

**Health factors which may be influencing demography.** Possible explanations for some of the striking mortality trends in the region, and particularly the gender disparities emerge from an examination of trends in: (a) lifestyle conditions; (b) “non-medical” deaths (such as suicides, homicides and accidents); and (c) infectious diseases such as TB and HIV/AIDS.

The lion’s share of deaths in EE are due to **non-communicable diseases**, some of which are due to genetic attributes, though most stem arguably from lifestyle choices (in particular, those related to alcohol, smoking, diet and exercise-related conditions). Drawing from the World Health Organization (WHO), we estimate that 55% of EE deaths in 2000 were attributed directly to **lifestyle diseases**, vs. 40% in the EU-15 and 46% in the U.S. (*Figure 17* and *Table 16*). In contrast, only 5% of EE deaths were due to infectious, parasitic, maternal and perinatal conditions; this compares to 7% in the EU-15. A broader definition of lifestyle-related deaths (which includes non-medical deaths including suicides and deaths from accidents and homicides, though also fire and war), increases this proportion to 66% in EE, vs. 56% in the U.S. and 45% in the EU-15 countries.

Lifestyle related deaths are highest in the NFSU (*Figure 18*). Seventy-two percent of deaths in the NFSU in 2000 were attributed to a combination of diet, exercise and stress (52%), smoking and alcohol (7%) and non-medical deaths, including suicides, accidents, and homicides (13%). *Figure 19* takes stock of the mortality gap between the NFSU and the EU-15 by comparing the magnitude of deaths per 100,000 in these various categories. The lion’s share of the mortality gap between the two regions is due to diet, exercise, and obesity (or stress-related deaths), and to non-medical deaths.

*Figure 20* shows data from the Russia Longitudinal Monitoring Survey which underscores the concern about lifestyle trends in Russia. The percentage of Russian adults which are either **overweight or obese** is very high and has increased since the transition began. Almost 60% of Russian adults between 29 and 60 years of age were overweight or obese in 2003, an increase from 55% in 1992. For Russians older than 60 years, the numbers are higher still: 71% in 2003 were either overweight or obese, an increase from 59% in 1992. It is worthy to note that obesity in the U.S. is also very high. In fact, the proportion of obese adults in the 30-59 age bracket in the U.S. is the same as that in Russia, namely 23%. For the 60 years and older group, however, the difference between the U.S. and Russia is stark: 35% of this population is obese in Russia vs. 19% in the U.S.

Overall, the proportion of **smokers** and the amount of cigarettes smoked in the transition region (4.1 cigarettes per person per day) is roughly comparable to Western Europe norms (4.3 to 4.7 cigarettes per person per day for countries for which data are available) (*Tables 17* and *18* and *Figure 21*). However, the gender disparity in smoking is much greater in the transition countries than it is in Western Europe. Males in the transition region smoke more than their Western Europe counterparts, while females in the transition region smoke much less than Western European females. In EE, 46% of males smoked in 1999-2001 vs. 16% of females. Contrast this with the UK (29% males and 25% females), France (33% males and 21% females), Denmark (32% males and 29% females), and Germany (40% males and 32% females).

There are a number of gaps in these data on smoking, and a number of figures which look suspect (e.g., there are very significant changes in the proportion of smokers from one time period to another in Romania and Kazakhstan). In that context (and with that caveat), a number of sub-region and country-specific data stand out. Among the transition countries, the gender disparity in smoking is lowest in the Northern Tier CEE countries, largely because women in the Northern Tier CEE countries smoke more than their counterparts in the rest of the transition region. The gender disparity in smoking appears to be the greatest in the Caucasus (Armenia,

Azerbaijan, and Georgia), Albania, Kazakhstan, Ukraine, and Russia.<sup>6</sup> Some though not all of these countries have a large proportion of Muslims, and a very low percentage of women smokers.

Citizens of the EE countries on average consume notably less **alcohol** (undifferentiated by the type of alcoholic drinks and excluding home-made liquor) than most of the citizens in the EU-15 countries, roughly a third less (6.5 liters per person in 2001 in EE vs. 9.2 in the EU-15) (*Table 19*). Persons in the Caucasus and the Central Asian Republics drink much fewer alcoholic beverages (2.5 and 1.4 liters, respectively) than the average EE person, and much fewer still than those in the Northern Tier CEE countries (8.7) and the NFSU countries (7.4).

One important aspect that these country averages mask is the differences in alcohol consumption by gender. The RLMS data underscore this in the case of Russia. Russian males drink far more alcohol than do females. The annual per capita alcohol consumption for Russian males in 2003 was 13.1 liters, while for females it was only 2.1 liters. Earlier years showed even greater differentiation in consumption by gender.

Despite the lower estimates of alcohol consumption in the EE region compared to the EU-15, deaths in 2000 which were directly connected to alcohol (i.e., cirrhosis) were notably higher in EE than in the EU-15 (as well as in the U.S.). There were 24 alcohol-related deaths per 100,000 in EE, vs. 15 in the EU-15 and 9 in the U.S. (These data are drawn from the raw numbers used to calculate the percentages in *Table 16*). Alcohol-related deaths were particularly high in Moldova and Hungary (69 and 66, respectively). Alcohol-related deaths increased from 1996 to 2000 in 10 out of the 16 transition countries for which data are available.

*Figure 22* tracks the trends in male life expectancy from 1984 to 2001 in Russia with per capita alcohol consumption in Russia. The two data series mirror each other closely. Male life expectancy in Russia was highest in the 1980s, coinciding when per capita alcohol consumption was lowest. When alcohol consumption started increasing in 1988, male life expectancy started decreasing. A particularly steep increase in alcohol consumption took place from 1992 to 1995, coinciding with a particularly steep drop in life expectancy. Male life expectancy resumed an increase in 1995, as alcohol consumption fell. Another increase in alcohol consumption in 1997 occurred alongside another fall in life expectancy.

Many deaths are no doubt indirectly caused by alcohol. *Figure 23* shows a very close correspondence between alcohol consumption in Russia and external causes of death (i.e., from injuries, such as those stemming from automobile accidents, and poisoning, primarily alcohol poisoning).<sup>7</sup> *Figure 24* shows that deaths from injury and poisoning are much greater in some transition countries (particularly, Russia, Belarus, Kazakhstan and Ukraine) than in others and as compared to some Western Europe countries. It also shows a much larger gender gap in this regard; that is, in countries where these deaths are highest, most of the deaths are males. *Figure 25* shows that most of the deaths in Russia due to injuries and poisonings and most of the increases in these deaths since the transition began have been the Russian males.

**Suicide rates** in the EE region are more than twice the rates in the EU-15 (*Table 20*). Within the transition region, they are highest in the NFSU. In fact, the WHO estimates that the six NFSU (for which data available; i.e., excluding Moldova) in addition to Hungary, Kazakhstan, and Slovenia

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<sup>6</sup> The figures on smoking in Russia from the WHO are dated, from 1994-1998. However, more recent data are available from Barry Popkin's Russia Longitudinal Monitoring Survey which show very similar numbers in 2003 to the WHO earlier estimates; namely, 63% of Russian males smoked and 15% of Russian females in 2003.

<sup>7</sup> The WHO notes (in its WHR 2002) that for males in the NFSU and Hungary and Kazakhstan, 50-75% of drownings, oesophagus cancer, epilepsy, unintentional injuries, homicides, motor vehicle crashes and cirrhosis of the liver are attributed to alcohol.

have the highest suicides worldwide; Finland is 10<sup>th</sup>. Suicide rates in EE are lowest in the Caucasus, and among the Muslim-majority countries.

Suicide rates in the transition region have generally peaked (*Table 20* and *Figure 25*). Of the seventeen transition countries for which time series data on suicide rates are available, only seven countries had higher suicide rates in 2002 than in 1990. Moreover, all of the seventeen countries except one (Romania) had suicide rates previously peaking, generally by 1994-1995.

According to the WHO (from the previously discussed *Table 16*), **infectious, parasitic, maternal and perinatal diseases** were responsible for 5% of EE deaths in 2000 (and of that, only 1.2% due to TB and HIV); vs. 8% and 7% in the US and the EU-15, respectively. The **adult HIV prevalence rate** is the number of cumulative reported HIV infections per million adults 15-49 years. These numbers no doubt underestimate the true magnitude of the rates. In this context, estimates of HIV prevalence in the large majority of transition countries remain low by global standards: 23 out of 27 transition countries had rates equal to or less than the EMU average in 2003 (0.31) (*Table 21*). However, from 1997-2003, HIV rates increased more rapidly in the EE than any other region in the world. Yet, only a handful of transition countries have been contributing to this significant increase in recent years. These are also the countries which have the highest rates and include Ukraine, Estonia, Russia, Latvia, and Kazakhstan (i.e., four of the seven NFSU countries in addition to Kazakhstan). Belarus might also be included in this group, though the most recent estimate of HIV prevalence in Belarus is 2001.

*Figures 27-29* summarize the HIV trends in EE vis-à-vis trends in the rest of the world. While the average EE HIV rate is actually less than the EU-15 average, four transition countries (Ukraine, Estonia, Russia, and Latvia) greatly exceed both country group averages (*Figure 27*). Moreover, the rate of increase and prevalence rate among these four countries has been much greater than regional trends in most other parts of the world (*Figure 28*). *Figure 29* puts the global trends in perspective by underscoring how much more problematic HIV is in Sub-Saharan Africa relative to anywhere else worldwide.

**TB prevalence** is far higher in EE than it is in the EU-15 (*Table 22* and *Figure 30*). The incidence of TB was almost 7 times greater in 1999-2002 in EE than in the EU-15 (75 vs. 11 per 100,000 persons). Nevertheless, the incidence of TB is generally far higher in most parts of the developing world than it is in the transition countries. In 2002, there were 495 cases of TB per 100,000 people in Sub-Saharan Africa, 343 in South Asia, 313 in East Asia and the Pacific, and 92 in Latin America and the Caribbean.

With the salient exception of the Northern Tier CEE countries, the incidence of TB since 1998 has generally been increasing in the transition region, while it has generally been falling in the EU-15. On average, from 1995-1998 to 1999-2002, TB incidence increased by 18% in EE while decreasing by 18% in the EU-15. The EE countries where the incidence of TB is the highest are a variety of countries from the former Soviet Union and one Southern Tier CEE country. In descending order of incidence, they are: Kazakhstan, Kyrgyzstan, Romania, Georgia, Russia, Turkmenistan, Latvia, Ukraine, and Lithuania. The most significant and problematic increase in TB rates since the mid-1990s has been in Kazakhstan, followed by Kyrgyzstan and Romania (*Figure 30*).

Table 16: Distribution of Death Rates per 100,000, 2000

	Total	Infectious, Parasitic, Respiratory & Perinatal			Lifestyle Diseases				Other Vascular & Cancer		Non-Medical		Other
		TB & HIV	Other	Total	Alcohol	Smoking	Obesity/Stress	Total	Vascular	Cancer	Suicide	Other	
		Russia	100	1	3	4	1	5	49	55	7	11	
Ukraine	100	1	2	3	2	7	55	64	6	10	2	8	7
Bulgaria	100	0	3	4	1	4	42	47	26	11	1	3	8
Latvia	100	1	3	4	1	4	51	56	5	14	2	9	9
Hungary	100	0	2	2	5	9	41	55	11	19	2	5	6
Belarus	100	1	2	2	1	7	51	59	4	12	3	9	12
Estonia	100	1	3	3	1	5	51	57	4	15	2	9	9
Romania	100	1	4	5	4	6	48	58	14	13	1	5	4
Croatia	100	0	3	4	3	7	39	49	16	18	2	4	7
Serbia and Montenegro	100	0	3	4	1	6	31	39	27	13	0	4	13
Lithuania	100	1	2	3	1	6	46	54	8	16	4	9	5
Czech Republic	100	0	3	3	2	7	40	48	15	21	2	5	6
Slovakia	100	0	5	5	2	6	46	55	10	18	1	5	6
Moldova	100	2	4	5	7	6	55	68	2	9	1	7	8
Poland	100	0	4	4	1	7	29	38	20	18	2	5	13
Slovenia	100	0	5	6	4	8	29	42	14	21	3	5	10
Macedonia	100	1	3	4	1	6	36	42	23	14	1	3	13
Northern Tier CEE	100	0	3	4	2	7	36	46	15	18	2	6	10
NT CEE Minus Baltics	100	0	4	4	2	8	35	44	17	18	2	5	10
Southern Tier CEE	100	1	4	5	3	6	42	50	20	13	1	4	8
Central Asia & Caucasus	100	2	9	11	3	6	48	57	6	8	1	7	8
Europe and Eurasia	100	1	4	5	2	6	47	55	9	12	2	9	8
U.S.A.	100	1	3	4	1	6	50	57	7	11	2	11	8
EU 15	100	0	7	7	2	8	30	40	13	8	1	4	28
U.S.A.	100	1	7	8	1	12	33	46	9	8	1	5	23

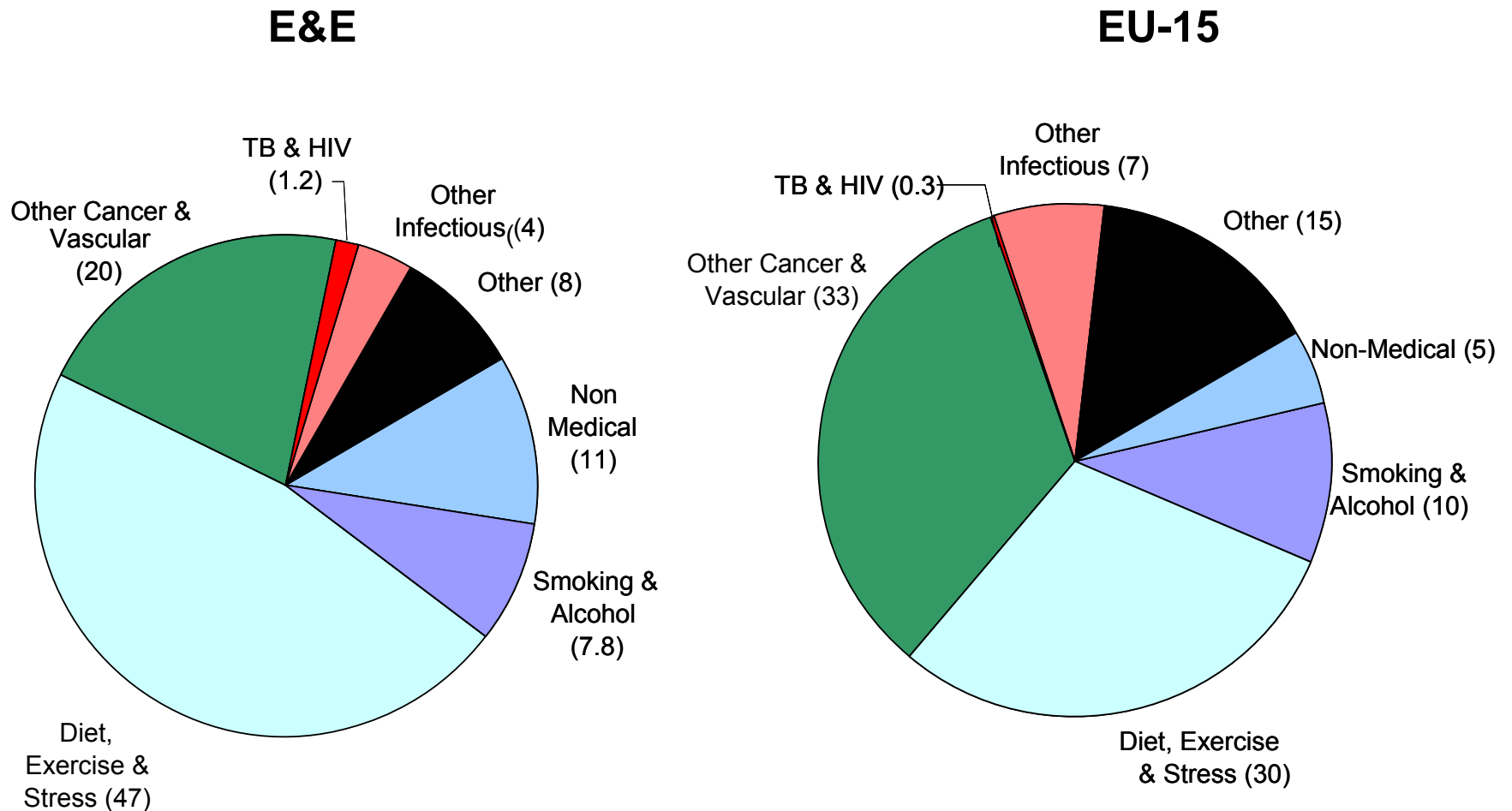
WHO, *World Mortality Database* (2004).

Notes: Perinatal includes congenital causes. Alcohol-related deaths are due to liver cirrhosis. Smoking-related deaths are those due to lung cancer and Chronic Obstructive Pulmonary Disease (COPD) (emphysema). Obesity and stress-related deaths are those due to coronary heart disease, hypertension, stroke, and diabetes. Smoking and alcohol consumption also contribute to the onset of cardiovascular disease and cancer. Non-medical causes include accidents, fire, homicide, war and others. Northern Eurasia includes Russia, Ukraine, Belarus and Moldova. Central Asia and the Caucasus include Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.



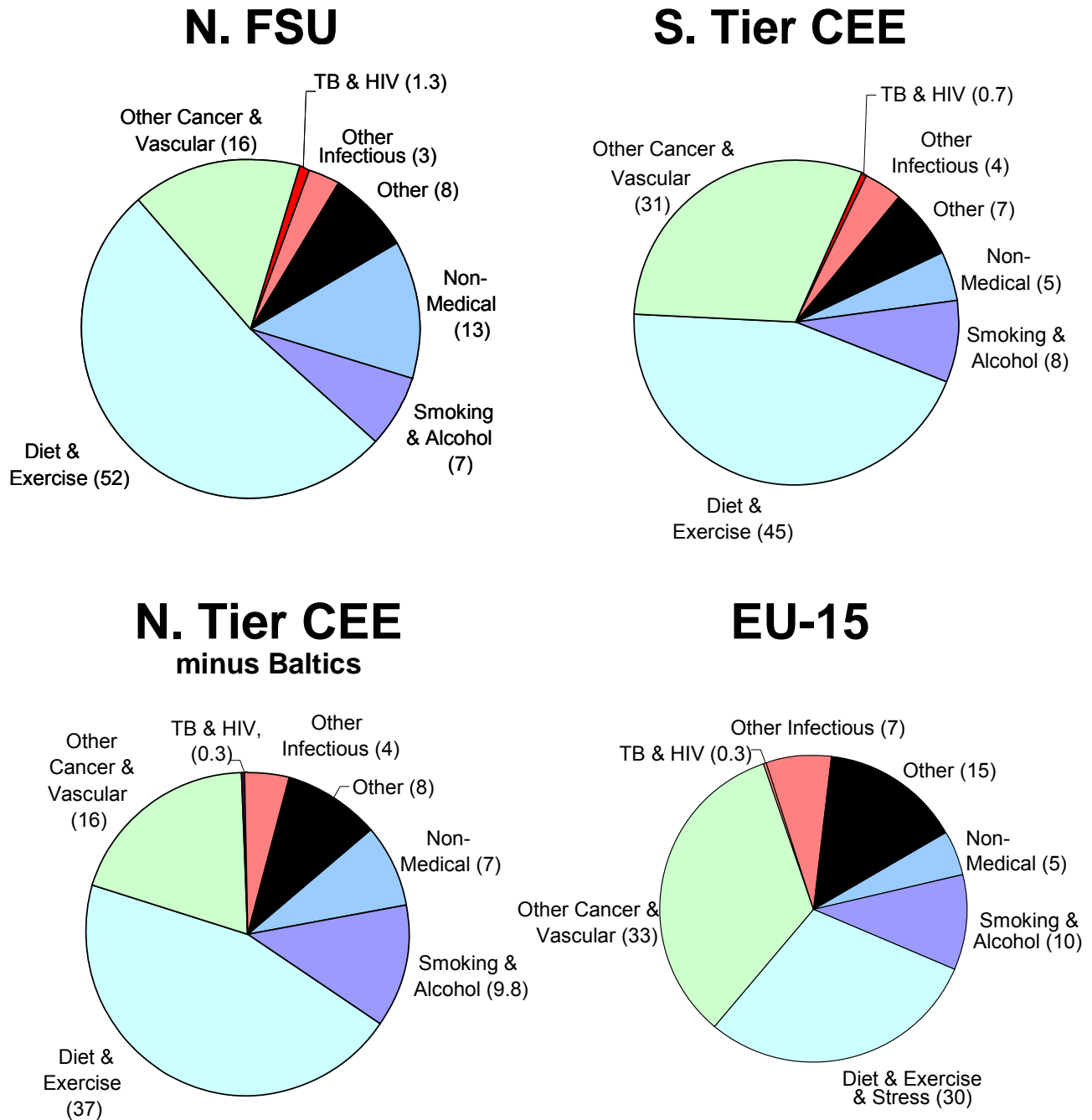
**Figure 17**

**Causes of Death in 2000 (%)**



WHO, *Mortality Database* (2004). Diet/exercise/obesity deaths include coronary heart disease, stroke, hypertension, diabetes, and colorectal cancer. (Studies in the New England Journal of Medicine estimate that up to 80% of cases of coronary heart disease and up to 90% of type 2 diabetes could be avoided through changing lifestyle factors, and about one-third of cancers could also be prevented by eating healthily, maintaining normal weight, and exercising throughout the life span.) Non-medical causes include accidents, suicides, homicides and disaster. Alcohol deaths include cirrhosis. Smoking deaths include lung cancer and emphysema/COPD. Other Infectious are infectious and parasitic diseases other than TB and HIV. Other Cancer and Vascular includes cancers other than lung and colorectal, and cardiovascular disease other than coronary heart disease, stroke and hypertension.

# Figure 18 Causes of Death in 2000 (%)



WHO, *Mortality Database* (2004). Diet/exercise/obesity deaths include coronary heart disease, stroke, hypertension, diabetes, and colorectal cancer. (Studies in the *New England Journal of Medicine* estimate that up to 80% of cases of coronary heart disease and up to 90% of type 2 diabetes could be avoided through changing lifestyle factors, and about one-third of cancers could also be prevented by eating healthily, maintaining normal weight, and exercising throughout the life span.) Non-medical causes include accidents, suicides, homicides and disaster. Alcohol deaths include cirrhosis. Smoking deaths include lung cancer and emphysema/COPD. Other Infectious are infectious and parasitic diseases other than TB and HIV. Other Cancer and Vascular includes cancers other than lung and colorectal, and cardiovascular disease other than coronary heart disease, stroke and hypertension.



## Figure 19

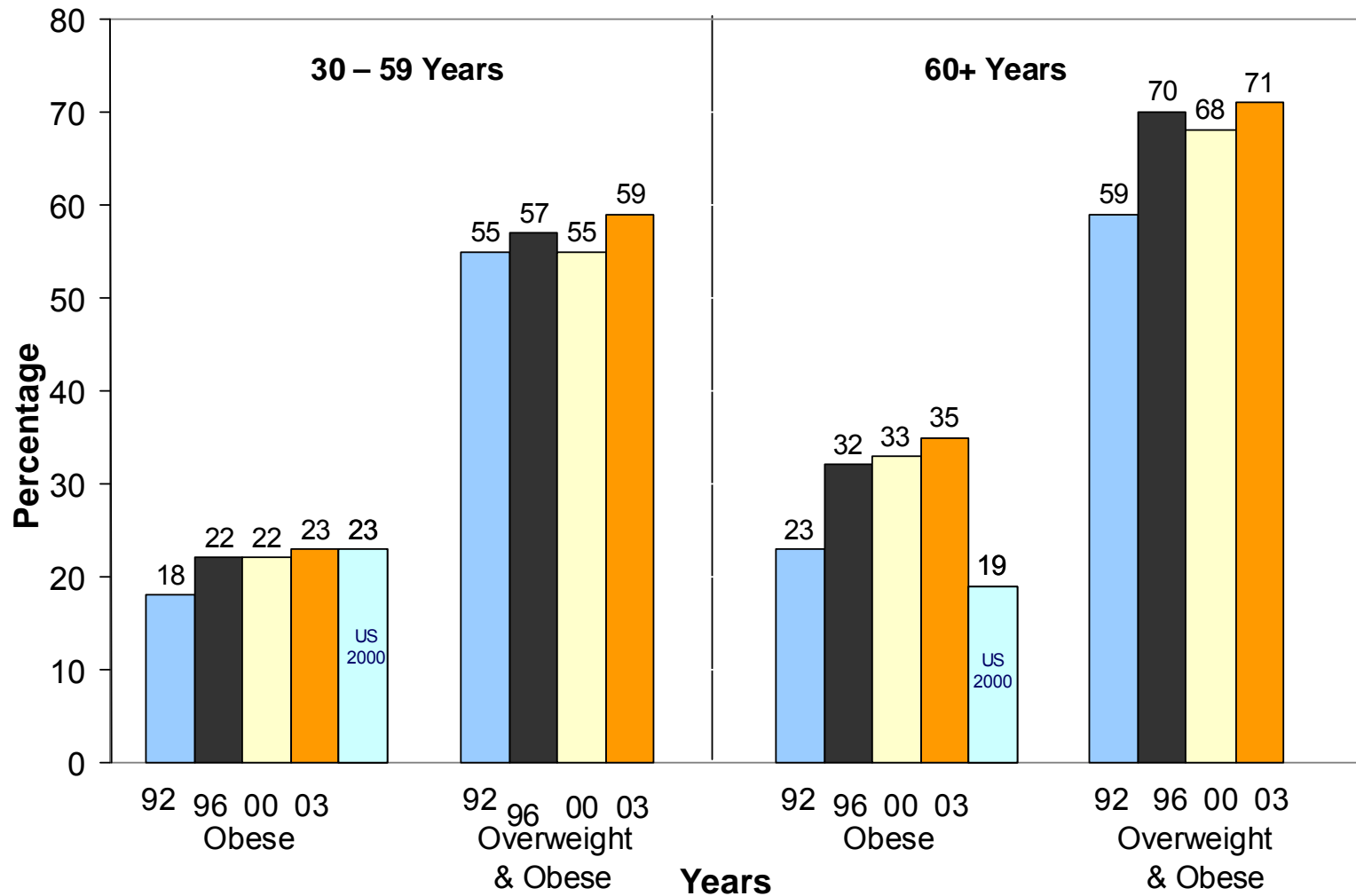
### Accounting for the Mortality Gap Between N.FSU & EU-15

Year 2000	N.FSU	EU 15	Mortality Gap
Total Deaths per 100,000	1,505	972	<b>+ 533</b>
<b>Diet/Exercise/Obesity</b>	780	340	<b>+ 440</b>
<b>Non-medical</b>	196	47	<b>+ 149</b>
Alcohol	22	15	<b>+ 7</b>
Smoking	84	82	<b>+ 2</b>
TB & HIV	20	3	<b>+ 17</b>
Other Infectious	40	69	<b>- 29</b>
Other Cancer & Vascular	240	295	<b>- 55</b>

WHO, *Mortality Database* (2004). Diet/exercise/obesity deaths include coronary heart disease, stroke, hypertension, diabetes, and colorectal cancer. (Studies in the New England Journal of Medicine estimate that up to 80% of cases of coronary heart disease and up to 90% of type 2 diabetes could be avoided through changing lifestyle factors, and about one-third of cancers could also be prevented by eating healthily, maintaining normal weight, and exercising throughout the life span.) Non-medical causes include accidents, suicides, homicides and disaster. Alcohol deaths include cirrhosis. Smoking deaths include lung cancer and emphysema/COPD. Other Infectious are infectious and parasitic diseases other than TB and HIV. Other Cancer and Vascular includes cancers other than lung and colorectal, and cardiovascular disease other than coronary heart disease, stroke and hypertension.

# Figure 20

## Adult Obesity in Russia



The International Nutritional Status of Adults is determined by Body Mass Index (BMI) which is a measure of weight by height. A BMI between 25 and 30 is considered Overweight and a score above 30 is Obese. B. Popkin, *Monitoring Economic Conditions in the Russian Federation: The Russia Longitudinal Monitoring Survey 1992-2003* (April 2004);



Table 17: Smoking Prevalence in Adults									
	1994-98			1999-01			2002		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Armenia	29.0	63.7			67.5	3.1			
Georgia	32.6	53.2	11.9		60.0	15.0			
Ukraine		48.5	20.5	34.0	58.0	14.0			
Belarus	27.5	54.8	3.6	26.3	53.7	4.8	41.6	64.1	19.7
Lithuania		43.3	6.3	32.0	51.0	15.8		43.7	12.8
Latvia		53.0	18.4	29.2	49.1	13.0	33.2	51.1	19.2
Serbia-Montenegro				40.4	48.0	33.6			
Kazakhstan		60.0	7.0	23.9	46.5	7.6			
Moldova		43.9			46.0	18.0			
Estonia	36.0	52.0	24.0	29.0	44.0	20.0	29.0	45.0	18.0
Bulgaria	35.6	49.2	23.8	32.7	43.8	23.0			
Albania		44.4	6.6	39.0	43.6	8.2			
Poland		44.0	24.0		42.0	23.0	32.0	40.0	25.0
Hungary		44.0	27.0	30.6	38.2	23.0			
Croatia				30.3	34.1	26.6			
Romania		61.7	25.0		32.3	10.1			
Azerbaijan	26.5				31.2	1.1			
Slovenia	28.7	34.7	22.7	23.7	28.0	20.1			
Czech Republic	36.0	43.0	31.0	19.5	26.8	12.7			
Kyrgyzstan							62.5	64.1	41.4
Bosnia-Herzegovina							37.6	49.2	29.7
Russia	36.0	63.2	9.7						
Slovakia	32.0	41.1	14.7						
Macedonia									
Tajikistan									
Turkmenistan									
Uzbekistan									
Europe and Eurasia		55.5	15.1		45.5	15.8			
NT CEE		43.8	23.6		39.5	20.6			
ST CEE		51.6	20.8		38.5	18.8			
Eurasia		53.7	10.3		42.4	8.6			
Britain and Northern Ireland	28.0	29.0	28.0	27.0	29.0	25.0	26.0	27.0	25.0
France	28.0	35.0	21.0	27.0	33.0	21.0			
Germany		43.2	30.0	36.4	40.3	32.2			
Denmark	37.0	39.0	35.0	30.0	32.0	29.0	28.0	31.2	27.0

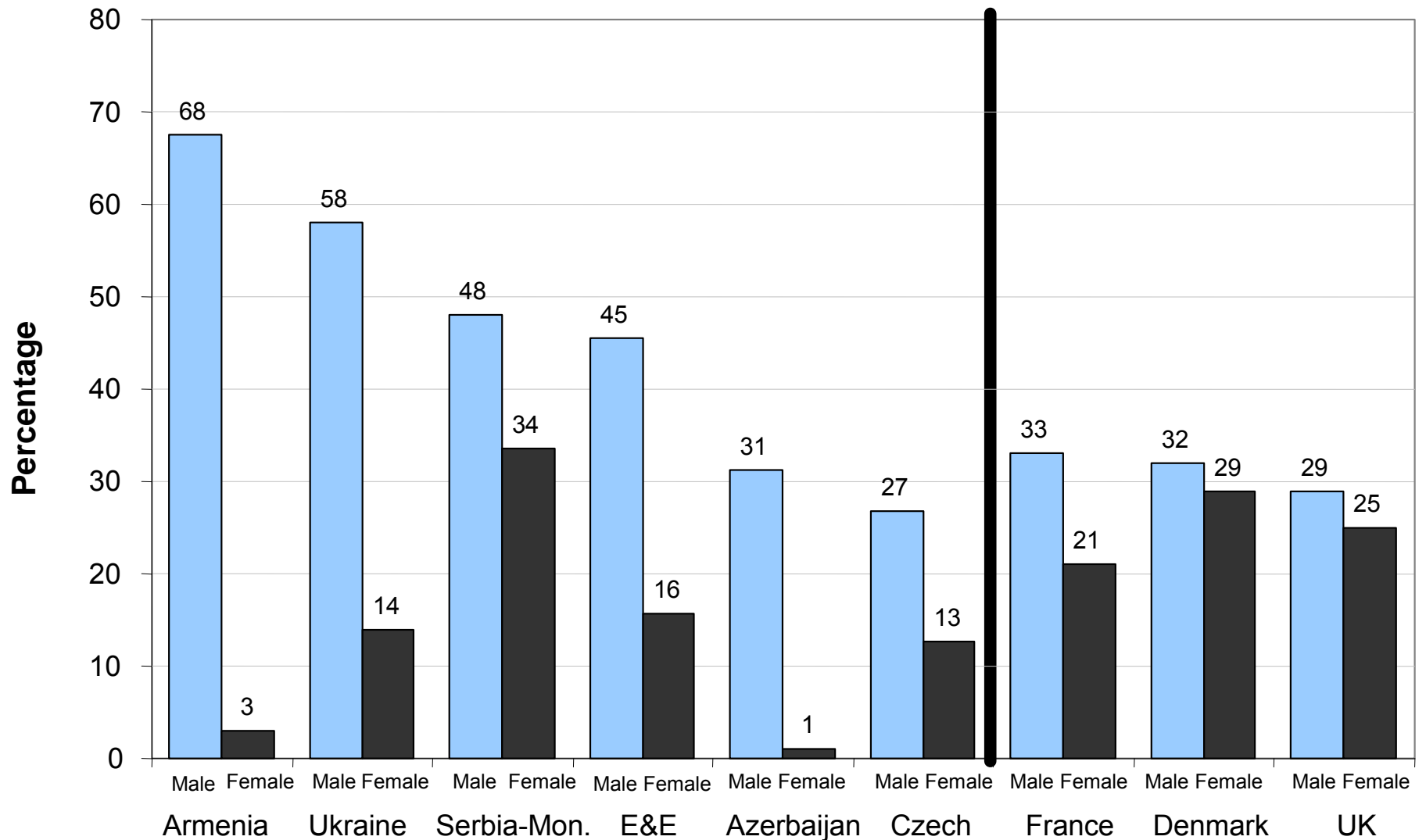
World Health Organization, *Tobacco Control Database* (2004).

Table 18: Average Number of Cigarettes Consumed Per Person Per Day				
	1990-93	1994-96	1997-00	1990-00
Slovenia		6.9	6.5	6.6
Poland	6.5	6.7	6.1	6.4
Hungary	6.9	6.3	5.8	6.4
Bulgaria	5.7	5.1	7.0	6.0
Croatia	5.6	6.3	5.4	5.7
Lithuania		5.2	5.4	5.3
Russia		3.4	5.6	5.2
Macedonia		6	4.9	5.1
Belarus			5.1	5.1
Estonia		4.7		4.7
Slovakia	4.7	4.3	4.7	4.5
Czech Republic	4.6	5.1	3.3	4.4
Romania	3.8	3.6	3.8	3.7
Kazakhstan		2.8	4.0	3.6
Serbia and Montenegro	3.8	2.0	3.2	3.1
Bosnia and Herzegovina			3.1	3.1
Ukraine		2.4	3.1	2.9
Armenia			2.9	2.9
Albania		1.2	1.6	1.5
Azerbaijan	1.9	1.2	1.4	1.4
Uzbekistan	0.6	0.8	0.9	0.8
Georgia				
Kyrgyzstan				
Latvia				
Moldova				
Tajikistan				
Turkmenistan				
Europe and Eurasia		3.2	4.2	4.1
NT CEE		5.9	5.2	5.7
ST CEE		3.4	4.1	3.9
Eurasia		2.5	4.0	3.8
Muslim Majority		0.7	0.8	0.8
EU 15	4.9	4.9	4.5	4.7
Britain and Northern Ireland	4.8	4.8	3.7	4.4
France	4.8	4.6	4.0	4.5
Germany	4.9	4.6	4.2	4.6
Denmark	4.2	4.3	4.3	4.3

World Health Organization, *European Health For All Database* (2004).

**Figure 21**

# Smoking Prevalence in Adults in 1999-01



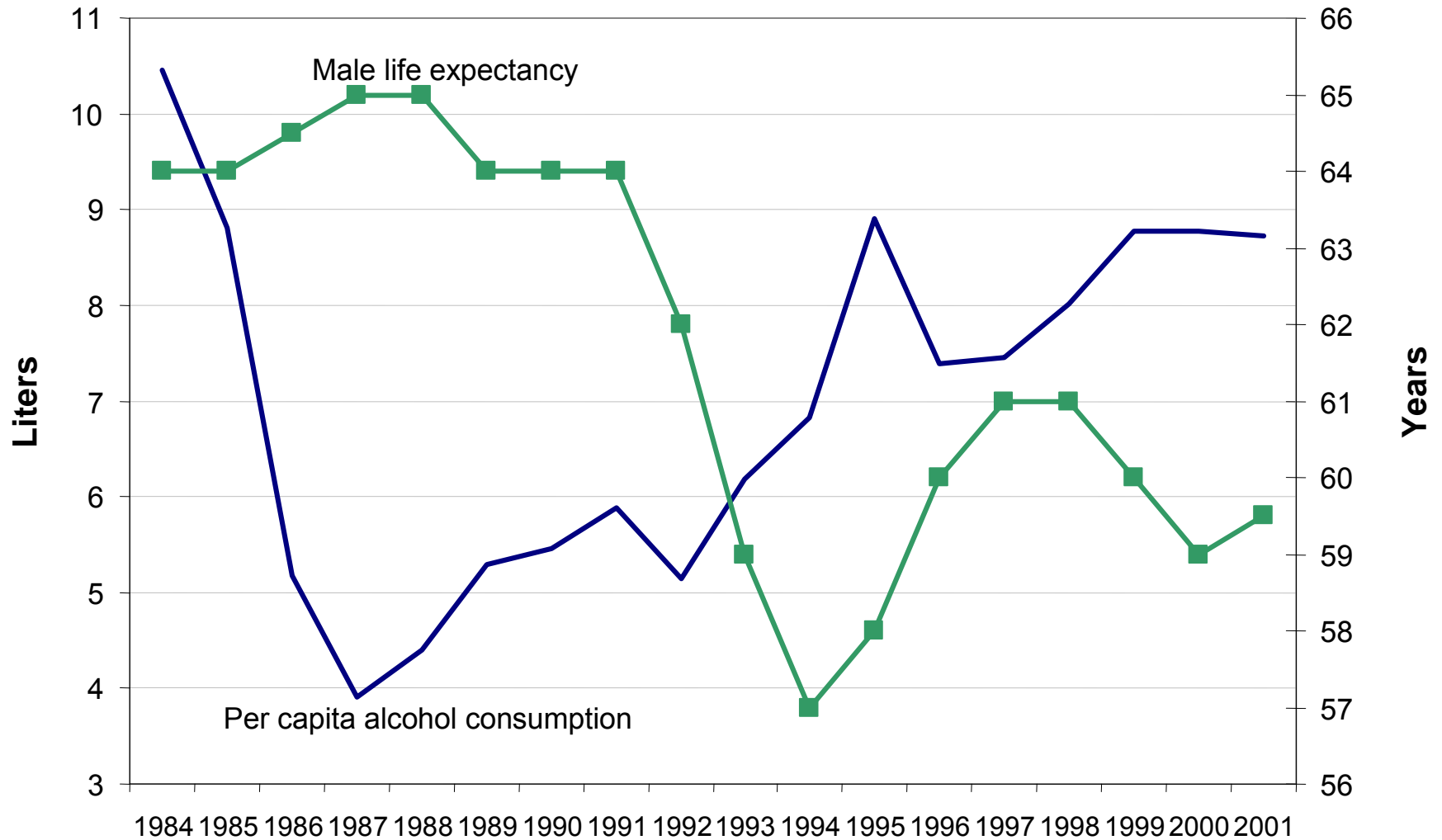
World Health Organization; *Tobacco Control Database 2004*. E&E is a sample of 19 countries.

Table 19: Liters of Alcohol Consumed Per Person Per Year				
	1990	1994	1998	2001
Czech Republic	12.8	12.9	13.6	13.6
Croatia		9.8	11.6	10.5
Slovakia	10.2	10.1	9.8	10.0
Lithuania	5.0		8.6	10.0
Hungary	12.8	11.3	10.4	9.9
Russia	5.5	6.8	8.0	8.7
Estonia		6.3	7.0	8.2
Latvia	5.5	7.9	7.3	7.7
Serbia and Montenegro		7.7	7.1	7.2
Poland	6.2	6.5	6.7	7.1
Bosnia and Herzegovina		6.4	9.9	7.0
Belarus	6.0	7.3	7.8	6.7
Romania	6.9	6.3	5.9	6.3
Bulgaria	9.4	8.1	6.8	6.0
Slovenia	11.2	10.8	6.9	5.5
Azerbaijan		1.0	0.6	4.8
Kyrgyzstan	2.8	1.9	2.3	3.6
Ukraine		3.3	2.9	3.3
Kazakhstan		6.0	2.6	2.1
Georgia		4.0	3.3	1.9
Albania	1.4	1.9	1.0	1.8
Uzbekistan		0.9	0.6	1.0
Armenia		2.8	1.3	0.9
Turkmenistan		1.1	0.8	0.5
Tajikistan		0.8	0.2	0.3
Macedonia	3.2	4.1	2.7	
Moldova				
Europe and Eurasia		5.9	6.1	6.5
NT CEE		8.5	8.5	8.7
Baltics		7.3	7.9	8.9
ST CEE		6.8	6.6	6.6
Eurasia		5.1	5.4	5.9
N. FSU		6.0	6.8	7.4
Muslim Majority		1.1	0.8	1.7
EU 15	10.3	9.6	9.2	9.2
Britain and Northern Ireland	8.7	8.3	8.1	8.5
France	13.3	12.0	11.3	11.0
Germany	12.5	12.0	11.1	10.9
Denmark	10.2	10.3	9.9	9.8

World Health Organization, *European Health For All Database* (2004).

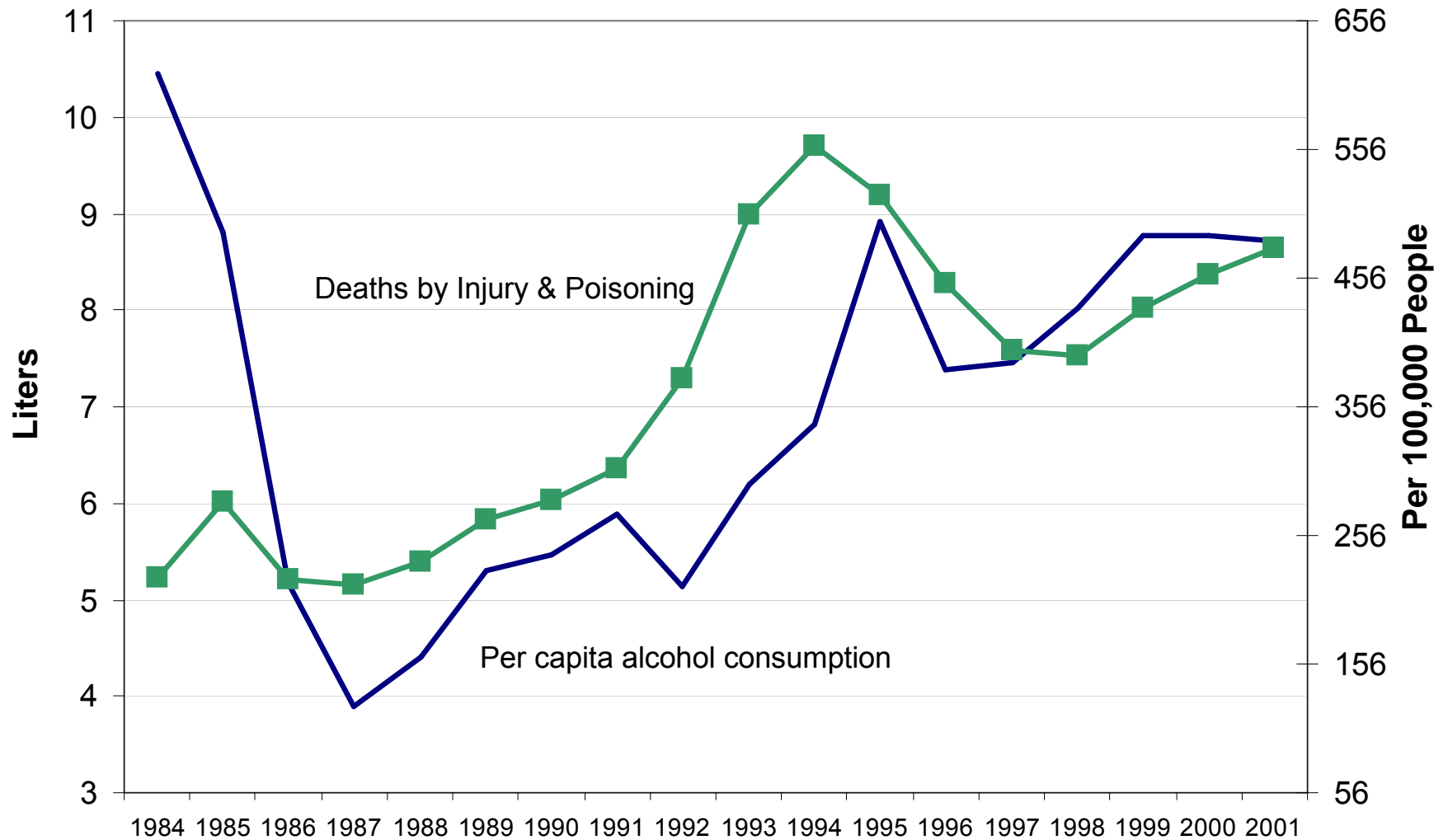
**Figure 22**

# Total Alcohol Consumption and Male Life Expectancy in Russia



Vladimir Tremml, *Soviet and Russian Statistics on Alcohol Consumption and Abuse*; and World Bank, *World Development Indicators* (2004). Missing values were interpolated.

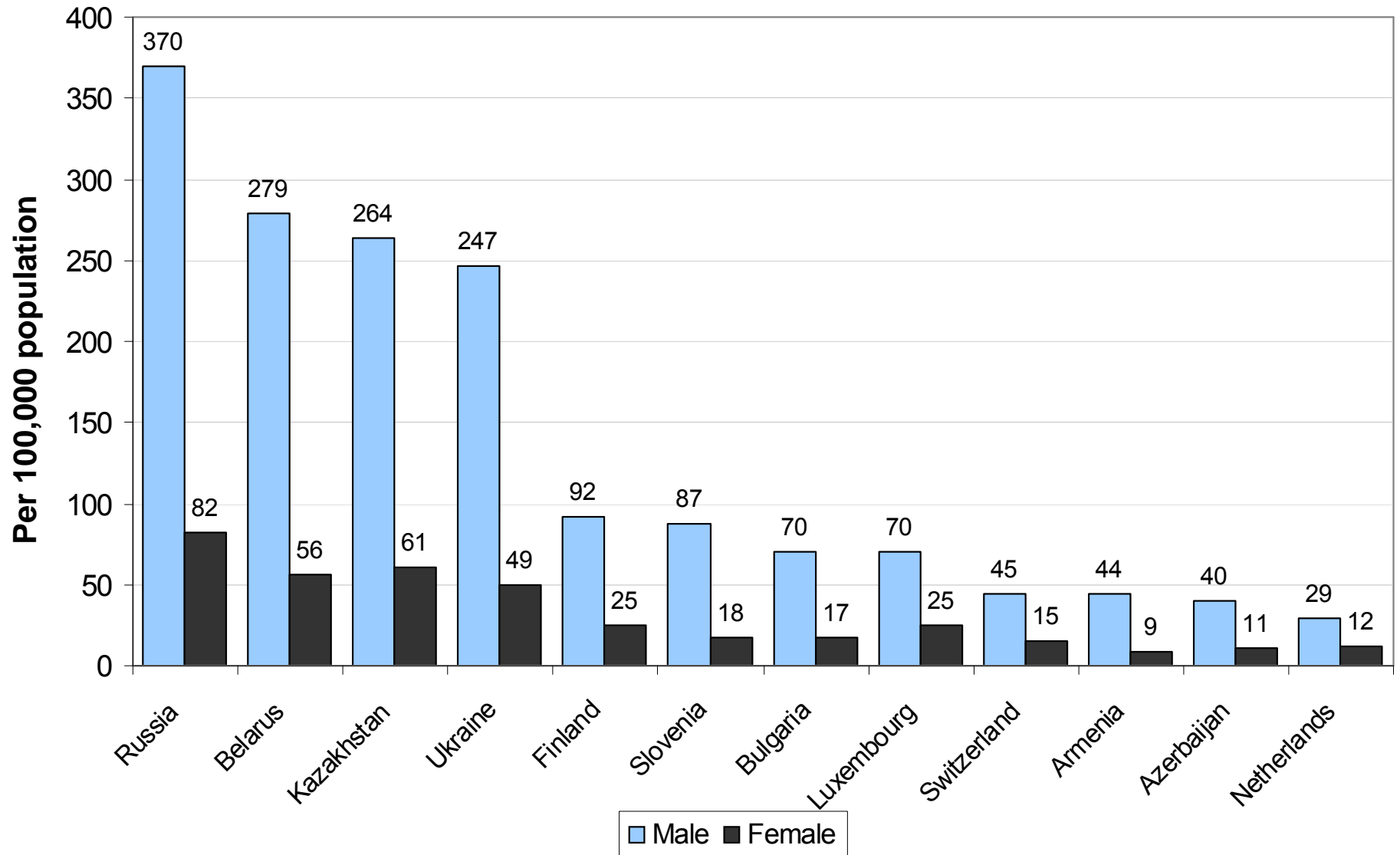
## Figure 23 External Cause Deaths by Injury and Poisoning & Total Alcohol Consumption in Russia



Vladimir Treml, *Soviet and Russian Statistics on Alcohol Consumption and Abuse*; and World Bank, *World Development Indicators* (2004). Missing values were interpolated.

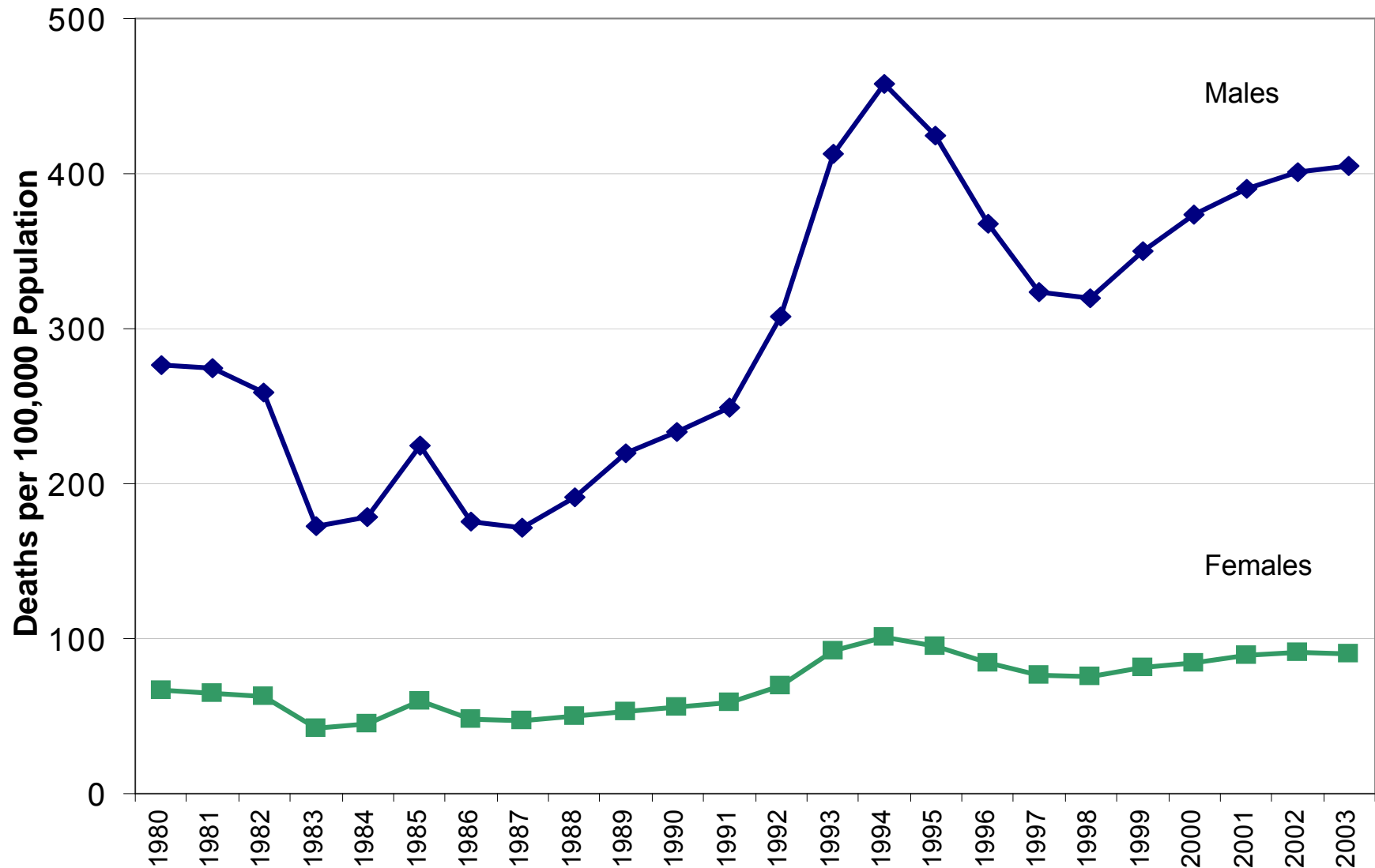
**Figure 24**

# Death from Injury or Poisoning



World Health Organization, *Atlas of Health in Europe* (2003).

## Figure 25 Deaths from Injuries and Poisonings in Russia



World Health Organization, *European Health for all Database* (2004).



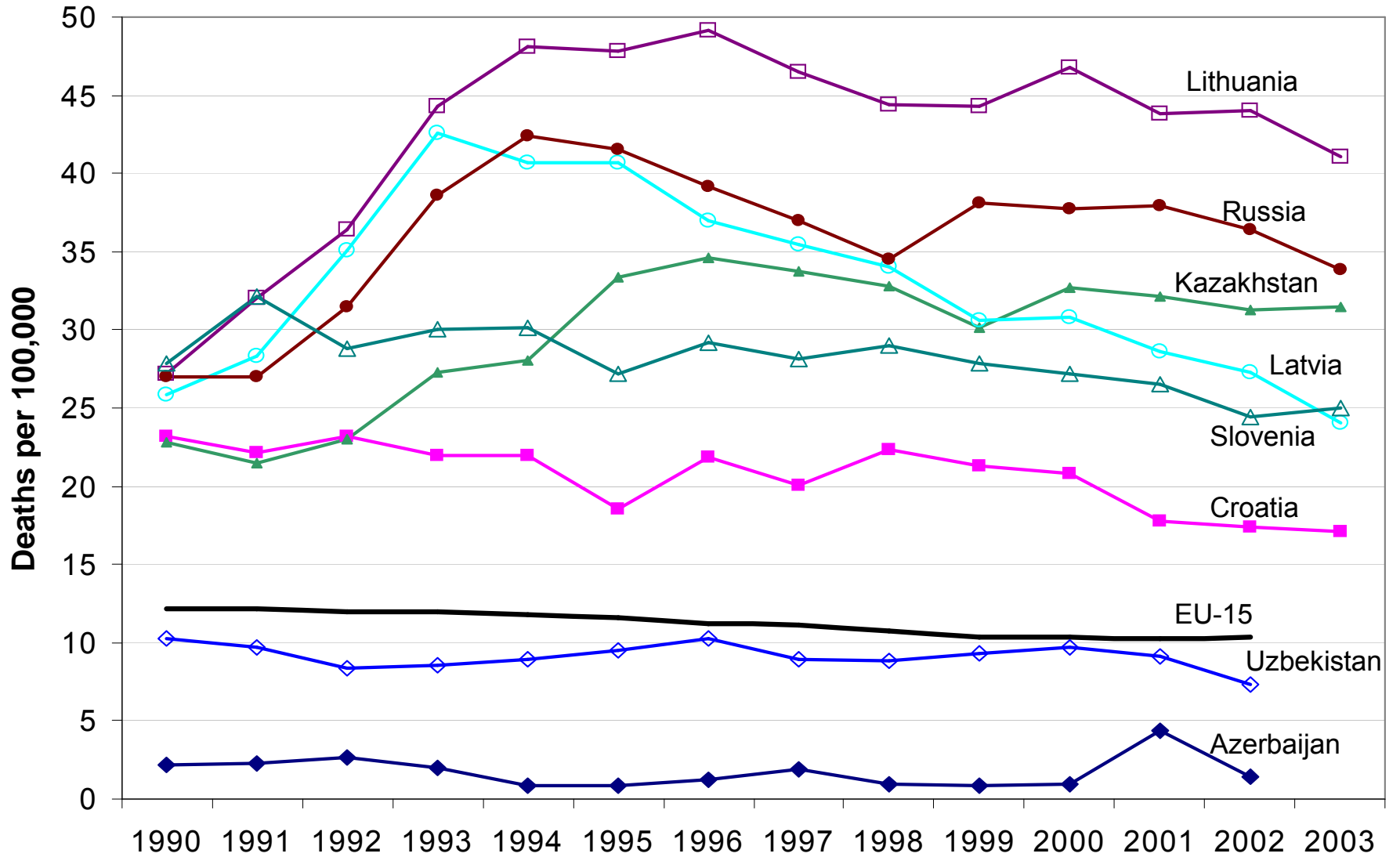
Table 20: Deaths From Suicide and Self Inflicted Injury per 100,000				
	1990	1994	1998	2002
Lithuania	27.2	48.1	44.4	44.0
Russia	27.0	42.4	34.5	36.4
Belarus	21.3	31.7	35.2	32.2
Kazakhstan	22.9	28.1	32.8	31.3
Latvia	25.8	40.7	34.1	27.3
Estonia	27.6	41.7	33.7	26.0
Hungary	38.1	33.2	29.3	25.4
Ukraine	20.5	26.6	28.8	24.5
Slovenia	27.9	30.2	29.0	24.5
Croatia	23.2	22.0	22.4	17.4
Poland	13.8	14.8		14.8
Kyrgyzstan	17.8	18.5	14.1	14.5
Bulgaria	14.1	15.9	16.4	14.3
Czech Republic	19.1	17.3	14.6	13.7
Romania	9.4	13.0	12.6	13.7
Slovakia	16.6	13.6	12.5	13.0
Uzbekistan	10.2	9.0	8.9	7.3
Albania		2.3	6.0	2.4
Armenia	3.3	3.8	2.0	2.4
Azerbaijan	2.2	0.9	0.9	1.4
Bosnia and Herzegovina	10.9			
Georgia	3.8	3.5	3.5	
Macedonia		7.4	8.3	
Moldova				
Serbia and Montenegro		15.9	14.7	
Tajikistan	7.0	5.7		
Turkmenistan	11.4	8.2	10.9	
Europe and Eurasia	20.5	27.4	26.0	25.4
NT CEE	19.9	21.1	24.4	18.2
ST CEE	12.3	14.9	14.7	14.3
Eurasia	21.9	31.6	28.4	28.9
N. FSU	25.2	38.2	33.4	33.4
Muslim Majority	9.3	7.7	8.0	7.0
EU 15	12.19	11.75	10.7	
Britain and Northern Ireland	7.8	7.2	7.2	6.6
France	19.0	19.4	16.5	
Germany	15.5	13.8	12.5	
Denmark	22.4	17.3	13.2	

World Health Organization, *European Health For All Database* (2004).



Figure 26

# Suicide Rates for Selected E&E Countries

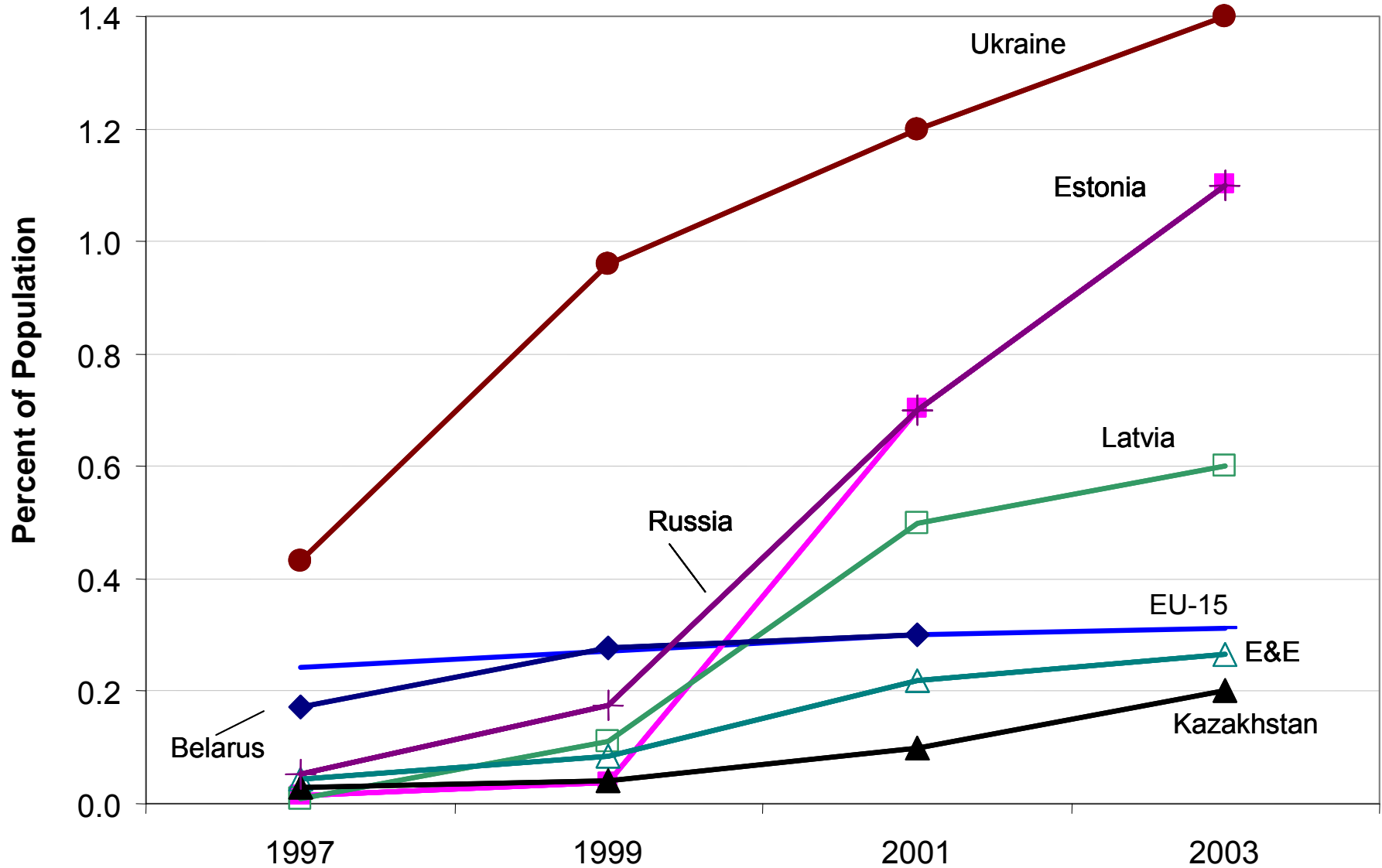


World Health Organization, *European Health for All Database (2005)*.

Table 21: Adult HIV Prevalence Rate 15-49 (% of Population, Estimate)						
	1997	1999	2001	2003	Change 1997-03	Change 2001-03
Kazakhstan	0.03	0.04	0.10	0.20	614	100
Estonia	0.01	0.04	0.70	1.10	8044	57
Russia	0.05	0.18	0.70	1.10	2031	57
Latvia	0.01	0.11	0.50	0.60	7233	20
Ukraine	0.43	0.96	1.20	1.40	224	17
Armenia	0.01	0.01	0.10	0.10	1871	0
Azerbaijan	0.01	0.01	0.10	0.10	1900	0
Bosnia and Herzegovina	0.04	0.04	0.10	0.10	183	0
Bulgaria	0.01	0.01	0.10	0.10	1286	0
Croatia	0.01	0.02	0.10	0.10	654	0
Czech Republic	0.04	0.04	0.10	0.10	169	0
Georgia	0.01	0.01	0.10	0.10	1900	0
Hungary	0.04	0.05	0.10	0.10	155	0
Kyrgyzstan	0.01	0.01	0.10	0.10	1900	0
Lithuania	0.01	0.02	0.10	0.10	1784	0
Macedonia	0.01	0.00	0.10	0.10	1083	0
Moldova	0.11	0.20	0.20	0.20	85	0
Poland	0.06	0.07	0.10	0.10	71	0
Romania	0.01	0.02	0.10	0.10	1077	0
Serbia and Montenegro	0.10	0.10	0.20	0.20	109	0
Slovak Republic	0.01	0.01	0.10	0.10	1900	0
Slovenia	0.01	0.02	0.10	0.10	914	0
Tajikistan	0.01	0.01	0.10	0.10	1900	0
Turkmenistan	0.01	0.01	0.10	0.10	1900	0
Albania	0.01	0.01				
Belarus	0.17	0.28	0.30			
Uzbekistan	0.01	0.01	0.10	0.10		
Europe and Eurasia	0.09	0.21	0.46	0.62	580	36
NT CEE	0.04	0.05	0.12	0.13	217	8
ST CEE	0.03	0.03	0.114	0.110	310	-4
Eurasia	0.12	0.28	0.61	0.85	620	38
N.FSU	0.15	0.36	0.77	1.08	642	39
Muslim Group	0.01	0.02	0.10	0.12	946	23
European Monetary Union	0.24	0.27	0.30	0.31	29	3
East Asia and Pacific	0.19	0.21	0.20	0.20	5	0
Latin America and Carib.	0.72	0.60	0.62	0.69	-4	11
Middle East and North Afr.	0.03	0.03	0.09	0.10	233	11
South Asia	0.64	0.54	0.63	0.70	9	11
Sub-Saharan Africa	7.10	8.10	6.98	6.93	-2	-1

UNAIDS, *Global Report on the HIV/AIDS Epidemic* (2004).

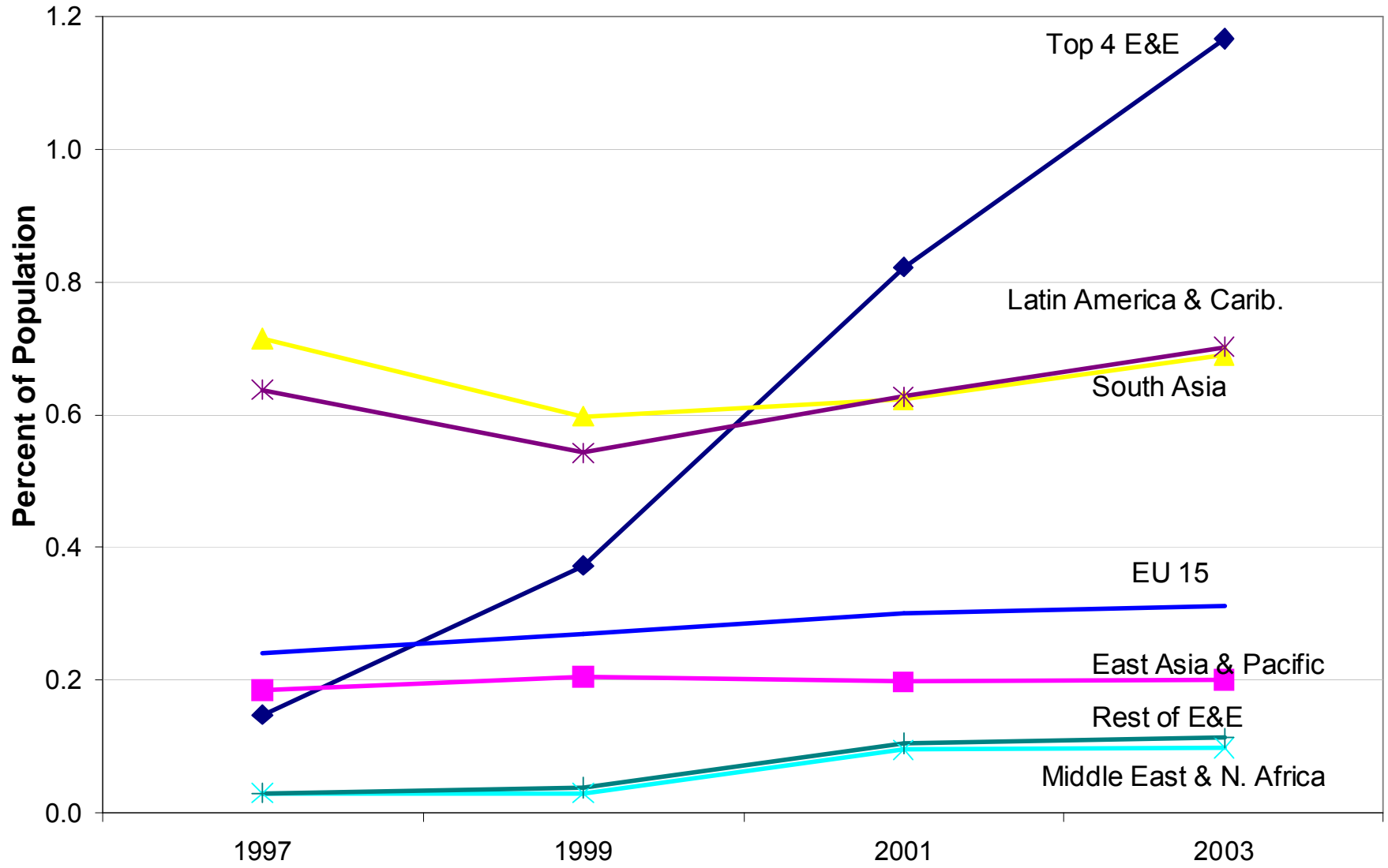
**Figure 27 Adult HIV Prevalence Rate (15-49 yrs) in E&E**



UNAIDS, *Global Report on the HIV/AIDS Epidemic* (2004).

**Figure 28**

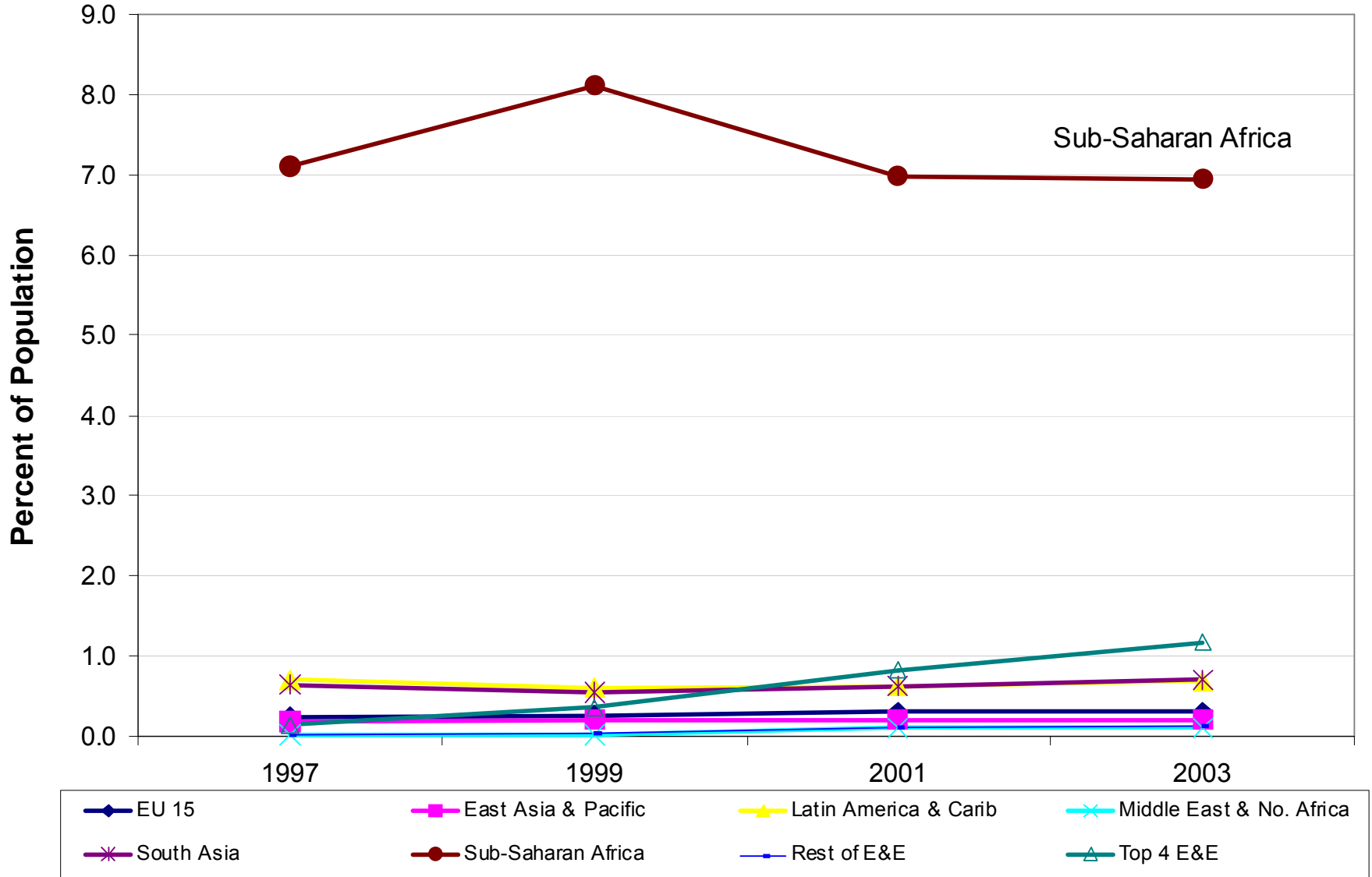
## Adult HIV Prevalence Rate (15-49 yrs) in the World Less SSA



Top 4 E&E include Ukraine, Estonia, Russia & Latvia. UNAIDS, *Global Report on the HIV/AIDS Epidemic* (2004).

**Figure 29**

# Adult HIV Prevalence Rate (15-49 yrs) in the World



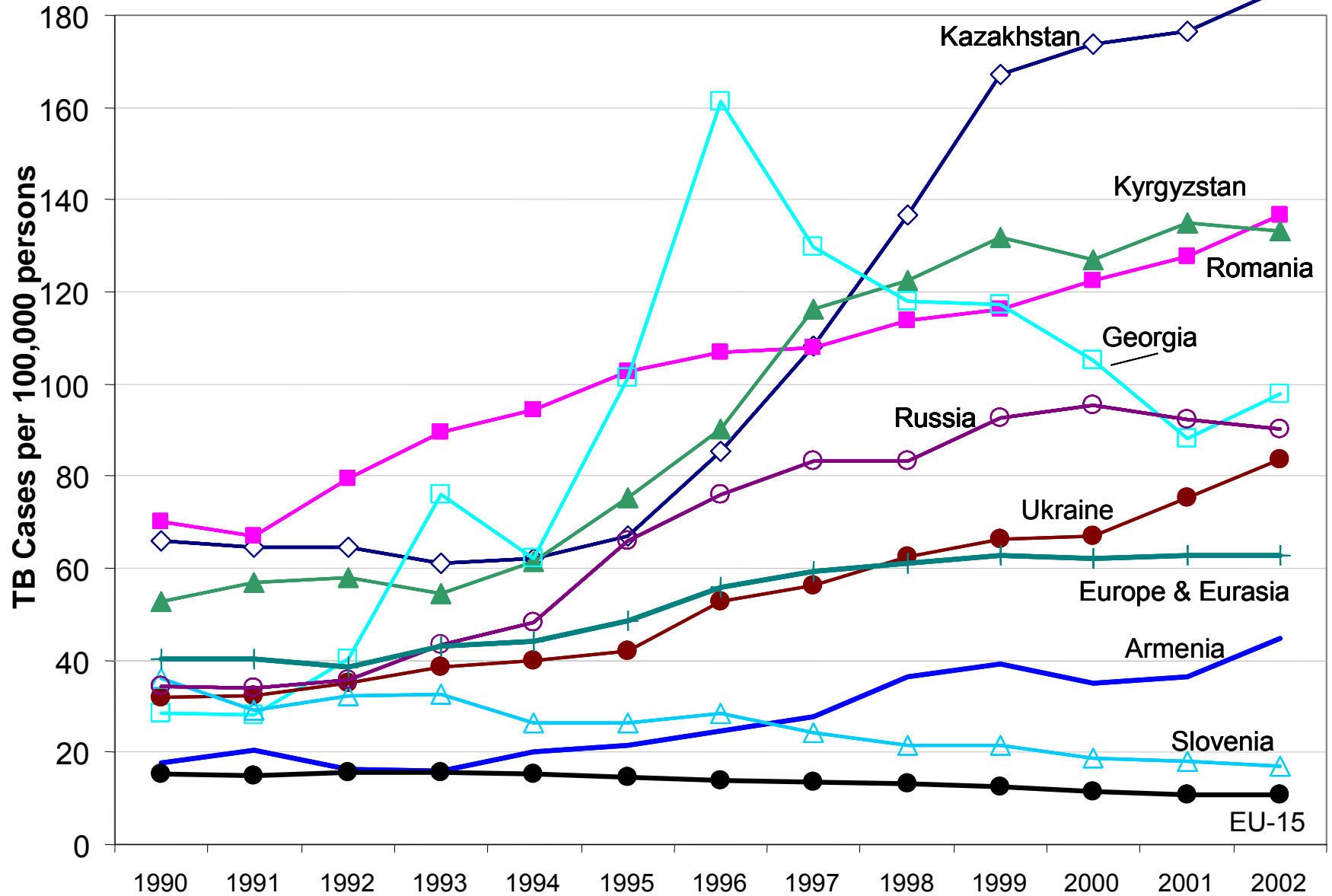
Top 4 E&E include Ukraine, Estonia, Russia & Latvia. UNAIDS, *Global Report on the HIV/AIDS Epidemic* (2004).

Table 22: Average Tuberculosis Incidence Per 100,000					
	1990-94	1995-98	1999-02	1990-02	Change 95-98 to 99-02
Kazakhstan	63.5	99.3	175.8	109.1	77
Romania	80.0	107.8	125.7	102.6	17
Kyrgyzstan	56.7	101.0	131.7	93.4	30
Georgia	47.0	127.5	102.1	88.7	-20
Bosnia and Herzegovina	84.7	71.0	62.6	70.3	-12
Turkmenistan	59.7	61.9	85.0	68.2	37
Russia	39.1	77.0	92.5	67.2	20
Lithuania	47.0	76.1	74.9	64.5	-2
Latvia	38.0	74.4	81.2	62.5	9
Uzbekistan	49.3	53.0	69.3	56.6	31
Ukraine	35.5	53.3	73.0	52.5	37
Azerbaijan	38.9	58.0	61.5	51.7	6
Belarus	34.4	55.8	62.0	49.5	11
Croatia	47.8	46.2	34.9	43.3	-24
Estonia	30.6	50.7	51.0	43.1	0
Bulgaria	33.2	43.1	43.8	39.5	2
Tajikistan	28.6	35.6	51.4	37.8	44
Poland	43.1	37.9	28.0	36.9	-26
Serbia and Montenegro	38.0	37.4	33.8	36.5	-10
Hungary	37.8	39.7	30.0	36.0	-24
Macedonia	35.6	35.5	31.1	34.2	-12
Armenia	18.1	27.6	38.8	27.4	41
Slovakia	31.5	25.4	18.9	25.7	-26
Slovenia	31.3	25.1	18.7	25.5	-25
Albania	19.6	20.6	19.5	19.9	-5
Czech Republic	19.0	18.0	13.3	16.9	-26
Moldova					
Europe and Eurasia	42.0	63.5	75.3	58.9	18
NT CEE	37.6	37.4	29.7	35.2	-21
ST CEE	57.5	69.2	74.6	66.1	8
Eurasia	40.7	70.3	88.7	64.7	26
N. FSU	38.1	70.2	85.9	62.7	22
Muslim Majority	44.7	55.0	70.3	55.7	28
EU 15	15.2	13.8	11.3	13.6	-18
Britain and Northern Ireland	10.7	10.4	10.7	10.6	3
France	15.6	13.3	10.0	13.2	-24
Germany	17.2	13.9	10.0	14.0	-28
Denmark	7.5	9.5	9.7	8.8	3

World Health Organization *European Health For All Database* (2004).

# Tuberculosis Incidence

**Figure 30**



WHO, European Health for All Database (2004).