POVERTY

IS THE WORLD'S

LEADING CAUSE

OF DEATH

says WHO report.

Widening gaps between rich and poor pose global health threat

The World Health Organization calls today for global action against poverty, which it says is the biggest single underlying cause of death, disease and suffering worldwide.
Launching The World Health Report 1995 — Bridging the gaps, WHO’s Director-General, Dr Hiroshi Nakajima highlights widening gaps in health status between rich and poor, and in access to health care, and calls for international political support for a wide range of measures advocated by WHO to reduce inequities in health.

The report says more than one fifth of the 5.6 billion people in the world live in extreme poverty, almost a third of the world’s children are undernourished, and half the global population lacks regular access to the most needed essential drugs.

“Poverty wields its destructive influence at every stage of human life from the moment of conception to the grave. It conspires with the most deadly and painful diseases to bring a wretched existence to all who suffer from it”, the report says.

THE HEALTH CATASTROPHE RISK

“The challenge is to prevent the world heading towards a health catastrophe in which many of the great achievements in health in recent decades will be thrown into reverse”, Dr Nakajima says. He cites evidence in the report of increases in poverty-linked diseases such as cholera, tuberculosis and plague — not just in the poorest countries — and of a slow-down in immunization rates against fatal childhood diseases in many countries.

Meanwhile over 13 million adults are estimated to be infected with HIV. The cumulative total of HIV infections could reach between 30 and 40 million people, including over five million children, by the end of the century.

The World Health Report 1995 is an expert analysis of the health of children, adolescents, adults and the elderly. A summary of the report is being presented today to delegates from 189 countries attending the Organization’s 48th World Health Assembly, which formally opened in Geneva yesterday.

The report contains WHO’s proposals for wide-ranging reforms of health policies, which will be discussed during the Assembly. “It is more about people’s health as it affects their quality of life than about the diseases
from which they suffer", Dr Nakajima says. "As such, it is a devastating portrait of our times".

THE LIFE EXPECTANCY GAP

In a foreword to the report, Dr Nakajima says: "Poverty is the world’s deadliest disease. It wields its destructive influence at every stage of human life. While life expectancy is increasing in most developed countries, it is actually shrinking in some of the poorest.

"For many of us, improvements in the quality of our lives are almost taken for granted. But at the same time, vast numbers of people of all ages are suffering and dying for want of safe water, adequate sanitation and basic health care. This in the last years of the 20th century is totally unacceptable".

Life expectancy at birth now reaches 78 years or more in countries such as Japan, Iceland and Sweden, and 76 years in the United States of America, but is as low as 43 years in Uganda. It is expected to decrease in Côte d’Ivoire, the Central African Republic, Congo, Uganda and Zambia during the next few years, unless radical changes are made in health development at local, national and international levels.

"Growing inequity is literally a matter of life and death for millions of people, since the poor pay the price of social inequality with their health", Dr Nakajima says.

THE BIGGEST KILLERS

The gaps between rich and poor are illustrated by an analysis of disease patterns and mortality rates. Forty per cent of deaths worldwide are due to communicable diseases and to maternal, perinatal and neonatal causes, from which the richer countries are almost immune. In fact, 99 per cent of deaths from communicable diseases occur in the developing world. Meanwhile, three out of four deaths in developed countries are due to noncommunicable diseases, many of which are lifestyle-related, such as cancer and heart disease.
The report says that every year in the developing world about 12 million children under five years of age die, most of them from causes that could be prevented at very low cost. Acute respiratory infections, particularly pneumonia, kill more than 4 million of these children, at the rate of one every eight seconds.

Among the world's most developed countries, deaths among children under five years are as low as 6 per 1000 live births. But at the other extreme, in one of the world's poorest nations, the rate is 320 deaths per 1000 live births, and in 15 others it is over 200.

The report, in looking at causes of death in general, says that of the 51 million deaths in the world last year:

- 16.4 million deaths were due to infectious and parasitic diseases;
- about 10 million deaths were due to diseases of the circulatory system;
- about six million people died of cancer;
- 2.7 million people died of tuberculosis;
- malaria caused two million deaths, half of which were among children.

Malaria is by far the most serious tropical disease, currently affecting an estimated 400 million people. Other tropical diseases, some of which can be fatal, affect hundreds of millions of people in Africa, Asia and Latin America.

According to the report, smoking is emerging as the world's largest single preventable cause of illness and death, killing an average of six people every minute. It already kills three million people a year, and if current trends continue, is expected to kill 10 million a year by the year 2020.

**HEALTH AGAINST POVERTY**

According to the report, poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are not available, and why more than
500,000 mothers a year die in childbirth. A pregnant woman in Africa is 13.5 times more likely to die in childbirth than her counterpart in Europe.

Poverty is the underlying cause of reduced life expectancy, disability and starvation, and a major contributor to mental illness, suicide, family disintegration and substance abuse.

One of WHO’s main priorities outlined in the report is poverty reduction through better health. “Investing in health saves money as well as lives”, it says. “It must be accepted that expenditure on health is not a drain on national resources but a prerequisite for economic and social progress. Poor health inhibits an individual’s ability to work, reduces earning capacity and deepens poverty”. According to WHO, poverty and unemployment are both the cause and effect of ill health.

Yet the money some developing countries have to spend per person on health care over an entire year is under US$4 — less than the amount of small change carried in the pockets and purses of many people in developed countries.

Poverty reduction should be tackled on two fronts, according to WHO. One is to ensure that the poor — especially families with young children, and vulnerable groups such as the elderly — have access to primary health care; the other is to enhance the health potential of the current workforce and of schoolchildren, on whom future social and economic development will eventually depend.

“Poverty reduction need not be a long-term process. Many developing countries have demonstrated that the worst forms of poverty can be rapidly reduced or eliminated in a relatively short time with determined, well-designed and efficiently implemented strategies”, the report says.

But it adds that apart from the economic aspect, there is another side to poverty — social discrimination and the low status of some population groups, particularly women, in many countries. “It is essential that the social status of women be improved...women play a key role in health care, yet their own health is being jeopardized daily. The potential contributions of women to world development and improvement of the human condition are being wilfully squandered”.
BURDENS OF THE POOR

WHO says the first priority for the future must be to refocus resources on those who need them most; using available resources more efficiently; mobilizing additional resources, expertise and efforts and directing them to those countries and population groups where public health targets have not yet been reached. Least developed countries, particularly those that are low income and severely indebted (most of which are in sub-Saharan Africa), must be targeted for intensive efforts for international funding and technical support to help them help themselves.

Concrete, pragmatic measures should be taken in major areas for action. These include: maternal and child health; immunization of infants; access to safe drinking-water and sanitation; control of malaria and other disease of importance to the community; improved nutrition and food safety; and innovative action-orientated school health curriculums, programmes and projects for the promotion of healthy lifestyles, particularly as regards sexual issues and HIV/AIDS.

The report says that until the classic infectious diseases, particularly those of childhood, are brought under control and the resources devoted to them can be made available to other health programmes, developing countries will increasingly face the double burden of continuing to cope with a legacy of the traditional diseases of poverty, while dealing with a growing number of lifestyle diseases. For the next 20 years at least, this burden will substantially increase the health funding needs of the least developed countries.

WHO's targets between now and the year 2000 include the global eradication of polio and guinea-worm disease, the elimination of leprosy as a public health problem, the elimination of neonatal tetanus and measles as well as micronutrient deficiencies from vitamin A and iodine, a 50 per cent reduction in maternal mortality and much easier access to local health care for many millions of people in the world's poorest countries.

These advances would build on achievements such as the 25 per cent reduction in infant mortality since 1980, the immunization of 80 per cent of the world's infants attained in 1990, and the four-year increase in life expectancy since 1980 to a global average of about 65 years in
1993. But WHO warns they will not happen without a renewed international effort. "The means exist; what are lacking are the commitment and resources to apply them so that these goals can be achieved", Dr Nakajima says.

## EQUITY IN HEALTH

Political and economic changes during the last five years illustrate yet again that it is not possible to disassociate public health policy from the overall political and economic setting. "If the world community endorses the concept of equity in health, it will commit itself to achieving a better quality of life for all people and reducing differences in health status among countries and population groups", the report says.

According to WHO, individuals' health substantially depends on social and economic circumstances over which the conventional health care sector has little control. More political action and more intersectoral cooperation for health is therefore necessary. The availability and use of health care will not in themselves guarantee better health to the extent that disease is influenced by such factors as lifestyle and the working and living environment. The impact of these factors varies widely, with the result that many countries are now experiencing an "epidemiological polarization" of health across different social classes and different geographical regions. Such disparities are not limited to infectious diseases, but increasingly concern chronic diseases.

The report sees the increase in the number of elderly people as one of the most profound forces affecting health and social services in the next century. Between 1990 and 1995, the population aged over 65 grew by 2.7 per cent annually, versus 1.7 per cent for the overall population, and is predicted to increase by between 200 and 400 per cent in some developing countries during the next 30 years. Dementia, particularly Alzheimer's disease, affects at least 22 million people globally, including one in every five aged over 80 years, and has serious implications for health care costs and quality of life.

Another priority for action detailed in the WHO report relates to strengthening national capabilities for emergency relief and humanitarian as-
istance in the health sector. A new policy of "emergency management for sustainable development" will provide a bridge between relief work and development proper. The aim of this policy is both to reduce human suffering and avoid economic loss due to epidemics, complex emergencies and mass population displacements.

**CENTRAL ROLE FOR HEALTH**

WHO considers that health must be given higher priority in the policies of national governments. In conclusion, Dr Nakajima says: "WHO's efforts to improve health and quality of life are grounded in the certainty that in order to bring about the necessary changes, health policies must reach beyond the health sector, while remaining rooted in the health-for-all principles of primary health care. Health is becoming a central political, social and economic issue in all countries, and health concerns should be taken up at the highest political level and given due consideration in all public policies.

"Perhaps the most important task of WHO is to impress upon the international community the need for political commitment to placing health and human beings at the centre of development".