



Global, regional, and national trends in the morbidity gap and contributing diseases, injuries, and risk factors, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

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Summary

Background As survival improves globally, the central public health challenge increasingly shifts from extending life to extending healthy lifespan. The compression of morbidity hypothesis proposes that effective prevention and care will delay disability more than death, reducing the morbidity gap—ie, the duration or proportion of life spent in poor health. We aimed to comprehensively estimate changes in the morbidity gap globally, regionally, and nationally from 1990 to 2023, by sociodemographic development levels and sex, and analysed leading diseases and injuries and their underlying risk factors contributing to years lived in poor health.

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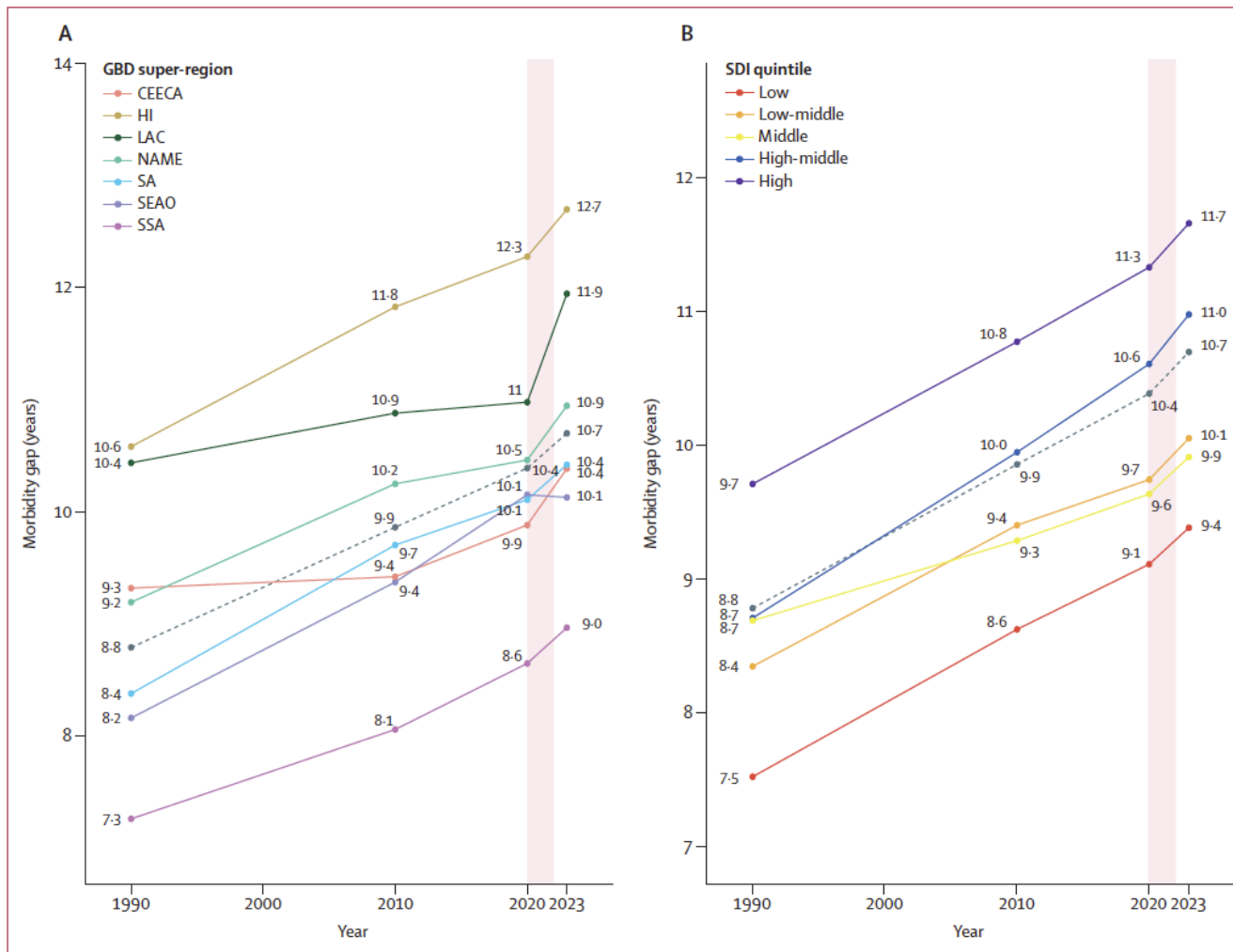


Figure 1: Figure 1: Morbidity gap by GBD super-region (A) and SDI quintile (B), 1990–2023
Pink vertical shading indicates the COVID-19 pandemic period (2020–22). The dashed line in each panel represents the global average. CEECA=central Europe, eastern Europe, and central Asia. GBD=Global Burden of Diseases, Injuries, and Risk Factors Study. HI=high income. LAC=Latin America and Caribbean. NAME=north Africa and Middle East. SA=south Asia. SDI=Socio-demographic Index. SEAO= southeast Asia, east Asia and Oceania. SSA=sub-Saharan Africa.



Healthy lifestyle and life expectancy free of cancer, cardiovascular disease, and type 2 diabetes: prospective cohort study

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ABSTRACT

OBJECTIVE

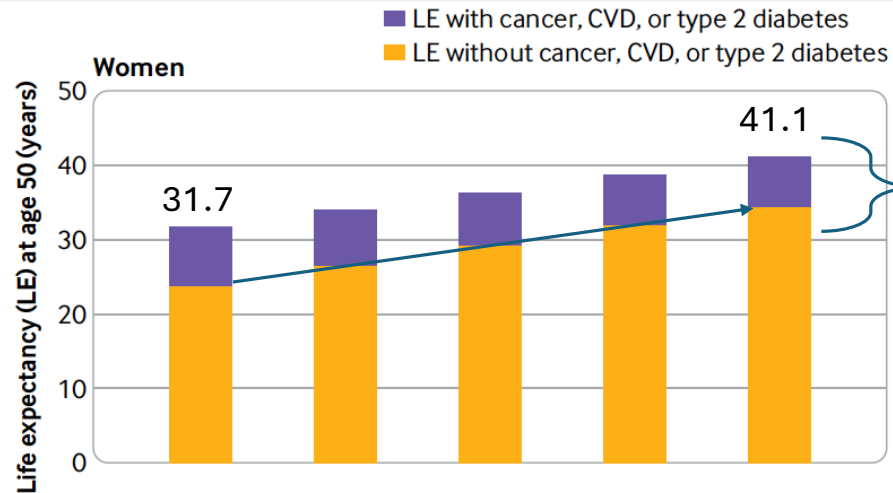
To examine how a healthy lifestyle is related to life expectancy that is free from major chronic diseases.

CONCLUSION

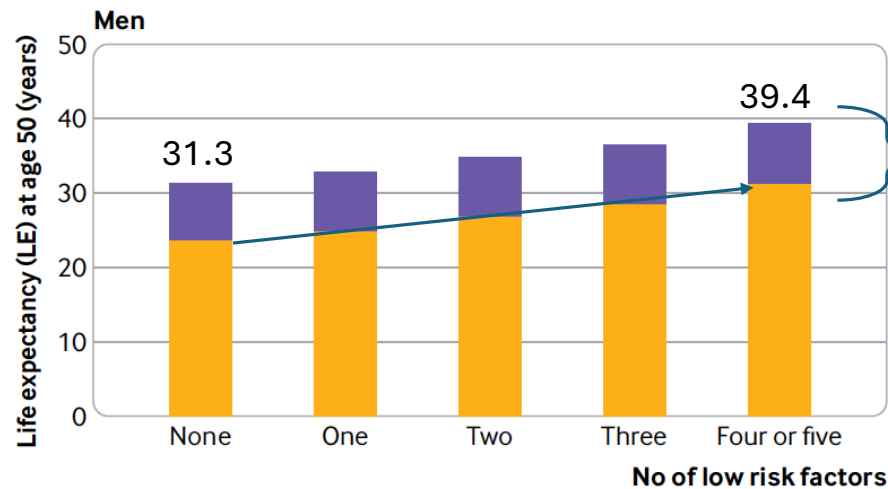
Adherence to a healthy lifestyle at mid-life is associated with a longer life expectancy free of major chronic diseases.

The Nurses' Health Study (1980-2014; n=73 196) and the Health Professionals Follow-Up Study (1986-2014; n=38 366).

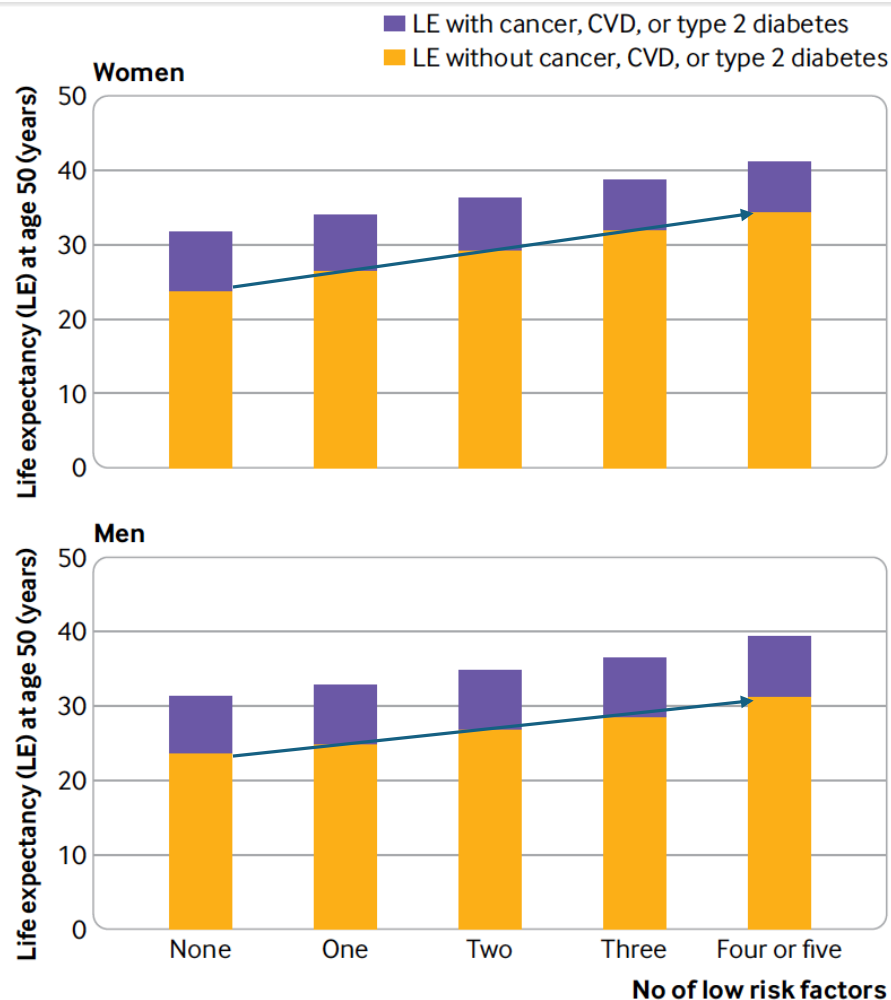
Change Morbidity Gap



9.7% to 7.4%



9.6 to to 9.3%



Healthy Factors

- . No Smoking
- . Physical Activity
- . Good Quality Diet
- . Moderate consumption of Alcohol
- . Maintain a “normal” body weight

Fig 1 | Estimated life expectancy at age 50 years with and without cancer, cardiovascular disease (CVD), and/or type 2 diabetes among participants of Nurses' Health Study (women) and Health Professionals Follow-up Study (men) according to number of low risk lifestyle factors. Low risk lifestyle factors included cigarette smoking (never smoking), physical activity (≥ 3.5 hours/week moderate to vigorous intensity activity), high diet quality (upper 40% of Alternate Healthy Eating Index), moderate alcohol intake of 5-15 g/day (women) or 5-30 g/day (men), and normal weight (body mass index < 25). Estimates of multivariate adjusted hazard ratios (sex specific) for morbidity and mortality associated with low risk lifestyles compared with people with zero low risk lifestyle factors adjusted for age, ethnicity, current multivitamin use, current aspirin use, family history of diabetes, myocardial infarction, or cancer, and menopausal status and hormone use (women only)