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FACT SHEET

HEALTH VULNERABILITY ANALYSIS 2007 SUMMARY

The 2007 Health Vulnerability Analysis (HVA) identifies and ranks countries in the Europe and Eurasia (E&E) region whose current health vulnerabilities hinder economic progress and democratic transition. It highlights health issues that warrant special attention by United States Government policymakers. The full document can be downloaded from: http://www.usaid.gov/locations/europe_eurasia/.

The HVA measures vulnerability with seven indicators: population growth and fertility, life expectancy at birth, adult mortality, under-5 mortality, tuberculosis (TB) incidence, HIV incidence, and public health expenditure. **Large population contractions, increasing rates of TB and HIV, and insufficient public health expenditure pose the greatest threats in E&E.**

Why Health Matters

- Poor health is economically burdensome on families and governments
- Poor health perpetuates a cycle of poverty and societal under-productivity
- Poor health and health care systems tarnish society's perceptions of benefits of democracy
- Investment in cost effective primary health care interventions significantly reduces vulnerabilities and mortality

Figure 1. Health Vulnerability Rankings in the E&E Region (28 = most vulnerable)



Population Growth and Fertility

E&E is currently experiencing negative population growth rates and decreases in life expectancy. This decline is caused by high adult mortality, subreplacement fertility rates, poverty and unemployment, and mass emigration in the late 1980s and early 1990s.

- Dramatic population decreases have significant economic, military, and social cohesion effects.
- There is an alarming population contraction in 22 of 28¹ countries in E&E
- Russia’s population has shrunk from 148 million in 1991 to 140 million in 2008, a -0.47% population growth rate (CIA, 2008 est.).

Life Expectancy at Birth

Life expectancy measures the estimated life span if present trends continue. E&E and HIV/AIDS impacted Sub-Saharan Africa are the only two regions in the world whose life expectancies have diminished since the 1990s.

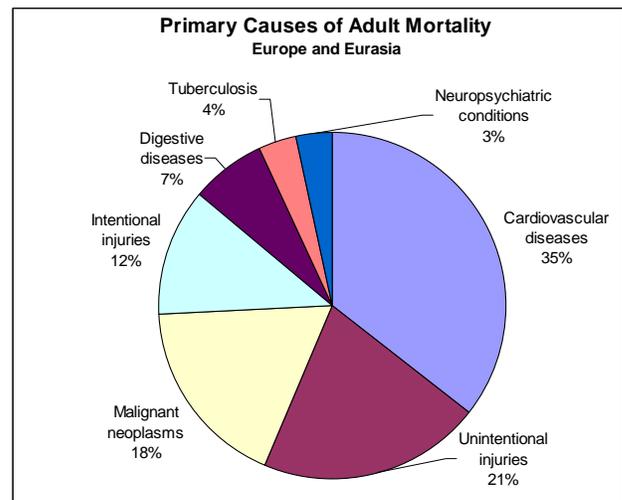
- Life expectancy averages 71.2 years in E&E, 6.4 years less than the EU-25.
- E&E averages the largest gender gap in the world with women living 8 years longer than men.

Adult Mortality

E&E’s adult mortality rates are dramatically higher than the world average. High mortality rates are attributed to cardiovascular disease, cancer, and alcohol related injuries and poisoning.

- Alcohol consumption contributes to 40-60% of all injury and poisoning related deaths, the highest overall injury mortality rates in the world.
- NCDs are responsible for approximately 91.6% of deaths, the most common being cardiovascular disease.
- There is a high rate of violence in this region due to increasing homicide and suicide rates.

Figure 2. Primary Causes of Adult Mortality in E&E Region, 2002.



Source: WHO, 2006

¹ Countries include Eastern Europe and the Former Soviet Union. Though several countries are now part of the EU-27 and though the Central Asian Region countries are now managed through USAID’s Bureau for Asia, information on all 28 countries are tracked to strengthen the comparisons and trends.

Under-5 Mortality

The E&E region has a relatively low under-5 mortality rate compared to other developing countries. However, inaccuracies exist due to poor records of vital statistics and slow conversion to the WHO's more stringent definition of "live births."

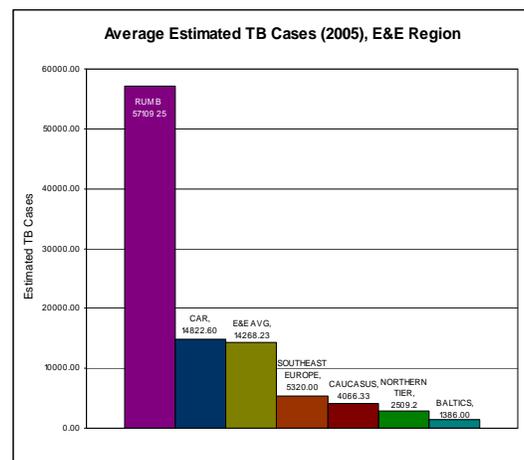
- The CAR region has the highest average under-5 mortality rate in the E&E region with 86 deaths per 1,000 live births, a magnitude of 14.3 times higher than the EU-27 average of 6 deaths and comparable to many countries in Asia and Africa (WHO, 2008).
- Child poverty leads to high under-5 mortality with an average of 1 in 4 children growing up in poverty. Despite economic growth, public spending of child health programs is very small.

Tuberculosis Incidence

TB continues to threaten public health. E&E experiences the highest TB treatment failure rates largely due to deterioration of health care systems and inappropriate use of antibiotics, causing an increase in multi-drug resistant TB (MDR-TB). The E&E region has the highest MDR-TB rates in the world.

- Russia ranks number 16 out of 22 countries on the WHO's high-burden TB list (WHO, 2008).
- MDR-TB is 20 to 1,400 times more expensive to treat than regular TB, takes four times as long to treat, and is much more difficult to diagnose.
- Prisons in Ukraine and Russia reported incidence rates 20 times higher than the civilian sector due to overcrowding and lack of adequate ventilation systems.

Figure3. Average Estimated TB Cases (Sub-Regional), 2005.

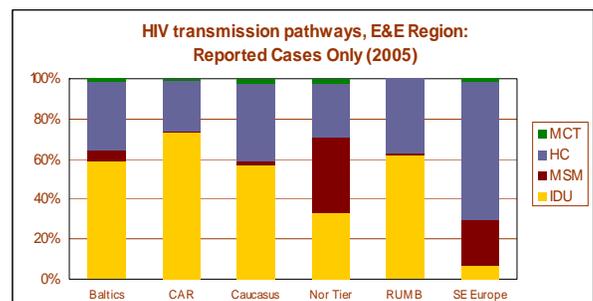


HIV Incidence

HIV affects over 1.7 million people in the E&E region, reflecting a 20-fold increase in less than a decade. It's rapid transmission stems from injecting drug use, drug related sexual behaviors, and the highest prevalence of heroin use in the world, four times the global average.

- Treatment coverage with antiretroviral drugs remains inadequate; only 13% of those in need actually receive the drugs. High youth unemployment and drug trafficking has increased injecting drug use, which represents over 60% of total HIV cases.

Figure 5. Reported HIV Transmission Pathways in the E&E Region (Subregional), 2005.



Source: EuroHIV, 2007

HIV Incidence (Continued from page 3)

Figure 4. An AIDS Campaign in Ukraine brings HIV/AIDS education to young people.



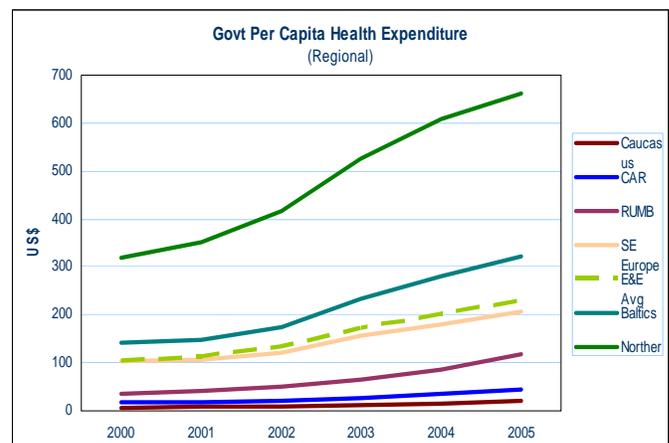
- HIV is a youthful epidemic in the region with an average of one-third HIV infections affecting 15 to 24 year olds. In Russia, 80% of those who are HIV+ are between the ages of 15 to 24.

Public Health Expenditure

Public health expenditure is a measure of government health and per capita government health expenditures, and out-of-pocket expenditure. Though each E&E country has reformed its health care system to varying degrees, health care is largely paid out-of-pocket, limiting the level and quality of care by financial resources.

- In 18 out of the 28 countries, individuals pay 25% or more out-of-pocket expenses; the EU-25 pays 20.6%.
- Though per capita income in E&E is one-third that of the EU, per capita government spending is one-eighth.
- Investor's perceptions of corruption and patients' perceptions of poor quality discourage both private investment in health care and demand for health care services.

Figure 6. Per Capita Government Expenditure on Health, 2000-2004



Source: WHOSIS, 2007

For more information on USAID supported health programs, please visit http://www.usaid.gov/locations/europe_eurasia/dem_gov/07-health.html