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Supplementary appendix

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The burden and trend of diseases and their risk factors in Australia, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

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SMSI, RM, JS, and DC conceptualised the paper. SMSI and RU downloaded the data and created the tables and visualisations. SMSI, RM, RU, JS, and DC wrote the first draft. All other authors provided data, developed models, reviewed results, provided guidance on methodology, or reviewed and contributed to the manuscript. All authors approved the final version of the manuscript. All authors had full access to the data in the study and SMSI had the final responsibility for the decision to submit for publication. Please see appendix (pp 36-38) for more detailed information about individual author contributions to the research, divided into the following categories: providing data or critical feedback on data sources; developing methods or computational machinery; providing critical feedback on methods or results; drafting the manuscript or revising it critically for important intellectual content; and managing the estimation or publications process.

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Declarations

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Supplementary Appendix:

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Supplementary Table 1 Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) checklist

Checklist of information that should be included in new reports of global health estimates

Item #	Checklist item	Reported on page #
Objectives and funding		
1	Define the indicator(s), populations (including age, sex, and geographic entities), and time period(s) for which estimates were made.	Page 5
2	List the funding sources for the work.	Page 2
Data Inputs		
For all data inputs from multiple sources that are synthesized as part of the study:		
3	Describe how the data were identified and how the data were accessed.	Page 5
4	Specify the inclusion and exclusion criteria. Identify all ad-hoc exclusions.	Page 5
5	Provide information on all included data sources and their main characteristics. For each data source used, report reference information or contact name/institution, population represented, data collection method, year(s) of data collection, sex and age range, diagnostic criteria or measurement method, and sample size, as relevant.	Page 5
6	Identify and describe any categories of input data that have potentially important biases (e.g., based on characteristics listed in item 5).	Page 5-7
For data inputs that contribute to the analysis but were not synthesized as part of the study:		
7	Describe and give sources for any other data inputs.	Page 5
For all data inputs:		
8	Provide all data inputs in a file format from which data can be efficiently extracted (e.g., a spreadsheet rather than a PDF), including all relevant meta-data listed in item 5. For any data inputs that cannot be shared because of ethical or legal reasons, such as third-party ownership, provide a contact name or the name of the institution that retains the right to the data.	Page 5-7

Data analysis		
9	Provide a conceptual overview of the data analysis method. A diagram may be helpful.	Page 5-7
10	Provide a detailed description of all steps of the analysis, including mathematical formulae. This description should cover, as relevant, data cleaning, data pre-processing, data adjustments and weighting of data sources, and mathematical or statistical model(s).	Page 5-7 and Supplementary files
11	Describe how candidate models were evaluated and how the final model(s) were selected.	Page 5-7 and Supplementary file
12	Provide the results of an evaluation of model performance, if done, as well as the results of any relevant sensitivity analysis.	Page 5-7 and Supplementary file
13	Describe methods for calculating uncertainty of the estimates. State which sources of uncertainty were, and were not, accounted for in the uncertainty analysis.	Page 5-7 and Supplementary files
14	State how analytic or statistical source code used to generate estimates can be accessed.	Page 5-7 and
Results and Discussion		
15	Provide published estimates in a file format from which data can be efficiently extracted.	Page 7-9
16	Report a quantitative measure of the uncertainty of the estimates (e.g. uncertainty intervals).	Page 7-9
17	Interpret results in light of existing evidence. If updating a previous set of estimates, describe the reasons for changes in estimates.	Page 9-12
18	Discuss limitations of the estimates. Include a discussion of any modelling assumptions or data limitations that affect interpretation of the estimates.	Page 11-12

This checklist should be used in conjunction with the GATHER statement and Explanation and Elaboration document, found on gather-statement.org

Supplementary Table 2 Age-standardized death rates, YLL rates, YLD rates, life expectancy at birth, and health-adjusted life expectancy at <1 year of age for both sexes combined relative to comparator countries with high SDI, 1990 and 2019

Country	Death per 100,000 (age-standardized)				YLLs per 100,000 (age-standardized)				YLDs per 100,000 (age-standardized)				Life expectancy at birth				Health-adjusted life expectancy			
	1990		2019		1990		2019		1990		2019		1990		2019		1990		2019	
	Rate (95% UI)	Rank	Rate (95% UI)	Rank	Rate (95% UI)	Rank	Rate (95% UI)	Rank	Rate (95% UI)	Rank	Rate (95% UI)	Rank	LE (95% UI)	Rank	LE (95% UI)	Rank	HALE (95% UI)	Rank	HALE (95% UI)	Rank
NOR	651 (645 to 657)	7	394 (388 to 401)	5	14452 (14300 to 14602)	7	7536 (7391 to 7691)	4	10987 (8099 to 14218)	10	10925 (8055 to 14224)	9	76.9 (76.7 to 77.0)	7	82.9 (82.7 to 83.1)	4	66.4 (63.3 to 69.1)	7	70.8 (67.4 to 73.9)	5
CHE	591 (587 to 596)	2	353 (345 to 362)	3	13443 (13323 to 13566)	3	6907 (6678 to 7159)	2	11476 (8501 to 14786)	11	10728 (7945 to 13844)	6	77.9 (77.8 to 78.0)	2	84.0 (83.7 to 84.2)	3	66.8 (63.6 to 69.7)	5	72.0 (68.6 to 75.1)	3
IRL	796 (787 to 805)	15	431 (416 to 446)	10	16626 (16398 to 16846)	13	8320 (7935 to 8752)	7	10888 (8062 to 14110)	7	11081 (8177 to 14373)	11	75.0 (74.9 to 75.1)	15	82.0 (81.7 to 82.4)	8	65.3 (62.5 to 67.8)	12	70.4 (67.0 to 73.3)	8
DEU	726 (724 to 728)	13	463 (455 to 471)	13	15979 (15922 to 16036)	9	9126 (8946 to 9330)	12	10754 (7936 to 13982)	6	10949 (8072 to 14255)	10	75.7 (75.6 to 75.7)	9	81.2 (81.0 to 81.4)	12	65.8 (62.9 to 68.3)	9	69.7 (66.4 to 72.7)	12
ISL	588 (570 to 607)	1	348 (322 to 379)	2	12840 (12363 to 13336)	1	6973 (6307 to 7795)	3	10522 (7727 to 13680)	5	10448 (7710 to 13570)	3	78.1 (77.7 to 78.5)	1	84.1 (83.2 to 84.9)	2	67.9 (65.0 to 70.6)	1	72.3 (69.1 to 75.4)	2
SWE	605 (601 to 609)	3	398 (393 to 403)	6	12879 (12777 to 12986)	2	7595 (7477 to 7723)	5	10495 (7764 to 13633)	4	10474 (7727 to 13605)	4	77.9 (77.9 to 78.0)	3	82.8 (82.7 to 83.0)	6	67.8 (64.8 to 70.4)	2	71.4 (68.1 to 74.3)	4

SGP	719 (712 to 726)	11	324 (316 to 333)	1	16009 (15816 to 16210)	10	6191 (5965 to 6454)	1	9481 (7055 to 12396)	1	8854 (6537 to 11575)	1	75.6 (75.5 to 75.7)	11	84.9 (84.6 to 85.1)	1	66.7 (64.0 to 69.0)	6	74.5 (71.4 to 77.1)	1
AUS	638 (634 to 641)	**5**	389 (381 to 398)	**4**	14420 (14324 to 14514)	**6**	8041 (7811 to 8295)	**6**	11589 (8639 to 14969)	**13**	11566 (8613 to 14936)	13	77.0 (76.9 to 77.1)	6	82.9 (82.7 to 83.1)	5	66.1 (62.9 to 68.8)	8	70.3 (66.7 to 73.4)	10
NLD	647 (643 to 651)	6	443 (432 to 455)	11	13871 (13773 to 13971)	4	8503 (8200 to 8844)	8	10217 (7556 to 13204)	2	10385 (7710 to 13439)	2	77.2 (77.1 to 77.2)	5	81.7 (81.5 to 82.0)	11	67.4 (64.5 to 69.9)	3	70.6 (67.5 to 73.4)	6
DNK	735 (729 to 741)	14	462 (449 to 477)	12	16594 (16429 to 16754)	12	9162 (8798 to 9566)	13	10960 (8124 to 14165)	8	10768 (7956 to 13905)	7	75.2 (75.1 to 75.3)	14	81.1 (80.8 to 81.4)	13	65.3 (62.3 to 67.8)	13	69.9 (66.7 to 72.8)	11
CAN	611 (609 to 614)	4	410 (405 to 416)	7	13932 (13867 to 14001)	5	8964 (8773 to 9172)	10	10315 (7631 to 13379)	3	10720 (7955 to 13796)	5	77.4 (77.4 to 77.5)	4	82.2 (82.0 to 82.3)	7	67.3 (64.4 to 69.9)	4	70.5 (67.2 to 73.4)	7
USA	717 (715 to 720)	8	528 (524 to 533)	15	16804 (16771 to 16835)	15	12724 (12587 to 12868)	15	12553 (9394 to 16115)	15	13337 (9990 to 17050)	15	75.7 (75.7 to 75.7)	10	78.9 (78.8 to 79.0)	15	63.9 (60.6 to 66.8)	15	65.4 (61.8 to 68.8)	15
GBR	669 (668 to 670)	10	466 (462 to 470)	14	15587 (15529 to 15647)	8	9372 (9245 to 9507)	14	11520 (8523 to 14921)	12	11585 (8575 to 14984)	14	75.8 (75.8 to 75.9)	8	81.1 (81.0 to 81.2)	14	65.4 (62.3 to 68.1)	11	69.1 (65.7 to 72.2)	14
FIN	723 (714 to 732)	12	428 (415 to 443)	8	16375 (16174 to 16594)	11	8765 (8419 to 9144)	9	10963 (8075 to 14222)	9	10805 (7991 to 14005)	8	75.4 (75.3 to 75.6)	13	81.9 (81.5 to 82.2)	9	65.4 (62.5 to 68.0)	10	70.3 (67.0 to 73.3)	9
NZL	699 (692 to 705)	9	430 (423 to 437)	9	16667 (16490 to 16852)	14	9122 (8910 to 9340)	11	11884 (8756 to 15349)	14	11560 (8545 to 14904)	12	75.6 (75.4 to 75.7)	12	81.8 (81.6 to 82.0)	10	64.7 (61.5 to 67.5)	14	69.6 (66.1 to 72.7)	13

NOR=Norway, CHE=Switzerland, IRL=Ireland, DEU=Germany, ISL=Iceland, SWE=Sweden, SGP=Singapore, AUS=Australia, NLD=The Netherlands, DNK=Denmark, CAN=Canada, USA= The United States of America, GBR=United Kingdom of Great Britain and Northern Ireland, FIN=Finland, NZL=New Zealand. Note: 1 indicates the best rank and 15 the worst.

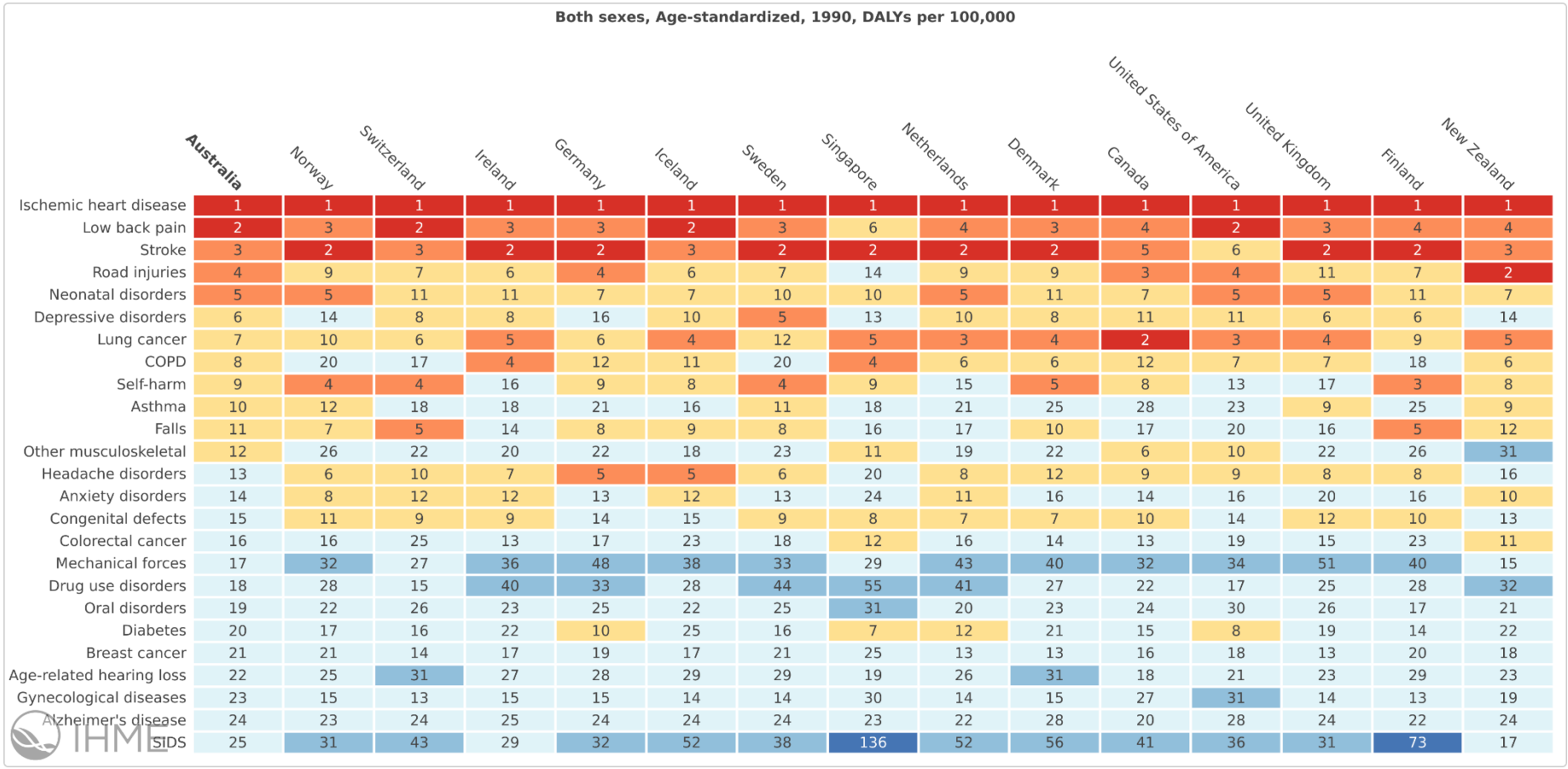
Supplementary Table 3 Age-standardized rate (95% uncertainity interval [UI]) of DALYs with percentage changes between 1990-2010, 2010-2019, and 1990-2019 for the leading causes of diseases, disabilities, and injuries in Australia

Cause	DALY rank			DALYs per 100 000 population (95% UI)			Age standardised % change in DALYs (95% UI)		
	1990	2010	2019	1990	2010	2019	1990-2010	2010-2019	1990-2019
Low back pain	2	1	1	1115.3 (784.1 to 1484.7)	1080.5 (763.6 to 1443.3)	986.6 (685.3 to 1334.1)	-3.1 (-6.7 to 0.6)	-8.7 (-14.8 to -2.8)	-11.5 (-17.5 to -5.6)
Ischemic heart disease	1	2	2	3045.6 (2903.0 to 3131.8)	1063.3 (982.4 to 1114.2)	879.0 (807.4 to 930.1)	-65.1 (-66.3 to -64.0)	-17.3 (-20.6 to -14.3)	-71.1 (-72.5 to -69.9)
Depressive disorders	6	3	3	799.5 (550.6 to 1084.7)	861.6 (586.2 to 1182.1)	798.7 (549.4 to 1128.5)	7.8 (0.1 to 15.9)	-7.3 (-15.9 to 2.3)	-0.1 (-7.9 to 7.8)
Falls	11	5	4	557.7 (409.5 to 752.2)	628.9 (465.4 to 839.8)	670.6 (493.2 to 898.7)	12.8 (10.2 to 15.2)	6.6 (4.7 to 8.4)	20.2 (17.8 to 22.8)
Other musculoskeletal disorders	12	4	5	555.4 (386.1 to 767.4)	651.8 (455.8 to 890.9)	667.1 (456.7 to 917.7)	17.4 (9.9 to 24.9)	2.3 (-6.9 to 11.3)	20.1 (9.8 to 30.4)
Drug use disorders	18	13	6	443.2 (347.7 to 551.0)	505.0 (397.0 to 619.7)	609.2 (482.1 to 753.2)	13.9 (2.7 to 28.3)	20.6 (9.2 to 32.8)	37.4 (24.7 to 52.9)
Anxiety disorders	14	10	7	548.4 (362.0 to 775.8)	536.7 (381.0 to 724.2)	555.3 (366.7 to 785.0)	-2.1 (-18.7 to 19.1)	3.5 (-13.2 to 23.5)	1.3 (-5.4 to 9.1)
Headache disorders	13	7	8	550.3 (122.6 to 1188.8)	551.6 (123.3 to 1192.6)	551.5 (122.4 to 1178.5)	0.2 (-3.0 to 3.3)	0.0 (-2.7 to 3.1)	0.2 (-3.0 to 3.5)
Self-harm	9	9	9	639.7 (620.1 to 660.7)	539.1 (523.6 to 555.2)	518.0 (491.9 to 551.0)	-15.7 (-19.1 to -12.4)	-3.9 (-9.2 to 2.7)	-19.0 (-23.5 to -13.6)
Chronic obstructive pulmonary disease	8	11	10	720.1 (665.4 to 769.3)	517.3 (459.8 to 574.6)	497.1 (440.4 to 553.0)	-28.2 (-33.5 to -21.6)	-3.9 (-11.7 to 3.5)	-31.0 (-36.6 to -24.8)
Tracheal, bronchus, and lung cancer	7	8	11	767.4 (745.9 to 788.1)	546.5 (522.0 to 563.0)	491.6 (461.2 to 520.1)	-28.8 (-31.3 to -26.3)	-10.1 (-14.8 to -5.0)	-35.9 (-39.7 to -32.0)
Diabetes mellitus	20	14	12	409.5 (343.5 to 486.2)	484.9 (386.0 to 610.1)	480.8 (365.6 to 613.0)	18.4 (9.7 to 29.2)	-0.8 (-6.9 to 5.7)	17.4 (6.1 to 30.6)
Neonatal disorders	5	6	13	805.4 (741.7 to	563.7 (513.4 to	449.3 (388.5 to	-30.0 (-36.7 to -	-20.3 (-30.2 to	-44.2 (-52.3 to -

				882.1)	620.3)	512.8)	23.6)	-9.8)	35.9)
Stroke	3	12	14	1058.9 (985.0 to 1115.9)	507.6 (457.4 to 545.6)	445.2 (398.8 to 487.9)	-52.1 (-54.3 to -50.1)	-12.3 (-16.9 to -7.4)	-58.0 (-60.7 to -55.3)
Exposure to mechanical forces	17	16	15	505.6 (350.9 to 728.9)	433.2 (290.3 to 640.7)	440.2 (294.4 to 658.1)	-14.3 (-17.3 to -12.1)	1.6 (0.0 to 3.1)	-12.9 (-16.4 to -10.2)
Asthma	10	17	16	576.5 (421.3 to 775.2)	368.9 (251.3 to 527.2)	373.8 (245.5 to 549.8)	-36.0 (-43.9 to -28.0)	1.3 (-11.1 to 13.5)	-35.2 (-46.0 to -22.6)
Road injuries	4	15	17	952.8 (912.7 to 997.9)	451.7 (423.4 to 482.7)	365.0 (335.0 to 397.0)	-52.6 (-54.5 to -50.5)	-19.2 (-23.8 to -14.8)	-61.7 (-64.0 to -59.3)
Age-related and other hearing loss	22	18	18	382.3 (265.9 to 542.8)	355.5 (245.1 to 511.4)	355.2 (240.5 to 508.3)	-7.0 (-10.8 to -3.3)	-0.1 (-5.0 to 5.4)	-7.1 (-12.4 to -1.7)
Colon and rectum cancer	16	19	19	522.9 (504.4 to 539.1)	350.4 (330.7 to 365.7)	334.6 (309.2 to 359.1)	-33.0 (-35.5 to -30.4)	-4.5 (-10.4 to 2.2)	-36.0 (-40.2 to -31.5)
Endocrine, metabolic, blood, and immune disorders	26	22	20	289.4 (220.1 to 370.9)	327.8 (258.1 to 411.1)	330.5 (261.0 to 415.1)	13.3 (7.7 to 21.0)	0.8 (-3.4 to 5.0)	14.2 (7.7 to 23.1)
Gynecological diseases	23	21	21	333.3 (230.6 to 466.7)	331.6 (227.8 to 466.6)	328.5 (226.7 to 464.1)	-0.5 (-3.6 to 3.0)	-0.9 (-4.2 to 2.2)	-1.5 (-4.7 to 1.9)
Alzheimer's disease and other dementias	24	23	22	326.5 (146.8 to 726.9)	319.3 (146.5 to 690.3)	318.9 (145.9 to 676.1)	-2.2 (-7.1 to 3.2)	-0.1 (-3.5 to 3.6)	-2.3 (-7.0 to 3.2)
Oral disorders	19	24	23	423.2 (272.3 to 618.0)	308.0 (192.7 to 461.7)	315.3 (193.6 to 482.2)	-27.2 (-32.2 to -21.5)	2.4 (-9.2 to 15.6)	-25.5 (-35.4 to -14.7)
Osteoarthritis	27	25	24	283.0 (143.0 to 565.8)	297.7 (152.2 to 590.2)	312.9 (158.4 to 634.0)	5.2 (-0.9 to 10.9)	5.1 (-0.1 to 11.3)	10.6 (6.9 to 14.5)
Congenital birth defects	15	20	25	528.5 (433.4 to 581.1)	344.6 (309.8 to 393.9)	288.5 (245.9 to 344.5)	-34.8 (-41.1 to -16.3)	-16.3 (-25.4 to -5.0)	-45.4 (-53.4 to -24.3)

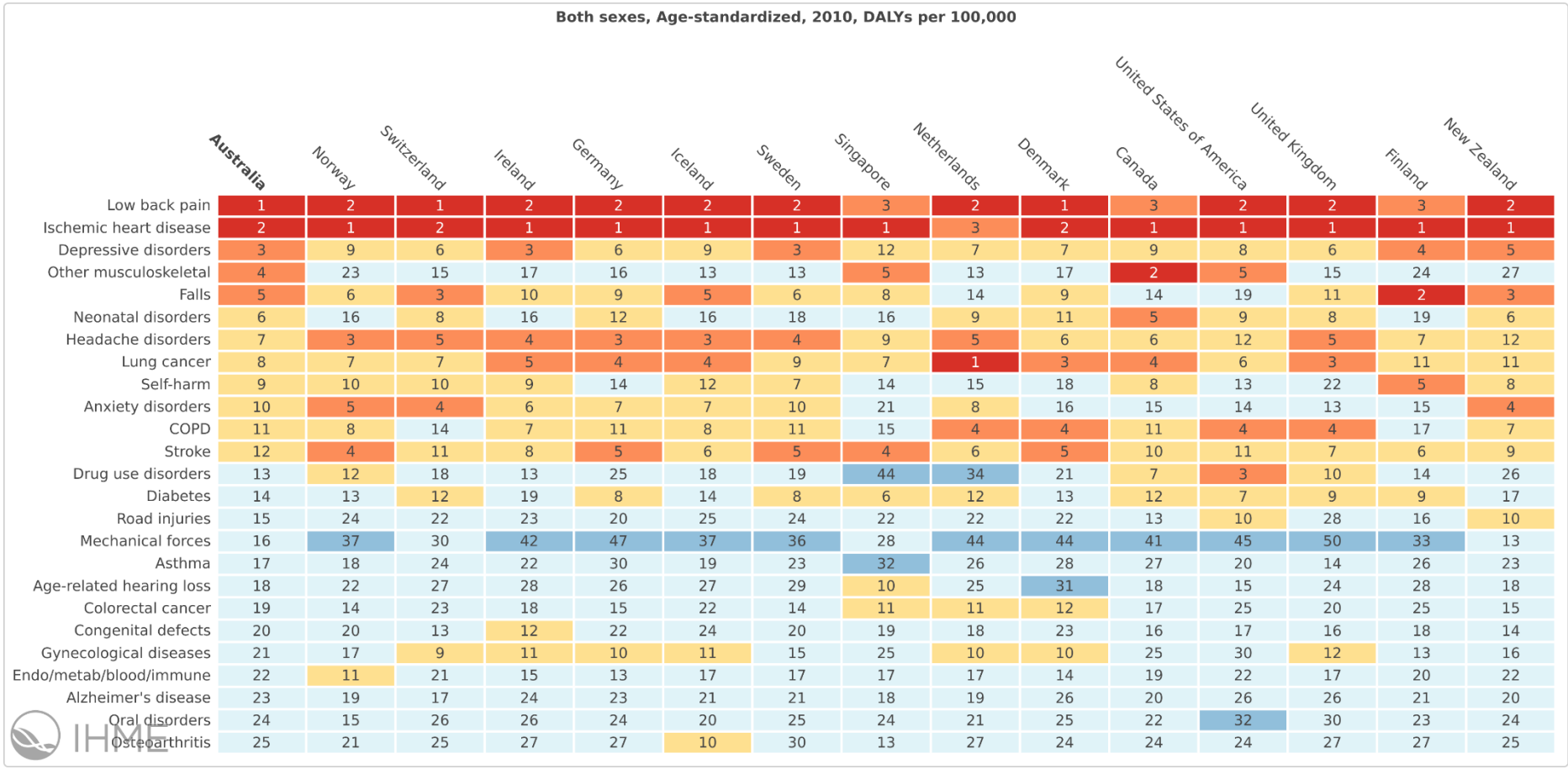
Note causes are presented by DALYs ranking in 2019.
UI=uncertainty interval.

Supplementary Figure 1A Ranking of the leading causes of age-standardized rates of disability-adjusted life years (DALYs) compared to countries with high SDI, 1990

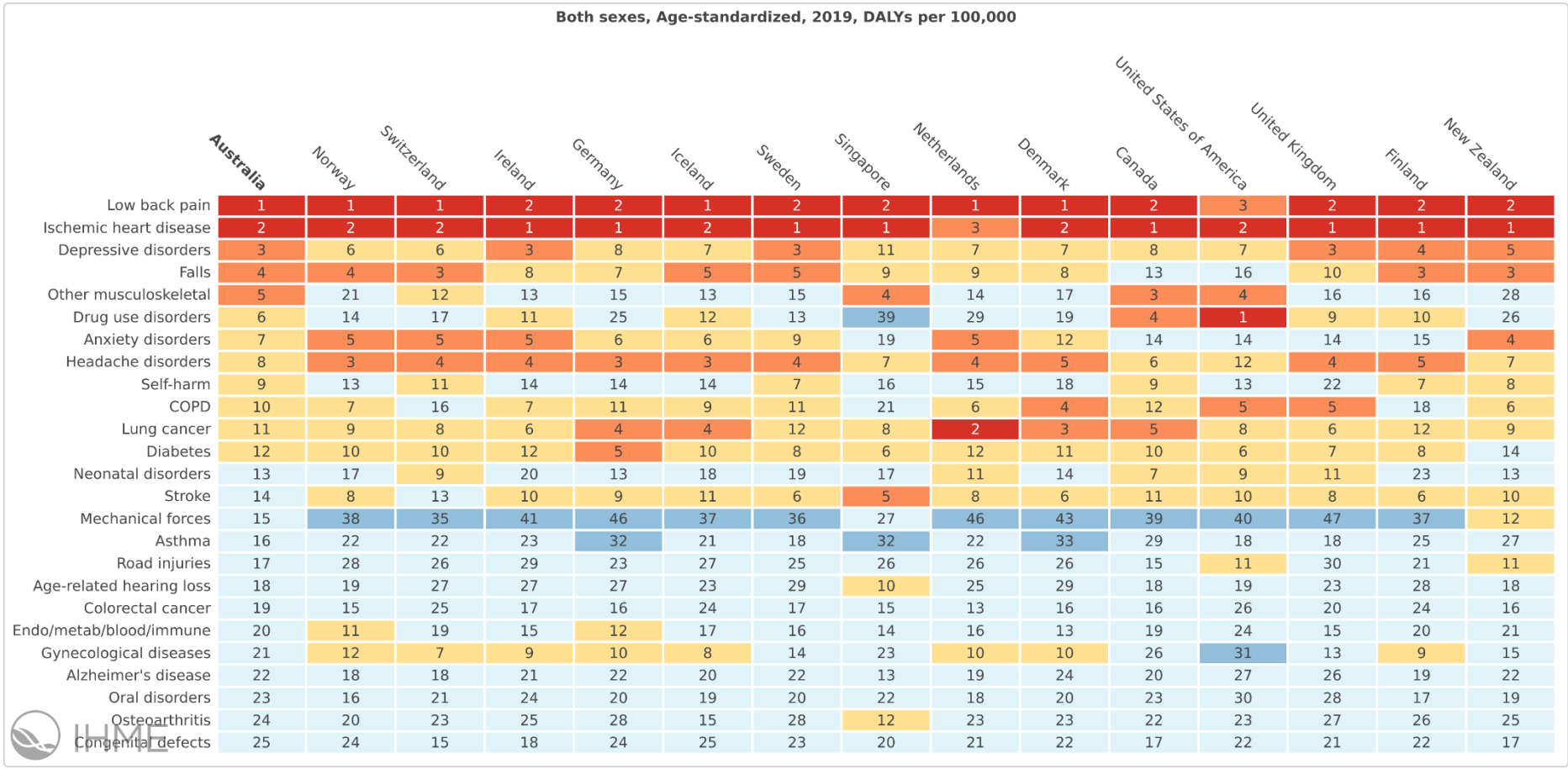


	Australia	Norway	Switzerland	Ireland	Germany	Iceland	Sweden	Singapore	Netherlands	Denmark	Canada	United States of America	United Kingdom	Finland	New Zealand
Ischemic heart disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Low back pain	2	3	2	3	3	2	3	6	4	3	4	2	3	4	4
Stroke	3	2	3	2	2	3	2	2	2	2	5	6	2	2	3
Road injuries	4	9	7	6	4	6	7	14	9	9	3	4	11	7	2
Neonatal disorders	5	5	11	11	7	7	10	10	5	11	7	5	5	11	7
Depressive disorders	6	14	8	8	16	10	5	13	10	8	11	11	6	6	14
Lung cancer	7	10	6	5	6	4	12	5	3	4	2	3	4	9	5
COPD	8	20	17	4	12	11	20	4	6	6	12	7	7	18	6
Self-harm	9	4	4	16	9	8	4	9	15	5	8	13	17	3	8
Asthma	10	12	18	18	21	16	11	18	21	25	28	23	9	25	9
Falls	11	7	5	14	8	9	8	16	17	10	17	20	16	5	12
Other musculoskeletal	12	26	22	20	22	18	23	11	19	22	6	10	22	26	31
Headache disorders	13	6	10	7	5	5	6	20	8	12	9	9	8	8	16
Anxiety disorders	14	8	12	12	13	12	13	24	11	16	14	16	20	16	10
Congenital defects	15	11	9	9	14	15	9	8	7	7	10	14	12	10	13
Colorectal cancer	16	16	25	13	17	23	18	12	16	14	13	19	15	23	11
Mechanical forces	17	32	27	36	48	38	33	29	43	40	32	34	51	40	15
Drug use disorders	18	28	15	40	33	28	44	55	41	27	22	17	25	28	32
Oral disorders	19	22	26	23	25	22	25	31	20	23	24	30	26	17	21
Diabetes	20	17	16	22	10	25	16	7	12	21	15	8	19	14	22
Breast cancer	21	21	14	17	19	17	21	25	13	13	16	18	13	20	18
Age-related hearing loss	22	25	31	27	28	29	29	19	26	31	18	21	23	29	23
Gynecological diseases	23	15	13	15	15	14	14	30	14	15	27	31	14	13	19
Alzheimer's disease	24	23	24	25	24	24	24	23	22	28	20	28	24	22	24
SIDS	25	31	43	29	32	52	38	136	52	56	41	36	31	73	17

Supplementary Figure 1B Ranking of the leading causes of age-standardized rates of disability-adjusted life years (DALYs) compared to countries with high SDI, 2010



Supplementary Figure 1C Ranking of the leading causes of age-standardized rates of disability-adjusted life years (DALYs) compared to countries with high SDI, 2019



Supplementary Table 4 Data Sources for Australia: GBD Data input sources causes of death

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Supplementary Table 5 GBD data input sources all covariates

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Supplementary Table 7 GBD data input sources for neonatal health outcomes- all cause mortality

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Supplementary Table 7 GBD data input sources for all risk factors

Citation
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DisMod-MR model development and validation:
The DisMod-MR tool evaluated and pooled all available data, adjusted data for systematic bias associated with methods that varied from the reference, and produced estimates by world regions with UIs by using Bayesian statistical methods. In cross-validation tests, the log rates specification worked as well or better than the negative binomial specification. The sequence of estimation occurs at five levels: global, super-region, region, country and, where applicable, subnational location. The super-region priors are generated at the global level with mixed-effects, nonlinear regression by using all available data; the super-region fit, in turn, informs the region fit, and so on down the cascade. The wrapper gives analysts the choice to branch the cascade in terms of time and sex at different levels depending on data density. The default used in most models is to branch by sex after the global fit but to retain all years of data until the lowest level in the cascade is reached. The computational engine is limited to three levels of random effects; we differentiate estimates at the super-region, region and country level. The coefficients for country covariates are re-estimated at each level of the cascade. For a given location, country coefficients are calculated by using both data and prior information available for that location. In the absence of data, the coefficient of its parent location is used to utilise the predictive power of our covariates in data-sparse situations. To determine the robustness of the models, we included the option again to have random effects on cause-specific mortality rates (CSMR) and EMR. Based on simulation testing we found that coverage improved and errors reduced when passing down priors with a wider setting of minimum coefficient of variation (which determines the uncertainty around priors and hence how 'informative' the priors are) than had generally been used in past GBD iterations. We settled on a default value of 0.8.
We carried out simulation testing using DisMod-MR 2.1 based on an internally consistent set of 15,601 data points for prevalence, incidence, excess mortality, CSMR, and remission. We aimed to test what level of minimum CV would create the best fit based on the following three performance statistics:
(1) Coverage, ie, the proportion of data point mean values that fall between the 2.5th and 97.5th
percentile of the draws of the fit values;
(2) Root mean square error: the square root of the mean of the squares of the difference between data point mean values and the mean fit value; and
(3) Bias: the difference between the mean fit value and the data point mean value.
We created different datasets culling the initial complete set with values at every age, sex, and location to more realistic data sparsity scenarios for analysis.

A first strategy was to randomly reduce the dataset to 10%, 5%, 2.5%, 1%, and 0.5% of the original data points. Initial results indicated little variation between the data samples culled to 10%, 5%, 2.5%, and 1%. The 0.5% culled dataset was an exception with markedly worse performance statistics, particularly with regard to bias and RMSE. We conducted further studies using the datasets culled to 10%, 5%, and 0.5%.

For some causes such as HIV/AIDS or measles, disease-specific natural history models have been used for which the underlying three state model in DisMod-MR 2.1 (susceptible, cases, dead) is insufficient to capture the complexity of a disease process. For some diseases with a range of sequelae differentiated by severity, such as COPD or diabetes mellitus, DisMod-MR 2.1 was used to meta-analyse the data on overall prevalence with separate DisMod-MR 2.1 models of the proportions of cases with different severity levels or sequelae. Likewise, DisMod-MR 2.1 was used to meta-analyse data on the proportions of liver cancer and cirrhosis due to underlying aetiologies such as hepatitis B, hepatitis C, and alcohol use. The GBD modelling software has been previously validated by comparing projected estimates with observed data for 2014-16. Model performance was assessed using mean error and root-mean-squared error. The model performed better than the most commonly used approach, i.e. the Lee-Carter method.