Conclusion Respiratory and gastrointestinal diseases and accidents were predominant causes of hospitalisation of children under 2 years of age. The results demonstrate that prevention activities could be essential strategies in order to reduce proportions of hospitalisation among children under 2 years of age in Brazil at least by half. Besides, this study suggests that such investment in health promotion could improve the health profiles of children in developing countries.

P1-201 **USING EPIDEMIOLOGY DATA FOR EVALUATING OF ECONOMIC BURDEN OF CARDIOVASCULAR DISEASES IN RUSSIAN FEDERATION**

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Purpose To study the economic burden of cardiovascular diseases (CVD) in Russian Federation in 2006–2009.

Methods The economic burden was calculated by the cost of illness method. The calculations included direct costs of healthcare system and indirect costs, associated with premature death in working age and disability. We used official statistics of healthcare resources utilisation, associated with CVD, the results of epidemiological surveys of CVD, mortality statistics in Russia in 2006–2009.

Results The total economic burden of CVD increased from 20.6 billions of euro in 2006 till 26.6 billion of euro in 2009 what was equal to 3.1%–2.8% of GDP of Russian Federation. The increasing of the burden was mainly caused by the price increasing and in some degree by the increasing of PCI in CHD patients in recent years. Direct costs accounted 21.3% of total cost of CVD (5.7 billions of euro), indirect costs—78.7% (20.9 billions of euro) in 2009. Indirect costs mainly consisted of the GDP losses because of premature death of working age men. CHD represented 37.8% and cerebrovascular diseases 17.1% of overall CVD costs. In-hospital care represented 47.5% of direct costs, out hospital visits—21.8%, medication—20.7%, PCI—4.1% and emergency care 4.1% of direct costs in 2009, respectively. CHD represented 45.3% of direct cost, because of large duration of hospitalisation and PCI costs.

Conclusion CVD is a big public health challenge in Russia. The results of economic burden assessment should help policy makers evaluate policy impact and prioritise expenditures.

P1-202 **MONITORING OF SOCIO-DEMOGRAPHIC DIFFERENCES IN HEALTH BEHAVIOURS IN LITHUANIA**

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Introduction Monitoring of heath behaviour on a national level is an important vehicle for health promotion and disease prevention, planning and evaluation. The aim of the study was to analyse the time trends of socio-demographic differences in behaviours of population.

Methods From 1994 to 2010 nine health behaviour surveys have been carried out in Lithuania. For every survey random sample of 3000 Lithuanians aged 20–64 was taken from the National Population Register. The response rates varied from 54% to 74%. The study material was collected by mailed questionnaires covering socio-demographic characteristics and health behaviours factors.

Results Over the last 16 years the prevalence of daily smoking has decreased significantly among men (from 43.8% in 1994 to 34.2% in 2010) but it increased among women (from 6.8% to 15% respectively). Daily smoking and passive smoking at work has remained more prevalent among less educated persons than among highly educated persons. Bear consumption increased in both genders in all educational groups. The frequency of strong alcohol drinking rose among women in all educational groups, while among men it remained stable. Since 1994 nutrition habits have changed in the direction of more healthy diet in all educational groups. Daily consumption of fresh vegetables increased from 4.5% in 1994 to 20.4% in 2010. Educational inequalities in nutrition habits have diminished, but some differences have still remained significant.

Conclusions The established sociodemographic differences in health behaviour should be taken into account in elaboration of more effective health promotion programmers in Lithuania.

P1-203 **SOCIAL AND GENDER DIFFERENTIALS IN CHILDHOOD MORTALITY IN RURAL NORTH INDIA**

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Introduction Achieving Millennium Development Goals on childhood mortality in developing countries requires that inequities be addressed. This study examined changing gender differentials as social and economic improvement occurred in a rural north Indian community.

Methods A dynamic cohort of children aged <5 years old in 10 villages under Ballabgarh HDSS were followed from 1st January 2008 to death, age 5 or data censoring on 31st December 2010. Data on births, mortality, caste and parental literacy are routinely collected and stored in electronic databases to which information on wealth Index was appended in 2010. Cox proportional hazards modelling was used to produce HRs for mortality in girls according to socioeconomic strata after adjustment for birth order, number of siblings and other socioeconomic variables.

Results The mortality rate for the cohort was 67.9 per 1000 live births (B=74.4; G=62.4). This declined significantly as wealth index improved (from 102.4 to 25.4 per 1000 live births). The HR for girls declined from 1.57 (95% CI 1.0 to 2.5) in the wealthiest to 0.67 (0.3 to 1.4) in the lowest tertile. There was no change in total or sex specific mortality rates according to caste or father's education. Mothers' education beyond 10th grade resulted in sharp decline in mortality (14 per 1000 live births) but did not impact the sex differential in mortality. The sex ratio at birth was worst for population with highest wealth index and highest level of maternal educational attainment.

Conclusion Major social and gender differentials persisted in this study population with gender discrimination moving from after to before birth.

P1-204 **EPIDEMIOLOGY OF DISABILITY IN INDIA: OBSERVATIONS FROM A RECENT STUDY IN TWO STATES, 2009–2010**

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Introduction Disability refers to functional impairment of any part of the body and may be congenital or acquired. Estimation of disability load and its causes is an important index for determining services for social justice and rehabilitation. This study aimed to estimate the community disability burden in India at the request of the Government of India and WHO.