What does it all mean?

Charlotte Watts
Gender, Violence & Health Centre
Department of Global Health and Development
London School of Hygiene & Tropical Medicine
SVRI Bangkok 2013

GBD 2010 - ‘a superhuman effort*’

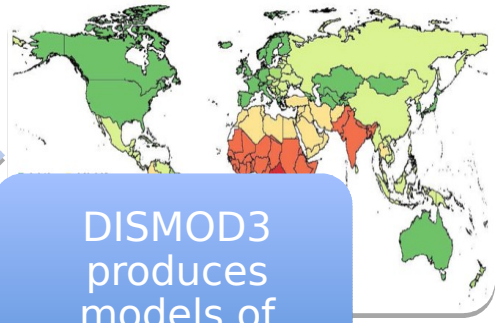
‘Results are set to shake up health priority setting in countries and the world…’

- Massive collaboration, involving almost 500 researchers from > 300 institutions in 50 countries
- Analysis of the DALY burden of 291 diseases & injuries in 21 regions
- Analysis of the health burden of 67 risk factors
- Provides important new insights into the global burden & distribution of poor health

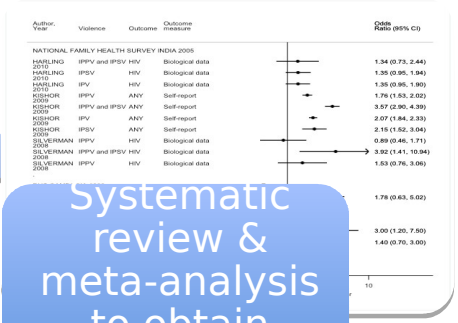
**Das & Samarasekera, Lancet 2012*

What are the steps in the risk factor GBD analysis?

Review of evidence global prevalence of exposure



DISMOD3 produces models of national, exposure by age



Systematic review & meta-analysis to obtain estimates of relative risk & calculation of PAFs

ESTIMATES OF HEALTH BURDEN (DALYS)

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What was in & out for IPV GBD analysis?

Current or previous exposure to physical or sexual violence from an intimate partner

RISK FACTORS FOR POOR HEALTH

Unsafe sex

Tobacco use

Heavy alcohol use

HEALTH OUTCOMES

HIV/AIDS

Syphilis, Chlamydia, Gonorrhoea

Unsafe abortion

Alcohol use disorders

Injuries

Intentional self harm

Unipolar depressive disorders

Nutrition and obesity

Eating disorders

Gynaecological problems

Cancer

Low birth rate and prematurity

Homicide

Suicide

Perinatal and infant deaths

Was IPV judged to be an important risk factor for health?

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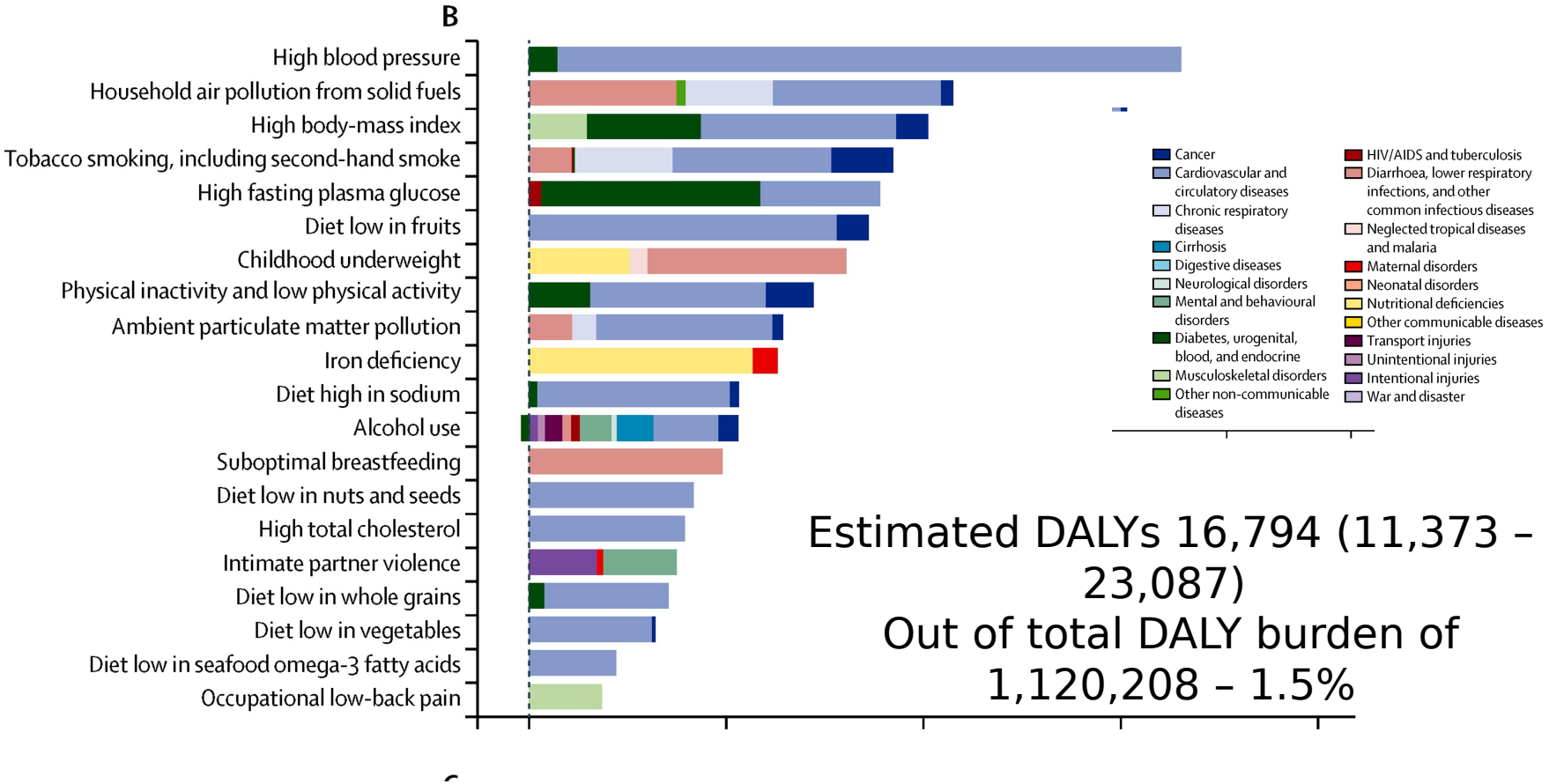
In ‘top 20’ risk factors for poor health for women



Estimated DALYs 16,794 (11,373 – 23,087)
Out of total DALY burden of 1,120,208 – 1.5%

Source: Lim et al, Lancet 2012

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The GBD process: exciting, demanding, frustrating...

- Inclusion has potential to help get IPV & sexual violence onto national, regional & global health agendas
- Expert Working Group on Interpersonal Violence drew on time & commitment of many people in the violence field
- Large body of data systematically compiled & synthesised
- Work led to IPV being included in 2010 estimates, not NPSV
- Many proposed health outcomes for IPV not included
  - Lack of resources
  - Lack of longitudinal evidence
  - Challenges of producing reliable estimates of effect size
- **Health burden of IPV likely to be severely under estimated**

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The way forward?

- **The GBD continues! – potential to input into 2013 estimates**
- **Analyses has helped move the field forward**
  - Systematic synthesis of global prevalence data
  - Syntheses of evidence on health outcomes
  - Further rounds could ensure that estimates routinely updated
- **In parallel important to start to address major data gaps & issues**
  - Ensure comparability of exposure data across studies (eg measures of exposure to non-partner sexual violence)
  - Longitudinal data on health outcomes – especially from LMICs, to support case of causality & estimates of effect size
  - Clearer articulation of likely causal pathways

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GBD team

- **LSHTM**
  - Charlotte Watts, Karen Devries
  - Loraine Bacchus, Heidi Stoeckl, Jennifer Child, Joelle Mak, Gail Falder
- **WHO**
  - Dr. Claudia Garcia-Moreno, Christina Pallitto
- **MRC Cape Town, South Africa**
  - Naeemah Abrahams
- **Expert Advisory Committee Members**

Ruchira Naved, Rachel Jewkes, Sunita Kishor, Kate Graham, Holly Johnson, Jill Astbury, Leslie Davidson, Mary Ellsberg, James Mercy, Heidi Resnick, Laura Sadowski, Lilia Scraiber, Ann Taket, Meiko Yoshihama, Jackie Campbell, Lori Heise

- **Donors (for LSHTM work)**

Sigrid Rausing Trust

UK Economic and Social Research Council

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Thank you

For more information:
www.genderviolence.lshtm.a

Want to learn more?
Attend LSHTM short course in 201
Researching gender-based violence: methods and meaning

February 17-24th, 2014, London
http://www.lshtm.ac.uk/study/cpd gender_violence.html

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