (16.6 to 23.0)*	9.1 (6.9 to 11.0)*	10.9 (8.3 to 13.4)*	1.33 (1.11 to 1.53)*	1.72 (1.29 to 2.11)*	1.09 (0.84 to 1.31)*
Costa Rica	60.7 (59.2 to 61.9)	64.7 (63.2 to 65.9)	73.7 (71.2 to 76.0)	13.0 (10.4 to 15.5)*	4.0 (2.5 to 5.5)*	9.0 (6.5 to 11.6)*	0.75 (0.60 to 0.88)*	0.64 (0.40 to 0.88)*	0.82 (0.60 to 1.04)*
El Salvador	38.1 (35.9 to 41.8)	52.1 (49.5 to 54.5)	63.2 (58.9 to 67.2)	25.1 (17.9 to 29.7)*	14.0 (8.5 to 17.2)*	11.1 (7.6 to 15.0)*	1.95 (1.38 to 2.27)*	3.14 (1.86 to 3.86)*	1.20 (0.84 to 1.60)*
Guatemala	30.4 (27.4 to 33.4)	42.0 (38.3 to 45.7)	51.5 (45.3 to 57.7)	21.1 (14.5 to 27.5)*	11.6 (7.1 to 16.1)*	9.4 (2.8 to 16.2)*	2.02 (1.42 to 2.57)*	3.24 (1.97 to 4.51)*	1.26 (0.38 to 2.10)*
Honduras	28.1 (24.8 to 31.3)	38.1 (33.1 to 43.3)	46.5 (40.1 to 53.1)	18.5 (11.4 to 25.5)*	10.0 (5.5 to 15.2)*	8.5 (2.1 to 15.1)*	1.94 (1.26 to 2.65)*	3.04 (1.73 to 4.52)*	1.25 (0.32 to 2.21)*
Mexico	45.5 (44.5 to 46.9)	59.0 (57.6 to 59.9)	66.3 (64.9 to 67.4)	20.8 (19.5 to 22.0)*	13.5 (12.0 to 14.6)*	7.3 (6.4 to 8.2)*	1.45 (1.34 to 1.54)*	2.61 (2.29 to 2.82)*	0.73 (0.64 to 0.82)*
Nicaragua	43.1 (41.0 to 46.2)	49.8 (47.9 to 52.0)	61.2 (57.0 to 65.4)	18.1 (11.9 to 22.9)*	6.7 (3.1 to 9.6)*	11.4 (7.2 to 15.7)*	1.35 (0.88 to 1.67)*	1.45 (0.65 to 2.09)*	1.28 (0.83 to 1.74)*
Panama	52.1 (49.3 to 55.5)	60.8 (58.6 to 62.9)	68.3 (64.6 to 71.9)	16.1 (10.8 to 21.2)*	8.7 (5.0 to 12.0)*	7.4 (3.3 to 11.6)*	1.04 (0.69 to 1.36)*	1.55 (0.86 to 2.15)*	0.72 (0.33 to 1.11)*
Venezuela	51.3 (49.0 to 53.9)	60.0 (58.0 to 61.8)	67.8 (63.6 to 71.8)	16.5 (11.1 to 21.5)*	8.7 (5.4 to 11.6)*	7.8 (3.5 to 11.9)*	1.07 (0.74 to 1.38)*	1.57 (0.97 to 2.10)*	0.76 (0.35 to 1.15)*
Tropical Latin America	46.1 (44.9 to 47.2)	54.9 (53.6 to 55.9)	63.4 (62.0 to 64.4)	17.3 (16.1 to 18.5)*	8.9 (7.9 to 9.7)*	8.4 (7.3 to 9.6)*	1.23 (1.14 to 1.31)*	1.76 (1.57 to 1.94)*	0.89 (0.77 to 1.02)*

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Brazil	46.5 (45.2 to 47.7)	55.3 (53.9 to 56.4)	63.8 (62.3 to 64.9)	17.3 (16.1 to 18.5)*	8.8 (8.0 to 9.6)*	8.5 (7.4 to 9.6)*	1.22 (1.13 to 1.30)*	1.74 (1.57 to 1.90)*	0.89 (0.78 to 1.02)*
Paraguay	43.1 (41.1 to 45.1)	49.8 (46.8 to 52.3)	56.7 (53.1 to 60.2)	13.6 (9.9 to 17.4)*	6.8 (3.7 to 9.5)*	6.9 (3.4 to 10.3)*	1.06 (0.78 to 1.32)*	1.46 (0.82 to 2.07)*	0.81 (0.41 to 1.20)*
North Africa and Middle East†	35.9 (33.7 to 37.9)	42.3 (40.5 to 44.0)	55.8 (54.0 to 57.8)	19.9 (17.6 to 22.2)*	6.4 (5.1 to 7.6)*	13.5 (11.6 to 15.5)*	1.70 (1.49 to 1.93)*	1.63 (1.29 to 2.00)*	1.73 (1.50 to 2.00)*
North Africa and Middle East	35.9 (33.7 to 37.9)	42.3 (40.5 to 44.0)	55.8 (54.0 to 57.8)	19.9 (17.6 to 22.2)*	6.4 (5.1 to 7.6)*	13.5 (11.6 to 15.5)*	1.70 (1.49 to 1.93)*	1.63 (1.29 to 2.00)*	1.73 (1.50 to 2.00)*
Afghanistan	15.8 (12.2 to 19.4)	14.9 (11.5 to 19.1)	25.9 (22.0 to 29.5)	10.1 (5.2 to 14.5)*	-0.9 (-4.1 to 2.7)	11.0 (6.4 to 15.4)*	1.93 (0.96 to 2.83)*	-0.60 (-2.75 to 1.68)	3.51 (1.88 to 5.10)*
Algeria	42.8 (37.6 to 46.7)	50.6 (46.1 to 54.2)	63.1 (59.4 to 66.4)	20.2 (16.0 to 24.6)*	7.8 (4.2 to 11.6)*	12.4 (8.7 to 16.7)*	1.49 (1.16 to 1.90)*	1.68 (0.89 to 2.56)*	1.38 (0.95 to 1.88)*
Bahrain	49.9 (46.7 to 53.1)	59.4 (56.3 to 62.2)	72.0 (67.3 to 76.5)	22.1 (16.5 to 27.2)*	9.5 (5.4 to 13.6)*	12.6 (7.3 to 17.9)*	1.41 (1.07 to 1.73)*	1.75 (0.98 to 2.51)*	1.20 (0.71 to 1.68)*
Egypt	34.2 (31.9 to 37.7)	45.9 (43.4 to 49.2)	58.0 (53.9 to 62.5)	23.8 (19.1 to 28.4)*	11.7 (8.8 to 14.5)*	12.1 (8.1 to 16.5)*	2.03 (1.64 to 2.39)*	2.94 (2.21 to 3.66)*	1.46 (1.00 to 1.95)*
Iran	49.3 (45.0 to 53.5)	61.0 (57.2 to 64.7)	71.8 (67.3 to 76.3)	22.4 (16.3 to 28.6)*	11.6 (6.4 to 16.7)*	10.8 (5.0 to 16.3)*	1.44 (1.04 to 1.87)*	2.12 (1.16 to 3.11)*	1.02 (0.47 to 1.54)*
Iraq	42.4 (38.5 to 47.1)	43.4 (40.0 to 46.8)	51.1 (45.9 to 56.6)	8.6 (1.2 to 15.8)*	0.9 (-3.8 to 5.6)	7.7 (1.6 to 13.7)*	0.71 (0.11 to 1.29)*	0.23 (-0.87 to 1.34)	1.02 (0.21 to 1.75)*
Jordan	50.0 (46.5 to 53.4)	58.3 (53.8 to 62.7)	70.2 (64.8 to 75.3)	20.2 (13.5 to 26.3)*	8.3 (4.0 to 13.0)*	11.9 (5.4 to 18.4)*	1.31 (0.88 to 1.70)*	1.54 (0.76 to 2.41)*	1.16 (0.54 to 1.82)*
Kuwait	66.8 (63.3 to 70.3)	70.8 (68.3 to 73.5)	80.7 (75.5 to 86.1)	13.8 (7.8 to 19.7)*	4.0 (-0.4 to 8.4)	9.9 (4.4 to 15.4)*	0.72 (0.42 to 1.02)*	0.58 (-0.05 to 1.22)	0.81 (0.37 to 1.25)*
Lebanon	53.1 (48.5 to 57.1)	67.2 (63.6 to 70.6)	85.6 (82.8 to 88.2)	32.5 (27.5 to 38.0)*	14.1 (9.8 to 18.5)*	18.4 (14.2 to 23.0)*	1.84 (1.52 to 2.21)*	2.36 (1.60 to 3.19)*	1.52 (1.15 to 1.93)*
Libya	50.9 (46.8 to 54.5)	57.9 (54.5 to 61.0)	71.1 (67.4 to 74.6)	20.2 (15.7 to 24.7)*	7.0 (4.1 to 9.9)*	13.2 (9.5 to 16.8)*	1.29 (1.00 to 1.60)*	1.30 (0.74 to 1.87)*	1.28 (0.93 to 1.65)*
Morocco	37.5 (34.7 to 40.7)	44.6 (41.5 to 47.5)	57.6 (54.5 to 60.8)	20.1 (16.2 to 23.6)*	7.1 (4.1 to 10.0)*	13.0 (9.9 to 16.1)*	1.65 (1.33 to 1.95)*	1.73 (0.99 to 2.45)*	1.60 (1.23 to 2.00)*
Oman	52.5 (49.6 to 55.5)	63.4 (61.1 to 65.9)	76.2 (74.0 to 78.6)	23.7 (20.4 to 27.1)*	10.9 (8.4 to 13.6)*	12.8 (10.0 to 15.4)*	1.43 (1.21 to 1.67)*	1.89 (1.44 to 2.38)*	1.15 (0.89 to 1.38)*
Palestine	48.1 (43.1 to 53.5)	54.1 (51.2 to 57.6)	57.4 (54.1 to 60.6)	9.3 (2.7 to 15.3)*	6.0 (0.4 to 11.7)*	3.3 (-1.0 to 7.2)	0.68 (0.20 to 1.15)*	1.19 (0.07 to 2.37)*	0.37 (-0.11 to 0.80)
Qatar	57.7 (53.3 to 62.2)	64.6 (60.3 to 69.1)	81.7 (75.9 to 86.6)	23.9 (16.8 to 30.8)*	6.9 (1.0 to 12.9)*	17.0 (10.4 to 24.0)*	1.33 (0.94 to 1.74)*	1.13 (0.16 to 2.11)*	1.46 (0.89 to 2.03)*
Saudi Arabia	49.9 (47.0 to 53.0)	56.6 (54.8 to 58.7)	77.1 (74.9 to 79.3)	27.2 (23.4 to 31.2)*	6.7 (3.9 to 9.7)*	20.5 (17.8 to 23.2)*	1.67 (1.42 to 1.95)*	1.26 (0.72 to 1.85)*	1.93 (1.69 to 2.18)*
Sudan	28.6 (24.3 to 31.8)	33.7 (29.8 to 36.7)	45.8 (41.0 to 50.0)	17.2 (13.1 to 21.3)*	5.1 (2.5 to 8.0)*	12.1 (8.0 to 16.0)*	1.81 (1.37 to 2.28)*	1.65 (0.76 to 2.66)*	1.91 (1.31 to 2.51)*
Syria	45.5 (42.6 to 48.3)	56.7 (54.6 to 58.8)	67.2 (64.4 to 70.2)	21.7 (17.9 to 25.7)*	11.2 (8.1 to 14.5)*	10.5 (7.1 to 14.0)*	1.50 (1.23 to 1.79)*	2.21 (1.58 to 2.94)*	1.06 (0.74 to 1.41)*
Tunisia	47.6 (43.2 to 50.9)	59.0 (55.3 to 62.3)	69.4 (65.4 to 73.7)	21.8 (17.1 to 26.8)*	11.4 (8.1 to 14.7)*	10.4 (6.6 to 14.3)*	1.45 (1.14 to 1.83)*	2.15 (1.50 to 2.85)*	1.02 (0.64 to 1.40)*
Turkey	42.5 (38.8 to 46.3)	53.9 (50.8 to 56.8)	74.4 (70.0 to 78.4)	31.9 (26.2 to 37.3)*	11.4 (7.9 to 15.2)*	20.4 (15.5 to 25.2)*	2.16 (1.76 to 2.53)*	2.39 (1.61 to 3.22)*	2.01 (1.53 to 2.50)*
United Arab Emirates	49.8 (43.7 to 55.4)	60.2 (56.0 to 64.4)	70.3 (65.5 to 75.4)	20.5 (12.8 to 28.6)*	10.4 (5.2 to 15.8)*	10.1 (4.1 to 16.6)*	1.33 (0.81 to 1.90)*	1.91 (0.93 to 3.00)*	0.97 (0.39 to 1.59)*
Yemen	25.2 (20.8 to 29.1)	31.4 (26.9 to 35.6)	43.3 (38.3 to 47.9)	18.1 (12.9 to 22.7)*	6.2 (2.6 to 9.9)*	11.9 (7.5 to 16.2)*	2.09 (1.45 to 2.72)*	2.20 (0.92 to 3.57)*	2.01 (1.22 to 2.75)*
South Asia†	23.8 (22.3 to 25.6)	27.6 (26.1 to 29.3)	40.4 (38.7 to 42.2)	16.6 (14.0 to 18.9)*	3.8 (2.1 to 5.2)*	12.9 (10.9 to 14.8)*	2.04 (1.70 to 2.32)*	1.47 (0.84 to 2.09)*	2.39 (2.01 to 2.77)*
South Asia	23.8 (22.3 to 25.6)	27.6 (26.1 to 29.3)	40.4 (38.7 to 42.2)	16.6 (14.0 to 18.9)*	3.8 (2.1 to 5.2)*	12.9 (10.9 to 14.8)*	2.04 (1.70 to 2.32)*	1.47 (0.84 to 2.09)*	2.39 (2.01 to 2.77)*
Bangladesh	17.8 (15.0 to 20.7)	27.5 (25.2 to 30.0)	47.6 (44.3 to 50.9)	29.8 (25.7 to 34.2)*	9.7 (6.5 to 12.8)*	20.1 (16.3 to 23.8)*	3.80 (3.18 to 4.50)*	4.36 (2.84 to 6.05)*	3.44 (2.78 to 4.09)*

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Bhutan	20.0 (16.2 to 23.9)	29.6 (26.1 to 33.1)	47.3 (42.6 to 52.0)	27.2 (22.1 to 32.6)*	9.6 (5.7 to 13.5)*	17.7 (13.1 to 22.3)*	3.32 (2.58 to 4.11)*	3.94 (2.29 to 5.80)*	2.93 (2.18 to 3.70)*
India	24.7 (22.9 to 27.2)	28.0 (26.3 to 30.3)	41.2 (39.1 to 43.4)	16.5 (13.4 to 19.4)*	3.3 (1.3 to 5.5)*	13.2 (10.7 to 15.6)*	1.97 (1.56 to 2.31)*	1.27 (0.46 to 2.03)*	2.41 (1.93 to 2.85)*
Nepal	21.0 (18.1 to 24.1)	26.5 (23.7 to 29.4)	40.0 (36.5 to 44.4)	19.1 (14.6 to 23.9)*	5.5 (2.5 to 8.5)*	13.6 (10.0 to 17.6)*	2.49 (1.90 to 3.14)*	2.33 (1.05 to 3.69)*	2.59 (1.94 to 3.31)*
Pakistan	26.8 (24.0 to 30.0)	27.4 (24.9 to 30.5)	37.6 (33.7 to 41.9)	10.8 (6.1 to 15.5)*	0.6 (-2.4 to 3.5)	10.2 (5.7 to 14.6)*	1.30 (0.73 to 1.86)*	0.22 (-0.86 to 1.32)	1.98 (1.11 to 2.77)*
Sub-Saharan Africa†	19.6 (18.2 to 21.1)	22.3 (20.9 to 23.8)	31.9 (30.5 to 33.7)	12.3 (10.5 to 14.1)*	2.7 (1.4 to 4.1)*	9.6 (8.0 to 11.3)*	1.88 (1.58 to 2.17)*	1.30 (0.65 to 1.96)*	2.24 (1.85 to 2.65)*
Central sub-Saharan Africa	19.6 (16.6 to 22.9)	20.6 (17.4 to 24.2)	29.2 (25.8 to 32.7)	9.7 (6.0 to 13.1)*	1.1 (-1.7 to 3.8)	8.6 (5.2 to 11.8)*	1.55 (0.96 to 2.19)*	0.54 (-0.86 to 1.87)	2.18 (1.26 to 3.11)*
Angola	18.4 (12.7 to 24.4)	20.6 (14.2 to 27.2)	33.4 (25.5 to 40.4)	14.9 (7.2 to 22.6)*	2.2 (-2.6 to 6.9)	12.8 (6.1 to 19.7)*	2.31 (1.09 to 3.64)*	1.11 (-1.26 to 3.57)	3.06 (1.34 to 4.95)*
Central African Republic	15.8 (12.7 to 19.6)	16.1 (11.2 to 22.1)	18.6 (13.1 to 24.4)	2.7 (-3.2 to 8.9)	0.3 (-4.7 to 5.4)	2.4 (-3.6 to 8.6)	0.59 (-0.80 to 1.85)	0.10 (-3.25 to 2.99)	0.89 (-1.33 to 3.19)
Congo (Brazzaville)	21.0 (17.0 to 25.1)	21.9 (18.0 to 25.9)	34.1 (28.4 to 40.4)	13.0 (6.7 to 20.0)*	0.8 (-3.3 to 5.2)	12.2 (6.4 to 18.6)*	1.86 (0.96 to 2.84)*	0.40 (-1.49 to 2.44)	2.77 (1.49 to 4.19)*
Democratic Republic of the Congo	21.7 (17.6 to 26.4)	22.1 (17.5 to 27.0)	29.6 (25.7 to 33.7)	7.9 (2.8 to 12.7)*	0.4 (-3.6 to 4.4)	7.5 (2.9 to 11.7)*	1.21 (0.44 to 2.00)*	0.19 (-1.59 to 1.98)	1.85 (0.69 to 2.94)*
Equatorial Guinea	13.9 (8.9 to 19.3)	25.7 (18.7 to 34.1)	49.3 (38.3 to 62.0)	35.4 (24.4 to 47.7)*	11.8 (6.1 to 18.5)*	23.6 (13.3 to 33.8)*	4.90 (3.41 to 6.58)*	6.18 (3.18 to 9.59)*	4.11 (2.43 to 5.84)*
Gabon	27.7 (24.2 to 31.4)	28.6 (24.5 to 32.9)	40.4 (35.0 to 46.1)	12.7 (6.6 to 18.9)*	0.9 (-3.7 to 5.4)	11.8 (5.4 to 17.9)*	1.45 (0.76 to 2.13)*	0.30 (-1.35 to 1.87)	2.17 (1.01 to 3.30)*
Eastern sub-Saharan Africa	15.0 (13.3 to 16.8)	18.8 (17.0 to 20.6)	29.2 (27.3 to 31.3)	14.2 (11.9 to 16.4)*	3.7 (1.9 to 5.5)*	10.5 (8.4 to 12.5)*	2.56 (2.11 to 3.03)*	2.22 (1.12 to 3.31)*	2.77 (2.18 to 3.34)*
Burundi	14.3 (10.7 to 18.2)	17.7 (14.2 to 21.3)	27.4 (23.1 to 32.1)	13.1 (7.3 to 18.2)*	3.4 (-0.8 to 7.5)	9.7 (4.6 to 14.5)*	2.52 (1.40 to 3.70)*	2.19 (-0.51 to 4.93)	2.73 (1.29 to 4.14)*
Comoros	19.4 (16.1 to 23.1)	23.4 (20.3 to 26.4)	33.0 (29.5 to 36.7)	13.6 (8.5 to 18.2)*	3.9 (0.5 to 7.4)*	9.6 (5.6 to 13.7)*	2.05 (1.24 to 2.82)*	1.87 (0.20 to 3.57)*	2.16 (1.25 to 3.06)*
Djibouti	23.1 (20.2 to 26.6)	24.3 (19.8 to 30.0)	35.0 (29.7 to 42.0)	11.8 (5.8 to 19.1)*	1.1 (-3.5 to 6.3)	10.7 (5.6 to 15.9)*	1.58 (0.78 to 2.41)*	0.45 (-1.58 to 2.47)	2.29 (1.22 to 3.43)*
Eritrea	12.2 (9.2 to 15.6)	20.7 (17.3 to 24.3)	27.6 (23.7 to 31.3)	15.4 (10.7 to 19.9)*	8.5 (5.1 to 12.1)*	6.9 (2.8 to 10.8)*	3.16 (2.12 to 4.28)*	5.33 (3.13 to 7.94)*	1.81 (0.71 to 2.89)*
Ethiopia	10.6 (7.8 to 14.1)	14.0 (11.1 to 17.3)	28.1 (24.3 to 32.2)	17.5 (12.2 to 22.1)*	3.5 (-0.5 to 7.2)	14.1 (9.3 to 18.9)*	3.79 (2.53 to 5.04)*	2.88 (-0.38 to 6.12)	4.36 (2.85 to 6.01)*
Kenya	32.4 (27.6 to 37.4)	32.3 (28.0 to 36.8)	39.5 (35.0 to 43.9)	7.1 (3.3 to 11.0)*	-0.1 (-3.1 to 2.6)	7.2 (4.2 to 10.2)*	0.76 (0.33 to 1.20)*	-0.03 (-0.96 to 0.82)	1.26 (0.73 to 1.81)*
Madagascar	20.6 (18.0 to 23.2)	23.8 (21.0 to 26.9)	29.6 (24.3 to 35.1)	9.0 (3.5 to 15.0)*	3.3 (0.1 to 6.6)*	5.8 (-0.1 to 11.6)	1.39 (0.57 to 2.23)*	1.47 (0.05 to 2.94)*	1.34 (-0.02 to 2.61)
Malawi	19.0 (13.9 to 25.5)	21.5 (14.8 to 31.9)	32.2 (26.9 to 38.2)	13.2 (6.3 to 20.1)*	2.5 (-2.7 to 8.9)	10.7 (1.0 to 19.3)*	2.06 (0.96 to 3.30)*	1.15 (-1.45 to 3.95)	2.63 (0.19 to 5.04)*
Mozambique	13.8 (11.0 to 17.0)	21.1 (15.9 to 28.1)	30.0 (25.3 to 35.0)	16.3 (11.2 to 21.4)*	7.3 (2.2 to 13.6)*	9.0 (2.0 to 15.2)*	3.01 (2.10 to 3.93)*	4.19 (1.50 to 7.25)*	2.27 (0.45 to 4.02)*
Rwanda	16.7 (13.0 to 20.8)	18.6 (14.4 to 22.8)	36.0 (31.6 to 40.5)	19.2 (14.1 to 24.1)*	1.8 (-2.1 to 5.6)	17.4 (12.1 to 22.7)*	2.96 (2.06 to 3.90)*	1.05 (-1.22 to 3.27)	4.16 (2.77 to 5.75)*
Somalia	12.8 (8.2 to 18.3)	13.5 (9.1 to 19.1)	19.0 (14.3 to 23.7)	6.2 (0.6 to 11.1)*	0.7 (-2.8 to 3.7)	5.5 (0.5 to 9.8)*	1.56 (0.13 to 3.01)*	0.56 (-2.17 to 3.03)	2.19 (0.19 to 4.19)*
South Sudan	22.0 (16.8 to 28.9)	23.6 (17.4 to 30.7)	26.8 (21.0 to 33.1)	4.9 (-2.0 to 11.2)	1.6 (-3.4 to 6.6)	3.3 (-2.7 to 9.0)	0.78 (-0.31 to 1.81)	0.69 (-1.51 to 2.87)	0.84 (-0.66 to 2.31)
Tanzania	21.9 (18.7 to 25.5)	24.7 (20.5 to 30.1)	33.9 (30.0 to 38.4)	11.9 (7.3 to 16.6)*	2.7 (-1.5 to 7.4)	9.2 (4.1 to 14.3)*	1.67 (1.01 to 2.35)*	1.15 (-0.68 to 2.99)	2.00 (0.83 to 3.19)*
Uganda	19.3 (15.6 to 23.5)	23.7 (20.0 to 27.7)	31.4 (27.2 to 35.6)	12.1 (7.2 to 16.8)*	4.4 (0.5 to 8.4)*	7.8 (3.2 to 12.4)*	1.89 (1.11 to 2.70)*	2.06 (0.25 to 3.95)*	1.78 (0.73 to 2.88)*
Zambia	21.9 (17.6 to 27.2)	17.2 (13.0 to 22.7)	29.0 (23.0 to 35.4)	7.1 (0.4 to 14.8)*	-4.7 (-9.2 to 0.3)	11.7 (5.0 to 19.1)*	1.08 (0.07 to 2.22)*	-2.44 (-4.83 to 0.13)	3.28 (1.32 to 5.30)*

(Table 2 continues on next page)

	HAQ Index (95% UI)			Absolute change (95% UI)			Annualised rate of change (95% UI)		
	1990	2000	2016	1990–2016	1990–2000	2000–16	1990–2016	1990–2000	2000–16
(Continued from previous page)									
Southern sub-Saharan Africa	38.2 (36.3 to 40.4)	37.8 (34.8 to 40.6)	44.7 (42.4 to 47.0)	6.5 (3.8 to 9.1)*	-0.4 (-3.0 to 2.2)	7.0 (3.8 to 10.1)*	0.61 (0.34 to 0.84)*	-0.11 (-0.81 to 0.55)	1.06 (0.58 to 1.56)*
Botswana	36.5 (30.6 to 43.0)	39.7 (22.3 to 55.7)	51.5 (40.8 to 69.2)	15.0 (3.5 to 32.8)*	3.2 (-11.5 to 17.2)	11.8 (-8.6 to 34.7)	1.31 (0.32 to 2.57)*	0.54 (-4.08 to 3.84)	1.79 (-1.07 to 5.36)
Lesotho	30.3 (25.9 to 35.5)	29.2 (23.0 to 38.0)	32.0 (24.6 to 40.3)	1.6 (-6.2 to 10.0)	-1.2 (-7.8 to 7.5)	2.8 (-6.1 to 12.2)	0.19 (-0.81 to 1.17)	-0.46 (-2.73 to 2.36)	0.59 (-1.18 to 2.52)
Namibia	27.5 (24.6 to 31.1)	32.2 (24.1 to 43.3)	44.6 (36.4 to 56.2)	17.1 (9.4 to 27.7)*	4.7 (-2.9 to 15.7)	12.4 (3.2 to 20.9)*	1.84 (1.14 to 2.71)*	1.45 (-1.08 to 4.60)	2.09 (0.49 to 3.62)*
South Africa	40.1 (38.0 to 42.3)	40.9 (38.2 to 43.8)	49.7 (47.2 to 52.4)	9.6 (6.6 to 12.7)*	0.8 (-2.3 to 3.9)	8.8 (5.4 to 12.1)*	0.83 (0.57 to 1.08)*	0.19 (-0.56 to 0.95)	1.23 (0.75 to 1.70)*
Swaziland	32.0 (27.3 to 37.0)	34.4 (22.6 to 43.6)	40.5 (30.4 to 52.2)	8.5 (-1.2 to 18.4)	2.4 (-11.1 to 13.5)	6.1 (-9.6 to 20.6)	0.88 (-0.14 to 1.78)	0.59 (-3.91 to 3.86)	1.06 (-1.64 to 3.73)
Zimbabwe	37.3 (31.2 to 48.0)	31.4 (22.6 to 39.7)	31.2 (25.8 to 37.0)	-6.1 (-17.7 to 1.0)	-5.9 (-12.0 to 0.0)	-0.2 (-9.5 to 9.2)	-0.68 (-1.81 to 0.11)	-1.81 (-3.80 to 0.01)	0.02 (-1.79 to 2.04)
Western sub-Saharan Africa	22.4 (20.3 to 24.4)	24.8 (22.4 to 27.2)	34.3 (31.9 to 36.7)	11.9 (9.2 to 14.6)*	2.4 (0.1 to 4.9)*	9.5 (6.5 to 12.6)*	1.64 (1.26 to 2.04)*	1.03 (0.05 to 2.04)*	2.02 (1.35 to 2.74)*
Benin	19.7 (16.9 to 22.7)	22.7 (19.7 to 26.0)	30.8 (27.8 to 34.0)	11.2 (7.2 to 15.2)*	3.1 (-0.1 to 6.4)	8.1 (4.3 to 11.9)*	1.74 (1.09 to 2.38)*	1.45 (-0.06 to 3.08)	1.92 (0.98 to 2.82)*
Burkina Faso	16.4 (13.4 to 20.3)	21.9 (18.7 to 25.6)	30.1 (27.0 to 33.3)	13.7 (9.2 to 17.6)*	5.6 (2.1 to 9.0)*	8.2 (4.2 to 12.1)*	2.36 (1.46 to 3.10)*	2.96 (1.07 to 4.76)*	1.99 (0.99 to 3.02)*
Cameroon	23.4 (20.6 to 26.8)	23.8 (19.7 to 28.1)	31.9 (26.9 to 37.5)	8.5 (3.3 to 14.3)*	0.4 (-3.8 to 4.5)	8.2 (2.9 to 13.3)*	1.19 (0.49 to 1.92)*	0.13 (-1.73 to 1.88)	1.85 (0.69 to 3.00)*
Cape Verde	38.1 (35.4 to 41.2)	41.4 (37.0 to 46.1)	54.8 (51.2 to 58.9)	16.7 (12.5 to 21.2)*	3.3 (-1.3 to 7.8)	13.4 (7.6 to 19.5)*	1.40 (1.03 to 1.76)*	0.81 (-0.34 to 1.91)	1.76 (0.99 to 2.61)*
Chad	18.3 (15.6 to 21.4)	18.2 (15.3 to 21.5)	25.4 (21.9 to 29.0)	7.1 (2.8 to 11.6)*	-0.1 (-3.5 to 3.3)	7.2 (3.2 to 11.1)*	1.27 (0.49 to 2.05)*	-0.05 (-1.92 to 1.81)	2.09 (0.93 to 3.27)*
Côte d'Ivoire	19.9 (17.3 to 22.6)	20.7 (17.1 to 24.3)	27.3 (24.2 to 31.1)	7.5 (3.3 to 11.1)*	0.8 (-2.5 to 4.3)	6.7 (2.5 to 10.8)*	1.23 (0.56 to 1.83)*	0.37 (-1.29 to 2.05)	1.76 (0.61 to 2.95)*
Ghana	25.6 (22.5 to 28.9)	29.6 (26.2 to 33.5)	39.3 (36.0 to 43.4)	13.6 (9.1 to 18.4)*	4.0 (0.1 to 8.0)*	9.7 (5.1 to 14.1)*	1.64 (1.08 to 2.25)*	1.45 (0.04 to 2.82)*	1.77 (0.93 to 2.62)*
Guinea	17.1 (14.3 to 20.3)	20.1 (17.2 to 23.0)	26.4 (22.6 to 30.2)	9.2 (4.5 to 14.2)*	2.9 (-0.6 to 6.3)	6.3 (2.2 to 10.8)*	1.66 (0.80 to 2.54)*	1.58 (-0.31 to 3.49)	1.71 (0.62 to 2.85)*
Guinea-Bissau	12.8 (10.0 to 16.0)	15.7 (12.7 to 19.0)	23.4 (20.2 to 26.8)	10.6 (5.9 to 14.9)*	2.9 (-0.6 to 6.7)	7.7 (3.6 to 11.9)*	2.34 (1.25 to 3.36)*	2.03 (-0.40 to 4.67)	2.53 (1.17 to 3.97)*
Liberia	20.5 (17.6 to 23.6)	23.2 (19.8 to 26.8)	32.2 (29.3 to 35.4)	11.7 (8.0 to 15.5)*	2.8 (-0.7 to 6.6)	8.9 (4.9 to 13.0)*	1.74 (1.15 to 2.36)*	1.26 (-0.31 to 2.98)	2.04 (1.09 to 3.07)*
Mali	16.7 (13.7 to 20.5)	23.7 (20.4 to 27.2)	34.9 (29.9 to 40.1)	18.2 (12.6 to 23.8)*	7.0 (2.9 to 10.6)*	11.2 (5.8 to 16.7)*	2.85 (1.97 to 3.68)*	3.53 (1.38 to 5.44)*	2.43 (1.30 to 3.59)*
Mauritania	24.0 (20.8 to 27.5)	29.7 (25.9 to 36.2)	40.6 (35.0 to 47.5)	16.6 (10.7 to 23.7)*	5.7 (1.8 to 11.5)*	10.9 (4.9 to 17.2)*	2.02 (1.35 to 2.70)*	2.13 (0.68 to 3.91)*	1.95 (0.86 to 2.98)*
Niger	15.6 (12.6 to 19.3)	19.1 (16.0 to 22.3)	28.4 (23.9 to 33.1)	12.8 (7.2 to 18.1)*	3.5 (-0.1 to 7.4)	9.3 (3.8 to 14.7)*	2.30 (1.27 to 3.24)*	2.02 (-0.06 to 4.21)	2.48 (1.06 to 3.87)*
Nigeria	27.5 (23.4 to 31.6)	29.8 (24.9 to 35.3)	41.9 (37.2 to 47.3)	14.4 (8.7 to 20.4)*	2.3 (-2.6 to 7.7)	12.1 (5.5 to 19.0)*	1.62 (0.97 to 2.35)*	0.80 (-0.92 to 2.66)	2.14 (0.93 to 3.38)*
São Tomé and Príncipe	25.9 (22.4 to 29.7)	30.0 (25.7 to 40.5)	39.3 (34.9 to 44.4)	13.4 (8.2 to 19.2)*	4.2 (-0.1 to 13.3)	9.3 (-0.4 to 14.9)	1.61 (0.97 to 2.28)*	1.46 (-0.05 to 4.06)	1.71 (-0.06 to 2.74)
Senegal	22.4 (19.8 to 25.1)	24.5 (22.0 to 27.3)	31.1 (28.3 to 33.8)	8.6 (5.3 to 11.9)*	2.0 (-0.8 to 5.1)	6.6 (3.4 to 9.7)*	1.26 (0.75 to 1.77)*	0.87 (-0.33 to 2.21)	1.49 (0.73 to 2.21)*
Sierra Leone	20.8 (17.4 to 24.6)	22.1 (19.0 to 25.5)	31.0 (27.4 to 34.5)	10.1 (5.7 to 14.5)*	1.3 (-2.0 to 4.6)	8.8 (4.3 to 12.8)*	1.53 (0.84 to 2.22)*	0.60 (-0.94 to 2.25)	2.11 (1.05 to 3.10)*
The Gambia	27.4 (23.9 to 30.9)	29.9 (26.5 to 33.4)	35.7 (32.3 to 39.3)	8.3 (4.1 to 12.9)*	2.5 (-0.7 to 5.6)	5.8 (1.9 to 9.6)*	1.02 (0.50 to 1.58)*	0.87 (-0.24 to 2.02)	1.12 (0.38 to 1.82)*
Togo	21.7 (19.0 to 24.5)	23.0 (19.1 to 27.9)	32.0 (28.7 to 35.6)	10.2 (6.3 to 14.3)*	1.2 (-3.0 to 6.0)	9.0 (4.0 to 13.6)*	1.48 (0.89 to 2.09)*	0.52 (-1.46 to 2.53)	2.09 (0.85 to 3.24)*

HAQ Index=Healthcare Access and Quality Index. UI=uncertainty interval. *Significant change during this time period. †Refers to Global Burden of Disease super region.

Table 2: Global, regional, and national or territory estimates of the HAQ Index for 1990, 2000, and 2016, and absolute change and annualised rates of change for 1990–2016, 1990–2000, and 2000–16

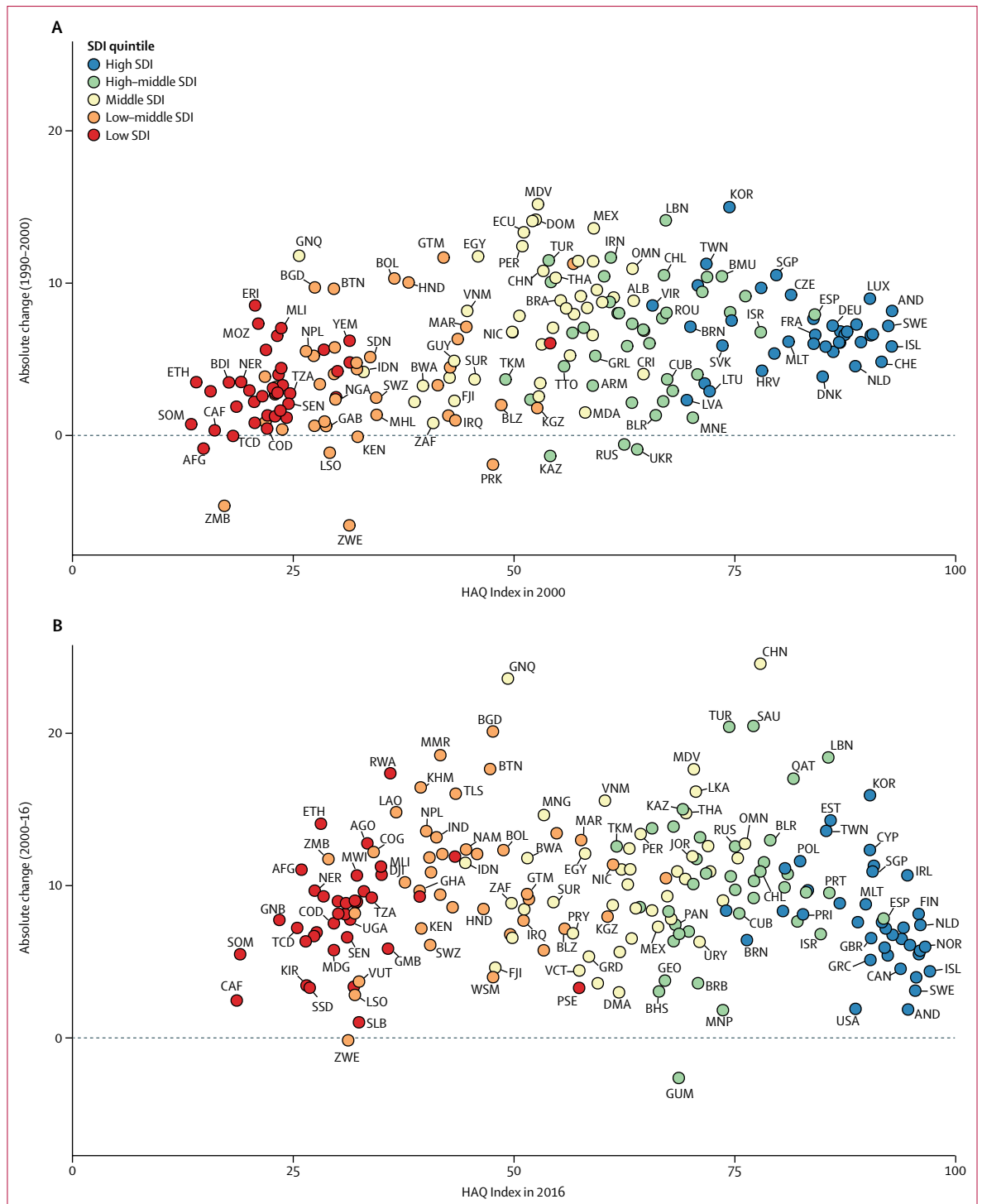


Figure 5: Absolute change on the HAQ Index, by SDI quintile, 1990–2000 (A) and 2000–16 (B)
 Countries and territories are colour-coded by their SDI quintile, and are abbreviated according to their ISO3 codes, which are listed in the appendix (pp 90–95).
 HAQ Index=Healthcare Access and Quality Index. SDI=Socio-demographic Index.

linked to the country’s widely acknowledged challenges in providing good health-care access to all populations,^{13,47} and disparities in the quality of care found in its poorer regions.¹³ As future iterations of GBD

endeavour to support subnational burden of disease assessments for more countries, we aim to expand locally focused monitoring of health-care access and quality in tandem.

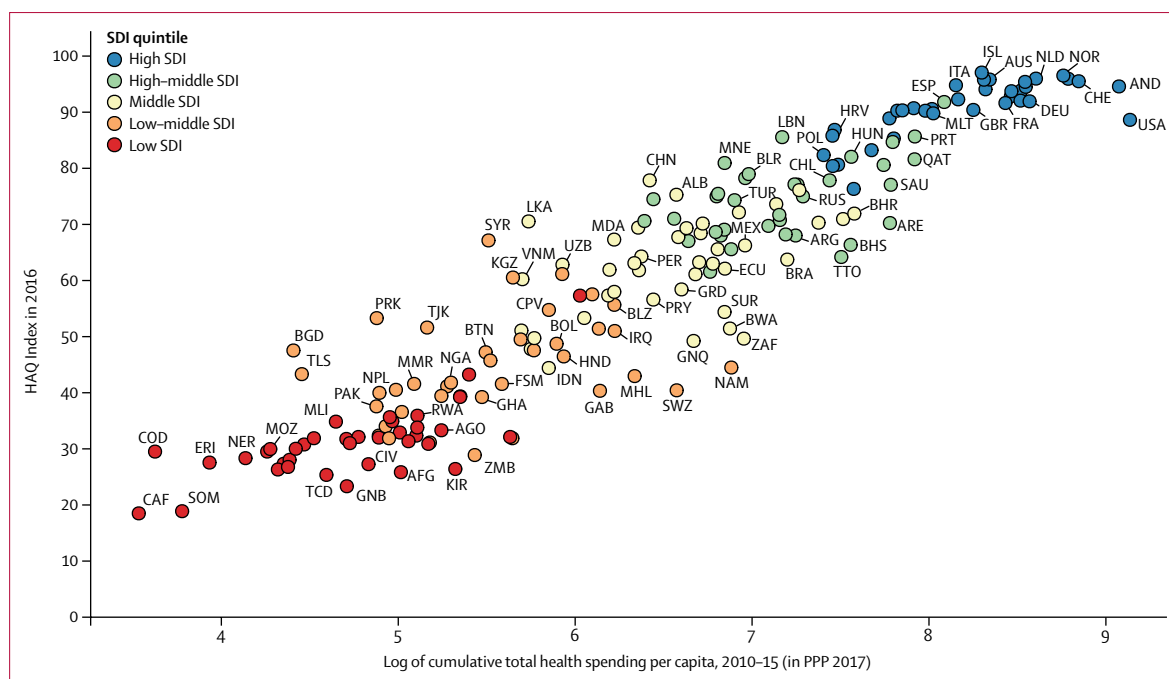


Figure 6: Comparing the HAQ Index in 2016 to the log of cumulative total health spending per capita, 2010-15

Total health spending per capita is based on the cumulative per capita spending from 2010 to 2015 in purchasing power parity (PPP) for 2017. Countries and territories are colour-coded by their SDI quintile, and are abbreviated according to their ISO3 codes, which are listed in the appendix (pp 90-95). HAQ Index=Healthcare Access and Quality Index. SDI=Socio-demographic Index.

Pace of past progress and strengthening health systems for the next generation

Current HAQ Index estimates represent the culmination of past health-care policy actions, and thus offer an important entry point for strengthening health systems for the future. Recent demographic and epidemiological trends point to populations living longer and with higher disease burden worldwide,⁴⁸ portending an escalation of health-care challenges if countries cannot more expediently shift their models of care away from reactive service delivery and toward more proactive continuums of care. Such action must be accompanied by efforts to further bolster public health programmes and policies, targeting risk factors and socioeconomic factors that are less directly amenable to health care but remain leading contributors to preventable disease burden (eg, smoking).¹⁶

Historically, global health priorities centred on a subset of health services (ie, vaccine-preventable diseases, infectious diseases, and maternal and child health), which was particularly true during the Millennium Development Goal (MDG) era. Successes in scaling up vaccine coverage, early diagnosis and treatment of infectious disease (eg, antibiotics for lower respiratory infections), and improving access to and quality of maternal care and delivery are illustrated by accelerated HAQ Index performance for many low-to-middle SDI countries from 2000 to 2016. The exact drivers of these improvements vary by context (eg, Timor-Leste emerged from years of conflict

in the late 1990s; political strife and HIV devastated health systems throughout sub-Saharan Africa during the 1990s and early 2000s), but some combination of domestic policy action and increased development assistance for health might have hastened progress in many countries.⁴⁹

In parallel, poor access to or quality of non-communicable disease-focused risk management and treatment could explain slower gains or minimal advances for these causes in many countries, a warning sign that health systems are not evolving at the same rate as changing population health needs. For non-communicable diseases, there was a strong divide in performance among high-SDI countries and low-to-middle SDI locations, potentially reflecting inadequate investments in advancing non-communicable disease services across continuums of care, integrating care across health areas, or some combination of both. The importance of, and potential for, improving non-communicable disease prevention and treatment is shown by trends from eastern Europe and central Asia,^{50,51} where several countries saw substantive HAQ Index gains from 2000 to 2016 after stagnation or worsening performance during the 1990s.

Gains made against vaccine-preventable diseases and other causes prioritised during the MDGs must be sustained going forward, but not at the expense of preparing health systems for the next generation. Amid shifting epidemiological profiles,⁴⁸ countries including China, Turkey, Vietnam, and Nepal recorded consistently sizeable rates of progress on the HAQ Index from

1990 to 2000, and 2000 to 2016. Such trends could reflect several factors (eg, health system structures, governance functions, health insurance expansion),⁵²⁻⁵⁵ but also could represent successes in re-orienting and integrating services to accommodate evolving health-care needs.⁵⁶

Finally, some countries did not experience such catalytic effects during the MDGs and are at risk of falling further behind in the SDG era. These locations include the Central African Republic, Somalia, and South Sudan, which consistently recorded among the lowest HAQ Index scores over time; and Zimbabwe and Lesotho, countries that have struggled to recover from faltering performance during the 1990s and early 2000s. Again, the precise factors underlying these countries' challenges are multifaceted, but commonalities include prolonged conflict, widespread poverty, and comparatively low levels of development assistance for health from development partners.³⁹

Progress towards universal health coverage

Providing access to quality health care is a key component of universal health coverage, and the HAQ Index offers a robust metric for monitoring progress across health service areas. This strength is particularly important since achieving universal health coverage is an objective for countries across the development spectrum, and thus comparable measures are needed for benchmarking progress and identifying specific health areas for policy action.⁵⁷ For instance, gains in performance on neonatal disorders generally lagged behind those of maternal disorders in many low-to-middle SDI countries, which suggests that greater investment across the continuum of care, from antenatal services to neonatal intensive care units, might support faster progress.⁵⁸ Access to quality health care is necessary but far from sufficient for achieving universal health coverage, which also requires provision of care without financial hardship and encompasses services that do not explicitly avert death or fully treat specific health conditions (eg, family planning services, palliative care).^{59,60} Substantial debate exists around the effects of national insurance schemes and government health spending on improving access to high-quality health care and overall universal health coverage. Our exploratory analyses point to positive, albeit heterogeneous, relationships between total and government health spending and national HAQ Index scores. These results highlight the importance of dedicated financing for improving health-care access and quality, but also indicate that increased health financing alone is not adequate. Instead, how well health spending translates into heightened access to quality health care is probably shaped by many factors,⁶¹ including health system governance,² efficiencies with which financial and health-care resources are dispersed,⁶² and relative distributions of health system inputs across service areas and subnational locations.⁶³ Future work should assess the potential effect of improvements across these dimensions on advances in health-care access and quality.

Future directions for measuring health-care access and quality

With its annual cycle, the GBD study supports ongoing methodological and conceptual improvements for measuring personal health-care access and quality. One priority area, which has been extensively debated, is determining how to best update the amenable cause list, both for fatal and non-fatal outcomes. One approach would entail a systematic review of GBD causes to identify intervention effectiveness by cause and then empirically establish thresholds at which health care significantly improves defined outcomes. Another approach could be to establish key health service areas to be represented by the HAQ Index and then selecting a set of amenable outcomes, fatal and non-fatal, to characterise each health area.⁵⁷ The Nolte and McKee list of causes⁶⁻⁹ includes a range of important areas, but how well performance in these high-priority areas reflects performance in others (eg, vision and hearing, trauma services) is not clear.

Using MIRs for cancers instead of risk-standardised death rates provided an improved indicator of country-level differences in access to effective cancer care. The quantity and quality of cancer-registry data in GBD 2016 supported our use of cancer MIRs, but broader MIR use might be limited by the sparsity of data and methodological demands (eg, reconciling long lag times between disease detection and death from causes like diabetes). Future iterations should consider whether and how to expand the application of MIRs to more GBD causes, particularly those where disease-specific registries or surveillance exist (eg, renal registries). Revisiting age dimensions related to amenable mortality is also warranted, because the current limit of 74 years, as defined by Nolte and McKee,⁶⁻⁹ for most causes might not fully represent the potential of health care to avert death after that age. However, whether age-group bounds should be determined by changes in life expectancy or age-specific improvements in survival, or demarcated by cause-specific advances in reducing mortality by age group is not immediately clear. Relatedly, age-specific HAQ Index analyses might provide a better understanding of how health-care access and quality varies across the lifespan. Such work could shed light on how well health systems are responding to broader demographic shifts and population ageing.^{64,65}

Future work also should seek to disentangle the effects of access from quality on HAQ Index performance. We found that the HAQ Index was strongly correlated with total health spending, but it is not clear how more spending on health culminates in improved access (eg, investments in health-care infrastructure, financing national insurance schemes) versus quality (eg, funding training in effective medical care, purchase and maintenance of functional medical supplies). Further, the relative effect of improved access to, as compared with quality of, health care could vary by therapeutic area and the optimal levels of care. For instance, good access to hospitals with skilled medical personnel and functional surgical equipment without

corresponding access to high-quality primary care could have more negative ramifications for vaccine-preventable diseases than for conditions mainly addressed by surgery. Strengthening the overall continuum of care,⁶⁶ by and across health areas, also warrants prioritisation, since efforts to better align primary and specialty care could enhance both patient outcomes and systems efficiency.

Going forward, we aim to incorporate improvements in measuring health-care access and quality into more comprehensive assessments of health system performance. Expanding HAQ Index estimation to subnational locations directly supports this endeavour, and ongoing work to quantify human resources for health and financial risk protection within the broader GBD study support the assessment of other health system domains. Quantifying inequalities in health system responsiveness requires additional attention if the World Health Report 2000 framework is to be replicated,¹ emphasising the need to better parse out the effects of improving quality of care versus access. Additionally, combining the HAQ Index with measures that reflect the effect of interventions on risk factors modifiable by public health programmes (eg, child growth failure) could provide a better assessment of overarching health-system action. Finally, substantial interest exists in translating HAQ Index scores into coverage of populations or number of people with access to quality health services. Multiplying HAQ Index values by population could approximate this (ie, the 0–100 scale approximates 0–100%), and the strong correlation between PCA-derived HAQ Index scores and the arithmetic mean of its component parts ($r=0.99$; appendix p 153) suggests that results might not be overly sensitive to index construction methods.

Comparison with GBD 2015 assessment of personal health-care access and quality

Compared with GBD 2015,²⁰ GBD 2016 HAQ Index scores are slightly higher for high-SDI countries and lower for low-to-middle SDI countries, whereas changes in overall rankings followed less consistent SDI patterns (appendix pp 154–55). Although individual country-level changes might represent several factors (eg, availability of new vital registration data, improved cause-specific modelling), the use of MIRs for cancers, and thus their increased contribution to overall HAQ Index scores, was a main contributor. In GBD 2015, many lower-SDI countries received relatively high scores for cancers,²⁰ whereas conditionalising cancer mortality on incidence resulted in a distinct SDI gradient (appendix p 96–111). Subsequently, we view these results as substantially improved since GBD 2015.

Limitations

Our analysis is subject to limitations beyond those already described. First, any limitations in GBD 2016 cause-of-death estimation are also applicable to this study.²⁷ For GBD 2016, we aimed to better account for cause-of-death

data quality by developing a metric for well-certified deaths and using this measure to inform GBD data standardisation and correction processes. Nonetheless, establishing and maintaining high-quality vital registration systems is essential to improved cause-of-death estimation. For instance, abrupt or prolonged conflict can lead to cause-of-death data gaps or lags in reporting; subsequently, HAQ Index performance might not yet fully capture the ramifications of conflict on health care in some locations. Second, continued updates to the GBD comparative risk assessment improved risk-standardisation of amenable causes, but we might not account for all possible differences in mortality related to underlying risk exposure. Third, our scaling approach (ie, transforming each cause to a scale of 0–100) does not allow for the potential for additional improvements in reducing cause-specific mortality. How to establish empirically-derived lower bounds for each cause remains unclear, but future work should consider the use of alternative scaling methods. Fourth, the HAQ Index does not expressly capture possible effects of personal health care on causes without substantial mortality. Although performance on these causes might be well correlated with the current HAQ Index formulation, their inclusion could strengthen overall measurement. Fifth, the HAQ Index does not explicitly distinguish between the effects of primary and secondary care,⁶⁶ though some causes might give a stronger signal on certain health-system dimensions (eg, surgical intervention for appendicitis). Improved performance in particular therapeutic areas might represent a combination of advances in primary care (eg, diagnosis and treatment of hypertension) and secondary or referral services (eg, stroke unit, cardiology), or overall gains in continuums of care. Finally, our exploratory analysis of HAQ Index performance did not account for all potential factors related to health-care access and quality; future work should consider how other dimensions of health financing and health care are associated with the HAQ Index (eg, catastrophic health spending, insurance coverage), as well as broader social determinants of health (eg, poverty, accessibility).⁶⁷

Conclusions

The global ambition towards universal health coverage by 2030 necessitates ensuring that all populations have good access to quality health services. Progress is possible, as shown by accelerated gains on the HAQ Index for many low-SDI countries during the MDG era. However, such advances are not inevitable, as underscored by slowed improvements in several countries and for non-communicable diseases that are best targeted by quality services coordinated across continuums of care. Large geographical inequalities persist across and within countries, highlighting an urgent need for policy attention toward places at risk of being left behind. Current performance represents action from the past, and thus the pace of progress could accelerate for many

middle-to-low SDI countries if recent investments can be translated into health-care gains. To strengthen and deliver health systems for the next generation, national and international health agencies alike must focus on improving health-care access and quality across health service areas and reaffirm their commitment to accelerating progress for the world's poorest populations.

GBD 2016 Healthcare Access and Quality Collaborators

Nancy Fullman, Jamal Yearwood, Solomon M Abay, Cristiana Abbafati, Foad Abd-Allah, Jemal Abdela, Ahmed Abdelalim, Zegeye Abebe, Teshome Abuka Abebo, Victor Abovans, Haftom Niguse Abraha, Daisy M X Abreu, Laith J Abu-Raddad, Akilew Awoke Adane, Rufus Adesoji Adedoyin, Olatunji Adetokunboh, Tara Ballav Adhikari, Mohsen Afarideh, Ashkan Afshin, Gina Agarwal, Dominic Agius, Anurag Agrawal, Sutapa Agrawal, Aliasghar Ahmad Kiadaliri, Miloud Taki Eddine Aichour, Mohammed Akibu, Rufus Olusola Akinyemi, Tomi F Akinyemiju, Nadia Akseer, Faris Hasan Al Lami, Fares Alahdab, Ziyad Al-Aly, Khurshid Alam, Tahiya Alam, Deena Alasfoor, Mohammed I Albittar, Kefyalew Addis Alene, Ayman Al-Eyadhy, Syed Danish Ali, Mehran Alijanzadeh, Syed M Aljunid, Ala'a Alkerwi, François Alla, Peter Allebeck, Christine Allen, Mahmoud A Alomari, Rajaa Al-Raddadi, Ubai Alsharif, Khalid A Altirkawi, Nelson Alvis-Guzman, Azmeraw T Amare, Kebede Amenu, Walid Ammar, Yaw Ampem Amoako, Nahla Anber, Catalina Liliana Andrei, Sofia Androudi, Carl Abelardo T Antonio, Valdelaine E M Araújo, Olatunde Aremu, Johan Årnlöv, Al Artaman, Krishna Kumar Aryal, Hamid Asayesh, Ephrem Tsegay Asfaw, Solomon Weldegebreal Asgedom, Rana Jawad Asghar, Mengistu Mitiku Ashebir, Netsanet Abera Asseffa, Tesfay Mehari Atey, Sachin R Atre, Madhu S Atteraya, Leticia Avila-Burgos, Euripide Frinel G Arthur Avokpaho, Ashish Awasthi, Beatriz Paulina Ayala Quintanilla, Animut Alebel Ayalew, Henok Tadesse Ayele, Rakesh Ayer, Tambe Bertrand Ayuk, Peter Azzopardi, Natasha Azzopardi-Muscat, Tesleem Kayode Babalola, Hamid Badali, Alaa Badawi, Maciej Banach, Amitava Banerjee, Amrit Banstola, Ryan M Barber, Miguel A Barboza, Suzanne L Barker-Collo, Till Bärnighausen, Simon Barquera, Lope H Barrero, Quique Bassat, Sanjay Basu, Bernhard T Baune, Shahrzad Bazargan-Hejazi, Neeraj Bedi, Ettore Beghi, Masoud Behzadifar, Meysam Behzadifar, Bayu Begashaw Bekele, Abate Bekele Belachew, Saba Abraham Belay, Yihalem Abebe Belay, Michelle L Bell, Aminu K Bello, Derrick A Bennett, James R Bennett, Isabela M Bensenor, Derbew Fikadu Berhe, Eduardo Bernabé, Robert Steven Bernstein, Mircea Beuran, Ashish Bhalla, Paurvi Bhatt, Soumyadeep Bhaumik, Zulfiqar A Bhutta, Belete Biadgo, Ali Bijani, Boris Bikbov, Charles Birungi, Stan Biryukov, Hailemichael Bizuneh, Ian W Bolliger, Kaylin Bolt, Ibrahim R Bou-Orm, Kayvan Bozorgmehr, Oliver Jerome Brady, Alexandra Brazinova, Nicholas J K Breitborde, Hermann Brenner, Gabrielle Britton, Traolach S Brugha, Zahid A Butt, Lucero Cahuana-Hurtado, Ismael Ricardo Campos-Nonato, Julio Cesar Campuzano, Josip Car, Mate Car, Rosario Cárdenas, Juan Jesus Carrero, Felix Carvalho, Carlos A Castañeda-Orjuela, Jacqueline Castillo Rivas, Ferrán Catalá-López, Kelly Cercy, Julian Chalek, Hsing-Yi Chang, Jung-Chen Chang, Aparajita Chattopadhyay, Pankaj Chaturvedi, Peggy Pei-Chia Chiang, Vesper Hichilombwe Chisumpa, Jee-Young J Choi, Hanne Christensen, Devasahayam Jesudas Christopher, Sheng-Chia Chung, Liliana G Cibobanu, Massimo Cirillo, Danny Colombara, Sara Conti, Cyrus Cooper, Leslie Cornaby, Paolo Angelo Cortesi, Monica Cortinovis, Alexandre Costa Pereira, Ewerton Cousin, Michael H Criqui, Elizabeth A Cromwell, Christopher Stephen Crowe, John A Crump, Alemneh Kabeta Daba, Berihun Assefa Dachew, Abel Fekadu Dadi, Lalit Dandona, Rakhi Dandona, Paul I Dargan, Ahmad Daryani, Maryam Daryani, Jai Das, Siddharth Kumar Das, José das Neves, Nicole Davis Weaver, Kairat Davletov, Barbora de Courten, Diego De Leo, Jan-Walter De Neve, Robert P Dellavalle, Gebre Demoz, Kebede Deribe, Don C Des Jarlais, Subhjit Dey, Samath D Dharmaratne, Meghnath Dhimshal, Shirin Djalalinia, David Teye Doku, Kate Dolan, E Ray Dorsey, Kadine Priscila Bender dos Santos, Kerrie E Doyle,

Tim R Driscoll, Manisha Dubey, Eleonora Dubljanin, Bruce Bartholow Duncan, Michelle Echko, Dumessa Edessa, David Edvardsson, Joshua R Ehrlich, Erika Eldrenkamp, Ziad El-Khatib, Matthias Endres, Aman Yesuf Endries, Babak Eshrati, Sharareh Eskandarieh, Alireza Esteghamati, Mahdi Fakhar, Tamer Farag, Mahbobeh Faramarzi, Emerito Jose Aquino Faraon, André Faro, Farshad Farzadfar, Adesegun Fatusi, Mir Sohail Fazeli, Valery L Feigin, Andrea B Feigl, Netsanet Fentahun, Seyed-Mohammad Fereshtehnejad, Eduarda Fernandes, João C Fernandes, Daniel Obadare Fijabi, Irina Filip, Florian Fischer, Christina Fitzmaurice, Abraham D Flaxman, Luisa Sorio Flor, Nataliya Foigt, Kyle J Foreman, Joseph J Frostad, Thomas Fürst, Neal D Futran, Emmanuela Gakidou, Silvano Gallus, Ketevan Gambashidze, Amiran Gamkrelidze, Morsaleh Ganji, Abadi Kahu Gebre, Tsegaye Tewelde Gebrehiwot, Amanuel Tesfay Gebremedhin, Yalemzewod Assefa Gelaw, Johanna M Geleijnse, Demeke Geremew, Peter W Gething, Reza Ghadimi, Khalil Ghasemi Falavarjani, Maryam Ghasemi-Kasman, Paramjit Singh Gill, Ababi Zergaw Giref, Maurice Giroud, Melkamu Dedefo Gishu, Georgia Giussani, William W Godwin, Srinivas Goli, Hector Gomez-Dantes, Philimon N Gona, Amador Goodridge, Sameer Vali Gopalani, Yevgeniy Goryakin, Alessandra Carvalho Goulart, Ayman Grada, Max Griswold, Giuseppe Grosso, Harish Chander Gugnani, Yuming Guo, Rahul Gupta, Rajeev Gupta, Tanush Gupta, Tarun Gupta, Vipin Gupta, Juanita A Haagsma, Vladimir Hachinski, Nima Hafezi-Nejad, Gessesew Bugssa Hailu, Randah Ribhi Hamadeh, Samer Hamidi, Graeme J Hankey, Hilda L Harb, Heather C Harewood, Sivadasanpillai Harikrishnan, Josep Maria Haro, Hamid Yimam Hassen, Rasmus Havmoeller, Caitlin Hawley, Simon I Hay, Jiawei He, Stephen J C Hearps, Mohamed I Hegazy, Behzad Heibati, Mohsen Heidari, Delia Hendrie, Nathaniel J Henry, Victor Hugo Herrera Ballesteros, Claudiu Herteliu, Desalegn Tsegaw Hibstu, Molla Kahssay Hiluf, Hans W Hoek, Enayatollah Homaie Rad, Nobuyuki Horita, H Dean Hosgood, Mostafa Hosseini, Seyed Reza Hosseini, Mihaela Hostiuc, Sorin Hostiuc, Damian G Hoy, Mohamed Hsairi, Aung Soe Htet, Guoqing Hu, John J Huang, Kim Moesgaard Iburg, Fachmi Idris, Ehimario Uche Igumbor, Chad Ikeda, Bogdan Vasile Ileanu, Olayinka S Ilesanmi, Kaire Innos, Seyed Sina Naghibi Irvani, Caleb M S Irvine, Farhad Islami, Troy A Jacobs, Kathryn H Jacobsen, Nader Jahanmehr, Rajesh Jain, Sudhir Kumar Jain, Mihajlo M Jakovljevic, Moti Tolera Jalu, Amr A Jamal, Mehdi Javanbakht, Achala Upendra Jayatilleke, Panniyammakal Jeemon, Ravi Prakash Jha, Vivekanand Jha, Jacek Józwiak, Oommen John, Sarah Charlotte Johnson, Jost B Jonas, Vasma Joshua, Mikko Jürisson, Zubair Kabir, Rajendra Kadel, Amaha Kahsay, Rizwan Kalani, Chittaranjan Kar, Marina Karanikolos, André Karch, Corine Kakizi Karema, Seyed M Karimi, Amir Kasaeian, Dessalegn Haile Kassa, Getachew Mullu Kassa, Tesfaye Dessale Kassa, Nicholas J Kassebaum, Srinivasa Vittal Katikireddi, Anil Kaul, Norito Kawakami, Konstantin Kazanjan, Seifu Kebede, Peter Njenga Keiyoro, Grant Rodgers Kemp, Andre Pascal Kengne, Maia Kereselidze, Ezra Belay Ketema, Yousef Saleh Khader, Morteza Abdullatif Khafaie, Alireza Khajavi, Ibrahim A Khalil, Ejaz Ahmad Khan, Gulfaraz Khan, Md Nuruzzaman Khan, Muhammad Ali Khan, Mukti Nath Khanal, Young-Ho Khang, Mona M Khater, Abdullah Tawfiq Abdullah Khoja, Ardeshir Khosravi, Jagdish Khubchandani, Getiye Dejenu Kibret, Daniel Ngari Kiirithio, Daniel Kim, Yun Jin Kim, Ruth W Kimokoti, Yohannes Kinifu, Sanjay Kinra, Adnan Kisa, Niranjana Kisson, Sonali Kochhar, Yoshihiro Kokubo, Jacek A Kopec, Soewarta Kosen, Parvaiz A Koul, Ai Koyanagi, Michael Kravchenko, Kewal Krishan, Kristopher J Krohn, Barthelemy Kuate Defo, G Anil Kumar, Pushpendra Kumar, Michael Kutz, Igor Kuzin, Hmwe H Kyu, Deepesh Pravinkumar Lad, Alessandra Lafranconi, Dharmesh Kumar Lal, Ratilal Laloo, Hilton Lam, Qing Lan, Justin J Lang, Van C Lansingh, Sonia Lansky, Anders Larsson, Arman Latifi, Jeffrey Victor Lazarus, Janet L Leasher, Paul H Lee, Yirga Legesse, James Leigh, Cheru Tesema Leshargie, Samson Leta, Janni Leung, Ricky Leung, Miriam Levi, Yongmei Li, Juan Liang, Misgan Legesse Liben, Lee-Ling Lim, Stephen S Lim, Margaret Lind, Shai Linn, Stefan Listl, Patrick Y Liu, Shiweli Liu, Rakesh Lodha, Alan D Lopez, Scott A Lorch, Stefan Lorkowski, Paulo A Lotufo,

- Timothy C D Lucas, Raimundas Lunevicius, Grégoire Lurton, Ronan A Lyons, Fadi Maalouf, Eryln Rachelle King Macarayan, Mark T Mackay, Emilie R Maddison, Fabiana Madotto, Hassan Magdy Abd El Razek, Mohammed Magdy Abd El Razek, Marek Majdan, Reza Majdzadeh, Azeem Majeed, Reza Malekzadeh, Rajesh Malhotra, Deborah Carvalho Malta, Abdullah A Mamun, Helena Manguerra, Treh Manhertz, Mohammad Ali Mansournia, Lorenzo G Mantovani, Tsegahun Manyazewal, Chabila C Mapoma, Christopher Margono, Jose Martinez-Raga, Sheila Cristina Ouriques Martins, Francisco Rogerlândio Martins-Melo, Ira Martopullo, Winfried März, Benjamin Ballard Massenbourg, Manu Raj Mathur, Pallab K Maulik, Mohsen Mazidi, Colm McAlinden, John J McGrath, Martin McKee, Suresh Mehata, Ravi Mehrotra, Kala M Mehta, Varshil Mehta, Toni Meier, Fabiola Mejia-Rodriguez, Kidanu Gebremariam Meles, Mulugeta Melku, Peter Memiah, Ziad A Memish, Walter Mendoza, Degu Abate Mengiste, Desalegn Tadesse Mengistu, Bereket Gebremichael Menota, George A Mensah, Atte Meretoja, Tuomo J Meretoja, Haftay Berhane Mezgebe, Tomasz Miazgowski, Renata Micha, Robert Milam, Anoushka Millar, Ted R Miller, GK Mini, Shawn Minnig, Andreea Mirica, Erkin M Mirrakhimov, Awoke Misganaw, Philip B Mitchell, Fitsum Weldegebreal Mlshu, Babak Moazen, Karzan Abdulmuhsin Mohammad, Roghayeh Mohammadibakhsh, Ebrahim Mohammed, Mohammed A Mohammed, Shafiu Mohammed, Ali H Mokdad, Glen Liddell D Mola, Mariam Molokhia, Fatemeh Momeniha, Lorenzo Monasta, Julio Cesar Montañez Hernandez, Mahmood Moosazadeh, Maziar Moradi-Lakeh, Paula Moraga, Lidia Morawska, Ilais Moreno Velasquez, Rintaro Mori, Shane D Morrison, Mark Moses, Seyyed Maysam Mousavi, Ulrich O Mueller, Manoj Murhekar, Gudlavalleti Venkata Satyanarayana Murthy, Srinivas Murthy, Jonah Musa, Kamarul Imran Musa, Ghulam Mustafa, Saravanan Muthupandian, Chie Nagata, Gabriele Nagel, Mohsen Naghavi, Aliya Naheed, Gurudatta A Naik, Nitish Naik, Farid Najafi, Luigi Naldi, Vinay Nangia, Jobert Richie Njingang Nansseu, K M Venkat Narayan, Bruno Ramos Nascimento, Ionut Negoii, Ruxandra Irina Negoii, Charles R Newton, Josephine Wanjiku Ngunjiri, Grant Nguyen, Long Nguyen, Trang Huyen Nguyen, Emma Nichols, Dina Nur Anggraini Ningrum, Ellen Nolte, Vuong Minh Nong, Ole F Norheim, Bo Norrving, Jean Jacques N Noubiap, Alypio Nyandwi, Carla Makhlouf Obermeyer, Richard Ofori-Asenso, Felix Akpojene Ogbo, In-Hwan Oh, Olanrewaju Oladimeji, Andrew Toyin Olagunju, Tinuke Oluwasefunmi Olagunju, Pedro R Olivares, Patricia Pereira Vasconcelos de Oliveira, Helen E Olsen, Bolajoko Olubukunola Olusanya, Jacob Olusegun Olusanya, Kanyin Ong, John Nelson Opio, Eyal Oren, Doris V Ortega-Altamirano, Alberto Ortiz, Raziye Ozdemir, Mahesh PA, Amanda W Pain, Marcos Roberto Tovani Palone, Adrian Pana, Songhomitra Panda-Jonas, Jeyaraj D Pandian, Eun-Kee Park, Hadi Parsian, Tejas Patel, Sanghamitra Pati, Snehal T Patil, Ajay Patle, George C Patton, Vishnupriya Rao Paturi, Deepak Paudel, Marcel de Moares Pedroso, Sandra P Pedroza, David M Pereira, Norberto Perico, Hannah Peterson, Max Petzold, Niloofar Peykari, Michael Robert Phillips, Frédéric B Piel, David M Pigott, Julian David Pillay, Michael A Piradov, Suzanne Polinder, Constance D Pond, Maarten J Postma, Farshad Pourmalek, Swayam Prakash, V Prakash, Narayan Prasad, Noela Marie Prasad, Caroline Purcell, Mostafa Qorbani, Hedley Knewgen Quintana, Amir Radfar, Anwar Rafay, Alireza Rafiei, Kazem Rahimi, Afarin Rahimi-Movaghar, Vafa Rahimi-Movaghar, Mahfuzar Rahman, Muhammad Aziz Rahman, Sajjad Ur Rahman, Rajesh Kumar Rai, Sree Bhushan Raju, Usha Ram, Saleem M Rana, Zane Rankin, Davide Rasella, David Laith Rawaf, Salman Rawaf, Sarah E Ray, Christian Aspcia Razo-García, Priscilla Reddy, Robert C Reiner, Cesar Reis, Marissa B Reitsma, Giuseppe Remuzzi, Andre M N Renzaho, Serge Resnikoff, Satar Rezaei, Mohammad Sadegh Rezaei, Antonio L Ribeiro, Maria Jesus Rios Blancas, Juan A Rivera, Leonardo Roever, Luca Ronfani, Gholamreza Roshandel, Ali Rostami, Gregory A Roth, Dietrich Rothenbacher, Ambuj Roy, Nobhojit Roy, George Mugambage Ruhago, Yogesh Damodar Sabde, Perminder S Sachdev, Nafis Sadat, Mahdi Safdarian, Saeid Safiri, Rajesh Sagar, Amirhossein Sahebkar, Mohammad Ali Shahrain, Haniye Sadat Sajadi, Joseph Salama, Payman Salamati, Raphael de Freitas Saldanha, Hamideh Salimzadeh, Joshua A Salomon, Abdallah M Samy, Juan Ramon Sanabria, Parag K Sancheti, Maria Dolores Sanchez-Niño, Damian Santomauro, Itamar S Santos, Milena M Santric Milicevic, Abdur Razzaque Sarker, Nizal Sarrafzadegan, Benn Sartorius, Maheswar Satpathy, Miloje Savic, Monika Sawhney, Sonia Saxena, Mete I Saylan, Elke Schaeffner, Josef Schmidhuber, Maria Inês Schmidt, Ione J C Schneider, Austin E Schumacher, Aletta E Schutte, David C Schwebel, Falk Schwendicke, Mario Sekerija, Sadaf G Sepanlou, Edson E Servan-Mori, Azadeh Shafieesabet, Masood Ali Shaikh, Marina Shakh-Nazarova, Mehran Shams-Beyranvand, Heidar Sharafi, Mahdi Sharif-Alhoseini, Sheikh Mohammed Shariful Islam, Meenakshi Sharma, Rajesh Sharma, Jun She, Aziz Sheikh, Mebrahtu Teweldemedhin Shfare, Peilin Shi, Chloe Shields, Mika Shigematsu, Yukito Shinohara, Rahman Shiri, Reza Shirkoohi, Ivy Shiue, Mark G Shrimme, Sharvari Rahul Shukla, Soraya Siabani, Inga Dora Sigfusdottir, Donald H Silberberg, Diego Augusto Santos Silva, João Pedro Silva, Dayane Gabriele Alves Silveira, Jasvinder A Singh, Lavanya Singh, Narinder Pal Singh, Virendra Singh, Dhirendra Narain Sinha, Abiy Hiruye Sinke, Mekonnen Sisay, Vegard Skirbekk, Karen Sliwa, Alison Smith, Adauto Martins Soares Filho, Badr H A Sobaih, Melek Somai, Samir Soneji, Moslem Soofi, Reed J D Sorensen, Joan B Soriano, Ireneous N Soyiri, Luciano A Sposato, Chandrashekhar T Sreeramareddy, Vinay Srinivasan, Jeffrey D Stanaway, Vasiliki Stathopoulou, Nicholas Steel, Dan J Stein, Mark Andrew Stokes, Lela Sturua, Muawiyyah Babale Sufiyan, Rizwan Abdulkader Sulianakatchi, Bruno F Sunguya, Patrick J Sur, Bryan L Sykes, P N Sylaja, Cassandra E I Szoeki, Rafael Tabarés-Seisdedos, Santosh Kumar Tadakamadla, Anduaem Henok Tadesse, Getachew Redae Taffere, Nikhil Tandon, Amare Tariku Tariku, Nuno Taveira, Arash Tehrani-Banihashemi, Girma Temam Shifa, Mohamad-Hani Temsah, Abdullah Sulieman Terkawi, Azeb Gebresilassie Tesema, Dawit Jember Tesfaye, Belay Tessema, JS Thakur, Nihal Thomas, Matthew J Thompson, Taavi Tillmann, Quyen G To, Ruoyan Tobe-Gai, Marcello Tonelli, Roman Topor-Madry, Fotis Topouzis, Anna Torre, Miguel Tortajada, Bach Xuan Tran, Khanh Bao Tran, Avnish Tripathi, Srikanth Prasad Tripathy, Christopher Troeger, Thomas Truelsen, Derrick Tsoi, Lorraine Tudor Car, Kald Beshir Tuem, Stefanos Tyrovolas, Uche S Uchendu, Kingsley Nnanna Ukwaja, Irfan Ullah, Rachel Updike, Olalekan A Uthman, Benjamin S Chudi Uzochukwu, Pascual Rubén Valdez, Job F M van Boven, Santosh Varughese, Tommi Vasankari, Narayanaswamy Venketasubramanian, Francesco S Violante, Sergey K Vladimirov, Vasilij Victorovich Vlassov, Stein Emil Vollset, Theo Vos, Fasil Wagnew, Yasir Waheed, Mitchell T Wallin, Judd L Walson, Yafeng Wang, Yuan-Pang Wang, Molla Mesele Wassie, Marcia R Weaver, Elisabete Weidertpass, Robert G Weintraub, Jordan Weiss, Kidu Gidey Weldegergs, Andrea Werdecker, T Eoin West, Ronny Westerman, Richard G White, Harvey A Whiteford, Justyna Widecka, Andrea Sylvia Winkler, Charles Shey Wiysonge, Charles D A Wolfe, Yohanes Ayele Wondimkun, Abdulhalik Workicho, Grant M A Wyper, Denis Xavier, Gelin Xu, Lijing L Yan, Yuichiro Yano, Mehdi Yaseri, Nigus Billilign Yimer, Peng Yin, Paul Yip, Biruck Desalegn Yirsaw, Naohiro Yonemoto, Gerald Yonga, Seok-Jun Yoon, Marcel Yotebieng, Mustafa Z Younis, Chuanhua Yu, Vesna Zadnik, Zoubida Zaidi, Maysaa El Sayed Zaki, Sojib Bin Zaman, Mohammad Zamani, Zerihun Menkalew Zenebe, Maigeng Zhou, Ljun Zhu, Stephanie R M Zimsen, Ben Zipkin, Sanjay Zodpey, Liesl Joanna Zuhlke, Christopher J L Murray, Rafael Lozano.
- Affiliations**
 Institute for Health Metrics and Evaluation (N Fullman MPH, J Yearwood BA, A Afshin MD, T Alam MPH, C Allen BA, R M Barber BS, J R Bennett BA, S Biryukov BS, I W Bolliger BA, K Bolt MPH, K Cery BS, J Chalek BS, D Colombara PhD, L Cornaby BS, E A Cromwell PhD, Prof L Dandona MD, Prof R Dandona PhD, N Davis Weaver MPH, M Echko BSc, E Eldrenkamp BA, T Farag PhD, C Fitzmaurice MD, A D Flaxman PhD, K J Foreman PhD, J J Frostad MPH, Prof E Gakidou PhD, W W Godwin BS, M Griswold MA, C Hawley MSPH, Prof S I Hay DSc, J He MSCE, N J Henry BS/BA, C Ikeda BS, C M S Irvine BA, S C Johnson MSc, N J Kassebaum MD, G R Kemp BA, I A Khalil MD, K J Krohn MPH,

M Kutz BS, H H Kyu PhD, Prof S S Lim PhD, M Lind MPHc, P Y Liu MPH, G Lurton Mac, E R Maddison BS, H Manguerra BS, T Manhertz BA, C Margono BS, I Martopullo MPH, A Millar BA, S Minnig MS, A Misganaw PhD, Prof A H Mokdad PhD, M Moses MHS, Prof M Naghavi PhD, G Nguyen MPH, E Nichols BA, H E Olsen MA, K Ong PhD, A W Pain MPH, S P Pedroza MPH, H Peterson MS, D M Pigott DPhil, C Purcell BS, Z Rankin MPH, S E Ray BS, R C Reiner PhD, M B Reitsma BS, G A Roth MD, N Sadat MA, J Salama MSc, D Santomauro PhD, A E Schumacher BS, C Shields BS, L Singh BS, A Smith BA, R J D Sorensen MPH, V Srinivasan BA, J D Stanaway PhD, P J Sur BA, A Torre BS, C Troeger MPH, D Tsoi BS, R Updike AB, Prof S Vollset DrPH, Prof T Vos PhD, Prof M R Weaver PhD, Prof H A Whiteford PhD, Prof M Zhou PhD, S R M Zimsen MA, B Zipkin BS, Prof C J L Murray DPhil, Prof R Lozano MD), Division of Hematology, Department of Medicine (C Fitzmaurice MD), Center for Health Trends and Forecasts (Prof M M Jakovljevic PhD), Department of Global Health (S Kochhar MD), and Division of Plastic Surgery, Department of Surgery (B B Massenburg MD), University of Washington, Seattle, WA, USA (C S Crowe MD, N D Futran MD, R Kalani MD, J Leung PhD, S D Morrison MD, Prof M J Thompson DPhil, J L Walson MD, T West MD); College of Veterinary Medicine and Agriculture (K Amenu PhD) and School of Public Health (K Deribe MPH), Addis Ababa University, Addis Ababa, Ethiopia (S M Abay PhD, G Demoz MS, A Z Giref PhD, S Leta MS, B G Menota MS, G Temam Shifa MPH, B D Yirsaw PhD); La Sapienza University, Rome, Italy (C Abbafati PhD); Department of Neurology (Prof F Abd-Allah MD, Prof A Abdelalim MD) and Faculty of Medicine (M I Hegazy PhD, M M Khater MD), Cairo University, Cairo, Egypt (M M Khater); College of Health and Medical Sciences (J Abdela MSc), Haramaya University, Harar, Ethiopia (D Edessa MS, M Gishu MS, M T Jalu MPH, D A Mengiste MA, F W Mlashu MS, M Sisay MS, Y A Wondimkun MS); College of Medical and Health Sciences (B Bekele PhD), Department of Epidemiology and Biostatistics, Institute of Public Health (K Alene MPH), and Institute of Public Health (B A Dachew MPH, Y A Gelaw MPH), University of Gondar, Gondar, Ethiopia (Z Abebe MS, A A Adane MPH, B Biadgo MS, A F Dadi MPH, D Geremew MS, M Melku MS, A T Tariku MS, B Tessema PhD, M M Wassie MS); College of Medicine and Health Sciences (T A Abebo MPH, D T Hibstu MPH, D J Tesfaye MPH), Hawassa University, Hawassa, Ethiopia (A K Daba MS); Dupuytren University Hospital, Limoges, France (Prof V Aboyans PhD); College of Health Sciences (D T Mengistu MS, S Muthupandian PhD, E T Asfaw MS), Institute of Biomedical Sciences (S Muthupandian, E T Asfaw), Department of Medical Microbiology (S Muthupandian), School of Pharmacy (D Berhe MS), School of Public Health (A B Belachew MS, G R Taffere PhD, K G Meles MPH, M M Ashebir MPH), and College of Health Sciences (K G Meles), Mekelle University, Mekelle, Ethiopia (H N Abraha MS, S W Asgedom MS, T Atey MS, A K Gebre MS, G B Hailu MSc, A Kahsay MPH, T D Kassa MS, S Kebede MS, E B Ketema MS, Y Legesse MS, H B Mezgebe MS, E Mohammed MS, A G Tesema MPH, K B Tuem MS, K G Weldegewrgs MS, Z M Zenebe MS); Federal University of Minas Gerais, Belo Horizonte, Brazil (D M X Abreu PhD, V E M Araújo PhD); Infectious Disease Epidemiology Group, Weill Cornell Medical College in Qatar, Doha, Qatar (L J Abu-Raddad PhD); Queensland Brain Institute (Prof J J McGrath PhD), School of Dentistry (Prof R Lalloo PhD), and School of Public Health (Y A Gelaw MPH, J Leung, D Santomauro, Prof H A Whiteford PhD), University of Queensland, Brisbane, QLD, Australia (A A Adane MPH, B A Dachew MPH, Y Guo PhD, A A Mamun PhD); Department of Community Health, College of Health Sciences (A Fatusi MPH) and Department of Medical Rehabilitation (Prof R A Adedoyin PhD), Obafemi Awolowo University, Ile-Ife, Nigeria; Stellenbosch University, Cape Town, South Africa (O Adetokunboh MD, Prof C S Wiysonge PhD); Faculty of Health Sciences, Unit for Health Promotion Research, University of Southern Denmark, Esbjerg, Denmark (T B Adhikari MPH); Cancer Research Center (Prof R Shirkoobi PhD), Department of Epidemiology and Biostatistics (M Mansournia PhD), Department of Health Management and Economics, School of Public Health (S Mousavi PhD), Digestive Diseases Research Institute (Prof R Malekzadeh MD, G Roshandel PhD, S G Sepanlou PhD), Endocrinology and Metabolism Research Center (M Afarideh MD, Prof A Esteghamati MD, M Ganji MD, N Hafezi-Nejad MD, M Shams-Beyranvand MS), Hematologic Malignancies Research Center (A Kasaeian PhD), Hematology-Oncology and Stem Cell Transplantation Research Center (A Kasaeian PhD), Iranian National Center for Addiction Studies (A Rahimi-Movaghar MD), Knowledge Utilization Research Center and Community Based Participatory Research Center (Prof R Majdzadeh PhD), MS Research Center, Neuroscience Institute (M Sahraian MD), National Institute of Health Research (H S Sajadi PhD), Non-Communicable Diseases Research Center (F Farzadfar MD, A Khosravi PhD), Non-communicable Diseases Research Center, Endocrinology and Metabolism Research Institute (B Moazen MS), and Sina Trauma and Surgery Research Center (Prof V Rahimi-Movaghar MD, M Safdarian MD, Prof P Salamati MD, M Sharif-Alhoseini PhD), Tehran University of Medical Sciences, Tehran, Iran (Prof M Hosseini PhD, H Salimzadeh PhD, M Yaseri PhD); McMaster University, Hamilton, ON, Canada (G Agarwal PhD, T O Olagunju MD); Directorate for Health Information and Research, Pieta, Malta (D Agius MD, N Azzopardi-Muscat PhD); Malta College of Family Doctors, Gzira, Malta (D Agius MD); CSIR—Institute of Genomics and Integrative Biology, Delhi, India (A Agrawal PhD); Department of Internal Medicine, Baylor College of Medicine, Houston, Texas, USA (A Agrawal PhD); Centre for Control of Chronic Conditions (P Jeemon PhD), Indian Institute of Public Health (S Dey PhD, Prof G V S Murthy MD), Public Health Foundation of India, Gurugram, India (S Agrawal PhD, S Bhaumik MSc, Prof L Dandona, Prof R Dandona, G Kumar PhD, D K Lal MD, M R Mathur PhD, S Pati MD, Prof S Zodpey PhD); Department of Clinical Sciences Lund, Orthopedics, Clinical Epidemiology Unit (A Ahmad Kiadaliri PhD), Skane University Hospital, Department of Clinical Sciences Lund, Neurology, Lund University, Lund, Sweden (Prof B Norrving PhD); High National School of Veterinary Medicine, Algiers, Algeria (M Aichour MD); Debre Berhan University, Debre Berhan, Ethiopia (M Akibu MS); University of Ibadan, Ibadan, Nigeria (R O Akinyemi PhD); Newcastle University, Newcastle upon Tyne, UK (R O Akinyemi PhD); Department of Epidemiology (T F Akinyemiju PhD), University of Alabama at Birmingham, Birmingham, AL, USA (M Khan MD, G A Naik MPH, D C Schwebel PhD, J A Singh MD); Centre for Global Child Health, The Hospital for Sick Children, Toronto, ON, Canada (N Akseer MSc, Z A Bhutta PhD); Dalla Lana School of Public Health (N Akseer MSc), Department of Nutritional Sciences, Faculty of Medicine (A Badawi PhD), University of Toronto, Toronto, ON, Canada; Baghdad College of Medicine, Baghdad, Iraq (F H Al Lami PhD); Mayo Clinic Foundation for Medical Education and Research, Rochester, MN, USA (F Alahdad MD); Syrian American Medical Society, Washington, DC, USA (F Alahdad MD); Washington University in St. Louis, St. Louis, MO, USA (Z Al-Aly MD); School of Population and Global Health, University of Western Australia, Perth, WA, Australia (K Alam PhD); International Relations Division (A Htet MPhil), Ministry of Health, Al Khuwair, Oman (D Alasfoor MSc); Independent Consultant, Damascus, Syria (M I Albittar BS, M A Shaikh MD); Department of Global Health, Research School of Population Health (K Alene MPH), Australian National University, Canberra, ACT, Australia (Prof K E Doyle PhD); King Saud University, Riyadh, Saudi Arabia (A Al-Eyadhy MD, K A Altirkawi MD, A A Jamal MD, B H A Sobaih MD, M Temsah MD); King Faisal Specialist Hospital & Research Center, Riyadh, Saudi Arabia (A Al-Eyadhy MD); University of London, London, UK (S Ali BA); SIR Management Consultants, Oxford, UK (S Ali BA); Institute and Faculty of Actuaries, Oxford, UK (S Ali BA); Qazvin University of Medical Sciences, Qazvin, Iran (M Aljanzadeh MS); Faculty of Public Health, Kuwait University, Kuwait City, Kuwait (Prof S M Aljunid PhD); International Centre for Casemix and Clinical Coding, National University of Malaysia, Kuala Lumpur, Malaysia (Prof S M Aljunid PhD); Luxembourg Institute of Health, Strassen, Luxembourg (A Alkerwi PhD); School of Public Health, University of Lorraine, Nancy, France (Prof F Alla PhD); Department of Medical Epidemiology and Biostatistics (Prof J J Carrero PhD, E Weiderpass PhD), Department of Neurobiology, Care Sciences and Society, Division of Family Medicine and Primary Care (Prof J Årnlöv PhD, S Fereshtehnejad PhD), and Department of Public Health Sciences (P Allebeck PhD, Z El-Khatib PhD, N Roy MD), Karolinska Institutet, Stockholm, Sweden (R Havmøller PhD, L Nguyen MPH); Department of Community Medicine, Public Health

and Family Medicine (Prof Y S Khader ScD) and Division of Physical Therapy, Department of Rehabilitation Sciences, Faculty of Applied Medical Sciences (M A Alomari PhD), Jordan University of Science and Technology, Irbid, Jordan; College of Medicine, Department of Family and Community Medicine, King Abdulaziz University, Jeddah, Saudi Arabia (R Al-Raddadi PhD); Charité–Universitätsmedizin Berlin, Berlin, Germany (U Alsharif MPH, Prof M Endres MD, Prof E Schaeffner MD, Prof F Schwendicke PhD); Universidad de Cartagena, Cartagena de Indias, Colombia (Prof N Alvis-Guzman PhD); Discipline of Psychiatry (A T Olagunju MD), School of Medicine, (A T Amare MPH, Prof B T Baune PhD, L G Ciobanu MS), University of Adelaide, Adelaide, SA, Australia; College of Medicine and Health Sciences (A T Amare MPH), Bahir Dar University, Bahir Dar, Ethiopia; Ministry of Public Health, Beirut, Lebanon (W Ammar PhD, I R Bou-Orm MD, H L Harb MPH); Department of Medicine, Komfo Anokye Teaching Hospital, Kumasi, Ghana (Y A Amoako MD); Discipline of Medicine (Prof M E Zaki PhD), Mansoura University, Mansoura, Egypt (N Anber PhD); Carol Davila University of Medicine and Pharmacy, Bucharest, Romania (C L Andrei PhD, Prof M Beuran PhD, M Hostiu PhD, S Hostiu PhD, I Negoii PhD, R I Negoii PhD); University of Thessaly, Larissa, Greece (Prof S Androudi MD); College of Public Health (E A Faraon MD) and Department of Health Policy and Administration, College of Public Health (C T Antonio MD), University of the Philippines Manila, Manila, Philippines; Ministry of Health of Brazil, Brasília, Brazil (V E M Araújo PhD, P P V Oliveira MS, A M Soares Filho MPH); Birmingham City, University Department of Public Health and Therapies, Birmingham, UK (O Aremu PhD); School of Health and Social Studies, Dalarna University, Falun, Sweden (Prof J Årnlöv PhD); University of Manitoba, Winnipeg, MB, Canada (A Artaman PhD); Nepal Health Research Council, Kathmandu, Nepal (K K Aryal MPH); University of Oslo, Oslo, Norway (K K Aryal MPH, A Htet); Department of Medical Emergency, School of Paramedical, Qom University of Medical Sciences, Qom, Iran (H Asayesh MS); South Asian Public Health Forum, Islamabad, Pakistan (R J Asghar MD); Wolaita Sodo University, Wolaita Sodo, Ethiopia (N Asseffa MPH); Centre for Clinical Global Health Education (S R Atre PhD), Johns Hopkins Bloomberg School of Public Health (A T A Khoja MD), Johns Hopkins University, Baltimore, MD, USA (B X Tran PhD); Dr D Y Patil Vidyapeeth Pune, Pune, India (S R Atre PhD); Keimyung University, Daegu, South Korea (M Atteraya PhD); National Institute of Public Health, Cuernavaca, Mexico (L Avila-Burgos PhD, S Barquera PhD, L Cahuana-Hurtado PhD, I R Campos-Nonato PhD, J C Campuzano PhD, H Gomez-Dantes MSc, F Mejia-Rodriguez MD, J C Montañez Hernandez MSc, D V Ortega-Altamirano PhD, C A Razo-García MSc, M Rios Blancas MPH, Prof J A Rivera PhD, Prof E E Servan-Mori MSc); Institut de Recherche Clinique du Bénin, Cotonou, Benin (E F G Avokpaho MPH); Laboratoire d'Etudes et de Recherche-Action en Santé (LERAS Afrique), Parakou, Benin (E F G Avokpaho MPH); Indian Institute of Public Health, Gandhinagar, India (A Awasthi PhD); Austin Clinical School of Nursing (M Rahman PhD), The Judith Lumley Centre for Mother, Infant and Family Health Research (B P Ayala Quintanilla PhD), La Trobe University, Melbourne, VIC, Australia (Prof D Edvardsson PhD); Peruvian National Institute of Health, Lima, Peru (B P Ayala Quintanilla PhD); Debre Markos University, Debre Markos, Ethiopia (A A Ayalew MS, Y A Belay MPH, D H Kassa MS, G M Kassa MS, G D Kibret MPH, C T Leshargie MPH, F Wagnew MS); Department of Epidemiology, Biostatistics, and Occupational Health, McGill University, Montreal, QC, Canada (H Ayele PhD); Dilla University, Dilla, Ethiopia (H Ayele PhD); The University of Tokyo, Tokyo, Japan (R Ayer MS); Institute of Medical Research and Plant Medicinal Studies–Cameroon, Yaounde, Cameroon (T B Ayuk MPH); University of South Africa, Pretoria, South Africa (T B Ayuk MPH); Burnet Institute, Melbourne, VIC, Australia (P Azzopardi PhD); Department of Paediatrics (P Azzopardi PhD, Prof G C Patton MD), Murdoch Childrens Research Institute (P Azzopardi, Prof G C Patton), Department of Medicine (A Meretoja PhD), and Institute of Health and Ageing (Prof C E I Szoeké PhD), Melbourne School of Population and Global Health (Prof A D Lopez PhD), University of Melbourne, Melbourne, VIC, Australia (M Rahman PhD, M T Mackay PhD, R G Weintraub MBBS, N M Prasad DO); Wardlapingga Aboriginal Research Unit, South Australian Health and Medical Research Institute, Adelaide, SA, Australia (P Azzopardi PhD); University of Malta Department of Health Services Management/Islands and Small States Institute, Msida, Malta (N Azzopardi-Muscat PhD); Department of Community Health and Primary Care (T K Babalola MS), Department of Psychiatry, College of Medicine, University of Lagos, Lagos, Nigeria (A T Olagunju MD); Invasive Fungi Research Center, Sari, Iran (Prof H Badali PhD); Centre of Expertise in Mycology Radboudumc/CWZ, Nijmegen, Netherlands (Prof H Badali PhD); Public Health Agency of Canada, Toronto, ON, Canada (A Badawi PhD, J J Lang PhD); Department of Hypertension, Medical University of Lodz, Lodz, Poland (Prof M Banach PhD); Institute of Epidemiology & Health (T Tillmann MSc) and The Farr Institute of Health Informatics Research, Institute of Health Informatics (A Banerjee DPhil, S Chung PhD), University College London, London, UK (C Birungi MS, M R Mathur PhD); Public Health Perspective Nepal, Pokhara, Nepal (A Banstola MPH); Hospital Dr Rafael A Calderón Guardia, CCSS, San José, Costa Rica (M A Barboza MD); Universidad de Costa Rica, San Pedro, Costa Rica (M A Barboza MD, Prof J Castillo Rivas MPH); School of Psychology, University of Auckland, Auckland, New Zealand (S L Barker-Collo PhD); Ariadne Labs (E K Macarayan PhD), Department of Global Health and Population, Harvard T H Chan School of Public Health (Prof T Bärnighausen MD, A B Feigl ScD, J A Salomon PhD), Harvard T H Chan School of Public Health (I R Campos-Nonato PhD), Harvard University, Boston, MA, USA; Africa Health Research Institute, Mtubatuba, South Africa (Prof T Bärnighausen); Institute of Public Health (Prof T Bärnighausen, S Mohammed PhD), Heidelberg University, Heidelberg, Germany (Prof S Listl PhD); Department of Industrial Engineering, School of Engineering (L H Barrero ScD), Pontificia Universidad Javeriana, Bogota, Colombia; Barcelona Institute for Global Health, Universitat de Barcelona, Barcelona, Spain (Prof Q Bassat MD); ICREA, Barcelona, Spain (Prof Q Bassat MD); Stanford University, Stanford, CA, USA (S Basu PhD); College of Medicine, Charles R Drew University of Medicine and Science, Los Angeles, CA, USA (Prof S Bazargan-Hejazi PhD); David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, CA, USA (Prof S Bazargan-Hejazi); College of Public Health and Tropical Medicine, Jazan University, Jazan, Saudi Arabia (N Bedi MD); IRCCS-Istituto di Ricerche Farmacologiche Mario Negri, Milan, Italy (E Beghi MD, B Bikbov MD, M Cortinovis Biotech D, S Gallus DSc, G Giussani BiolD, N Perico MD, Prof G Remuzzi MD); Social Determinants of Health Research Center (M Behzadifar MS), Lorestan University of Medical Sciences, Khorramabad, Iran (M Behzadifar MS); Air Pollution Research Center (B Heibati PhD), Department of Community Medicine (A Tehrani-Banihashemi PhD, M Moradi-Lakeh MD), Preventive Medicine and Public Health Research Center (A Tehrani-Banihashemi, M Moradi-Lakeh), Gastrointestinal and Liver Disease Research Center (M Moradi-Lakeh), Health Management and Economics Research Center (M Behzadifar MS), and Department of Environmental Health Engineering, School of Public Health (F Momeniha MS), Iran University of Medical Sciences, Tehran, Tehran, Iran (K Ghasemi Falavarjani MD); Mizan Tepi University, Mizan Aman, Ethiopia (B Bekele PhD, H Y Hassen MPH); Dr Tewelde Legesse Health Sciences College, Mekelle, Ethiopia (S A Belay MPH); Yale University, New Haven, CT, USA (Prof M L Bell PhD, J J Huang MD); University of Alberta, Edmonton, AB, Canada (A K Bello PhD); Oxford Big Data Institute, Li Ka Shing Centre for Health Information and Discovery (Prof S I Hay DSc, T C D Lucas PhD), Nuffield Department of Medicine (T C D Lucas), Department of Zoology (P W Gething PhD), NIHR Musculoskeletal Biomedical Research Centre (Prof C Cooper FMedSci), and Nuffield Department of Population Health (D A Bennett PhD), University of Oxford, Oxford, UK (Prof V Jha DM, Prof C R Newton MD, K Rahimi DM); Center for Clinical and Epidemiological Research Center, Hospital Universitario (A C Goulart PhD), Internal Medicine Department (Prof I S Santos PhD), University of São Paulo, São Paulo, Brazil (I M Bensenor PhD, Prof P A Lotufo DrPH, M R T Palone MSc); Department of Psychiatry, University Medical Center Groningen (Prof H W Hoek MD), University Medical Center Groningen (D Berhe MS), University of Groningen, Groningen, Netherlands (Prof M J Postma PhD, J F M van Boven PhD); Division of Health and Social Care Research (Prof C D Wolfe MD), King's College London, London, UK (E Bernabé PhD, M Molokhia PhD); Department of Global

Health, Rollins School of Public Health (R S Bernstein MD), Emory University, Atlanta, GA, USA (Prof K Narayan MD, Prof M R Phillips MD); Department of Global Health, College of Public Health, University of South Florida, Tampa, FL, USA (R S Bernstein MD); Emergency Hospital of Bucharest, Bucharest, Romania (Prof M Beuran PhD, I Negoii PhD); School of Public Health (Prof J Thakur MD), Post Graduate Institute of Medical Education and Research, Chandigarh, India (A Bhalla MD, D P Lad DM); Medtronic Philanthropy, Minneapolis, MN, USA (P Bhatt MPH); Centre of Excellence in Women and Child Health (Z A Bhutta PhD), Department of Paediatrics and Child Health (J Das MBA), Aga Khan University, Karachi, Pakistan; Health Research Institute (R Ghadimi PhD), Infectious Diseases and Tropical Medicine Research Center, School of Medicine (A Rostami PhD), Social Determinants of Health Research Center, Health Research Institute (S Hosseini MD), Social Determinants of Health Research Center, Health Research Institute (A Bijani PhD), Babol University of Medical Sciences, Babol, Iran (M Faramarzi PhD, M Ghasemi-Kasman PhD, H Parsian PhD, M Zamani MD); St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia (H Bizuneh MPH, M T Jalu MPH); Jigjiga University, Jigjiga, Ethiopia (H Bizuneh MPH); University Hospital Heidelberg, Department of General Practice and Health Services Research, Heidelberg, Germany (K Bozorgmehr MD); European Observatory on Health Systems and Policies (E Nolte PhD), London School of Hygiene & Tropical Medicine, London, UK (O J Brady DPhil, Prof S Kinra PhD, Prof M McKee DSc, Prof R G White PhD); Faculty of Medicine, Institute of Epidemiology (A Brazinova MD), Comenius University, Bratislava, Slovakia; The Ohio State University, Columbus, OH, USA (Prof N J K Breitborde PhD, M Yotebieng PhD); German Cancer Research Center, Heidelberg, Germany (H Brenner MD); INDICASAT AIP, Panama, Panama (G Britton PhD); University of Leicester, Leicester, UK (Prof T S Brugha MD); Al Shifa Trust Eye Hospital, Rawalpindi, Pakistan (Z A Butt PhD); LKCMedicine, Nanyang Technological University, Singapore, Singapore (J Car PhD, L Tudor Car PhD); Department of Epidemiology and Biostatistics (F B Piel PhD), Department of Infectious Disease Epidemiology (T Fürst PhD), Department of Primary Care & Public Health (Prof A Majeed MD), WHO Collaborating Centre (D L Rawaf MD), Imperial College London, London, UK (J Car PhD, M Car PhD, K J Foreman, Prof S Rawaf MD, S Saxena MD, L Tudor Car PhD); Ministry of Health of the Republic of Croatia, Zagreb, Croatia (M Car PhD); Metropolitan Autonomous University, Mexico City, Mexico (R Cárdenas ScD); Department of Chemical Sciences (Prof E Fernandes PhD), Faculty of Pharmacy (Prof F Carvalho PhD), INEB-Instituto de Engenharia Biomédica (J das Neves PhD), UCIBIO@REQUIMTE, Toxicology Group, Faculty of Pharmacy (J P Silva PhD), i3S-Instituto de Investigação e Inovação em Saúde (J das Neves PhD), University of Porto, Porto, Portugal; Colombian National Health Observatory (C A Castañeda-Orjuela MSc), Instituto Nacional de Salud, Bogota, Colombia; Epidemiology and Public Health Evaluation Group, Public Health Department (C A Castañeda-Orjuela MSc), Universidad Nacional de Colombia, Bogota, Colombia; Caja Costarricense de Seguro Social, San Jose, Costa Rica (Prof J Castillo Rivas MPH); Department of Medicine, University of Valencia, INCLIVA Health Research Institute and CIBERSAM, Valencia, Spain (F Catalá-López PhD), Prof R Tabarés-Seisdedos PhD); Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, ON, Canada (F Catalá-López PhD); National Health Research Institutes, Zgunguan Town, Taiwan (H Chang DrPH); National Yang-Ming University, Taipei, Taiwan (H Chang DrPH); School of Nursing, College of Medicine, National Taiwan University, Taipei, Taiwan (Prof J Chang PhD); International Institute for Population Sciences, Mumbai, India (A Chattopadhyay PhD, M Dubey MPH, P Kumar MPhil, Prof U Ram PhD); Tata Memorial Hospital, Mumbai, India (Prof P Chaturvedi MD); Clinical Governance Unit, Gold Coast Health, Southport, QLD, Australia (P P Chiang PhD); University of Zambia, Lusaka, Zambia (V H Chisumpa MPhil, C C Mapoma PhD); University of Witwatersrand, Johannesburg, South Africa (V H Chisumpa MPhil); College of Health Sciences, Department of Health Policy and Management (Prof Y Khang MD), Seoul National University, Seoul, South Korea (J J Choi PhD); Seoul National University Medical Library, Seoul, South Korea (J J Choi PhD); Bispebjerg University Hospital, Copenhagen, Denmark (Prof H Christensen DMSc); Christian Medical College, Vellore, India (Prof D J Christopher MD, Prof N Thomas PhD, Prof S Varughese DM); University of Salerno, Baronissi, Italy (Prof M Cirillo MD); Research Centre on Public Health (P A Cortesi PhD), University of Milano Bicocca, Monza, Italy (S Conti PhD, A Lafranconi MD, F Madotto PhD, Prof L G Mantovani DSc); MRC Lifecourse Epidemiology Unit, University of Southampton, Southampton, UK (Prof C Cooper FMedSci); Heart Institute, University of Sao Paulo, Sao Paulo, Brazil (A Costa Pereira PhD); Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil (E Cousin MS); University of California, San Diego, La Jolla, CA, USA (M H Criqui MD); Centre for International Health, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand (Prof J A Crump MD); Flinders University, Adelaide, SA, Australia (A F Dadi MPH); Guy's and St Thomas' NHS Foundation Trust, London, UK (P I Dargan MBBS); Health Science Research Center, Addiction Institute (M Moosazadeh PhD), Molecular and Cell Biology Research Center, School of Medicine (M Fakhar PhD, Prof A Rafiei DVM), Toxoplasmosis Research Center (Prof A Daryani PhD), Mazandaran University of Medical Sciences, Sari, Iran (M Daryani MD, M Rezaei MD); K G Medical University, Lucknow, India (S K Das MD); School of Public Health, Kazakh National Medical University, Almaty, Kazakhstan (K Davletov PhD); Monash University, Melbourne, VIC, Australia (Prof B de Courten PhD, R Ofori-Asenso MS); Monash Medical Center, Clayton, VIC, Australia (Prof B de Courten PhD); Griffith University, Brisbane, QLD, Australia (Prof D De Leo DSc, S K Tadakamadla PhD); Heidelberg Institute of Public Health, Heidelberg, Germany (Prof J De Neve MD); University of Colorado School of Medicine and the Colorado School of Public Health, Aurora, CO, USA (R P Dellavalle MD); College of Health Sciences & Referral Hospital (M T Shfare MS), Aksum University, Aksum, Ethiopia (G Demoz MS); Brighton and Sussex Medical School, Brighton, UK (K Deribe MPH); Mount Sinai Beth Israel, New York, NY, USA (Prof D C Des Jarlais PhD); Icahn School of Medicine at Mount Sinai, New York, NY, USA (Prof D C Des Jarlais PhD); Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka (S D Dharmaratne MD); Nepal Health Research Council, Government of Nepal, Kathmandu, Nepal (M Dhimlal PhD); Undersecretary for Research & Technology (S Djalalinia PhD), Ministry of Health & Medical Education, Tehran, Iran (B Eshrati PhD, N Peykari PhD); University of Cape Coast, Cape Coast, Ghana (D T Doku PhD); University of Tampere, Tampere, Finland (D T Doku PhD); UNSW, Sydney, NSW, Australia (Prof K Dolan PhD); University of Rochester Medical Center, Rochester, NY, USA (E Dorsey MD); Universidade do Estado de Santa Catarina, Florianópolis, Brazil (Prof K P B dos Santos MA); RMIT University, Bundoora, VIC, Australia (Prof K E Doyle PhD); Sydney School of Public Health (T R Driscoll PhD), University of Sydney, Sydney, NSW, Australia (J Leigh PhD, M A Mohammed MS); Centre School of Public Health and Health Management (M M Santric Milicevic PhD), Institute of Microbiology and Immunology (E Dubljanin PhD), Institute of Social Medicine, Faculty of Medicine (M M Santric Milicevic), University of Belgrade, Belgrade, Serbia; Federal University of Rio Grande do Sul, Porto Alegre, Brazil (B B Duncan PhD, Prof M I Schmidt MD); University of North Carolina, Chapel Hill, NC, USA (B B Duncan PhD); Umea University, Umea, Sweden (Prof D Edvardsson PhD); University of Michigan, Ann Arbor, MI, USA (J R Ehrlich MD); Department of Global Health and Social Medicine (Z El-Khatib PhD), Program in Global Surgery and Social Change (B B Massenburg MD), Harvard Medical School, Kigali, Rwanda (Prof A Sheikh MD, M G Shrimme MD); Arba Minch University, Arba Minch, Ethiopia (A Y Endries MPH, G Temam Shifa MPH); Arak University of Medical Sciences, Arak, Iran (B Eshrati PhD); Multiple Sclerosis Research Center, Tehran, Iran (S Eskandarieh PhD); Department of Health, Manila, Philippines (E A Faraon MD); Federal University of Sergipe, Aracaju, Brazil (Prof A Faro PhD); Doctor Evidence, Santa Monica, CA, USA (M S Fazeli MD, R Milam BS); National Institute for Stroke and Applied Neurosciences, Auckland University of Technology, Auckland, New Zealand (V L Feigin PhD); Institute Health, Faculty of Public Health, Department of Health, Behavior and Society (N Fentahun PhD), Jimma University, Jimma, Ethiopia (T T Gebrehiwot MPH, A T Gebremedhin MPH, A Workicho MPH); CBQF—Center for Biotechnology and Fine Chemistry—Associate Laboratory, Faculty of

Biotechnology, Catholic University of Portugal, Porto, Portugal (J C Fernandes PhD); Heller Graduate School, Brandeis University, Waltham, MA, USA (D O Fijabi MBBS); Kaiser Permanente, Fontana, CA, USA (I Filip MD); School of Public Health, Bielefeld University, Bielefeld, Germany (F Fischer PhD); Fred Hutchinson Cancer Research Center, Seattle, WA, USA (C Fitzmaurice MD); Escola Nacional de Saúde Pública Sergio Arouca, Rio de Janeiro, Brazil (L S Flor MPH); Universidade Federal do Espírito Santo, Vitoria, Brazil (L S Flor MPH); Institute of Gerontology, Academy of Medical Science, Kyiv, Ukraine (N Foigt PhD); Department of Epidemiology and Public Health (T Fürst PhD), Swiss Tropical and Public Health Institute, Basel, Switzerland (C K Karema MSc); University of Basel, Basel, Switzerland (T Fürst PhD); National Center for Disease Control & Public Health, Tbilisi, Georgia (K Gambashidze MS, A Gamkrelidze PhD, K Kazanjan MS, M Kereselidze PhD, M Shakh-Nazarova MS, L Sturua PhD); Ludwig Maximilians University, Munich, Germany (A T Gebremedhin MPH); Division of Human Nutrition (J M Geleijnse PhD), Wageningen University, Wageningen, Netherlands; Department of Nutrition, Babol, Iran (R Ghadimi PhD); University Hospital of Dijon, Dijon, France (Prof M Giroud MD); Kersa Health and Demographic Surveillance System, Harar, Ethiopia (M Gishu MS); Jawaharlal Nehru University, New Delhi, India (S Goli PhD); University of Massachusetts Boston, Boston, MA, USA (Prof P N Gona PhD); Instituto de Investigaciones Científicas y Servicios de Alta Tecnología—INDICASAT-AIP, Ciudad del Saber, Panama (A Goodridge PhD); Department of Health and Social Affairs, Government of the Federated States of Micronesia, Palikir, Federated States of Micronesia (S V Gopalani MPH); Organisation for Economic Co-operation and Development, Paris, France (Y Goryakin PhD); Boston University School of Medicine, Boston, MA, USA (A Grada MD); University Hospital Policlinico “Vittorio Emanuele”, Catania, Italy (G Grosso PhD); NNEdPro Global Centre for Nutrition and Health, Cambridge, UK (G Grosso PhD); Departments of Microbiology and Epidemiology & Biostatistics, Saint James School of Medicine, The Quarter, Anguilla (Prof H C Gugnani PhD); West Virginia Bureau for Public Health, Charleston, WV, USA (R Gupta MD); Eternal Heart Care Centre and Research Institute, Jaipur, India (R Gupta PhD); Montefiore Medical Center, Bronx, NY, USA (T Gupta MD); Albert Einstein College of Medicine, Bronx, NY, USA (T Gupta, Prof H Hosgood PhD); Indian Institute of Technology Kanpur, Kanpur, India (Prof T Gupta DSc); Department of Anthropology (V Gupta PhD), University of Delhi, Delhi, India; Department of Public Health (S Polinder PhD), Erasmus MC, University Medical Center Rotterdam, Rotterdam, Netherlands (J A Haagsma PhD); Department of Clinical Neurological Sciences (L A Sposato MD), Western University, London, ON, Canada (Prof V Hachinski DSc, T O Olagunju MD); Kilde Awlao Health and Demographic Surveillance System, Mekelle, Ethiopia (G B Hailu MSc); Arabian Gulf University, Manama, Bahrain (Prof R R Hamadeh DPhil); Hamdan Bin Mohammed Smart University, Dubai, United Arab Emirates (S Hamidi DrPH); School of Medicine and Pharmacology (Prof G J Hankey MD), University of Western Australia, Perth, WA, Australia (A Sahebkar PhD); Harry Perkins Institute of Medical Research, Nedlands, WA, Australia (Prof G J Hankey MD); Western Australian Neuroscience Research Institute, Nedlands, WA, Australia (Prof G J Hankey MD); Eunice Gibson Polyclinic, Bridgetown, Barbados (H C Harewood MPH); Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India (S Harikrishnan DM); Research and Development Unit (A Koyanagi MD), Parc Sanitari Sant Joan de Déu—CIBERSAM, Barcelona, Spain (J Haro MD); Child Neuropsychology (S J C Hearps PGDipBiostat), Murdoch Childrens Research Hospital, Parkville, VIC, Australia; Faculty of Health, Hormozgan University of Medical Sciences, Bandar Abbas, Iran (M Heidari PhD); School of Public Health (D Hendrie PhD), School of Public Health (T R Miller PhD), Curtin University, Perth, WA, Australia; Gorgas Memorial Institute for Studies of Health, Panama, Panama (Prof V H Herrera Ballesteros MS); University of Panama, Panama, Panama (Prof V H Herrera Ballesteros MS); Department of Statistics and Econometrics (Prof C Herteliu PhD), Bucharest University of Economic Studies, Bucharest, Romania (B V Ileanu PhD, Prof A Mirica PhD, A Pana MPH); Samara University, Samara, Ethiopia (M K Hiluf MPH, M L Liben MPH); Department of Epidemiology, Mailman School of Public Health (Prof H W Hoek MD), Columbia University, New York, NY, USA (Prof V Skirbekk PhD); Guilan Road Trauma Research Center, Guilan University of Medical Sciences, Rasht, Iran (E Homaie Rad PhD); Department of Pulmonology (N Horita MD), Yokohama City University Graduate School of Medicine, Yokohama, Japan; Public Health Division (D G Hoy PhD), The Pacific Community, Noumea, New Caledonia; Department of Epidemiology (Prof M Hsairi MD), Salah Azaiz Institute, Tunis, Tunisia; Department of Epidemiology and Health Statistics, School of Public Health (G Hu PhD), Central South University, Changsha, China; National Centre for Register-Based Research, Aarhus School of Business and Social Sciences (Prof J J McGrath PhD), Aarhus University, Aarhus, Denmark (K M Iburg PhD); Sriwijaya University, Palembang, Indonesia (Prof F Idris PhD); Social Security Administering Body for Health, Jakarta, Indonesia (Prof F Idris PhD); US Centers for Disease Control and Prevention, Pretoria, South Africa (Prof E U Igumbor PhD); School of Public Health, University of the Western Cape, Cape Town, Western Cape, South Africa (Prof E U Igumbor PhD); National Public Health Institute, Monrovia, Liberia (O S Ilesanmi MD); National Institute for Health Development, Tallinn, Estonia (K Innos PhD); Prevention of Metabolic Disorders Research Center, Research Institute for Endocrine Sciences, Tehran, Iran (S N Irvani MD); Ophthalmic Research Center (M Yaseri PhD), School of Public Health (N Jahanmehr PhD), Shahid Beheshti University of Medical Sciences, Tehran, Iran (S N Irvani MD, A Khajavi MS); Surveillance and Health Services Research, American Cancer Society, Atlanta, GA, USA (F Islami PhD); MCH Division, USAID—Global Health Bureau, HIDN, Washington, DC, USA (T A Jacobs MD); Department of Global and Community Health (S N Irvani MD, A Khajavi MS); George Mason University, Fairfax, Virginia, USA; Jain hospital MSS, Kanpur, India (R Jain MD); National Centre For Disease Control Delhi, Delhi, India (S K Jain MD); Faculty of Medical Sciences, University of Kragujevac, Kragujevac, Serbia (Prof M M Jakovljevic PhD); University of Aberdeen, Aberdeen, UK (M Javanbakht PhD); Postgraduate Institute of Medicine, Colombo, Sri Lanka (A U Jayatileke PhD); Institute of Violence and Injury Prevention, Colombo, Western, Sri Lanka (A U Jayatileke PhD); Centre for Chronic Disease Control, New Delhi, India (P Jeemon PhD); Banaras Hindu University, Varanasi, India (R P Jha MSc); The George Institute for Global Health, New Delhi, India (Prof V Jha DM, O John MD, S Shariful Islam PhD); Institute of Health and Nutrition Sciences, Czestochowa University of Technology, Czestochowa, Poland (Prof J Jozwiak PhD); Department of Ophthalmology, Medical Faculty Mannheim, Ruprecht-Karls-University Heidelberg, Mannheim, Germany (Prof J B Jonas MD); National Institute of Epidemiology (V Joshua PhD), Indian Council of Medical Research, Chennai, India (M Sharma PhD); Institute of Family Medicine and Public Health, University of Tartu, Tartu, Estonia (M Jürisoon MD); University College Cork, Cork, Ireland (Z Kabir PhD); London School of Economics and Political Science, London, UK (R Kadel MPH); SCB Medical College, Cuttack, India (Prof C Kar DM); European Observatory on Health Systems and Policies, London, UK (M Karanikolos MPH); Epidemiological and Statistical Methods Research Group, Helmholtz Centre for Infection Research, Braunschweig, Germany (A Karch MD); Hannover-Braunschweig Site, German Center for Infection Research, Braunschweig, Germany (A Karch); Quality and Equity Health Care, Kigali, Rwanda (C K Karema MSc); University of Washington Tacoma, Tacoma, WA, USA (S M Karimi PhD); Department of Anesthesiology & Pain Medicine, Seattle Children’s Hospital, Seattle, WA, USA (N J Kassebaum MD); MRC/CSO Social & Public Health Sciences Unit, University of Glasgow, Glasgow, UK (S V Katikireddi PhD); Oklahoma State University, Tulsa, OK, USA (A Kaul MD); School of Public Health, University of Tokyo, Tokyo, Japan (Prof N Kawakami MD); Institute of Tropical and Infectious Diseases, Nairobi, Kenya (P N Keiyoro PhD); School of Continuing and Distance Education, Nairobi, Kenya (P N Keiyoro PhD); UKZN Gastrointestinal Cancer Research Centre (Prof B Sartorius PhD), South African Medical Research Council, Cape Town, South Africa (A P Kengne PhD, Prof A E Schutte PhD); Department of Psychiatry (Prof D J Stein PhD), Faculty of Health Sciences, Hatter Institute for Cardiovascular Research in Africa (Prof K Sliwa PhD), University of Cape Town, Cape Town, Western Cape, South Africa (A P Kengne PhD, J N Noubiap MD); Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran (M A Khafaei PhD); Health Services Academy, Islamabad, Pakistan (E A Khan MD); Department of Microbiology and Immunology, College of Medicine & Health Sciences

(G Khan PhD), United Arab Emirates University, Al Ain, United Arab Emirates; The University of Newcastle, Australia, Newcastle, NSW, Australia (M N Khan MS); Jatiya Kabi Kazi Nazrul Islam University, Mymensingh, Bangladesh (M N Khan MS); University of Tennessee Health Science Center, Memphis, TN, USA (M Khan MD); Department of Health Services, Health Management Information System, Kathmandu, Nepal (M N Khan MA); Institute of Health Policy and Management, Seoul National University Medical Center, Seoul, South Korea (Prof Y Khang MD); Department of Public Health and Department of Family Medicine, College of Medicine, Mohammed Ibn Saudi University, Riyadh, Saudi Arabia (A T A Khoja MD); Iranian Ministry of Health and Medical Education, Tehran, Iran (A Khosravi PhD); Department of Nutrition and Health Science, Ball State University, Muncie, IN, USA (J Khubchandani PhD); Kenya Revenue Authority, Nairobi, Kenya (D N Kiirithio MSc); Synotech Consultants, Nairobi, Kenya (D N Kiirithio MSc); Department of Health Sciences, Northeastern University, Boston, MA, USA (Prof D Kim DrPH); School of Medicine, Xiamen University Malaysia Campus, Sepang, Malaysia (Y Kim PhD); Simmons College, Boston, MA, USA (R W Kimokoti MD); Centre for Research and Action in Public Health, University of Canberra, Canberra, ACT, Australia (Y Kinfu PhD); Oslo University, Oslo, Norway (Prof A Kisa PhD); School of Population and Public Health, Faculty of Medicine (Prof N Sarrafzadegan MD), University of British Columbia, Vancouver, BC, Canada (Prof N Kisson MD, J A Kopec PhD, S Murthy MD, F Pourmalek PhD); Global Healthcare Consulting, New Delhi, India (S Kochhar MD); Department of Preventive Cardiology, National Cerebral and Cardiovascular Center, Suita, Japan (Y Kokubo PhD); Center for Community Empowerment, Health Policy and Humanities, National Institute of Health Research & Development, Jakarta, Indonesia (S Kosen MD); Sher-i-Kashmir Institute of Medical Sciences, Srinagar, India (Prof P A Koul MD); Research Center of Neurology, Moscow, Russia (M Kravchenko PhD, Prof M A Piradov DSc); Panjab University, Chandigarh, India (K Krishan PhD); Department of Demography and Public Health Research Institute and Department of Social and Preventive Medicine, School of Public Health, University of Montreal, Montreal, QC, Canada (Prof B Kuate Defo PhD); State Institution "Public Health Center" of the Ministry of Health of Ukraine, Kyiv, Ukraine (I Kuzin MPH); Center for Translation Research and Implementation Science, National Heart, Lung, and Blood Institute (G A Mensah MD), Institute of Health Policy and Development Studies (Prof H Lam PhD), National Institutes of Health, Manila, Philippines; National Cancer Institute, Rockville, MD, USA (Q Lan PhD); Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON, Canada (J J Lang PhD); Help Me See, Inc, New York, NY, USA (V C Lansingh PhD); Instituto Mexicano de Oftalmología, Queretaro, Mexico (V C Lansingh); School of Medicine Federal University of Minas Gerais, Belo Horizonte, Brazil (S Lansky PhD); Secretaria Municipal de Saúde, Belo Horizonte, Brazil (S Lansky PhD); Department of Medical Sciences (Prof A Larsson PhD), Uppsala University, Uppsala, Sweden; Managerial Epidemiology Research Center, Department of Public Health, School of Nursing and Midwifery (S Safiri PhD), Maragheh University of Medical Sciences, Maragheh, Iran (A Latifi PhD); ISGlobal, Hospital Clinic (Prof J V Lazarus PhD), University of Barcelona, Barcelona, Spain; CHIP, Rigshospitalet (Prof J V Lazarus), Department of Neurology, Rigshospitalet (T Truelsen DMSc), University of Copenhagen, Copenhagen, Denmark; College of Optometry (J L Leasher OD), Nova Southeastern University, Fort Lauderdale, Florida, USA; Hong Kong Polytechnic University, Hong Kong, China (P H Lee PhD); State University of New York, Albany, Rensselaer, NY, USA (R Leung PhD); Tuscany Regional Centre for Occupational Injuries and Diseases, Florence, Italy (M Levi PhD); San Francisco VA Medical Center, San Francisco, CA, USA (Y Li PhD); National Office for Maternal and Child Health Surveillance, West China Second University Hospital (Prof J Liang MD), Sichuan University, Chengdu, China; University of Malaya, Kuala Lumpur, Malaysia (L Lim MD); The Chinese University of Hong Kong, Shatin, China (L Lim MD); University of Haifa, Haifa, Israel (Prof S Linn MD); Radboud University Medical Center, Nijmegen, Netherlands (Prof S Listl PhD); National Center for Chronic and Noncommunicable Disease Control and Prevention (S Liu PhD, P Yin PhD, Prof M Zhou PhD), Chinese Center for Disease Control and Prevention, Beijing, China; All India Institute of Medical Sciences, New Delhi, India (R Lodha MD, Prof R Malhotra MS, N Naik DM, A Roy DM, R Sagar MD, Prof N Tandon PhD); Children's Hospital of Philadelphia (S A Lorch MD), The Children's Hospital of Philadelphia, University of Pennsylvania School of Medicine, Philadelphia, PA, USA; Institute of Nutrition (Prof S Lorkowski PhD), Friedrich Schiller University Jena, Jena, Germany; Competence Cluster for Nutrition and Cardiovascular Health (nutriCARD) Halle-Jena-Leipzig, Jena, Germany (Prof S Lorkowski PhD); Aintree University Hospital National Health Service Foundation Trust, Liverpool, UK (Prof R Lunevicius PhD); School of Medicine (Prof R Lunevicius PhD), University of Liverpool, Liverpool, UK; Farr Institute (Prof R A Lyons MD), Swansea University, Swansea, UK; Center for Research on Population and Health, Faculty of Health Sciences (Prof C M Obermeyer DSc), Department of Psychiatry (F Maalouf MD), American University of Beirut, Beirut, Lebanon; Royal Children's Hospital Melbourne, Melbourne, VIC, Australia (M T Mackay PhD); Mansoura Faculty of Medicine, Mansoura, Egypt (H Magdy Abd El Razek MBBCh); Aswan University Hospital (M Magdy Abd El Razek MBBCh), Aswan Faculty of Medicine, Aswan, Egypt; Faculty of Health Sciences and Social Work, Department of Public Health (M Majdan PhD), Trnava University, Trnava, Slovakia; National Institute of Health Research, Tehran, Iran (Prof R Majdzadeh PhD); Universidade Federal de Minas Gerais, Belo Horizonte, Brazil (Prof D C Malta PhD); Ethiopian Public Health Association, Addis Ababa, Ethiopia (T Manyazewal PhD); Hospital Universitario Doctor Peset, Valencia, Spain (J Martinez-Raga PhD, M Tortajada PhD); CEU Cardinal Herrera University, Moncada, Spain (J Martinez-Raga PhD); Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil (Prof S C O Martins PhD); Hospital Moinhos de Vento, Porto Alegre, Brazil (Prof S C O Martins PhD); Federal Institute of Education, Science and Technology of Ceará, Caucaia, Brazil (F R Martins-Melo PhD); Synlab Academy, Mannheim, Germany (Prof W März MD); Clinical Institute of Medical and Chemical Laboratory Diagnostics, (Prof W März MD), Medical University of Graz, Graz, Austria; George Institute for Global Health India, New Delhi, India (P K Maulik PhD); George Institute for Global Health, Oxford University, Oxford, UK (P K Maulik PhD); Department of Biology and Biological Engineering, Food and Nutrition Science (M Mazidi PhD), Chalmers University of Technology, Gothenburg, Sweden; University Hospitals Bristol NHS Foundation Trust, Bristol, UK (C McAlinden PhD); Public Health Wales, Swansea, UK (C McAlinden PhD); Queensland Centre for Mental Health Research (Prof J J McGrath PhD), The Park Centre for Mental Health, Wacol, QLD, Australia; Ipas Nepal, Kathmandu, Nepal (S Mehata PhD); National Institute of Cancer Prevention & Research, Noida, India (Prof R Mehrotra DPhil); University of California, San Francisco, San Francisco, California, USA (K M Mehta DSc); MGM Medical College, Navi Mumbai, India (V Mehta MBBS); Competence Cluster for Nutrition and Cardiovascular Health (nutriCARD) (T Meier PhD), Institut für Medizinische Epidemiologie, Biometrie und Informatik (I Shiue PhD), Martin-Luther-Universität Halle-Wittenberg, Saale, Germany; University of West Florida, Pensacola, FL, USA (P Memiah PhD); Saudi Ministry of Health, Riyadh, Saudi Arabia (Prof Z A Memish MD); College of Medicine (Prof Z A Memish MD), Alfaisal University, Riyadh, Saudi Arabia; United Nations Population Fund, Lima, Peru (W Mendoza MD); Comprehensive Cancer Center, Breast Surgery Unit (T J Meretoja PhD), Department of Neurology (A Meretoja PhD), Helsinki University Hospital, Helsinki, Finland; Finnish Institute of Occupational Health, Work Organizations, Work Disability Program, Department of Public Health, Faculty of Medicine (R Shiri PhD), University of Helsinki, Helsinki, Finland (T J Meretoja PhD); Pomeranian Medical University, Szczecin, Poland (Prof T Miazgowski PhD); Friedman School of Nutrition Science and Policy (R Micha PhD), Tufts University, Boston, Massachusetts, USA (P Shi PhD); Pacific Institute for Research & Evaluation, Calverton, MD, USA (T R Miller PhD); Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Thiruvananthapuram, India (G Mini PhD, Prof P Sylaja DM); Amrita Institute of Medical Sciences, Kochi, India (G Mini PhD); Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan (Prof E M Mirrakhimov PhD); National Center of Cardiology and Internal Disease, Bishkek, Kyrgyzstan (Prof E M Mirrakhimov PhD); Brien Holden Vision Institute (Prof S Resnikoff MD), School of Optometry and Vision Science (Prof S Resnikoff MD), University of New South Wales, Kensington, NSW, Australia (Prof P B Mitchell MD, Prof P S Sachdev MD); Department of Ophthalmology, Medical Faculty

Mannheim (S Panda-Jonas MD), Institute of Public Health (B Moazen MS), University of Heidelberg, Heidelberg, Germany; Salahaddin University, Erbil, Iraq (K A Mohammad PhD); Ishik University, Erbil, Iraq (K A Mohammad PhD); Hamedan University of Medical Sciences, Hamedan, Iran (R Mohammadibakhsh PhD); Jigjiga University, Jigjiga, Ethiopia (M A Mohammed MS); Health Systems and Policy Research Unit (S Mohammed PhD), Ahmadu Bello University, Zaria, Nigeria (M B Sufiyan MBA); Reproductive Health and ObGyn School of Medicine and Health Sciences (Prof G L D Mola DPH), University of Papua New Guinea, Boroko, Papua New Guinea; Institute for Maternal and Child Health, IRCCS "Burlo Garofolo", Trieste, Italy (L Monasta DSc, L Ronfani PhD); Lancaster Medical School (P Moraga PhD), Lancaster University, Lancaster, UK; International Laboratory for Air Quality and Health (L Morawska PhD), Queensland University of Technology, Brisbane, QLD, Australia (Q G To MS); Gorgas Memorial Institute for Health Studies, Panama City, Panama (I Moreno Velasquez PhD); National Center for Child Health and Development, Setagaya, Japan (R Mori PhD, C Nagata PhD, R Tobe-Gai PhD); Competence Center Mortality-Follow-Up of the German National Cohort (A Werdecker PhD), Federal Institute for Population Research, Wiesbaden, Germany (Prof U O Mueller PhD, R Westerman PhD); ICMR-National Institute of Epidemiology, Chennai, India (M Murhekar MD); London School of Hygiene and Tropical Medicine, London, UK (Prof G V S Murthy MD); University of Jos, Jos, Nigeria (J Musa MD); Jos University Teaching Hospital, Jos, Nigeria (J Musa MD); School of Medical Sciences (K Musa MD), University of Science Malaysia, Kubang Kerian, Malaysia; Helping Hands Foundation, Multan, Pakistan (Prof G Mustafa MD); Nishtar Medical University, Multan, Pakistan (Prof G Mustafa MD); Institute of Epidemiology and Medical Biometry (Prof D Rothenbacher MD), Ulm University, Ulm, Germany (Prof G Nagel PhD); International Centre for Diarrhoeal Disease Research, Bangladesh (icddr), Dhaka, Bangladesh (A Naheed PhD, A R Sarker MS, S Zaman MPH); Research Center for Environmental Determinants of Health, School of Public Health (S Rezaei PhD), Kermanshah University of Medical Sciences, Kermanshah, Iran (F Najafi PhD, S Siabani PhD, M Soofi PhD); Azienda Ospedaliera Papa Giovanni XXIII, Bergamo, Italy (Prof L Naldi MD); Suraj Eye Institute, Nagpur, India (V Nangia MD); Department of Public Health, Faculty of Medicine and Biomedical Sciences, University of Yaoundé, Yaoundé, Cameroon (J N Nansseu MD); Department for the Control of Disease, Epidemics and Pandemics, Ministry of Public Health, Yaoundé, Cameroon (J N Nansseu MD); Hospital das Clínicas da Universidade Federal de Minas Gerais, Belo Horizonte, Brazil (Prof B R Nascimento PhD, Prof A L Ribeiro MD); Hospital Universitario Ciências Médicas, Belo Horizonte, Brazil (Prof B R Nascimento PhD); KEMRI-Wellcome Trust, Kilifi, Kenya (Prof C R Newton MD); University of Nairobi, Nairobi, Kenya (J W Ngunjiri PhD); Institute for Global Health Innovations, Duy Tan University, Da Nang, Vietnam (T H Nguyen MSc, V M Nong MSc); Department of Public Health, Semarang State University, Semarang City, Indonesia (D N A Ningrum MPH); Graduate Institute of Biomedical Informatics, Taipei Medical University, Taipei City, Taiwan (D N A Ningrum MPH); University of Bergen, Bergen, Norway (Prof O F Norheim PhD); Medical Diagnostic Centre, Yaounde, Cameroon (J N Noubiap MD); Rwanda Ministry of Health, Kigali, Rwanda (A Nyandwi MPH); Centre for Health Research (F A Ogbo MPH), Western Sydney University, Sydney, NSW, Australia (Prof A M N Renzaho PhD); Department of Preventive Medicine, School of Medicine, Kyung Hee University, Seoul, South Korea (Prof I Oh PhD); Human Sciences Research Council, South Africa and University of KwaZulu-Natal, Durban, South Africa (O Oladimeji MS); Department of Psychiatry, Lagos University Teaching Hospital, Lagos, Nigeria (A T Olagunju MD); Universidad Autonoma de Chile, Talca, Chile (Prof P R Olivares PhD); Center for Healthy Start Initiative, Lagos, Nigeria (B O Olusanya PhD, J O Olusanya MBA); Lira District Local Government, Lira Municipal Council, Uganda (J Opio MPH); Division of Epidemiology & Biostatistics, Graduate School of Public Health (Prof E Oren PhD), San Diego State University, San Diego, CA, USA; IIS-Fundacion Jimenez Diaz-UAM, Madrid, Spain (Prof A Ortiz PhD); Karabuk University, Karabuk, Turkey (R Ozdemir PhD); JSS Medical College, JSS University, Mysore, India (Prof M PA DNB); Christian Medical College Ludhiana, Ludhiana, India (J D Pandian DM); Department of Medical Humanities and Social Medicine, College of Medicine, Kosin University, Busan, South Korea (E Park PhD); White Plains Hospital, White Plains, NY, USA (T Patel MD); Krishan Institute of Medical Sciences, Deemed University, School of Dental Sciences, Karad, India (S T Patil MDS); National Health System Resource Center, Ministry of Health & Family Welfare, New Delhi, India (A Patle MPH); Clinical Research, Diabetes Research Society, Hyderabad, India (V R Paturi MD); DiabetOmics, Portland, OR, USA (V R Paturi MD); UK Department for International Development, Lalitpur, Nepal (D Paudel PhD); Instituto de Comunicação e Informação Científica e Tecnológica em Saúde da Fundação Oswaldo Cruz, Rio de Janeiro, Brazil (M d Pedrosa PhD); REQUIMTE/LAQV, Laboratório de Farmacognosia, Departamento de Química, Faculdade de Farmácia, Universidade do Porto, Porto, Portugal (Prof D M Pereira PhD); Health Metrics Unit, University of Gothenburg, Gothenburg, Sweden (Prof M Petzold PhD); University of the Witwatersrand, Johannesburg, South Africa (Prof M Petzold PhD); Shanghai Jiao Tong University School of Medicine, Shanghai, China (Prof M R Phillips MD); Durban University of Technology, Durban, South Africa (J D Pillay PhD); University of Newcastle, Callaghan, NSW, Australia (Prof C D Pond PhD); University Medical Center Groningen, Groningen, Netherlands (Prof M J Postma PhD); Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India (S Prakash PhD); Charotar University of Science and Technology, Anand, India (Prof V Prakash MPT); Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India (Prof N Prasad MD); The Fred Hollows Foundation, Melbourne, VIC, Australia (N M Prasad); Non-communicable Diseases Research Center, Alborz University of Medical Sciences, Karaj, Iran (M Qorbani PhD); Commemorative Gorgas Institute for Health Studies, Panama, Panama (H K Quintana PhD); A T Still University, Kirksville, MO, USA (A Radfar MD); Contech International Health Consultants, Lahore, Pakistan (A Rafay MS, Prof S M Rana PhD); Contech School of Public Health, Lahore, Pakistan (A Rafay, Prof S M Rana); Research and Evaluation Division, BRAC, Dhaka, Bangladesh (M Rahman PhD); Sweidi Hospital, Riyadh, Saudi Arabia (S U Rahman FCPS); Society for Health and Demographic Surveillance, Suri, India (R Rai MPH); Nizam's Institute of Medical Sciences, Hyderabad, India (Prof S Raju DM); Instituto Gonçalo Muniz, Fundação Oswaldo Cruz, Salvador, Brazil (Prof D Rasella PhD); North Hampshire Hospitals, Basingstoke, UK (D L Rawaf MD); University College London Hospitals, London, UK (D L Rawaf); Human Sciences Research Council, Cape Town, South Africa (P Reddy PhD); Loma Linda University Medical Center, Loma Linda, CA, USA (C Reis MD); Azienda Socio-Sanitaria Territoriale, Papa Giovanni XXIII, Bergamo, Italy (Prof G Remuzzi MD); Department of Biomedical and Clinical Sciences "L Sacco", University of Milan, Milan, Italy (Prof G Remuzzi MD); Federal University of Uberlândia, Uberlândia, Brazil (L Roever MPH); Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Gorgan, Iran (G Roshandel PhD); BARC Hospital, HBNI University, Mumbai, India (N Roy MD); Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania (G M Ruhago PhD, B F Sunguya PhD); National Institute for Research in Environmental Health, Bhopal, India (Prof Y D Sabde MD); Prince of Wales Hospital, Randwick, NSW, Australia (Prof P S Sachdev MD); Mashhad University of Medical Sciences, Mashhad, Iran (A Sahebkar PhD); Fiocruz, Rio de Janeiro, Brazil (R d Saldanha MS); Faculty of Science, Ain Shams University, Cairo, Egypt (A M Samy PhD); Department of Public Health (M Sawhney PhD), J Edwards School of Medicine (J R Sanabria MD), Marshall University, Huntington, WV, USA; Case Western Reserve University, Cleveland, OH, USA (J R Sanabria MD); Sancheti Institute for Orthopaedics & Rehabilitation, Pune, India (P K Sancheti MS); IIS-Fundacion Jimenez Diaz, Madrid, Spain (M Sanchez-Niño PhD); Queensland Centre for Mental Health Research, Brisbane, QLD, Australia (D Santomauro, Prof H A Whiteford PhD); Isfahan Cardiovascular Research Institute, Isfahan, Iran (Prof N Sarrafzadegan MD); Public Health Medicine, School of Nursing and Public Health (Prof B Sartorius PhD), University of KwaZulu-Natal, Durban, South Africa; Centre of Advanced Study in Psychology, Utkal University, Bhubaneswar, India (M Satpathy PhD); Center for Disease Burden (Prof S Vollset DrPH), Norwegian Institute of Public Health, Oslo, Norway (M Savic PhD, Prof V Skirbekk PhD); Bayer Turkey, Istanbul, Turkey (M I Saylan PhD); Global Perspective Studies Unit (J Schmidhuber PhD), Food and

- Agriculture Organization, Rome, Italy; Federal University of Santa Catarina, Florianópolis, Brazil (I J C Schneider PhD, D A S Silva PhD); Hypertension in Africa Research Team, North-West University, Potchefstroom, South Africa (Prof A E Schutte PhD); Croatian National Cancer Registry, Croatian Institute of Public Health, Zagreb, Croatia (M Sekerija PhD); School of Public Health Dr Andrija A tampar, University of Zagreb School of Medicine, Zagreb, Croatia (M Sekerija PhD); Department of Rehabilitation Medicine (A Shafieesabet MD), New York University Langone Medical Center, New York, NY, USA; Middle East Liver Disease Center, Tehran, Iran (H Sharafi PhD); Institute for Physical Activity and Nutrition (S Shariful Islam PhD), Deakin University, Burwood, VIC, Australia (Prof M A Stokes PhD); University School of Management and Entrepreneurship, Delhi Technological University, Delhi, India (R Sharma MA); Department of Pulmonary Medicine, Zhongshan Hospital, Fudan University, Shanghai, China (J She MD); National Institute of Infectious Diseases, Tokyo, Japan (M Shigematsu PhD); Tachikawa Hospital, Tokyo, Japan (Y Shinohara PhD); Alzheimer Scotland Dementia Research Centre (I Shiue PhD), University of Edinburgh, Edinburgh, UK (Prof A Sheikh MD, I N Soyiri PhD); Symbiosis Institute of Health Sciences, Symbiosis International University, Pune, India (Prof S R Shukla PhD); Diabetes Unit, KEM Hospital Research Centre, Pune, India (Prof S R Shukla); University of Technology Sydney, Sydney, NSW, Australia (S Siabani PhD); Reykjavik University, Reykjavik, Iceland (I D Sigfusdottir PhD); University of Pennsylvania, Philadelphia, PA, USA (D H Silberberg MD, J Weiss MA); Brasília University, Brasília, Brazil (D G A Silveira MD); Max Hospital, Ghaziabad, India (Prof N P Singh MD); Asthma Bhawan, Jaipur, India (V Singh MD); School of Preventive Oncology, Patna, India (D N Sinha PhD); WHO FCTC Global Knowledge Hub on Smokeless Tobacco, National Institute of Cancer Prevention, Noida, India (D N Sinha PhD); Ethiopian Medical Association, Addis Ababa, Ethiopia (A H Sinke MD); King Khalid University Hospital, Riyadh, Saudi Arabia (B H A Sobaih MD); Tunisian Center for Public Health, Les Berges du Lac, Tunisia (M Somai MD); Dartmouth College, Hanover, New Hampshire, USA (S Soneji PhD); Instituto de Investigación Hospital Universitario de la Princesa (IISP), Madrid, Spain (Prof J B Soriano MD); Universidad Autónoma de Madrid, Madrid, Spain (Prof J B Soriano); Department of Community Medicine (C T Sreeramareddy MD), International Medical University, Kuala Lumpur, Malaysia; Attikon University Hospital, Athens, Greece (V Stathopoulou PhD); University of East Anglia, Norwich, UK (Prof N Steel PhD); Public Health England, London, UK (Prof N Steel); South African Medical Research Council Unit on Anxiety & Stress Disorders, Cape Town, Western Cape, South Africa (Prof D J Stein PhD); Ministry of Health, Kingdom of Saudi Arabia, Riyadh, Saudi Arabia (R A Suliankatchi MD); Departments of Criminology, Law & Society, Sociology, and Public Health, University of California, Irvine, Irvine, CA, USA (Prof B L Sykes PhD); Mizan-Tepi University, Mizan-Teferi, Ethiopia (A H Tadesse MPH); Instituto Superior de Ciências da Saúde Egas Moniz, Almada, Portugal (Prof N Taveira PhD); Faculty of Pharmacy, Universidade de Lisboa, Lisboa, Portugal (Prof N Taveira PhD); Department of Anesthesiology, University of Virginia, Charlottesville, VA, USA (A S Terkawi MD); Department of Anesthesiology, King Fahad Medical City, Riyadh, Saudi Arabia (A S Terkawi MD); Outcomes Research Consortium, Cleveland Clinic, Cleveland, OH, USA (A S Terkawi); University of Calgary, Calgary, AB, Canada (Prof M Tonelli MD); Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Kraków, Poland (R Topor-Madry PhD); Faculty of Health Sciences, Wrocław Medical University, Wrocław, Poland (R Topor-Madry PhD); Aristotle University of Thessaloniki, Thessaloniki, Greece (Prof F Topouzis PhD); School of Medicine, University of Valencia, Valencia, Spain (M Tortajada PhD); Hanoi Medical University, Hanoi, Vietnam (B X Tran PhD); Auckland Cancer Society Research Centre, University of Auckland, Auckland, New Zealand (K B Tran MD); University of Louisville School of Medicine, Louisville, KY, USA (A Tripathi PhD); National Institute for Research in Tuberculosis, Chennai, India (S P Tripathy MD); Parc Sanitari Sant Joan de Déu, Fundació Sant Joan de Déu, Universitat de Barcelona, CIBERSAM, Barcelona, Spain (S Tyrovolas PhD); Department of Veterans Affairs, Washington, DC, USA (U S Uchendu MD); Department of Internal Medicine (K N Ukwaja MD), Federal Teaching Hospital, Abakaliki, Nigeria; Gomal Centre of Biochemistry and Biotechnology, Gomal University, Dera Ismail Khan, Pakistan (Prof I Ullah PhD); Programmatic Management of Drug Resistant TB Unit, TB Culture Laboratory, Mufti Mehmood Memorial Teaching Hospital, Dera Ismail Khan, Pakistan (Prof I Ullah PhD); Warwick Medical School, University of Warwick, Coventry, UK (Prof P S Gill DM, O A Uthman PhD); University of Nigeria, Nsukka, Enugu Campus, Enugu, Nigeria (Prof B S C Uzochukwu MD); Sociedad Argentina de Medicina, Ciudad Autónoma de Buenos Aires, Argentina (Prof P R Valdez PhD); Hospital Vélez Sarsfield, Ciudad Autónoma de Buenos Aires, Argentina (Prof P R Valdez PhD); UKK Institute for Health Promotion Research, Tampere, Finland (Prof T Vasankari PhD); Raffles Neuroscience Centre, Raffles Hospital, Singapore, Singapore (N Venketasubramanian MBBS); University of Bologna, Bologna, Italy (Prof F S Violante MD); Federal Research Institute for Health Organization and Informatics, Moscow, Russia (S K Vladimirov PhD); National Research University Higher School of Economics, Moscow, Russia (Prof V V Vlassov MD); Foundation University, Islamabad, Pakistan (Y Waheed PhD); VA Medical Center, Washington, DC, USA (M T Wallin MD); Neurology Department, Georgetown University, Washington, DC, USA (M T Wallin); Natural History Museum, London, UK (J L Watson MD); Zhongshan Hospital, Fudan University, Shanghai, China (Y Wang MD); The First Affiliated Hospital of Xi'an Jiaotong University, Xi'an, China (Y Wang MD); University of São Paulo Medical School, São Paulo, São Paulo, Brazil (Y Wang PhD); The University of Adelaide, Adelaide, SA, Australia (M M Wassie MS); Department of Research, Cancer Registry of Norway, Institute of Population-Based Cancer Research, Oslo, Norway (E Weiderpass); Department of Community Medicine, Faculty of Health Sciences, University of Tromsø, The Arctic University of Norway, Tromsø, Norway (E Weiderpass); Genetic Epidemiology Group, Folkhälsan Research Center, Helsinki, Finland (E Weiderpass); Royal Children's Hospital, Melbourne, VIC, Australia (R G Weintraub MBBS); Murdoch Childrens Research Institute, Melbourne, VIC, Australia (R G Weintraub); German National Cohort Consortium, Heidelberg, Germany (R Westerman PhD); VitroLive Sp z o.o., Szczecin, Poland (J Widecka PhD); Center for Global Health, Department of Neurology, Klinikum rechts der Isar, Technical University of Munich (TUM), Munich, Germany (Prof A S Winkler DrMed); Centre for Global Health, Institute of Health and Society, University of Oslo, Oslo, Norway (Prof A S Winkler); South African Medical Research Council, Cochrane South Africa, Cape Town, South Africa (Prof C S Wiysonge PhD); National Institute for Health Research Comprehensive Biomedical Research Centre, Guy's & St. Thomas' NHS Foundation Trust and King's College London, London, UK (Prof C D Wolfe MD); Ghent University, Ghent, Belgium (A Workicho MPH); NHS National Services Scotland, Glasgow, UK (G M A Wyper MS); University of Strathclyde, Glasgow, UK (G M A Wyper); St John's Medical College and Research Institute, Bangalore, India (Prof D Xavier MD); Department of Neurology, Jinling Hospital, Nanjing University School of Medicine, Nanjing, China (Prof G Xu PhD); Global Health Research Center, Duke Kunshan University, Kunshan, China (Prof L L Yan PhD); Department of Preventive Medicine, Northwestern University, Chicago, IL, USA (Y Yano MD); Woldia University, Woldia, Ethiopia (N B Yimer MS); Social Work and Social Administration Department, The Hong Kong Jockey Club Centre for Suicide Research and Prevention, University of Hong Kong, Hong Kong, China (Prof P Yip PhD); University of South Australia, Mawson Lakes, SA, Australia (B D Yirsaw PhD); Department of Biostatistics, School of Public Health, Kyoto University, Kyoto, Japan (N Yonemoto MPH); NCD Research to Policy Unit, Aga Khan University, East Africa, Nairobi, Kenya (Prof G Yonga MD); Department of Preventive Medicine, College of Medicine, Korea University, Seoul, South Korea (S Yoon PhD); School of Public Health, University of Kinshasa, Kinshasa, Democratic Republic of the Congo (M Yotebieng PhD); Jackson State University, Jackson, MS, USA (Prof M Z Younis DrPH); Department of Epidemiology and Biostatistics, School of Public Health, Global Health Institute, Wuhan University, Wuhan, China (Prof C Yu PhD); Institute of Oncology Ljubljana, Epidemiology and Cancer Registry, Ljubljana, Slovenia (Prof V Zadnik PhD); University Hospital of Setif, Setif, Algeria (Prof Z Zaidi DSc); National Office of MCH Surveillance of China, Chengdu, China (Prof J Zhu MD); Red Cross War Memorial Children's Hospital, Cape Town, South Africa (L J Zuhlke PhD).

Contributors

Nancy Fullman, Rafael Lozano, and Christopher J L Murray prepared the first draft of the manuscript. Jamal Yearwood ran the risk-standardisation analyses, constructed mortality-to-incidence ratios for cancers, and computed indices. Ryan M Barber created the original code and methodological approach for index construction. Julian Chalek and Erika Eldrenkamp generated figures and tables, and contributed to supplementary analyses. Chloe Shields provided project management and support. Nancy Fullman, Rafael Lozano, and Christopher J L Murray conceived this study and provided overall guidance. Nancy Fullman and Rafael Lozano finalised the manuscript on the basis of reviewer feedback. Please see the appendix for more detailed information about all authors' contributions to this work and the GBD 2016 results included in this analysis.

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