**Global Burden of Disease: Generating Evidence, Guiding Policy**

**Main Findings from the Europe and Central Asia Regional Edition**

**Substantial progress has been made in postponing death between 1970 and 2010**
Across the region, each country increased its average age of death. Great variation exists, however, with Turkey demonstrating the greatest gain (35.7 years) and Belarus showing the smallest improvement (5.4 years).

**Declines in mortality rates largely varied by age, with greatest improvements for young children**
Death rates for children between 1 and 4 years old declined by about 80% between 1970 and 2010. Women 55 to 59 saw the least improvement (a decrease of 5%), while men between 45 and 59 experienced about a 10% rise.

**Premature death and disability caused by most communicable diseases and newborn conditions have greatly declined**
Between 1990 and 2010, the region has succeeded in decreasing premature death and disability, also known as healthy years lost, from lower respiratory infections and preterm birth complications; however, these conditions are still among the top five causes of disease burden for Azerbaijan, Kazakhstan, and Uzbekistan.

**HIV/AIDS is rapidly rising in the region**
HIV/AIDS caused 7,339% more healthy years lost in 2010 than in 1990, reflecting how the epidemic is taking hold of the region. In the Ukraine, HIV/AIDS is now the third-leading cause of premature death and disability, up from 161st.

**Non-communicable diseases are now the leading causes of premature death and disability in Europe and Central Asia**
Between 1990 and 2010, healthy years lost from causes like ischemic heart disease and cirrhosis increased in the region. Russia experienced a 176% increase in cirrhosis.

**Road injuries result in fewer healthy years lost for most countries in the region**
Healthy years lost from road injuries decreased by 28% between 1990 and 2010; however, progress was not universal across countries in the region (ranging from a 62% decrease in Latvia to a 26% rise in Montenegro).
Disease burden driven by risk factors for communicable diseases has substantially declined.

Much progress has been made for potentially avoidable risk factors like ambient particulate matter pollution and household air pollution, such that their burdens declined from 1990 to 2010.

Nonetheless, these risk factors remain among some of the leading contributors of disease burden in Kyrgyzstan and Tajikistan.

Potentially preventable behavioral risk factors are rapidly contributing to greater disease burden over time.

Risk factors associated with lifestyles, such as alcohol use and high body mass index, contributed to more healthy years lost in 2010 than in 1990. During this time, Turkmenistan saw a 36% rise in disease burden from alcohol use.

GBD results allow countries to explore areas of success and identify areas of improvement relative to other countries within the region.

Benchmarking exercises (like the one to the right) can show rates of premature mortality ranked relative to the region’s average and highlight the best (green) and worst (red) performers across the conditions that cause the most premature mortality in the region.

Across all countries and disease, Serbia, Bosnia and Herzegovina, and Montenegro generally performed the best. Kazakhstan and Kyrgyzstan had the most conditions for which they performed significantly worse.

For most communicable diseases, countries such as Pakistan consistently performed significantly worse than the rest of the region. However, mortality rates from cirrhosis are higher in the region.

In淇的 evolved countries, countries like Russia and Moldova had significantly higher rates of premature mortality from ischemic heart disease, while several countries such as Armenia, experienced significantly greater rates of premature mortality from cirrhosis than the rest of the region.

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