World Health Organization Launches New Directions for Health into the 21st Century

The World Health Organization (WHO) today unveils new directions for health into the 21st century that could save millions of lives and have a major impact on global well-being and poverty reduction within a decade. The main aim is to increase healthy life expectancy for all - while ensuring a better deal for the world's poorest people.

*The World Health Report 1999: Making a Difference* is published on the opening day of the World Health Assembly in Geneva. The report is the first issued since Dr Gro Harlem Brundtland took office as Director-General of WHO. In the introduction to the Report, Dr Brundtland says:

"The world could end the first decade of the 21st century with notable accomplishments. Most of the world's poor people would no longer suffer today's burden of premature death and excessive disability, and poverty itself would thereby be much reduced. Healthy life expectancy would increase for all. Smoking and other risks to health would fade in significance.

"The financial burdens of medical needs would be more fairly shared, leaving no household without access to care or exposed to economic ruin as a result of health expenditure. And health systems would respond with greater compassion, quality and efficiency to the increasingly diverse demands they face."

*Copies of the Report can be ordered from bookorders@who.ch*
Table 1.1 Life expectancy at birth, selected countries, around 1910 and in 1998

<table>
<thead>
<tr>
<th>Country</th>
<th>Around 1910</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Australia</td>
<td>56</td>
<td>60</td>
</tr>
<tr>
<td>Chile</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>England and Wales</td>
<td>49</td>
<td>53</td>
</tr>
<tr>
<td>Italy</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>Japan</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>New Zealand&lt;sup&gt;a&lt;/sup&gt;</td>
<td>60</td>
<td>63</td>
</tr>
<tr>
<td>Norway</td>
<td>56</td>
<td>59</td>
</tr>
<tr>
<td>Sweden</td>
<td>57</td>
<td>59</td>
</tr>
<tr>
<td>United States&lt;sup&gt;b&lt;/sup&gt;</td>
<td>49</td>
<td>53</td>
</tr>
</tbody>
</table>

<sup>a</sup> Excluding Maoris.
<sup>b</sup> Registration states only; includes District of Columbia.


Dr Brundtland says vision, commitment, and global leadership are critically needed – not only from governments but from the private sector and civil society as well – to achieve this turnaround.

"Working together we have the opportunity to transform lives now debilitated by disease and fear of economic ruin into lives filled with realistic hopes. I have pledged to place health at the core of the global development agenda. This is where it belongs. Wise investments in health can prove to be the most successful strategies to lead people out of poverty."

The Report charts the 20th century revolution in health which has led to a drop in birth rates and dramatic gains in life expectancy – transforming the structure of populations and contributing to economic growth. But not everyone has benefited. The Report points out that over a billion people will enter the 21st century without having participated in the health revolution.
"Despite the long list of successes in health achieved globally during the 20th century, the balance sheet is indelibly stained by the unnecessary burden of disease and malnutrition that the world's disadvantaged populations continue to bear... Reducing the burden of that inequality is a priority in international health. Furthermore, it can be done – the means already exist."

The Report says that policy-makers in the early decades of the 21st century will have to confront the challenges of a double burden of disease: first, emerging epidemics of noncommunicable diseases and injuries, which are becoming more prevalent in both developed and developing countries, and second, the "unfinished agenda" of infectious diseases, malnutrition and complications of childbirth which disproportionately affect the poor. However, it warns that, while cost-effective interventions exist to tackle the "unfinished agenda", the prevention and treatment of noncommunicable diseases is likely to be more difficult and less cost-effective.

In separate chapters, the report singles out malaria and the prevention of tobacco deaths for concerted global action. Malaria is described as an exemplar of the unfinished agenda, and tobacco is regarded as an exemplar of the emerging epidemics.

**Figure 2.5** DALYs attributable to conditions in the unfinished agenda in low and middle income countries, estimates for 1998

**DALYs**: Disability-Adjusted Life Years.
MALARIA

Total malaria deaths could be halved – preventing 500 000 deaths a year – for about US$ 1 billion a year of additional spending to strengthen health systems, the Report says. Between 300 and 500 million cases of malaria occur worldwide each year and there are about one million malaria deaths. Most of these deaths are in sub-Saharan Africa, mainly among children. The disease accounts for one in four of all childhood deaths in Africa - both directly and indirectly in conjunction with other causes of ill-health, such as respiratory infections, diarrhoeal disease, and malnutrition.

The Report says several forces have combined to bring about a resurgence of malaria: civil conflict and large-scale human migrations, climatic and environmental change, inadequate and deteriorating health systems, and increasing resistance to insecticides and antimalarial drugs.

The countries where malaria is endemic include some of the most impoverished in the world, and the economic burden of malaria for individual households can be extremely high. The Report says malaria may be a cause, not just a consequence of underdevelopment.

“Tackling malaria is thus a major battle in the war against poverty. Malaria is a social and economic development issue, not just a health concern.”

Malaria mortality annual rates since 1900

<table>
<thead>
<tr>
<th>Year</th>
<th>World minus sub-Saharan Africa</th>
<th>World</th>
<th>sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>192</td>
<td>223</td>
<td>216</td>
</tr>
<tr>
<td>1930</td>
<td>171</td>
<td>174</td>
<td>184</td>
</tr>
<tr>
<td>1950</td>
<td>48</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>1970</td>
<td>2</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>1990</td>
<td>1</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>1997</td>
<td></td>
<td>2</td>
<td>165</td>
</tr>
</tbody>
</table>

The Report argues that one of the clear lessons from past experience of malaria control efforts is that both prevention and treatment need to be delivered through a strong health system.

"Even with growing resistance, an estimated 20% reduction in child deaths in Africa could be achieved if health systems were funded, organized and managed to bring today’s knowledge and techniques within the reach of whole populations”

WHO’s Roll Back Malaria programme will work through partnerships with international organizations, governments, academic institutions, the private sector, and nongovernmental organizations. It will promote the development of new tools for controlling malaria and help strengthen health systems so they can ensure the sustainable delivery of both new and existing tools for the prevention and treatment of malaria. This new initiative – launched in 1998 in partnership with the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), and the World Bank – is also expected to serve as a model for more integrated action in other priority health areas such as tuberculosis control and safe motherhood.
TOBACCO

On tobacco, the report calls for a worldwide ban on all tobacco advertising and promotion, for regular and sustained tax increases on cigarettes, for wider access to tobacco substitutes such as nicotine patches, and for the establishment of tobacco-control coalitions.

Such a global commitment to tobacco control – the goal of WHO's Tobacco Free Initiative – could avert millions of premature deaths, the Report says.

It warns that the death toll from smoking may have been seriously underestimated. Recent studies suggest that as many as one in two long-term smokers die from their habit. If current trends continue, by the year 2030, tobacco will kill 10 million people a year – over 70% of them in developing countries, where information on tobacco-related disease is often weakest.

Half of the deaths will occur during the productive middle years – involving an average loss of 20-25 years of life. The toll is more than the total deaths from malaria, maternal and major child conditions, and tuberculosis combined.

Figure 5.1 Premature deaths from tobacco use, projections for 2000–2024 and 2025–2049

The Report points out that effective tobacco controls already exist. Where these have been used, governments have succeeded in reducing – or at least slowing – the increase in tobacco use.

The tobacco industry is strongly criticized in the Report for trying to conceal the health effects of smoking and for deliberately casting doubts on the links between smoking and ill-health. This has hampered government anti-smoking efforts and probably impeded individual assessment of the health risks of smoking, it says.
OTHER NONCOMMUNICABLE DISEASES

The Report warns that noncommunicable diseases are likely to account for an increasing share of disease burden – rising from 55% in 1990 to 73% by the year 2020. It says health systems will have to be adjusted to cope effectively and efficiently with this global shift in the nature of disease. The increase is expected to be particularly rapid in developing countries. In India, for example, deaths from noncommunicable diseases are projected to almost double from about 4 million to about 8 million a year.

Over the coming decades, major health challenges of noncommunicable diseases are likely to include:

- **Unipolar major depression.** Estimated to be the leading cause of disability worldwide in 1990.

- **Ischaemic heart disease.** Predicted to be the leading cause of disease burden globally by the year 2020.

- **Lung cancer.** Among cancers, now the most significant cause of disease burden. Almost all cases of lung cancer are caused by smoking.

- **Intentional and unintentional injuries.** A large and neglected health problem in all regions – accounting for 15% of global disease burden in 1990.

- **Alcohol.** The leading cause of disability for men in the developed regions and the fourth leading cause in developing regions.
HEALTH SYSTEMS DEVELOPMENT

The Report says the two major challenges confronting health systems in all countries are how to ensure efficiency and how to achieve – and maintain – universal coverage. It points out that many countries need to increase overall spending on health if they are to make even the most inexpensive and effective health measures available to the whole population.

One way of improving efficiency is through the extended use of integrated packages of interventions such as immunization programmes, the Integrated Management of Childhood Illness, the adult lung initiative, syndromic treatment of sexually transmitted infections, and through integrating mental health care with other priority interventions.

The Report argues that public intervention is necessary to achieve universal access to health care. “In any country, the greatest burden of ill-health and the biggest risk of avoidable morbidity or mortality is borne by the poor. While progress towards universal access to health care of an acceptable quality has been substantial in this century (as illustrated by immunization coverage), the distribution of services in most countries of the world remains highly skewed in favour of the better-off.”

The least organized and most inequitable way of paying for health care is on an out-of-pocket basis – with people paying for services whenever they use them. The Report points out that the financing burden falls disproportionately on the poorest and restricts their access to health services – despite their need being typically higher.

Dr Brundtland says WHO cannot support market-oriented approaches that ration health services to those with the ability to pay.

“Not only do market-oriented approaches lead to intolerable inequity with respect to a fundamental human right, but growing bodies of theory and evidence indicate markets in health to be inefficient as well.”

Most equitable of all, the Report says – both in sharing the financial burden and in allowing equitable access to care for people with comparable need – are risk pooling systems financed by central government tax revenues.

The Report advocates a “new universalism” and emphasizes that universal coverage means coverage for all, not coverage of everything – pointing out that priorities will have to be determined on the basis of the level of resources available and the cost of top priority health interventions. It says governments should be encouraged to contract out services to private providers if necessary – but they should take overall responsibility for leadership, regulation, and ensuring solidarity in financing health care for all.
Making a Difference

The Report identifies four main challenges for national governments, the international community, and civil society as the 20th century draws to a close. Meeting these challenges, it says, will make a major difference to the quality of life worldwide and – through improving the health of the poor – address one of the root causes of poverty. The main challenges are:

- Focusing health systems on delivering a limited number of interventions which would have the greatest impact in reducing the excessive disease burden suffered by the poor. This includes a renewed commitment to malaria control (the goal of WHO’s Roll Back Malaria programme), extended efforts to control tuberculosis (the aim of WHO’s Stop TB initiative), a focus on maternal and child health and nutrition, and the revitalization and extended coverage of immunization programmes.

- Enabling health systems to counter proactively the potential threats to health resulting from economic crises, unhealthy environments or risky behaviour. One of the most important threats is tobacco addiction. A global commitment to tobacco control – the goal of WHO’s Tobacco Free Initiative – could avert millions of premature deaths. Combating the spread of resistance to antimicrobials and mounting an effective response to the threat of emerging diseases are other priorities. Also critical are the global eradication of polio and the promotion of healthy lifestyles (including cleaner air and water, adequate sanitation, healthy diets, and safer transportation).

- Developing health systems that provide universal access to clinical services with no fees (or only small fees) at the point of delivery. This will require public finance, government mandated social insurance, or both. However, it is recognized that if services are to be provided for all, not all services can be provided. The most cost-effective should be provided first. Even the wealthiest countries cannot provide entire populations with every intervention for which the medical value outweighs the risks. The Report encourages diversity in the source of service provision but underlines the need for governments to take responsibility for leadership, regulation, and ensuring solidarity in financing health care for all. Through its Partnerships for Health Sector Development, WHO aims to help countries develop national health systems that meet these challenges.
Encouraging health systems to invest in expanding the knowledge base that made the 20th century revolution in health possible, and that will provide the tools for continued gains in the 21st century. The most critical need is for: research and development on infectious diseases that disproportionately affect the poor; and the establishment of an information base to help countries develop their own health systems.

To help fill this gap, WHO has established a new Global Programme on Evidence for Health Policy to provide information for health systems development. Meanwhile, individual WHO programmes and the Global Forum for Health Research are responding to the need to develop new tools for the prevention and control of infectious diseases that disproportionately affect the poor.

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