

**Crisis and revival in the epidemiological development in Hungary
after the Second World War**

Session 401: Health, Morbidity and Mortality

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Summary of findings:

Two radical socio-economic and political changes has determined the epidemiological development in Hungary after World War II. The epidemiological development has become discontinuous because of the communist take-over in 1947/48 and the fall of the Soviet type Socialism in 1989/90. The discontinuity is manifested itself in the three periods of epidemiological development: these are, applying life expectancy at birth, the hopeful beginning between 1948-66, the chronic, epidemiological crisis between 1967-93 and the period of revival between 1994-2004. In the first period e_0^o increased annually by about seven months, in the second one it decreased annually by approximately half month and in the third one e_0^o increased again annually by roughly four months. The epidemiological crisis was a qualified one since the probability of dying increased mainly in the male population between the ages of 30-70 years. In this segment of population age-specific death rates were higher in the late 1980s, early 1990s than in 1931/31. This kind of crisis was a Hungarian phenomenon since in other formerly satellite Socialist Countries decrease in e_0^o could not been observed, while in the countries of the defunct Soviet Union the crisis was a generalized one. An important feature of the postwar epidemiological history in Hungary is the epidemiological paradox: i.e. the most successful period of public health occurred during the reign of Stalinist terror. This can be explained by the stage of epidemiological transition: it was relatively easy and inexpensive to decrease infant and child mortality and mortality caused by infectious diseases mainly tuberculosis and in this way increase life expectancy at birth in an exceptionally large degree. Yet later, for over almost three decades a dead ended modernization made it impossible to find an adequate reply to the challenge of chronic noninfectious diseases generated by life style related risk factors. Strangely the epidemiological crisis evolved during the liberalization of soft dictatorship. At least 20-22 percent of all deaths was due to tobacco smoking, while 15-17 per cent of them could be attributed to excessive alcohol intake. Even now cancer mortality in Hungary is highest in the world and cardiovascular mortality is one of the highest in Europe notwithstanding the recent decline in the latter group of diseases. The market economy and open society have made it possible to benefit from the social and public health achievements available since the mid 1990s. The breakthrough has occurred in preventing and treating heart disease and cerebrovascular disease. Age-standardized death rate due to acute myocardial infarction has declined by one third between 1993-2004. However it should be noted that social inequality in mortality and consequently in life expectancy at birth has presumably increased over the last decade.

Research issue to be addressed:

To study the relationship between socio-economic and political circumstances and health of the population manifested itself in mortality and life expectancy at birth.

Methodology and data:

Data of the Central Statistical Office and the HFA data base of the European Regional Office of WHO have been used. Various indices of mortality and life table respectively has been applied.