

Southeast Asia



Southeast Asia has a young population with a mean life expectancy at birth of 70 years (Table 1). The majority of the population lives in rural areas. On average, the prevalence of physicians per 1,000 people is below one.

Table 1. Summary regional indicators for Southeast Asia countries, 2010

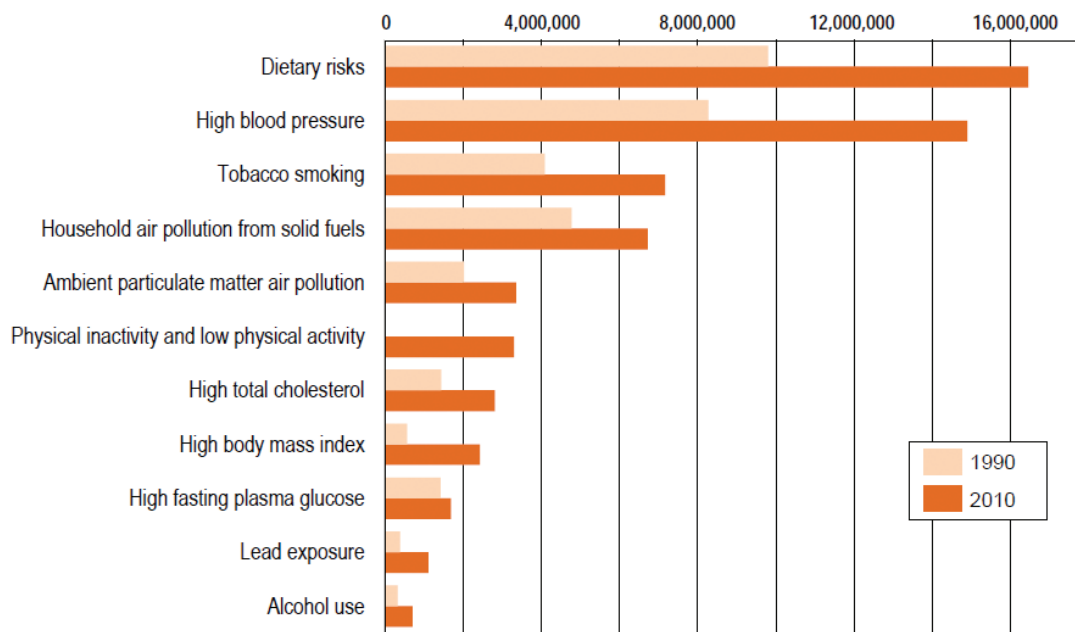
Country Indicator	Median among countries	Range among countries
Life expectancy (years)	70.2	62 – 76.8
Population ≥65 years of age (%)	4.8	2.8 – 8.9
Urban population (%)	31.2	12.4 – 72
Physicians per 1,000 people	0.4	0.05 – 1.6
Nurses or midwives per 1,000	1.93	0.46 – 4.45

Stroke is the leading CVD cause of disability-adjusted life years lost in Southeast Asia, and stroke burden increased by almost 60% since 1990 (Figure 1). Rheumatic heart disease remains an important cause of CVD burden in the region. Burden of aortic aneurysm and atrial fibrillation both increased over two-fold between 1990 and 2010.

Figure 1. Number of DALYs due to CVD, Southeast Asia, both sexes, 1990 and 2010

1. Stroke	7,285,220 (41.5%)	1. Stroke	11,585,900 (42.5%)
2. Ischaemic heart disease	5,155,730 (29.4%)	2. Ischaemic heart disease	8,324,860 (32.5%)
3. Rheumatic heart disease	1,433,050 (8.1%)	3. Hypertensive heart disease	1,741,390 (6.8%)
4. Hypertensive heart disease	1,129,590 (6.4%)	4. Rheumatic heart disease	1,145,290 (4.4%)
5. Cardiomyopathy	747,677 (4.2%)	5. Cardiomyopathy	619,166 (2.4%)
6. Endocarditis	94,872 (0.5%)	6. Atrial fibrillation	188,404 (0.7%)
7. Atrial fibrillation	91,834 (0.5%)	7. Endocarditis	176,766 (0.7%)
8. Aortic aneurysm	59,879 (0.3%)	8. Aortic aneurysm	122,233 (0.5%)
9. Peripheral vascular disease	27,241 (0.1%)	9. Peripheral vascular disease	54,106 (0.2%)
10. Other CV and circulatory diseases	1,522,230 (8.7%)	10. Other CV and circulatory diseases	1,642,560 (6.4%)

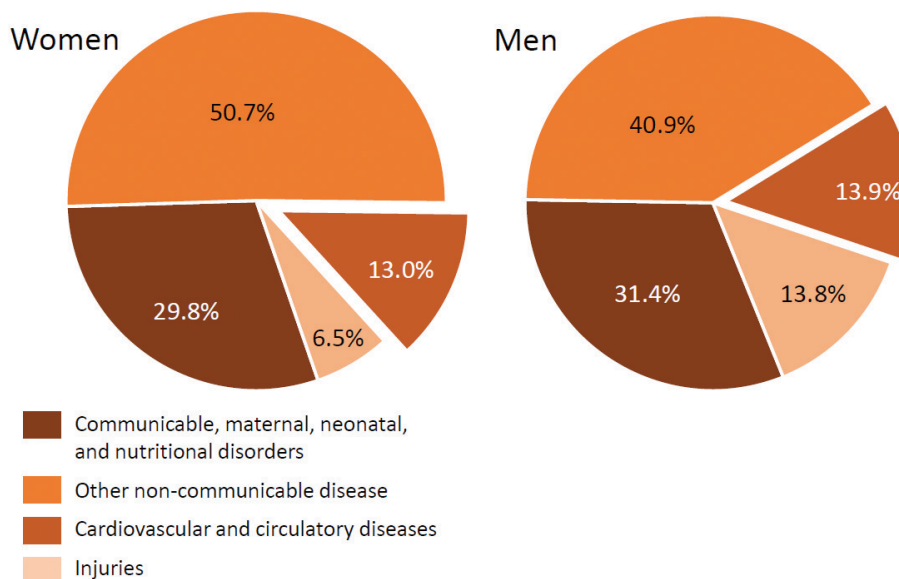
Figure 2. Number of DALYs due to CVD risk factors, Southeast Asia, both sexes, 1990 and 2010*



*Note that DALYs attributed to risk factors overlap, that is, the sum for all CVD causes is > total CVD DALYs.

CVD burden attributed to high blood pressure and dietary risks and tobacco smoking increased since 1990 (Figure 2). The number of CVD DALYs attributed to high body mass index was three times higher in 1990 compared with 2010. Less than seven percent of all disease burden was attributed to CVDs in Southeast Asia, and about half of disease burden was attributed to communicable, maternal, and neonatal causes and injuries (Figure 3).

Figure 3. DALYs by cause, Southeast Asia, 2010



Absolute disability-adjusted life years per 100,000 rates varied by almost four-fold among the countries of Southeast Asia in 2010 (Figure 4). DALY rates increased in some of the region's countries and decreased in others between 1990 and 2010 (Figure 5). The Maldives experienced more than a doubling of absolute CVD burden over that interval but still had the lowest CVD DALY rate in the region in 2010.

The Atlas of CVD reports point estimates. Trends may not be statistically significant. Uncertainty intervals for all point estimates should be considered and are available at <http://viz.healthmetricsandevaluation.org/gbd-compare/>

Figure 4. 2010 DALYs by country, Southeast Asia

CVD DALYs per 100,000 persons, 2010

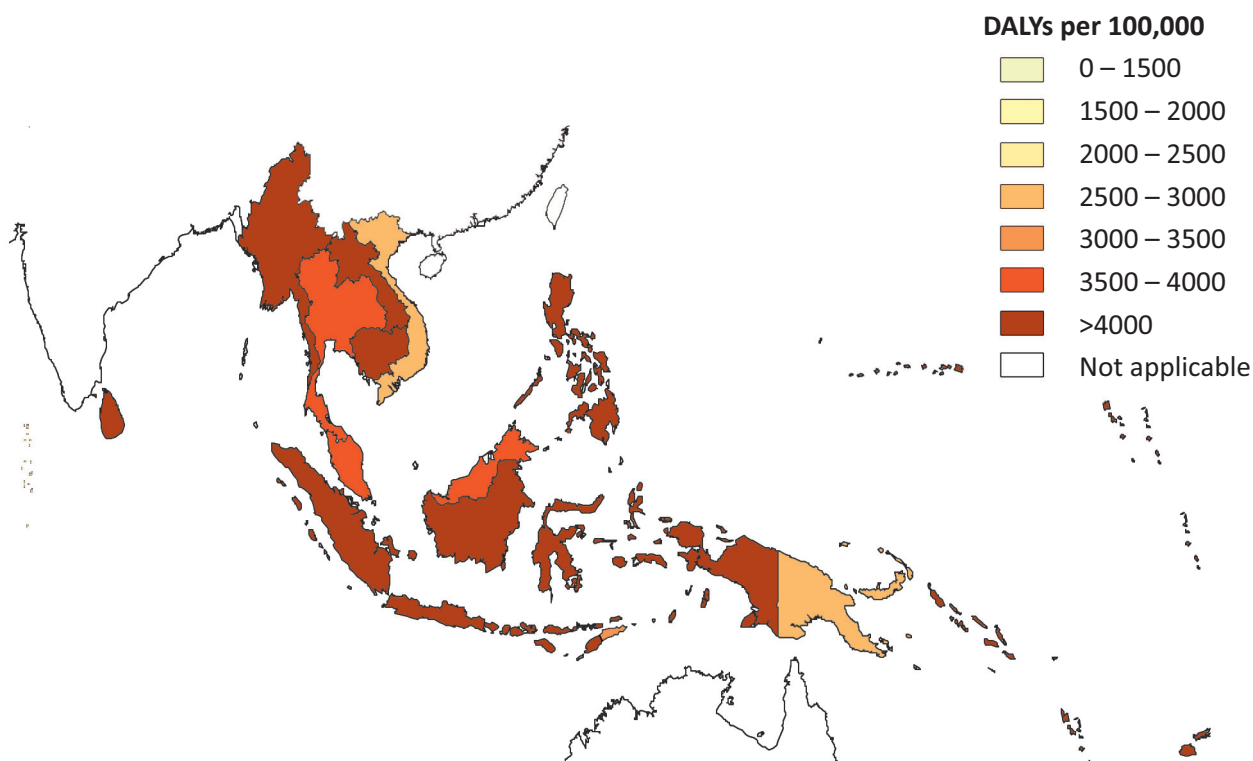


Figure 5. Change in CVD DALYs, 1990-2010, Southeast Asia

Percent change in CVD DALYs per 100,000 between 1990 and 2010

Percent Change

