HEALTHIER FAIRER SAFER

THE GLOBAL HEALTH JOURNEY 2007-2017

World Health Organization

Healthier, fairer, safer: the global health journey, 2007–2017
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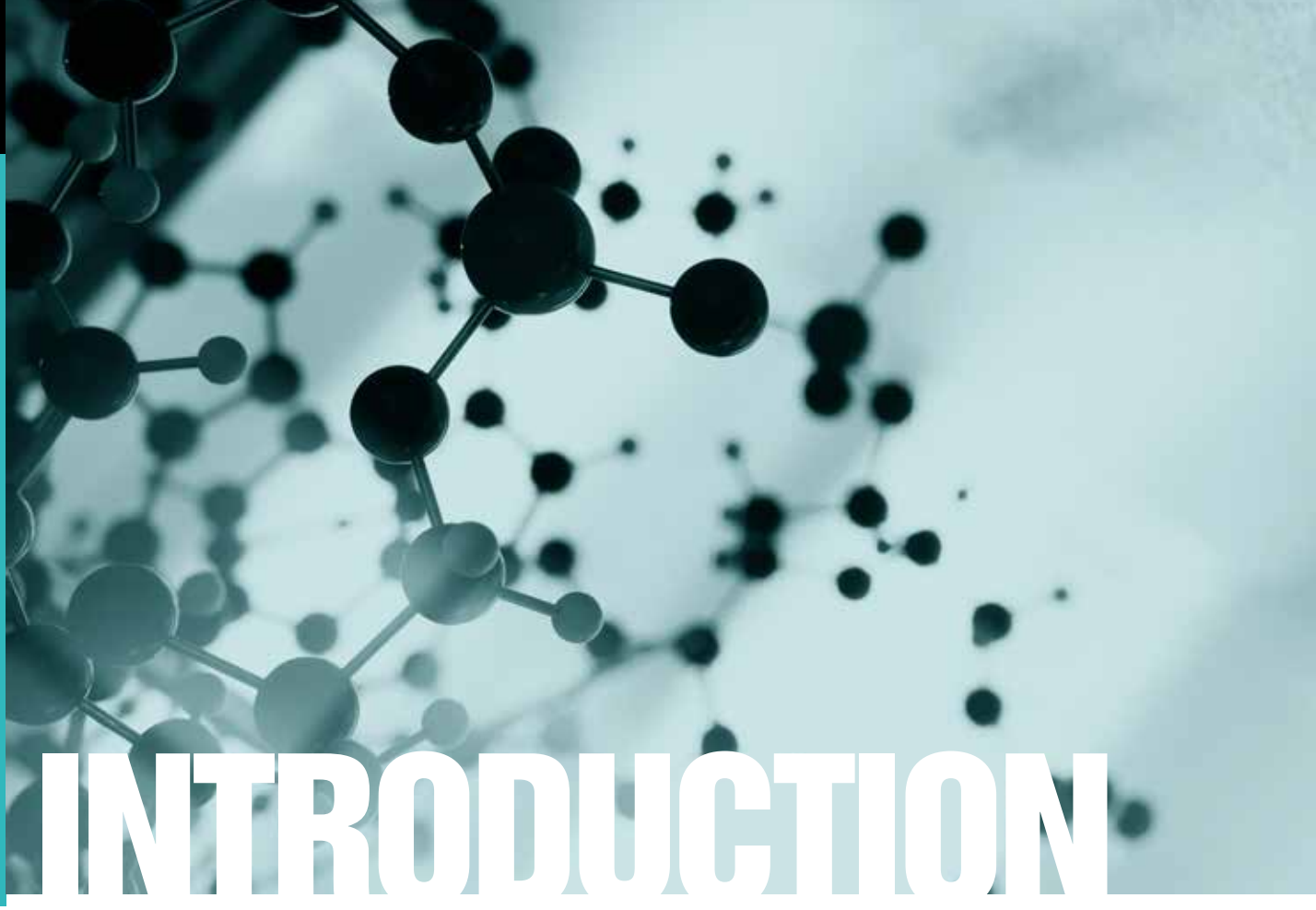


INTRODUCTION

This report describes and analyses key aspects of global health over the last decade. It considers trends and policies that are relevant to the role and potential influence of the World Health Organization (WHO). It deals with themes and areas of the world's health, where progress would have been expected, was explicitly pledged, or was urgently needed.

A backdrop of forces, beyond the health arena, have an impact on health. Since the beginning of the 21st Century, the march of globalization has quickened, the world has suffered a major financial crisis, whilst serious armed conflicts and deteriorating security situations in some parts of the world have led to displacements and migration of populations on a massive scale. Public health workers have been targeted and killed when carrying out their humanitarian work. Climate change has precipitated many extreme weather events with devastating effects for human settlements. All these factors have had a major bearing on the health and wellbeing of nations and communities, particularly those in the poorest parts of the world.

WHO works in partnership to achieve its goals. The global health architecture has evolved greatly over the last decade. In documents describing its own reform story, WHO has defined its primary role as directing and coordinating international health and summarized the way it discharges this:

- Providing leadership on matters critical to health
- Shaping the health research agenda
- Defining norms and standards for health
- Articulating policy options for health
- Providing technical support and building capacity
- Monitoring health trends

This report is not intended to be a work of scholarship, nor to address every aspect of global health. It is intended to look back and reflect on the trends, achievements and challenges of global health over the last decade – and to explore the needs of the future.

POPULATIONS: THE VITAL SIGNS

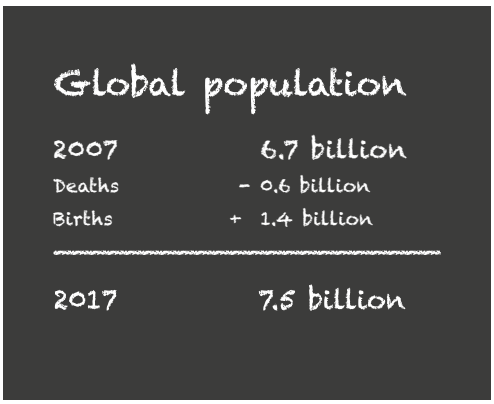
The world is home to 800 million more people than it was just a decade ago. The number of births has been more than double the number of deaths, so the population has expanded. The greatest growth has been in the lowest income countries, where mortality rates have been falling much more quickly than birth rates. This is an expected phase of demographic transition.

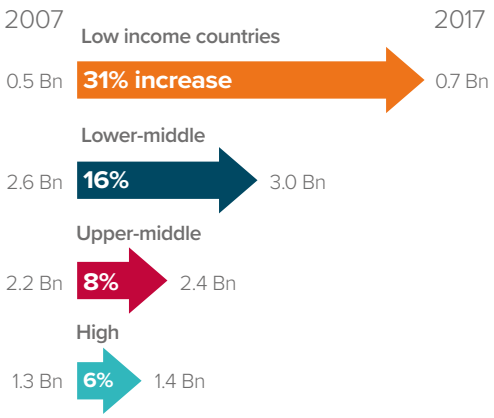
The number of people living to an advanced age has grown extraordinarily. Between 2007 and 2017, the number of people aged over 90 years has increased by two-thirds, and the number over 100 years has practically doubled – substantial shifts over such a short slice of human history.

The populations of different countries remain very different in their structures. Low-income countries have the youngest populations – on average, half of their population is aged less than 18.5 years. This number rises markedly to 28.9 years for middle-income countries and 39.7 years for high-income countries.

Human life expectancy has grown at a remarkable rate. The global average life expectancy at birth is now more than 71 years. With every passing year, it has been increasing by four months. In 2007, 15 countries had a life expectancy at birth of more than 80 years. By 2015, that number was 29 countries. Meanwhile, the number of countries with a life expectancy of less than 60 years fell from 36 to 22.

29 countries with life expectancy over 80 years in 2015 compared to 15 in 2007





Life expectancy gain has been greatest in the African region – five and a half more years in a period of just eight years. Zimbabwe, Malawi and Zambia climbed fastest (gaining 14 years, 9.8 years, and 9.2 years respectively). Women have longer life expectancy than men, by four and a half years. Almost every country has shown increased life expectancy over the last decade. War has created the exception. In the Syrian Arab Republic, life expectancy has fallen by 9.3 years.

Life expectancy gain greatest in Africa

There are two primary elements to life expectancy growth. The first, particularly in the richer countries of the world, is that older people are getting even older – with the major social, economic and healthcare consequences that are well known and too often seen negatively. The second element, particularly in the poorer countries of the world, is that life expectancy is growing because a much higher proportion of those born into this world are surviving childhood and living a full life. This too has major social and economic consequences, almost all very positive.

Globally, the important expansion in life expectancy over the last decade has been driven by a number of changes, including:

- The reduction in **under-5 mortality** rate of 32% between 2005 and 2015
- The fall in the **maternal mortality** ratio of 25% over the same period
- The **HIV mortality** rate drop of 50%
- The drop in the **malaria mortality** rate of 49%
- The reduction in the age-specific risk of **cardiovascular disease mortality** of 14%
- The reduction in the age-specific risk of **cancer mortality** of 11%
- The 7% drop in the **injury mortality** rate

The first four of these in particular were the areas of the three primary Millennium Development Goals related to health: to reduce child mortality, to improve maternal health, and to combat HIV, malaria, and other diseases. The question is often asked: what truly lies behind these major gains? Socioeconomic development has played a part. Changes that go along with this have included improved female (and male) education, and falling fertility rates. Effective health interventions delivered successfully on a greater scale (particularly anti-retroviral drugs, insecticide-impregnated bed nets, measles vaccines) have also made an impact. The balance between the impact of general development and the impact

of specific interventions in the field of health can be debated, but ultimately both have been important.

As childhood mortality has fallen, so the global health spotlight has fallen on the causes of premature death that come later in life. Over the last decade, progress has been made in preventing and treating noncommunicable disease. This has contributed to the improvements in life expectancy. This is often misunderstood, because noncommunicable disease is also causing more illness and death than it was a decade ago. These statements are not contradictory: at any given age, the mortality associated with noncommunicable disease is decreasing, hence the positive contribution to life expectancy. But this is outweighed by the increasing numbers of people in the higher age bands, creating a greater overall burden in the population. Noncommunicable disease is also becoming more important in relative terms; the gains made against it have been less impressive than those made against communicable disease.

The United Nations Millennium Development Goal era has ended. The Sustainable Development Goals are what matters now. *Good Health and Wellbeing* is the third Sustainable Development Goal. Its 13 targets demand progress on maternal, childhood and communicable disease, as well as to: reduce premature mortality from non-communicable diseases by one third; halve the number of global deaths and injuries from road traffic accidents; reduce the number of deaths and illnesses from hazardous chemicals, as well as air, water and soil pollution and contamination; achieve universal health coverage; promote mental health and well-being; strengthen the prevention and treatment of substance abuse; and achieve universal access to sexual and reproductive healthcare services.

Good progress on the Sustainable Development Goals will bring further growth in life expectancy. Taken together, the targets imply an overarching goal of reducing premature mortality. When the Sustainable Development Goals were being developed, a number of prominent experts argued for such a goal to be made explicit and quantified, but it was not.

Maintaining progress on maternal, childhood and communicable disease is of a somewhat different nature than achieving progress in the areas newly