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GLOBAL HEALTH

Chair: Dr. Babu Verma, India

Plenary IV **THE CHANGING TRENDS OF DISEASES IN EAST AND CENTRAL EUROPE**

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Wide health inequalities remain between eastern and western Europe. In 2008 there was a 20 year difference in life expectancy between Dutch men (80.7 years) and Russian men (60.5 years). Premature mortality (before 65 years of age) in some countries of western Europe has fallen to a single digit, but among Russian males it has fluctuated widely in recent decades, and is still about 50%.

From the early 1960s the health trends in eastern Europe started to degenerate. In the years 1960–1990 there was a dramatic increase in premature mortality, especially among adult men, with a substantial increase of recorded deaths from CVD, lung cancer, injury, liver cirrhosis, etc.

The economic and political changes that occurred in eastern Europe in the early 1990s reversed this trend in the Czech Republic, Hungary, Poland, Slovakia and Slovenia. The cardiovascular mortality started to decline and for the first time since 30 years life expectancy increased and premature mortality levels fell (<http://www.hem.waw.pl/>). The opposite happened in Russia, the Ukraine, and many other countries of the former Soviet Union. Huge increase in mortality occurred, followed by wide fluctuations. Recent epidemiological analytical research points at vodka (and other strong alcoholic drinks) as the key reason for the observed changes. It seems that the misuse of alcohol in Russia led not only to the increase of the classical alcohol-induced health problems (liver cirrhosis and particularly accidents, suicides, homicides, and unassigned external causes), but also to a large absolute increase in the mortality attributed to “non-MI acute IHD” (ICD-10 I24), a cause

commonly assigned in Russia, but almost never assigned in western Europe. (Lancet 27 June 2009).

Plenary V **PREDICTING THE GLOBAL BURDEN OF DISEASE IN 2030**

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Understanding the leading causes of death and disability and how these are changing, is fundamental for informing health policy debates. The first Global Burden of Disease Study published 15 years ago suggested that non-communicable diseases had overtaken communicable diseases as leading causes of burden, causing twice as many DALYs worldwide. The extent and pace of epidemiological transition varied across major world regions, being most advanced in East Asia and Latin America and least advanced in South Asia and Sub-Saharan Africa. The study identified major vascular diseases such as ischaemic heart disease and stroke as being among the leading causes of death globally and also in the top 10 causes of disease burden, along with HIV/AIDS, lung cancer and COPD. Depression and injuries also ranked among the leading causes of health loss in both rich and poor countries, with significant non-fatal contributions to estimated DALYs.

Global mortality and disability trends over the past 2 decades suggest that disease control priorities will continue to evolve over the next 2 decades and argue for a much greater emphasis on developing reliable mortality surveillance and health information systems to better understand comparative health sector priorities, particularly in developing countries. Child survival has accelerated over the past decade, including in Sub-Saharan Africa, due largely to the success of vaccine programs and technologies to reduce diarrhoea and pneumonia deaths in children. Treated bednets have had a more recent impact, although it is likely that malaria deaths in children remain high and represent an increasing proportion of child deaths. Adult mortality has been declining, but important reversals to this trend are possible unless major risks to adult health, particularly tobacco, excess body weight and HIV, are more rapidly brought under control.