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 North Korea demonstrating the greatest gain (41 years) and the Solomon Islands showing the smallest improvement (12 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 88% between 1970 and 2010, while mortality rates saw the least improvement for people over 80 years old (24% and 12% decreases for women and men, respectively).

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, diarrheal diseases, and tuberculosis; however, these conditions are still among the top five causes of disease burden for Indonesia, Laos, and Myanmar.

HIV/AIDS is rapidly rising in the region
HIV/AIDS caused 1,576% more healthy years lost in 2010 than in 1990, reflecting how the epidemic is taking hold of the region. In Thailand, HIV/AIDS is now the leading cause of premature death and disability, up from 19th.

Non-communicable diseases are now the leading causes of premature death and disability in East Asia and the Pacific
Between 1990 and 2010, healthy years lost from causes like stroke, ischemic heart disease, lung cancer, and diabetes increased between 70% and 90% in the region. The Philippines experienced a 290% increase in diabetes.

Road injuries have taken a growing toll on health in most countries
Healthy years lost from road injuries increased 51% between 1990 and 2010, with substantial country variation (ranging from a 23% decrease in Samoa to a 137% rise in Cambodia).
Disease burden driven by risk factors for communicable diseases has substantially declined

Much progress has been made for potentially avoidable risk factors like household air pollution, suboptimal breastfeeding, and iron deficiency, such that their burdens declined between about 40% and 80% from 1990 to 2010. Nonetheless, these risk factors remain among the leading contributors of disease burden in Timor-Leste.

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 far more healthy years lost in 2010 than in 1990. During this time, Vietnam saw a 278% 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 diseases, Malaysia, Samoa, and Tonga generally performed the best. Mongolia and Myanmar had the most conditions for which they performed significantly worse.

For many communicable diseases, countries such as Laos and Papua New Guinea consistently performed worse than the rest of the region. However, more variation took place for non-communicable diseases. Countries like Indonesia and Vanuatu had significantly higher rates of premature mortality from stroke, while several countries, such as China, experienced significantly greater rates of premature mortality from lung cancer than the rest of the region.

Causes of leading years of life lost, East Asia and Pacific countries relative to regional average, 2010

Note: The columns are ordered by the absolute number of YLLs for that particular year. The numbers indicate the rank across countries for each cause in terms of age-standardized YLL rates, with 1 as the best performance and 21 as the worst.