

The World Health Report 1998

**Life in the 21st century
A vision for all**

Report of the Director-General



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Synopsis of the report

Chapter 1 (*Leading and responding*)

examines the origins of WHO and its history from 1948 to 1998, and describes how the Organization works and what it does.

Chapter 2 (*Measuring health*)

summarizes the main trends in mortality since 1955, and gives an overview of disease trends during the same period.

Chapter 3 (*Health across the life span*)

looks at the health problems encountered and progress made in the past 50 years for all age groups – infants and small children under 5, older children of school age and adolescents (5-19), adults (20-64 years) and older people (over 65).

Chapter 4 (*The changing world*)

discusses the three main global trends that affect health: economic trends, population trends and social trends.

Chapter 5 (*Achieving health for all*)

reports on the evolution of health systems and health care, including primary health care, since the launching of the global strategy for Health for All at the Alma-Ata Conference in 1978.

Chapter 6 (*WHO worldwide*)

summarizes health trends since 1948 for each of the six WHO regions, as well as current activities or problems.

Chapter 7 (*Global partnerships for health*)

gives examples of cooperation since 1948 with the United Nations and other entities within the system, as well as with NGOs, international and national research institutions and collaborating centres.

Chapter 8 (*Health agenda for the 21st century*)

considers the unfinished agenda and shows the way to enhance health potential worldwide in the future.

Message from the Director-General

We are slowly learning

one of life's most

important lessons:

not just how to live

longer, but also

how to stay longer

in good health with

less dependence

on others.

The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations. Now, as we near the end of one century and enter the next, our past achievements and technological advances make us more optimistic about our future than perhaps at any stage in recent history.

Despite being threatened by two devastating world wars in the first half of this century, and by many other conflicts and catastrophes in the second, humanity has, in general, not merely survived; it has thrived. Today, at least 120 countries (total population above 5 billion) have a life expectancy at birth of more than 60 years; the global average is 66 years compared to only 48 years in 1955; it is projected to reach 73 years in 2025.

However, one of the main messages of *The World Health Report 1997* was the need to recognize that increased longevity without quality of life is an empty prize – that *health* expectancy is more important than *life* expectancy. It is therefore particularly encouraging to show evidence in this year's report of remarkable declines in disability over periods of time among older people in some populations.

In an era of global population ageing, this is not just good news for the individuals concerned and the societies in which they live. It may be a vital signal for us all. It suggests that we are slowly learning one of life's most important lessons: not just how to live longer, but also how to stay longer in good health with less disability, and therefore, less dependence on others.

Issued as the World Health Organization marks its 50th anniversary, *The World Health Report 1998* offers a cautiously optimistic vision of the future up to the year 2025. It gives us hope that longer life can be a prize worth winning.

Based on a review of health trends in the past 50 years, it finds that overall, remarkable improvements in health have been due to socioeconomic development, the wider provision of safe water, sanitation facilities and personal hygiene, and the establishment and expansion of national health services.

Major infectious diseases, such as poliomyelitis, leprosy, guinea-worm disease, Chagas disease and river blindness, are steadily being defeated. There have been spectacular advances in the development of vaccines and medicines, and countless other innovations in the investigation, diagnosis and treatment of illness, in the reduction of disability and in rehabilitation.

Tragically, however, while average life expectancy has been increasing throughout the 20th century, 3 out of 4 people in the least developed countries today are dying before the age of 50 – the global life expectancy figure of half a century ago. This year, 21 million deaths – 2 out of every 5 worldwide – will be among the under-50s, including 10 million small children who will never see their fifth birthday though most children worldwide are now immunized against major childhood killers. Over 7 million will be men and women in what should be some of the best and most productive years of their lives. Reducing these premature deaths is one of

the greatest challenges facing humanity at the dawn of the 21st century.

There are others challenges. For while health globally has steadily improved over the years, great numbers of people have seen little if any improvement at all. The gaps between the health status of rich and poor are at least as wide as they were half a century ago, and are becoming wider still.

The prime concern of the international community must be the plight of those most likely to be left furthest behind as the rest of the world steps confidently into the future. These are the many hundreds of millions of men, women and children still trapped in the past by the grimmest poverty. They live mainly in the least developed countries, where the burdens of ill-health, disease and inequality are heaviest, the outlook is bleakest, and life is shortest.

Worldwide, the majority of premature deaths are preventable. At least 2 million children a year die from diseases for which there are vaccines. The report gives encouraging evidence that premature deaths among adults, too, can be significantly reduced. Deaths from heart disease have been dramatically reduced in many countries which are experiencing a transition from high incidence of circulatory diseases to low incidence, mainly due to the adoption of healthier lifestyles. It is imperative that such a favourable shift, conducive to further reductions in the incidence of these diseases, should be sustained and if possible accelerated.

Infectious diseases, meanwhile, remain leading causes of premature death among adults in much of the developing world. Reducing these tolls depends largely on the political will and commitment of individual governments, and the active support of the international community.

This means putting health high on the agenda of all countries, rich

and poor, and keeping it there. It is time to realize that health is a global issue; it should be considered as an essential component of the continuing globalization process that is reshaping our world; it should be included in the growing interaction between countries that currently exists in terms of world trade, services, foreign investment and capital markets.

With the help of instant international communications and information technologies, and global surveillance systems to detect problems, prepare for them and respond to them, a wonderful opportunity now exists to build the new international partnerships for health, based on social justice, equity and solidarity, that the world of the 21st century will so urgently need.

They are partnerships involving all countries, their governments, their civil societies, and their individuals. All can be partners who are willing to share and exchange the life-enhancing information and technology that is already at the fingertips of the rich but as yet beyond the reach of the poor. Such a political vision is fundamental to ensure a participatory approach to peace and development at local, national and international levels and thus enhance the welfare of the individual and society.

The progress and achievements of the past 50 years are solid foundations for a healthier and better world. It is already time to build on them. Life in the 21st century could and should be better for all. We can pass no greater gift to the next generation than a healthier future. That is our vision. Together, the people of the world can make it a reality.



Hiroshi Nakajima, M.D., Ph.D.
Director-General
World Health Organization

Introduction

The most important
pattern of progress
now emerging is an
unmistakable trend
towards healthier,
longer life.

Looking forward to health

The 21st century offers a bright vision of better health for all. It holds the prospect not merely of longer life, but superior quality of life, with less disability and disease. As the new millennium approaches, the global population has never had a healthier outlook.

Weighing the evidence of the past and the present, *The World Health Report 1998* shows that humanity has many good reasons for hope in the future. Such an optimistic view must be tempered by recognition of some harsh realities. Nevertheless, unprecedented advances in health during the 20th century have laid the foundations for further dramatic progress in the years ahead.

This report provides the latest expert assessment of the global health situation, and uses that as a basis for projecting health trends to the year 2025. Examining the entire human life span, and sifting data gathered in the past 50 years, it studies the well-being of infants and children, adolescents and adults, older people and the “oldest old”, and identifies priority areas for action in each age group. Women’s health is given special emphasis. The future of human health in the 21st century depends a great deal on a commitment to investing in the health of women in the world today. Their health largely determines the health of their children, who are the adults of tomorrow.

The report’s most disturbing finding is that, despite increasing life expectancy, two-fifths of all deaths in the

world this year can be considered premature, in that more than 20 million people a year are dying before the age of 50, while average life expectancy has risen to 66 years. Ten million of these deaths are among children under 5 years; 7.4 million others are among adults aged 20-49.

Even so, the most important pattern of progress now emerging is an unmistakable trend towards healthier, longer life. Supported by solid scientific evidence of declines in disability among older people in some populations, this has considerable implications for individuals and for societies.

The explanation for this trend lies in the social and economic advances that the world has witnessed during the late 20th century – advances that have brought better living standards to many, but not all, people. The world saw a golden age of unparalleled prosperity between 1950 and 1973, followed by an economic slump that lasted 20 years. A global economic recovery has been under way since 1994. The long-term benefits are now becoming apparent. While they are most evident in the industrialized world, they are slowly but surely materializing in many poorer countries, too.

For example, food supply has more than doubled in the past 40 years, much faster than population growth. Per capita GDP in real terms has risen by at least 2.5 times in the past 50 years. Adult literacy rates have increased by more than 50% since 1970. The proportion of children at school has risen while the proportion

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of people chronically undernourished has fallen.

These trends are changing the world. Without question, the world of 2025 will be significantly different from today's, and almost unrecognizable from that of 1950. The stunning technological advances of recent years, particularly in global telecommunications, have made the planet seem smaller than ever before. By the year 2025, it is likely to seem smaller still – and, with continuing population growth, it will certainly be much more crowded. In many ways, the face of humanity is being rapidly reshaped.

Two main trends – increasing life expectancy and falling fertility rates – mean that by 2025:

- Worldwide life expectancy, currently 66 years, will reach 73 years – a 50% improvement on the 1955 average of only 48 years.
- The global population, about 5.8 billion in 1997, will increase to about 8 billion. Every day in 1997, about 365 000 babies were born, and about 140 000 people died, giving a natural increase of about 220 000 people a day.
- There will never have been so many older people and so relatively few young ones.
- The number of people aged over 65 will have risen from 390 million in 1997 to 800 million – from 6.6% of the total population to 10%.
- The proportion of young people under 20 years will have fallen from 40% in 1997 to 32% of the total population, despite reaching 2.6 billion – an actual increase of 252 million.

These demographic trends, which have profound implications for human health in all age groups, follow on the many positive changes that have occurred in the past 50 years. More people than ever before now have access to at least minimum health care, safe water supplies and

sanitation facilities. Most of the world's children are now immunized against the six major diseases of childhood – measles, poliomyelitis, tuberculosis, diphtheria, pertussis and neonatal tetanus.

During the same period there have been steady and sometimes spectacular advances in the control and prevention of other diseases, the development of vaccines and medicines, and countless other medical and scientific innovations. The past decades have seen the final defeat of smallpox, one of the oldest diseases of humanity, and the gradual reduction in several others, including leprosy and poliomyelitis.

Crossing the threshold

Together, these and related achievements should help humankind to step confidently across the threshold into the new century. However, the future will pose many new as well as continuing challenges.

The war against ill-health in the 21st century will have to be fought simultaneously on two main fronts: infectious diseases and chronic, noncommunicable diseases. Many developing countries will come under greater attack from both, as heart disease, cancer and diabetes and other “lifestyle” conditions become more prevalent, while infectious illnesses remain undefeated. Of this latter group, HIV/AIDS will continue to be the deadliest menace.

This double threat imposes the need for difficult decisions about the allocation of scarce resources. Experience shows that reduced spending on controlling infectious diseases can cause them to return with a vengeance, while globalization – particularly expanding international travel and trade, including the transportation of foodstuffs – increases the risks of their global spread. At the same

time, the stealthy onset of chronic conditions also saps a nation's strength. This trend will increasingly be the main focus of attention in industrialized countries which, however, must not lower their guard against infectious diseases.

The past few decades have seen the growing impact on health of poverty and malnutrition; widening health inequalities between rich and poor; the emergence of "new" diseases such as HIV/AIDS; the growing problem of antibiotic-resistant infections; and the epidemic of tobacco-related diseases.

These are only some of the problems representing the unfinished agenda of public health actions at the end of one century and requiring urgent action at the beginning of the next.

This report looks at the health implications for all age groups – infants and small children under 5; older children of school age and adolescents (5-19 years); adults (20-64 years); and older people (65 and over). Some of the main findings of the report, as they apply to each age group, are summarized below.

Infants and small children

- Spectacular progress in reducing under-5 mortality achieved in the past few decades is projected to continue, and could even accelerate. There were about 11 million deaths among children under 5 in 1995 compared to 21 million in 1955; there will only be 5 million deaths in 2025.
- The infant mortality rate per 1000 live births was 148 in 1955; 59 in 1995; and is projected to be 29 in 2025.
- The under-5 mortality rates per 1000 live births for the same years are 210, 78 and 37 respectively.
- In 1997, there were 10 million

deaths among children under 5 – 97% of them in the developing world, and most of them due to infectious diseases such as pneumonia and diarrhoea, combined with malnutrition.

- Most of these under-5 deaths are preventable. At least 2 million a year could be prevented by existing vaccines.
- Some 25 million low-birth-weight babies are born every year. They are more likely to die early, and those who survive may suffer illness, stunted growth or other health problems, even as adults.
- While most premature and low-birth-weight babies are born in the developing world, many born in industrialized countries owe their survival to high-technology neonatal care. Such care may have increasingly complex ethical implications.
- Tomorrow's small children face a "new morbidity" of illnesses and conditions that are linked to social and economic changes, including rapid urbanization. These include neglect, abuse and violence, especially among the growing numbers of street children.
- One of the biggest hazards to children in the 21st century will be the continuing spread of HIV/AIDS. In 1997, 590 000 children aged under 15 became infected with HIV. The disease could reverse some of the major gains achieved in child health over the last 50 years.
- Better prevention and treatment of some hereditary diseases in small children is likely.

Older children and adolescents

Traditionally regarded as enjoying the healthiest phase of life, these youngsters have tended to receive insufficient public health attention. But today theirs is a "prime time" for health

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promotion to encourage them to establish healthy patterns of behaviour that will influence their development and health in later years.

- There will be an even greater need than at present for education and advice on unhealthy diet, inadequate exercise, unsafe sexual activity and smoking, all of which provoke disease in adulthood but have their roots in these early formative years.
- Research suggests that stress, poor physical surroundings and an inadequate care-giving environment during early childhood are related to violent and criminal behaviour at later ages. More children than ever are growing up in such circumstances.
- The transition from childhood to adulthood will be marked for many in the coming years by such potentially deadly “rites of passage” as violence, delinquency, drugs, alcohol, motor-vehicle accidents and sexual hazards. For many, especially those growing up in poor urban areas, adolescence will represent the most dangerous years of life.
- Sexuality and sexual activity, key aspects of affirming maturity and adulthood, are becoming more dangerous due to HIV and other sexually transmitted diseases, while globally there is still enormous ignorance about sex among young people, particularly adolescent males.
- In 1995, girls aged 15-19 gave birth to 17 million babies. That number is expected to drop only to 16 million in 2025. Pregnancy and childbirth in adolescence pose higher risks for both mother and child. Earlier sexual activity increases health hazards for women.

Adults

Globally, adults are now surviving longer, largely because during the past half century, when they were children, epidemics of infectious diseases such as tuberculosis and respiratory disease were being better controlled. The continuing gains in the survival of infants and young children means that the adult population is increasing.

- Currently, just over half the population is of working age, 20-64; by 2025 the proportion will have reached 58%.
- The proportion of older people requiring support from adults of working age will have increased from 10.5% in 1955 and 12.3% in 1995 to 17.2% in 2025.
- The health of the adult population of working age will be vitally important if this age group is to support growing numbers of dependants, both young and old.
- However, more than 15 million adults aged 20-64 are dying every year. Most of these deaths are preventable.
- Among the most tragic of these deaths are those of 585 000 young women who die each year in pregnancy or childbirth.
- 2-3 million adults a year are dying of tuberculosis, despite the existence of a strategy that could effectively cure all cases.
- About 1.8 million adults died of AIDS in 1997 and the annual death toll is likely to rise.

The successes achieved in the past 50 years against microbial and parasitic diseases stem from the creation of a healthier environment, with improvements in hygiene and sanitation; treatment with effective and affordable antibiotic and antiparasitic drugs; and the availability of vaccines. Unfortunately, these types of drugs cannot be relied on to the same extent in

the future – because of the spread of strains of pneumonia, tuberculosis and malaria that are resistant to the most powerful medicines. Steady increases in cases of and deaths from tuberculosis are evidence of this trend.

- The future of infectious disease control is likely to lie with vaccines rather than drugs.
- In general, noncommunicable diseases such as coronary heart disease, cancer, diabetes and mental disorders are more common than infectious diseases in the industrialized world. Coronary heart disease and stroke have declined as causes of death in these countries in recent decades, while death rates from some cancers have risen.
- In developing countries, as their economies grow, noncommunicable diseases will become more prevalent, largely because of the adoption of “western” lifestyles and their accompanying risk factors – smoking, high-fat diet, lack of exercise. But infectious diseases will still be a major burden, none more so than HIV/AIDS.
- Cancer will remain one of the leading causes of death worldwide. Despite much progress in research, prevention and treatment, only one-third of all cancers can be cured by earlier detection combined with effective treatment. However, many of the remaining cancers could be prevented by a range of measures, including avoiding tobacco use and adopting a healthier diet.

Some likely trends to 2025 are given below:

- Overall, the risk of cancer will continue to increase in developing countries, with stable if not declining rates in industrialized countries. In individual countries, some cancers will become more common, others less common.

- Cases of and deaths from lung cancer and colorectal cancer will increase, largely due to smoking and unhealthy diet. Lung cancer deaths among women will rise in virtually all industrialized countries.
- Stomach cancer will become less common, mainly because of improved food conservation, dietary changes and declining related infection.
- Cervical cancer is expected to decrease further in industrialized countries due to screening; the possible advent of a vaccine would greatly benefit both developed and developing countries.
- Liver cancer will decrease as a consequence of current and future immunization against the hepatitis B virus in many countries and of screening for hepatitis C.
- Diabetes cases in adults will more than double globally, from 143 million in 1997 to 300 million in 2025, largely because of dietary and other lifestyle factors.

Older people

- By 2025 there will be more than 800 million people over 65 in the world, two-thirds of them in developing countries.
- There will be 274 million people over the age of 60 in China alone – more than the total present population of the United States.
- Increases of up to 300% of the older population are expected in many developing countries, especially in Latin America and Asia, within the next 30 years.
- Population ageing has immense implications for all countries. In the 21st century, one of the biggest challenges will be how best to prevent and postpone disease and disability and to maintain the health, independence and mobility of an ageing population.

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- Even in wealthy countries, most old and frail people cannot meet more than a small fraction of the costs of the health care they need. In the coming decades, few countries will be able to provide specialized care for their large population of aged individuals.
- Some European countries already acknowledge that there is insufficient provision to meet with dignity the needs of all those over the age of 75, who currently consume many times more medical and social services than those under 75.
- Developing countries will face even more serious challenges, given their economic difficulties, the rapidity with which populations age, the lack of social service infrastructures, and the decline of traditional caring provided by family members.
- Many of the chronic conditions of old age can be successfully detected, prevented and treated, given sufficient resources and access to care.
- Worldwide, circulatory disease is the leading cause of death and disability in people over 65 years, but there is great potential for preventing and treating it.

Women

Women's health is inextricably linked to their status in society. It benefits from equality, and suffers from discrimination. Today, the status and well-being of countless millions of women worldwide remain tragically low. As a result, human well-being in general suffers, and the prospects for future generations are dimmer.

In many parts of the world, discrimination against women begins before they are born and stays with them until they die. Throughout history, female babies have been unwanted in some societies and are at a

disadvantage from the moment of birth. Today, girls and women are still denied the same rights and privileges as their brothers, at home, at work, in the classroom or the clinic. They suffer more from poverty, low social status and the many hazards associated with their reproductive role. As a result, they bear an unfair burden of disadvantage and suffering, often throughout their lives.

Global population ageing is resulting in the evolution towards societies which are, for the most part, female. Yet while women generally live longer than men, for many of them greater life expectancy carries no real advantage in terms of additional years lived free of disability.

The status of women's health in old age is shaped throughout their lives by factors over which they have little if any control. If longer lives for women are to be years of quality, policies must be aimed at ensuring the best possible health for women as they age. These policies should be geared towards the problems that begin in infancy or childhood, and should cover the whole life span, through adolescence and adulthood into old age.

Infancy and childhood. The health of parents, particularly the mother before and during pregnancy, and the services available to her throughout her pregnancy, especially at delivery, are important determinants of the health status of their children. Infants whose health status is compromised at birth are more vulnerable to various health problems later in life. Girls who are inadequately fed in childhood may have impaired intellectual capacity, delayed puberty, possibly impaired fertility and stunted growth, leading to higher risks of complications during childbirth. Female genital mutilation, of which 2 million girls are at risk every year, or sexual abuse during

childhood, increase the risk of poor physical and mental health in later years.

Adolescence. Most reproductive health and family planning programmes have not paid enough attention to the special needs of adolescents. Premature entry into sexual relationships, high-risk sexual behaviour and lack of education, basic health information and services all compromise the current and future well-being of girls in this age group.

These girls are at increased risk of sexually transmitted diseases, including HIV/AIDS, early pregnancy and motherhood, and unsafe abortion. Adolescent girls are not physically prepared for childbirth, and are much more at risk of maternal death than women in their twenties. Inadequate diet during adolescence can jeopardize girls' health and physical development, with permanent consequences. Iron-deficiency anaemia is particularly common among adolescent girls.

Adulthood. The consequences of poor health in childhood and adolescence, including malnutrition, become apparent in adulthood, particularly during the childbearing years. This time is a particularly dangerous phase in the lives of many women in developing countries, where health care services, especially reproductive health facilities, are often inadequate and where society puts pressure on couples to have many children. More than 50% of pregnant women in the developing world are anaemic.

About 585 000 women die each year of pregnancy-related causes. Where women have many pregnancies the risk of related death over the course of their lifetime is compounded. While the risk in Europe is one in 1400, in Asia it is one in 65, and in Africa, one in 16.

An estimated 50 million adult women in developing countries are

classified as being severely underweight, and about 450 million suffer from goitre.

Older women. Many millions of women are made old before their time by the daily harshness and inequalities of their earlier lives, beginning in childhood. They experience poor nutrition, reproductive ill-health, dangerous working conditions, violence and lifestyle-related diseases, all of which exacerbate the likelihood of breast and cervical cancers, osteoporosis and other chronic conditions after menopause. In old age poverty, loneliness and alienation are common.

Health agenda for the 21st century

The World Health Report 1998 and its three predecessors have helped create a comprehensive map of the major issues that have dominated world health in the second half of the 20th century. The priorities for international action recommended in these four reports chart the future for health action in the 21st century.

The World Health Report 1995 – Bridging the gaps, identified poverty as the greatest cause of suffering and showed the widening health gaps between rich and poor. It recommended using available resources as effectively as possible and redirecting them to those who need them most.

The World Health Report 1996 – Fighting disease, fostering development identified three main priorities: completing the unfinished business of eradication and elimination of specific diseases; tackling “old” diseases such as tuberculosis and malaria, and the problems of antimicrobial resistance; and combating newly-emerging diseases.

The World Health Report 1997 – Conquering suffering, enriching hu-

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manity stressed the importance of health expectancy over life expectancy in the context of chronic noncommunicable diseases. Its main recommendation was the integration of disease-specific interventions into a comprehensive chronic disease control package incorporating prevention, diagnosis, treatment, rehabilitation and improved training of health professionals.

This year's report has shown the major developments and achievements in health in the past 50 years and described the economic trends, population trends and social trends which will influence health in the early 21st century. The third evaluation of progress in implementation of the health for all strategy, carried out in 1997, has shown substantial gains in life expectancy and in infectious disease control and reductions in infant and under-5 mortality. There have also been great improvements in immunization coverage, as well as in access to maternal care (including family planning services) and to essential drugs. These need to be safeguarded.

On the *unfinished agenda* for health, poverty remains the main item. The priority must be to reduce it in the poorest countries of the world, and to eliminate the pockets of poverty that exist within countries. Policies directed at improving health and ensuring equity are the keys to economic growth and poverty reduction.

Safeguarding the gains already achieved in health depends largely on sharing health and medical knowledge, expertise and experience on a global scale. Industrialized countries can play a vital part in helping solve global health problems. It is in their own interests as well as those of developing countries to do so.

Increased international cooperation in health can be facilitated by a managed global network making use of the latest communication technologies. Global surveillance for the detection of and response to emerging infectious diseases is essential. As a result of increased global trade and travel, the prevention of foodborne infections in particular is of increasing importance. Wars, conflicts, refugee movements and environmental degradation also facilitate the spread of infections as well as being health hazards in themselves.

Enhancing health potential in the future depends on preventing and reducing premature mortality, morbidity and disability. It involves enabling people of all ages to achieve over time their maximum potential, intellectually and physically through education, the development of life skills and healthy lifestyles.

The implications of *healthy ageing* – the physical and mental characteristics of old age and their associated problems – need to be better understood. Much more research is required in order to reduce disability among older age groups.

Concern for the older members of today's society is part of the intergenerational relationships that need to be developed in the 21st century. These relationships, vital for social cohesion, should be based on equity, solidarity and social justice.

The young and old must learn to understand each other's differing aspirations and requirements. The young have the skills and energies to enhance the life quality of their elders. The old have the wisdom of their experience of life to pass on to the children of today and of coming generations.