

## Health Landscape in Six Regions Reveals Rapid Progress Made and Daunting Challenges from Hundreds of Diseases, Injuries, Risk Factors

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In the Middle East and North Africa, heart disease, stroke, and diabetes are causing a massive amount of premature death and disability. People in Latin America and the Caribbean are living longer on the whole, yet they face increasing threats from chronic diseases. Mortality has declined in many South Asian countries, yet the number of deaths by non-communicable diseases and self-harm has skyrocketed since 1990. These are some of the findings released by the World Bank Group and the Institute for Health Metrics and Evaluation (IHME) in six regional reports as part of The Global Burden of Disease: Generating Evidence, Guiding Policy. The reports are 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 in the United States and supported by the Bill & Melinda Gates Foundation. The reports explore changes in the leading causes of premature mortality and disability in different parts of the world and compare the performance of countries in a range of health outcomes. Individually, they document how each region is working to reduce health loss from most communicable, newborn, nutritional, and maternal conditions and what new challenges lie ahead. 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. Bank officials saw how GBD analyses could be applied to the Bank's work in support of countries and collaborated with IHME to produce six regional reports. All reports are available at [www.ihmeuw.org/GBDpolicyreport](http://www.ihmeuw.org/GBDpolicyreport). Some highlights from the six reports: Child mortality declined in sub-Saharan Africa as a result of decreasing mortality from communicable, newborn, nutritional, and maternal causes such as lower respiratory infections (down by 22%), diarrheal diseases (34% decline), and protein-energy malnutrition (17% decline). Despite signs of progress, diseases that primarily cause illness and death in children and mothers continue to dominate in the region. In the context of widespread and rapid economic growth in Africa, there also has been a 76% increase in road injury and a growing toll on human health. Report: [www.ihmeuw.org/SSAfrica](http://www.ihmeuw.org/SSAfrica) With the population growing older, the leading causes of death have changed in East Asia and Pacific. Between 1990 and 2010, demographic changes contributed to the rise of non-communicable diseases and injuries. Ischemic heart disease (or coronary artery disease, up by 76%), lung cancer (86% increase), and diabetes (76% increase) saw dramatic increases. Similarly, rapid development contributed to rising health loss from road injuries (51% increase). Report: [www.ihmeuw.org/EAsiaPac](http://www.ihmeuw.org/EAsiaPac) As mortality declined in Eastern Europe and Central Asia, many non-communicable causes increased between 1990 and 2010. Ischemic heart disease (up by 18%), cirrhosis (up by 82%), and diabetes (up by 11%) increased. Alcohol use disorders are the cause of more early deaths and disability than two decades ago. Report: [www.ihmeuw.org/EurCentAsia](http://www.ihmeuw.org/EurCentAsia) Non-communicable diseases and conditions are a major cause of disease burden in Latin America and the Caribbean like never before. In this region, health loss increased from ischemic heart disease (up by 36%) between 1990 and 2010, as did depression (40% increase) and low back pain (57% increase). Report: [www.ihmeuw.org/LAmerCarib](http://www.ihmeuw.org/LAmerCarib) In the Middle East and North Africa region, non-communicable diseases such as heart disease (up by 44%), stroke (35% increase), and diabetes (87% increase) are causing unprecedented numbers of premature deaths and disabilities. Potentially preventable risk factors such as poor diets, high blood pressure, obesity and overweight, and smoking are contributing to the growing burden of non-communicable diseases in the region. Report: [www.ihmeuw.org/MidEastNAfrica](http://www.ihmeuw.org/MidEastNAfrica) Ischemic heart disease (up by 73%), low back pain (63% increase), and diabetes (104% increase) have grown to particularly dramatic levels in South Asia. Rapid development in the region contributed to a 58% increase in health loss from road injuries over two decades. In addition, self-harm rose in importance as a cause of premature death and disability in the region from 24th to 13th place between 1990 and 2010, increasing by a stunning 134%. Report: [www.ihmeuw.org/SouthAsia](http://www.ihmeuw.org/SouthAsia) Rigorous data is essential to guide policies and programs that expand access to health throughout the world, said IHME Director Dr. Christopher Murray, the lead author on the GBD studies. "Policymakers and others can use data at the regional and country levels to identify the best local solutions to health issues facing their countries." Detailed findings for each country in all regions are available online in a series of country profiles and data visualization tools. IHME also is making available for the first time GBD data for every country in the world. Anyone can search by condition or country 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 and provide cost data to make GBD updates even more relevant for policy decisions. 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 1818 H Street, NW DC 20433 Washington USA Telefon: (202) 473-1000 Telefax: (202) 477-6391 Mail: [investigations\\_hotline@worldbank.org](mailto:investigations_hotline@worldbank.org) URL: <http://www.worldbank.org/> 

### Pressekontakt

The World Bank

DC 20433 Washington

[worldbank.org/](http://worldbank.org/)  
[investigations\\_hotline@worldbank.org](mailto:investigations_hotline@worldbank.org)

### Firmenkontakt

The World Bank

DC 20433 Washington

[worldbank.org/](https://worldbank.org/)  
[investigations\\_hotline@worldbank.org](mailto:investigations_hotline@worldbank.org)

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