

Southeast Asia



Male tobacco smoking prevalence is about 56% in Southeast Asia; female tobacco smoking prevalence is only about 4% (Table 1). Diabetes prevalence is about 8% in both males and females.

Table 1. Summary regional indicators for Southeast Asia countries, 2016

Country Indicator		Regional average	Range (min, max)
Percent of population age 65 years or older		5.4	(3.4, 10.6)
Active smoking	males	55.9	(28.4, 76.2)
	females	4.3	(0.4, 40.9)
Raised blood pressure, age 18 years or older*	males	24.4	(20.4, 26.9)
	females	22.4	(18.6, 28.1)
Diabetes, age 18 years or older**	males	7.7	(6.9, 22.7)
	females	8.2	(6.9, 26.6)

*Raised blood pressure (SBP>=140 OR DBP>=90; age-standardized estimate)

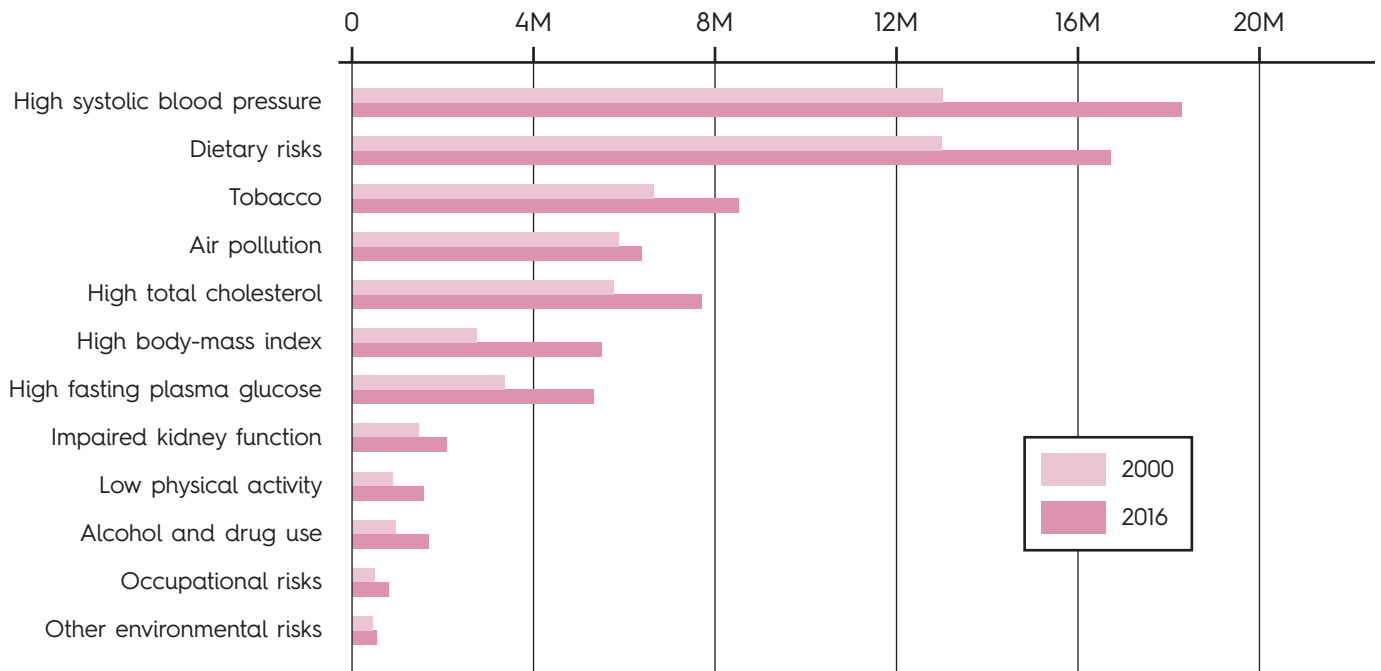
**Raised fasting blood glucose (>=7.0 mmol/L or on medication; age-standardized estimate)

Ischemic heart disease increased by one-third and total CVD burden increased by more than 25% in Southeast Asia over 2000-2016 (Figure 1). Hypertensive heart disease remained the third leading cause of CVD burden, ranking after ischemic heart disease and stroke.

Figure 1. Number of DALYs due to CVD, Southeast Asia, both sexes, 2000 and 2016

CVD cause	2000 rank (% of all)	CVD cause	2016 rank (% of all)
1. Ischemic heart disease	13,449,460 (50.4%)	1. Ischemic heart disease	17,985,477 (53.7%)
2. Stroke	9,194,047 (34.4%)	2. Stroke	10,485,655 (31.3%)
3. Hypertensive heart disease	1,253,285 (4.7%)	3. Hypertensive heart disease	1,408,329 (4.2%)
4. Other cardiovascular and circulatory diseases	846,017 (3.2%)	4. Other cardiovascular and circulatory diseases	1,217,147 (3.6%)
5. Rheumatic heart disease	793,873 (3.0%)	5. Cardiomyopathy and myocarditis	793,666 (2.4%)
6. Cardiomyopathy and myocarditis	543,475 (2.0%)	6. Rheumatic heart disease	615,288 (1.8%)
7. Atrial fibrillation and flutter	256,846 (1.0%)	7. Atrial fibrillation and flutter	433,925 (1.3%)
8. Aortic aneurysm	162,320 (0.6%)	8. Aortic aneurysm	290,516 (0.9%)
9. Endocarditis	155,132 (0.6%)	9. Endocarditis	176,126 (0.5%)
10. Peripheral artery disease	37,466 (0.1%)	10. Peripheral artery disease	67,329 (0.2%)
All CVD causes (total)	26,691,921 (100%)	All CVD causes (total)	33,473,457 (100%)

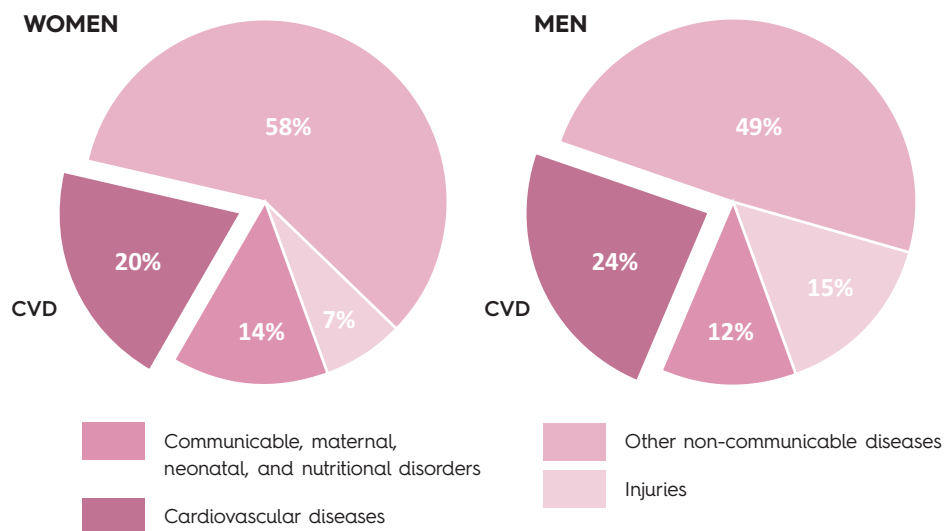
Figure 2. Number of DALYs due to CVD risk factors, Southeast Asia, both sexes, 2000 and 2016*



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

CVD burden according to most risk factors increased over 2000-2016 (Figure 2), however, CVD burden attributed to tobacco smoking decreased. About 24% of total disease burden in males is attributable to CVD in men; and 20% of total burden is attributable to CVD in women in Southeast Asia (Figure 3).

Figure 3. DALYs by cause, Southeast Asia, 2016



The highest rate of CVD burden rate was >9,000 DALYs per 100,000 in Papua New Guinea (Figure 4). The Philippines saw a 25% increase in CVD burden per 100,000 between 2000 and 2016, which was among the largest increases in the region (Figure 5).

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. 2016 DALYs by country, Southeast Asia
CVD DALYs per 100,000 persons, 2016

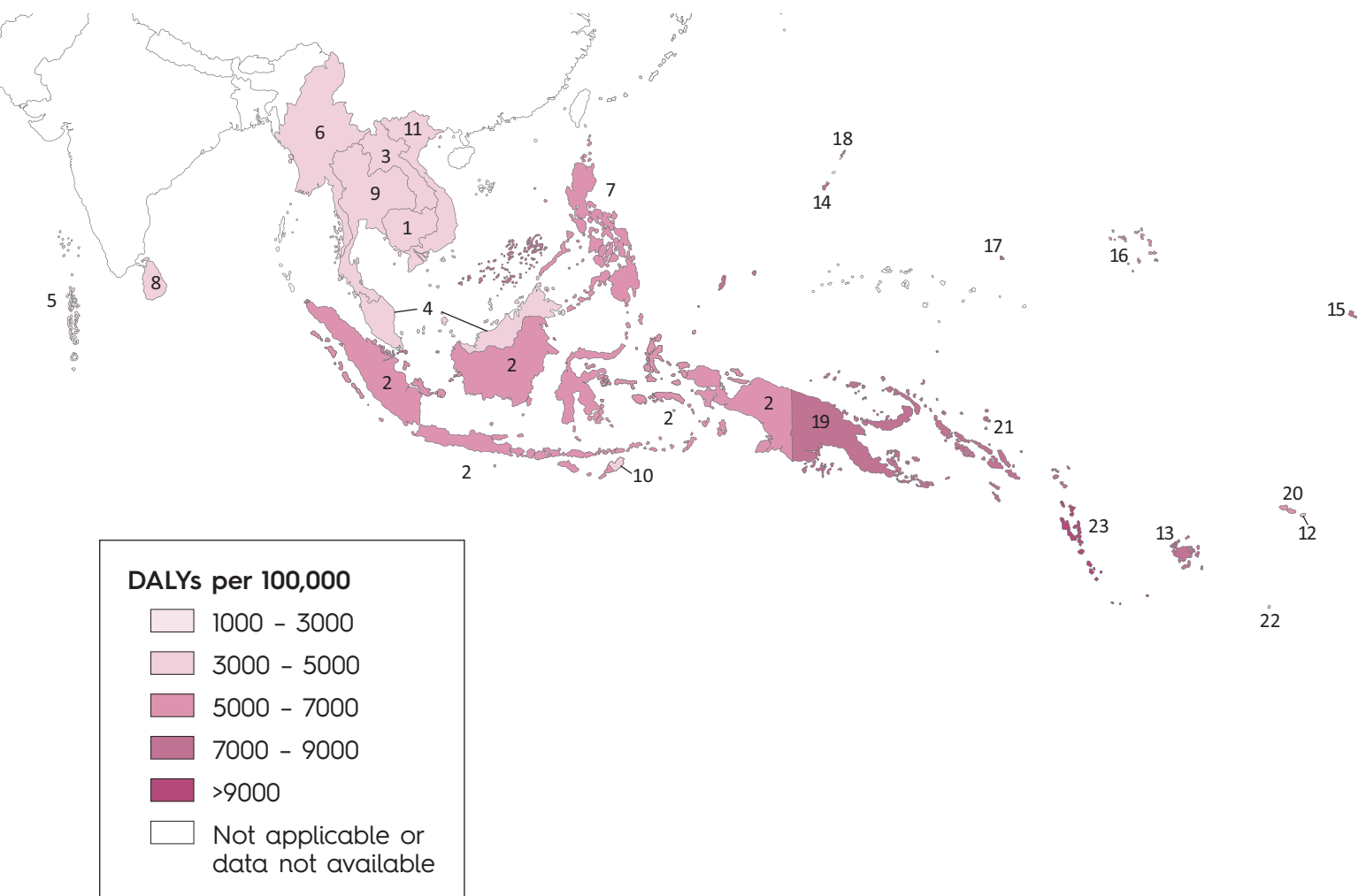
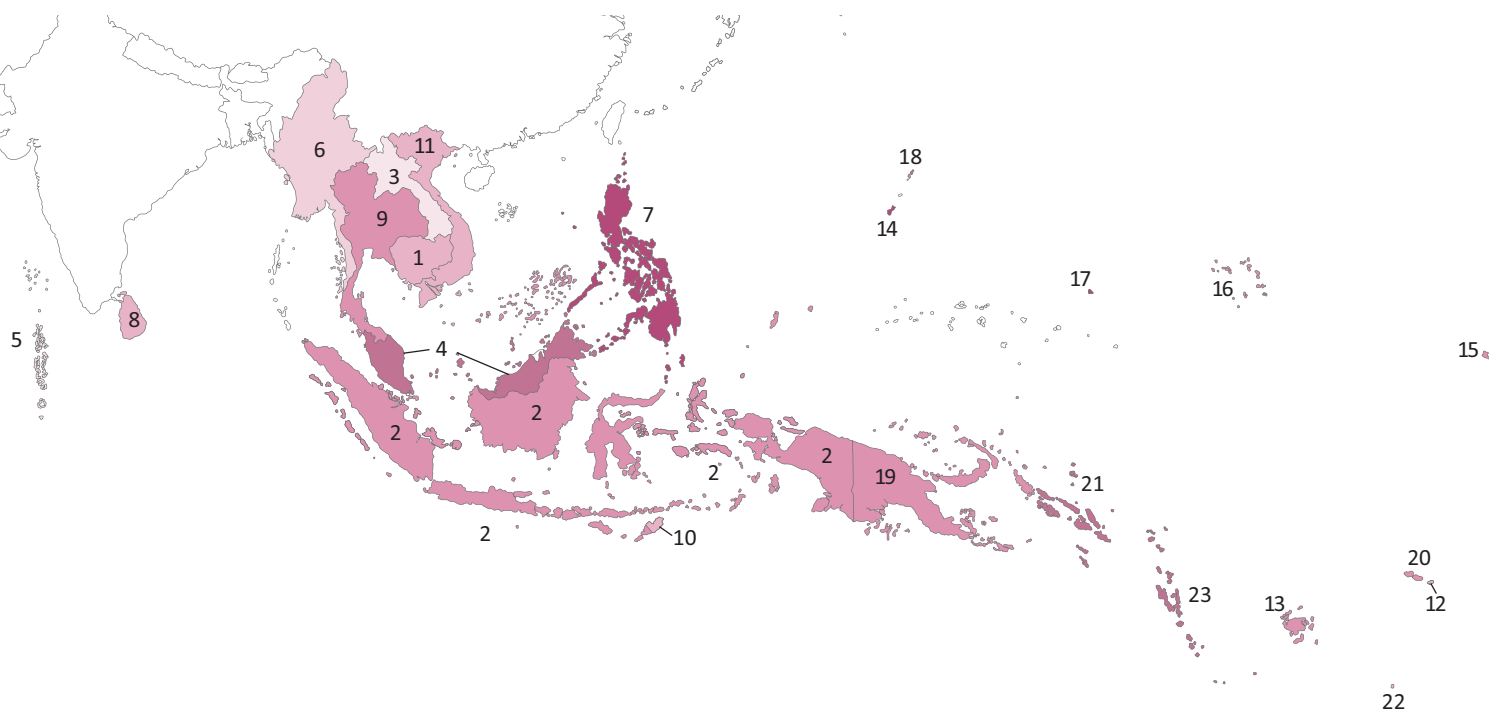


Figure 5. Change in CVD DALYs, 2000-2016, Southeast Asia

Percent change in CVD DALYs per 100,000 between 2000 and 2016



Percent Change

- 20-30% decrease
- 10-20% decrease
- 0-10% decrease
- 0-10% increase
- 10-20% increase
- >20% increase
- Not applicable or data not available

SOUTHEAST ASIA

1. Cambodia
2. Indonesia
3. Laos (People's Democratic Republic of Lao)
4. Malaysia
5. Maldives
6. Myanmar
7. Philippines
8. Sri Lanka
9. Thailand
10. Timor-Leste
11. Vietnam

OCEANIA

12. American Samoa
13. Fiji
14. Guam
15. Kiribati
16. Marshall Islands
17. Micronesia, Federated States of
18. Northern Mariana Islands
19. Papua New Guinea
20. Samoa
21. Solomon Islands
22. Tonga
23. Vanuatu