

## Non-Communicable Diseases Take Increasing Toll in South Asia as Region Continues to Grapple with Diseases of Poverty

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 People are living longer in South Asian countries than ever before, and the region has made tremendous progress in reducing premature death and disability from communicable and nutritional diseases such as pneumonia, diarrheal diseases, and malnutrition. At the same time, early death and illness from non-communicable diseases and injuries increased between 1990 and 2010. Healthy years of life lost from ischemic heart disease, or coronary artery disease (up by 73%), low back pain (up 63%), and diabetes (up 104%) increased by particularly dramatic levels. Rapid development has likely contributed to a 58% increase in road injury over two decades. Self-harm (primarily suicide) rose as a leading cause of premature death and disability in the region from 24th to 13th place between 1990 and 2010, increasing by a stunning 134%. These are some of the findings published September 4 by the World Bank and the Institute for Health Metrics and Evaluation (IHME) in a report titled, The Global Burden of Disease: Generating Evidence, Guiding Policy: South Asia Regional Edition. The report is based on the Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010), a collaborative effort of researchers from 50 countries around the world led by IHME at the University of Washington. The report explores changes in the leading causes of premature mortality and disability in South Asia and compares performance of countries. It shows how South Asia is confronting an increasing burden of disease from non-communicable conditions as it continues to fight both communicable diseases that kill scores of children every year and the causes of maternal mortality. The rapid shifts in disease burden place poor people in low- and middle-income countries at high risk of not having access to appropriate services and incurring payments for health care that push them deeper into poverty, said Timothy Evans, Director of Health, Nutrition and Population at the World Bank Group. "The data in these new reports are critical inputs to the efforts of policymakers in countries towards universal health coverage that aim to improve the health of their people, communities, and economies. The World Bank commissioned the first GBD analysis as part of its World Development Report 1993. Earlier this year, IHME presented GBD 2010 findings in meetings hosted by the World Bank. The Bank then began collaborating with IHME on six regional reports. The South Asia regions health, nutrition, and population unit is now working with IHME to explore how the Bank might assist countries in understanding which interventions across sectors might have the greatest impact on reducing morbidity and mortality. This publication also explores the different diseases that cause substantial disability throughout the lifespan in the South Asia region, such as iron-deficiency anemia in childhood, depression in adolescence and young adulthood, and low back pain and chronic respiratory diseases in adulthood. Diseases that hit children hardest, including diarrheal disease, continue to dominate in many countries in South Asia while diseases such as heart disease and diabetes are becoming increasingly important, said Dr. Christopher Murray, IHME Director and one of the lead authors on the GBD study. "Policymakers can use these local data to find the best approaches to address this dual burden of disease. The report identifies trends in the risk factors that account for the most death and disability in the region. Among the top five risk factors, disease burden from those primarily causing illness in children, such as household air pollution and childhood underweight, declined between 1990 and 2010, but premature death and disability from risk factors related to non-communicable diseases such as poor diets, smoking, and high blood pressure increased. South Asian countries have made great strides toward preventing child mortality related to hunger, and some improvements in indoor air pollution from use of solid fuels such as coal, wood, and dung for cooking, but these risk factors remain dominant causes of disease burden in the region, said Dr. Lalit Dandona, Distinguished Research Professor at the Public Health Foundation of India in New Delhi and part-time Professor of Global Health at IHME. "At the same time, unhealthy behaviors such as smoking and dietary factors such as eating too much salt and not enough fruit and vegetables must be addressed in order to reduce non-communicable diseases. Among countries in the region, the leading causes of disease burden were as diverse as preterm birth complications in India and Bangladesh, lower respiratory infections in Nepal and Bhutan, and ischemic heart disease in Sri Lanka. When comparing rates of diseases and injuries across countries in South Asia and taking into account differences in population growth and ages, the Maldives and Sri Lanka performed best relative to other countries in the region while Pakistan and Afghanistan performed the worst. In South Asia, the top 10 causes of premature death and disability and percentage changes between 1990 and 2010 were: Lower respiratory infections: 44% decrease  
 Preterm birth complications: 31% decrease  
 Diarrheal diseases: 55% decrease  
 Ischemic heart disease: 73% increase  
 Chronic obstructive pulmonary disease: 16% increase  
 Neonatal encephalopathy: 12% decrease  
 Tuberculosis: 25% decrease  
 Neonatal sepsis: 21% decrease  
 Iron-deficiency anemia: 3% decrease  
 Road injury: 58% increase  
 In South Asia, the top 10 risk factors for premature death and disability and percentage changes between 1990 and 2010 were: Dietary risks: 70% increase  
 Household air pollution: 27% decrease  
 Smoking: 21% increase  
 High blood pressure: 68% increase  
 Childhood underweight: 69% decrease  
 Occupational risks: 26% increase  
 Ambient particulate matter air pollution: 8% increase  
 High fasting plasma glucose: 106% increase  
 Iron-deficiency: 10% decrease  
 Suboptimal breastfeeding: 55% decrease  
 Detailed findings for South Asia and each country in the region are available online in a series of country profiles and data visualization tools. Anyone can search by condition or country on the IHME website at [www.healthmetricsandevaluation.org/search-gbd-data](http://www.healthmetricsandevaluation.org/search-gbd-data). Building on the success of GBD 2010, IHME is expanding its network of researchers from around the world with expertise in specific diseases, injuries, and risk factors. Through this broader network, IHME hopes to strengthen the country-level assessments that are produced and make GBD updates more frequent. Application information is available here. The World Bank Group and Health, Nutrition, and Population  
 The World Bank Group is a vital source of financial and technical assistance to developing countries around the world, with the goals of ending extreme poverty and boosting shared prosperity. Improving health is integral to achieving these goals. The Bank Group provides financing, state-of-the-art analysis, and policy advice to help countries expand access to quality, affordable health care; protect people from falling into poverty or worsening poverty due to illness; and promote investments in all sectors that form the foundation of healthy societies. The Institute for Health Metrics and Evaluation  
 The Institute for Health Metrics and Evaluation (IHME) is a global health research organization at the University of Washington that provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. IHME makes this information widely available so that policymakers have the evidence they need to make informed decisions about how to allocate resources to best improve population health. The World Bank  
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