April is Health Awareness month and 7 April is World Health Day. In 2003, the World Health Organisation (WHO) published a World Health report, summarising what the organisation sees as the most pressing health problems around the world and looking at the global burden of disease. The overview of 2003 starts with the words, ‘Global health is a study in contrasts’. It points out that a baby girl born in 2003 in Japan can expect to live to the age of 85, while a girl born at the same time in Sierra Leone has a life expectancy of only 36. The report details the fact that the Japanese girl will receive vaccinations, good nutrition and good schooling and will benefit from high-quality maternity care if she becomes a mother. Even if she develops chronic diseases as she grows older, she will receive excellent treatment and rehabilitation services. She can, if she needs them, expect medications worth on average about US$550 per year and more.

In stark contrast, the girl in Sierra Leone may well not receive immunisation and she is likely to be underweight throughout childhood. She is likely to marry as a teenager and have around 6 children, giving birth without the assistance of trained birth attendants. One or more of her babies will die in infancy, and she herself is highly likely to die in childbirth. If she is ill, she can expect, on average, about US$3 a year to be spent on her. If she survives middle age, any chronic diseases may well kill her prematurely.

The 2003 report reveals the enormous and growing health inequalities in the world, in the face of the ever-increasing capacity of modern medicine to relieve and prevent illness where the means exist.

Looking in more detail at the global health situation, the report shows that over the last 50 years, average life expectancy at birth has increased globally by almost 20 years, from 46.5 years in 1950-1955 to 65.2 years in 2002. The large life expectancy gap between developed and developing countries in the 1950s has changed to a gap between the very poorest developing countries and all other countries. There were 57 million deaths in 2002, 10.5 million of which were among children aged less than 5 years, and more than 98% of these were in developing countries. This is an improvement over 1970, when there were 17 million child deaths. However, there are 14 African countries in which childhood mortality is higher than it was in 1990 and overall 35% of Africa’s children are at higher risk of premature death than they were 10 years ago. Malnutrition contributes to all these deaths, which are generally due to infectious diseases.

Turning to adult health at the beginning of the 21st century, three major trends are apparent: the slowing of gains, the widening of health gaps and the increasing complexity of the burden of disease. Disturbingly, advances in adult survival in Africa have been reversed to the extent that in many parts of sub-Saharan Africa, adult mortality rates are currently higher than they were 30 years ago. This is seen most in Botswana, Lesotho, Swaziland and Zimbabwe, where HIV/AIDS has reduced life expectancy by 20 years. Africa is not the only continent to see such widening gaps. Male mortality in eastern Europe has increased substantially. And across the world most countries are facing a double burden of communicable and non-communicable diseases. Already, almost half the disease burden in high-mortality countries is now due to non-communicable diseases as a result of population ageing and changes in risk factor distribution. Alarming is an increasing cause of morbidity and mortality among young adults.

The report shows the massive division between AIDS prevention and care, such that, in the developing world, most people living with HIV simply have no decent medical care available at all. However, examples such as Brazil, where prevention and care have been successfully integrated, provide some hope for these areas and show that the WHO target of 3 million people on antiretrovirals by 2005 is not completely a pipe dream.

While communicable diseases are generally assumed to be the main cause of ill health in the developing world, this report stresses how important non-communicable diseases and injuries are becoming. Cardiovascular disease in particular, the global tobacco epidemic and the ‘hidden epidemics’ — direct and indirect — resulting from the growth in road traffic, are all of increasing importance in the developing world. Ironically, rates of cardiovascular disease are starting to decline in the developed world, through primary prevention and treatment. The argument is that this can also be achieved in the developing world.

The consumption of cigarettes and other tobacco products and exposure to tobacco smoke are the world’s leading preventable causes of death, and were responsible for about 5 million deaths in 2003, mainly in poor countries and among poor populations. According to the report, this toll will double in 20 years unless there is effective intervention. The report also highlights the fact that 20 million people are killed and severely injured on the world’s roads each year. Again, the social and economic burden falls most heavily on developing countries and is expected to
health awareness
grow significantly because of the rapid increase in the num-
ber of vehicles on their roads.

In the face of this burden of morbidity and mortality, where
are we going? The Millennium Health Goals were adopted
by the United Nations in 2000 to provide an opportunity
for concerted action to improve global health, by placing
health at the heart of development and linking developing
and developed countries through clear, reciprocal obliga-
tions. The health-related goals are to eradicate extreme
poverty and hunger to reduce child mortality, to improve
maternal health, to combat HIV/AIDS, malaria and other
diseases, to ensure environmental sustainability, and to
develop a global partnership for development.

According to the report, wealthy countries have so far
failed to live up to all their responsibilities under the com-
pact. These include establishing fairer international trade
policies, increasing official development assistance, deliver-
ing debt relief and accelerating technology transfer. On the
other side of the coin, many developing countries are not
on track to achieve their health-related millennium goals –
they simply do not have the capacity, although there has
been progress in some areas. For example, Uganda cut
poverty sharply in the 1990s and will achieve the poverty
reduction target if present trends continue. The country has
also reduced mortality in the under-5 age group. However,
as the report points out, commitment from both developed
and developing countries needs to be significantly strength-
ened in order for these goals to be met globally.

Can we get there? According to the WHO, real progress in
health depends vitally on stronger health systems based on
primary health care. Systems need to integrate health pro-
motion and disease prevention on the one hand, and treat-
ment for acute illness and chronic care on the other. For this
to be effective, care needs to be equally accessible to the
whole population. An idealistic approach certainly, but
there is no place for cynicism in attempting to ensure a
healthy population.

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