

## Countries in East Asia and Pacific Region Show Mixed Progress in Combatting Health Challenges

Countries in East Asia and Pacific Region Show Mixed Progress in Combatting Health Challenges

In the East Asia and Pacific region, most diseases that affect children rapidly declined over the past two decades, but chronic diseases are killing more people prematurely and causing increasing disability. Demographic changes, such as population growth and increasing average age, have likely contributed to the substantial rise of non-communicable diseases and injuries. Health loss from ischemic heart disease, or coronary artery disease, increased by 76%, lung cancer by 86%, and diabetes by 76% between 1990 and 2010. As countries in East Asia and Pacific have become more developed, road injuries have taken a growing toll on human health. For example, in Indonesia, Thailand, and Vietnam, road injuries were among the five leading causes of health loss. Early death and disability from road injuries was up 51% in the region. 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: East Asia and Pacific 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 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 report examines changes in the leading causes of premature mortality and disability in East Asia and Pacific, compares the performance of countries in the region, and also compares regional and global trends. "The tectonic disease burden shifts in Asia are more prominent than anywhere else," said Toomas Palu, World Bank Sector Manager for Health, Nutrition and Population in East Asia and the Pacific. "The speed of demographic and epidemiologic transition is occurring much faster than it did in the developed world, and countries need to adjust their public health policies, health financing, and service delivery systems."

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 the GBD analysis could be applied to the Banks work in specific countries and began working with IHME on six regional reports.

"In East Asia and Pacific, the decline in premature death and disability from most communicable diseases and newborn conditions is encouraging," said Dr. Christopher Murray, IHME Director and one of the lead authors of the GBD study. "But East Asia faces challenges posed by a variety of other health issues ranging from maternal health to road injuries. The report also examines the increase in health loss due to risk factors such as dietary risks, high blood pressure, smoking, and high body mass index (BMI), which are all on the rise."

Many of the risk factors that are causing an increasing amount of health loss in East Asian countries are preventable, said Professor Alan Lopez, an Affiliate Professor of Global Health at IHME and one of the lead authors of the GBD study. "Policymakers can and should use country-specific GBD data to identify the most important local health challenges in order to prioritize interventions to improve health in East Asia."

Among countries in the region, the leading causes of disease burden in 2010 were as diverse as lower respiratory infections in Myanmar and the Philippines, diabetes in Tonga and Samoa, and stroke in China, Indonesia, and North Korea. When comparing rates of premature mortality from diseases and injuries across countries in East Asia and Pacific and taking into account differences in population growth and ages, China, Vietnam, and Malaysia were among the best performers. The Solomon Islands, Kiribati, and Papua New Guinea were among the worst.

In East Asia and Pacific, the top 10 causes of premature death and disability and percent change between 1990 and 2010 were:

- Stroke: 37% increase
- Ischemic heart disease: 76% increase
- Road injury: 51% increase
- Chronic obstructive pulmonary disease (COPD): 27% decrease
- Low back pain: 46% increase
- Major depressive disorder: 29% increase
- Lung cancer: 86% increase
- Lower respiratory infections: 72% decrease
- Diabetes: 76% increase
- Liver cancer: 42% increase

In South Asia and Pacific, the top 10 risk factors for premature death and disability and percent change between 1990 and 2010 were:

- Dietary risks: 47% increase
- High blood pressure: 56% increase
- Smoking: 13% increase
- Household air pollution: 46% decrease
- Ambient particulate matter air pollution: 5% increase
- High fasting plasma glucose: 64% increase
- Alcohol use: 22% increase
- High BMI: 198% increase
- Occupational Risks: 1% increase
- Physical inactivity: percentage change unavailable due to lack of data

Detailed findings for East Asia and Pacific 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 <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](http://www.worldbank.org/health).

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 (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)

The World Bank is a vital source of financial and technical assistance to developing countries around the world.