

# **The State of World Health**

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## **The World Health Report 1995 – Bridging the gaps**

*At the request of WHO's governing bodies, the first of a new series of annual reports was launched at the World Health Assembly in May 1995. The report is a self-contained, concise and analytical publication, which provides a review of the global health situation and needs and of problems faced by health systems, in order to recommend priorities for international health action and the Organization's activities in that context. The target readership is non-medical professionals such as policy-makers, planners for development, heads of donor agencies and other international funding institutions, financial experts and the educated public, as well as opinion-makers in the media and elsewhere. This article summarizes the first chapter of The World Health Report 1995 – Bridging the gaps (1).*

The world's biggest killer and the greatest cause of ill-health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 – extreme poverty.

### **Poverty and inequity**

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 unavailable and why mothers die in childbirth. It is the underlying cause of starvation, handicap, disability and reduced life expectancy. Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse. Every year in the developing world 12.2 million children under 5 years die, most of them from causes that could be prevented for just a few US cents per child. They die largely because of world indifference, but most of all because they are poor.

In the time it takes to read this sentence, somewhere in the world a baby has died in its mother's arms. For that mother, the message that her neighbour's infant will live is no consolation. It does not stem her grief to know that 8 out of 10 children in the world have been vaccinated against the five major killer diseases of childhood, or that globally between 1980 and 1993 infant mortality has fallen by 25%, while overall life expectancy has increased by more than 4 years, to about 65 years.

Beneath the heartening facts about decreased mortality and increasing life expectancy, and many other undoubted health advances, lie unacceptable disparities in health. The gaps between rich and poor, between one population group and another, between ages and between the sexes are widening. For most people in the world today every step of life, from infancy to old age, is taken under the

twin shadows of poverty and inequity, and under the double burden of suffering and disease.

For many, the prospect of longer life may seem more like a punishment than a gift. Yet by the end of the century we could be living in a world without poliomyelitis, a world without new cases of leprosy, a world without deaths from neonatal tetanus and measles. But today the money that some developing countries have to spend per person on health care over an entire year is just US\$ 4 – less than the amount of small change carried in the pockets and purses of many people in developed countries.

A person in one of the least developed countries in the world has a life expectancy of 43 years according to 1993 calculations. A person in one of the most developed countries has a life expectancy of 78 – a difference of more than a third of a century. This means a rich, healthy man can live twice as long as a poor, sick man.

While such examples of inequity should stir the conscience of the world, in some of the poorest countries the situation is getting worse. In five countries life expectancy at

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birth is expected to decrease by the year 2000, whereas everywhere else it is increasing. In the richest countries life expectancy in the year 2000 will reach 79 years. In some of the poorest it will go down to 42 years. Thus the gap continues to widen between rich and

poor, and by the year 2000 at least 45 countries are expected to have a life expectancy at birth of under 60 years.

In the space of a day passengers flying from Japan to Uganda leave the country with the world's highest life expectancy – almost 79 years – and land in one with the world's lowest – barely 42 years. A day away by plane, but half a lifetime's difference on the ground. A flight between France and Côte d'Ivoire takes only a few hours, but it spans almost 26 years of life expectancy. A short air trip between Florida in the USA and Haiti represents a life expectancy gap of over 19 years.

The purpose of the report is to highlight such inequities and to tackle the wider question: what are the global health priorities? It also tries to answer other crucially important questions. Which are the major diseases, the major causes of death, handicap, disability and diminution of the quality of life? Which conditions cause most misery, although they may not be fatal? Which countries, or communities within countries, have the greatest health needs? Where should health resources be targeted?

The report, for the first time, has attempted to examine the burden of ill-health not just by disease, but also by age, as the impact of illness differs across the age spectrum. Where possible, the analysis of health status has been carried out for infants and children, adolescents, adults and the elderly. On the basis of the available data which are considered to be reasonably reliable, ten leading causes of death, illness and disability have been identified. There is also an explanation of what WHO is doing to bridge the gaps in health, an attempt to assess health trends in the coming years, and an effort to chart a health future for mankind – a future in which a baby lives, not dies, in its mother's arms.

## Child health

The number of children under 5 years who died in 1993 – more than 12.2 million – equals the entire populations of Norway and Sweden combined. Of such deaths in the developing world, the great majority could have been avoided if those countries enjoyed the same health and social conditions as the world's most developed nations. The gap between the developed and the developing world in terms of infant and child survival is one of the starkest examples of health inequity.

The estimated global figure for mortality among children under 5 years in 1993 was 87 per 1000 live births, an encouraging fall from rates of 215 during the period 1950–55 and of 115 in 1980. Yet in parts of the developed world only 6 out of 1000 liveborns die before reaching age 5, whereas in 16 of the least developed countries the rate is over 200 per 1000, and in one country it is 320 per 1000.

Infant mortality – deaths of children under 1 year – varies from 4.8 per 1000 live births to 161 – a 33-fold difference. The gap in infant mortality between the developed and developing world narrowed by 50% during the years 1960–93, from 113 to 54 per 1000 live births. But at the same time the gap widened between least developed and developing countries.

Malnutrition contributes substantially to childhood disease and death but often goes unrecognized as such. In 1990 more than 30% of the world's children under 5 years were underweight for their age. As many as 43% of children in the developing world – 230 million – have low height for their age. Micronutrient malnutrition is estimated to affect at least 2000 million people of all ages, but children are particularly vulnerable. As a result of iodine deficiency – a public health problem in 118 countries – at least 30 000 babies are stillborn each year and over 120 000

are born mentally retarded, physically stunted, deaf-mute or paralysed. A quarter of all children under age 5 years in developing countries are at risk of vitamin A deficiency.

There have been improvements in child health, and 1993 saw the number of children dying from vaccine-preventable diseases reduced by 1.3 million compared to 1985, which is equal to the population of Trinidad and Tobago. Nevertheless, around 2.4 million children under 5 years are still dying every year from such diseases, particularly measles, neonatal tetanus, tuberculosis, pertussis, poliomyelitis and diphtheria. There are also worrying signs that recent immunization gains are being eroded or even reversed by economic and social conditions.

Every year in the developing world acute respiratory infections, particularly pneumonia, kill more than 4 million children under 5 years – one death every 8 seconds – and are a leading cause of disability. They account for 30–50% of visits by children to health facilities everywhere. Significant reductions in mortality could be achieved by treating the underlying bacterial infections with low-cost antibiotics for a few days.

Diarrhoeal diseases, resulting from unsafe water and poor sanitation coupled with poor food-handling practices, are responsible for a

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further 3 million deaths a year among children under age 5 in the developing world – one every 10 seconds – and are a graphic example of the deadly synergy of poverty and

lack of knowledge. Worldwide there are an estimated 1800 million episodes of childhood diarrhoea annually. Many of the deaths from diarrhoea could be prevented by using oral rehydration salts, which cost just US\$ 0.07 on average.

### ***Health of school-age children and adolescents***

Across the world some 2300 million people, about 40% of the total population, are aged under 20. Although teenagers and young adults are generally healthy, they are among the most vulnerable in terms of the diseases of society – poverty, exploitation, ignorance and risky behaviour. In squandering the health of its young, the world squanders its future. The behaviour patterns established in adolescence, highly influenced by the adult world, are of immense importance to an individual's life span and to public health as a whole.

In many countries health services are not meeting adolescent needs, and there are concerns that education, training and jobs for the young are inadequate. Education is a vital, although often unrecognized, contributor to the well-being and sensible fertility practices of young people, because schooling is closely linked with health status and pregnancy rates. A blackboard and piece of chalk can be as influential as antibiotics and contraceptives in protecting health. Improving the education of adolescents in general, and girls in particular, is one of the most effective ways to promote equity, enhance development and protect health for all.

The desire for sex and a fulfilling relationship are powerful driving forces for most young people, who at the same time are under pressure to engage in sexual relationships too early. Yet many young people are denied even basic knowledge about their own bodies or the means to protect themselves from unwanted pregnancy and sexually transmitted diseases

(STDs). These diseases are most frequent in younger sexually active people, and appear to be increasing worldwide. The highest rates for notifiable STDs are generally seen in the 20–24 age group, followed by those aged 15–19 and 25–29. In nearly all parts of the world the peak age of infection is lower in girls than in boys.

At the same time HIV and AIDS are having a devastating effect on young people. In many countries in the developing world, up to two-thirds of all new HIV infections are among people aged 15–24. Overall it is estimated that half the global HIV infections have been in people under 25 years – with 60% of infections of females occurring by the age of 20. Thus the hopes and lives of a generation, the breadwinners, providers and parents of the future, are in jeopardy. Many of the most talented and industrious citizens, who could build a better world and shape the destinies of the countries they live in, face tragically early death as a result of HIV infection.

Other health dangers facing adolescents include tobacco, alcohol and other drug misuse, exploitation as cheap and often illegal labour, and the growth in the numbers of street children. Recent estimates suggest there may be as many as 100 million street children, who are at high risk of malnutrition, infectious diseases, sexually transmitted diseases including HIV/AIDS, and criminal and sexual exploitation. The rise in accidents, violence and suicides involving young people in many parts of the world is a cause for deep concern.

### ***Health of adults***

Globally about 51 million people of all ages died in 1993, about three-quarters of them adults (see figure). Some 39 million deaths took place in the developing world and about 12 million in the developed. Poor countries had three times more deaths than rich ones.

Communicable diseases such as tuberculosis and respiratory infections as well as maternal, perinatal and neonatal conditions account for about 20 million, or about 40%, of the 51 million global deaths; and 99% of these occur in the developing world.

Noncommunicable diseases such as cancer and heart disease account for about 19 million deaths, or 36% of the global total, divided more or less equally between the developing and the developed world. The great majority of such deaths are among adults.

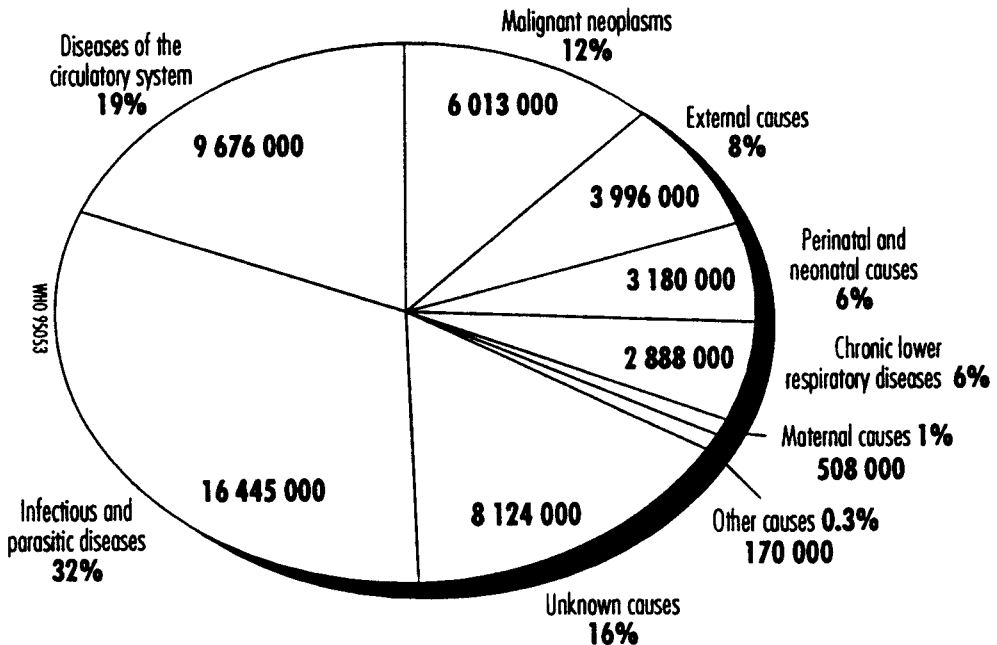
External causes such as accidents and violence account for about 4 million deaths, or some 8% of the total, again mostly among adults. Developing countries have nearly four times the number of deaths from these causes as the developed world. Other causes and unknown ones account for the remaining 16% of deaths worldwide.

Maternal complications claim another 508 000 lives a year.

Of the 20 million deaths due to communicable diseases more than 16 million, or about 80%, are due to infectious and parasitic diseases. Tuberculosis kills about 3 million people, malaria around 2 million and hepatitis B possibly 1 million.

Among the major communicable diseases, tuberculosis was responsible for more than 5% of the global total of deaths – over 7000 a day – and it is estimated that there will be 8.8 million new cases in 1995 – equal to more than 1000 new cases every hour of every day. Drug treatment, in most cases costing as little as US\$ 13–30 per person for a six-month course, can cure people; but providing the drugs to those who need them, and ensuring that patients take them for the required period are a major public health challenge.

**Global distribution of deaths by main causes, 1993**



Meanwhile the lethal relationship of tuberculosis with HIV is making the death toll many times worse. During the next 10 years in Asia alone it is estimated that tuberculosis and AIDS together will kill more people than the entire populations of the cities of Singapore, Beijing, Yokohama and Tokyo combined.

Malaria, directly or in association with acute respiratory infections and anaemia, causes around 2 million deaths a year, 90% of them in Africa and the vast majority among young children. Globally there are some 400 million cases annually and over 2000 million people are threatened. The estimated direct and indirect cost of the disease in Africa alone is expected to reach US\$ 1800 million by 1995.

Cholera has become endemic in many countries in Africa, Asia and Latin America. In 1993 there were 377 000 new cases reported and 6800 deaths. Nevertheless, the numbers of cases and deaths remain at far higher levels than those reported earlier.

Among the other communicable diseases, dengue and dengue haemorrhagic fever are now the most important and rapidly rising arbovirus infections in the world. There are millions of cases annually, with approximately 500 000 people needing hospital treatment, and thousands of deaths. The ancient scourge of leprosy still causes 600 000 new cases a year. Between 2 and 3 million people are disabled by the disease, including those who have been cured but crippled in some way prior to treatment. Onchocerciasis (river blindness) infects 18 million people in 34 countries, while dracunculiasis (guinea-worm disease) causes terrible suffering and disability among 3 million of the world's most deprived people who have no access to safe water. Chagas disease affects 17 million people in 21 countries in Latin America and causes 45 000 deaths and 400 000 cases of heart and stomach disease annually. African trypanosomiasis (sleeping

sickness) kills an estimated 55 000 people a year. Schistosomiasis (bilharziasis or snail fever) affects 200 million people in 74 countries in the Americas, Africa and Asia and kills perhaps 200 000 people. Leishmaniasis infects about 13 million people. Visceral leishmaniasis, also known as kala-azar, is the most severe form. Almost always fatal if untreated, it caused some 500 000 cases and more than 80 000 deaths in 1992. Lymphatic filariasis (elephantiasis) affects around 100 million people, while *Ascaris* causes clinical symptoms in as many as 214 million people, *Trichuris* in 133 million and hookworm in 96 million.

Sexually transmitted diseases impose a huge health burden across the world. Some 236 million people are estimated to have trichomoniasis, with 94 million new cases a year. Chlamydial infections affect some 162 million people, with 97 million new cases annually. An estimated 32 million new cases of genital warts occur each year, and there are some 78 million new cases of gonorrhoea. Genital herpes infects 21 million people a year, and syphilis 19 million. More than 9 million people are infected with chancroid each year.

Many, if not all, STDs could be avoided if condoms were used. Most can be treated effectively and cheaply – the cost of treating genital ulcer disease, for instance, being between US\$ 0.50 and US\$ 4 per person. But there are problems in the supply and accessibility of services, compounded by fear of stigma on the part of patients and the attitude of some service providers.

HIV and AIDS continue to spread relentlessly. WHO estimates that in 1994 HIV prevalence among adults worldwide was over 13 million. Some 6000 people are becoming infected each day. In parts of Africa and Asia the virus is advancing rapidly. In southern and south-eastern Asia HIV infections were estimated at 2.5 million – a million more than in 1993.

In 1993, 2065 cases of human plague (with 191 deaths) recorded in 10 countries were notified to WHO. That number exceeded the annual average for the previous 10 years. The outbreak was a stern reminder to the world that a dreaded disease, often regarded as a scourge of the past, still exists.

Noncommunicable diseases such as those of the circulatory system account for 10 million deaths globally in 1993, with more than 5 million due to heart disease and another 4 million due to cerebrovascular conditions (such as stroke). These and other noncommunicable diseases that primarily affect adults are also emerging as a major cause of death in the developing world. Although, until recently, heart disease and stroke were perceived as problems of the developed countries, about 44% of total deaths from these causes now occur in the developing world. Cancer accounts for 6 million or 12% of deaths globally – with the majority of them, 58%, in the developing world.

Among the other noncommunicable diseases, chronic obstructive pulmonary diseases such as chronic bronchitis and emphysema killed nearly 2.9 million people in 1993, representing about 6% of total deaths. The number of sufferers in the world from these diseases is put at 600 million. This is the second largest known category of persons with a single disorder recorded by WHO. At the same time there are believed to be 275 million asthma sufferers in the world, although WHO has no data on the number of deaths due to this condition.

Diabetes mellitus is a growing public health problem in both developed and developing countries. A recent WHO expert group estimated that more than 100 million people will suffer from diabetes by the end of this century – 85–90% with the non-insulin dependent form. In Europe the prevalence

of diabetes is 2–5% of the adult population. In the Indian subcontinent a quarter of the population is affected by the age of 60, and 1 in 5 North Americans will acquire the disease by the age of 70. One recent estimate put the cost of diabetes in the USA alone, both direct and indirect, at US\$ 9200 million a year.

Mental ill-health is at the bottom of the medical pecking order. Only the most severe cases, such as schizophrenia or manic depression, receive what minimal care there is, even in developed countries. There are disturbing signs that society would sooner have such patients wandering the streets homeless than provide them with the care they need. The stigma of “madness” is still a potent barrier in preventing ill people from receiving help. Some 500 million people are believed to suffer from neurotic, stress-related and psychosomatic disorders. A further 200 million are affected by mood disorders such as chronic and manic depression. Mental retardation afflicts some 83 million people, epilepsy 30 million, dementia 22 million and schizophrenia 16 million.

Smoking is emerging as the world's largest single preventable cause of illness and death. WHO estimates that there are about 1100 million smokers in the world today. About

***The unplanned and often chaotic growth of megacities in the developing world will pose particular challenges, as poor sanitation and housing encourage the spread of infectious diseases.***

800 million are in the developing world – nearly three times as many as in developed countries. Smoking already kills an average of 3 million people a year worldwide. If current trends continue, this figure is expected to reach 10 million by the year 2020.

In the area of women's health and childbirth, the differences in maternal mortality between countries are shocking. In Europe maternal mortality is 50 per 100 000 live births. In some of the least developed countries the rate

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exceeded 700 maternal deaths per 100 000 births in 1991. In developing countries 1 in 5 deaths of women of reproductive age are due to complications of pregnancy and delivery. Half a million women die every year from conditions which are easily preventable.

### ***Health of the elderly***

The increase in the number of old people in the world will be one of the most profound forces affecting health and social services in the next century. Overall, the world's population has been growing at an annual rate of 1.7% during the period 1990–95, but the population aged over 65 is increasing by some 2.7% annually. Of a world total of 355 million people over 65 in 1993, more than 200 million are in the developing world, where they make up 4.6% of the population, with more than 150 million in developed countries, where the proportion is 12.6%. Although Europe, Japan and the USA currently have the "oldest" populations, the most rapid changes are being seen in the developing world, with predicted increases in some countries of up to 400% in people aged over 65 during the next 30 years.

Alongside the increase in the number of people over age 65, there will be a dramatic rise in the numbers of "old old" – people over 80. In 1993 they constituted 22% of those over 65 in developed countries and

12% in the developing world. The world elderly support ratio (the number of people over 65 years compared to those aged 20–64) in 1990 was 12 elderly to every 100 people of working age. It is estimated that the figure will be 12.8 in the year 2000 and 13.2 in 2010. In other words, while population increase during 1990–2000 is estimated to be 17%, the increase in the number of elderly is likely to be 30%.

One of the most difficult questions for health planners and politicians trying to allocate funds, as well as for the community and individuals themselves, is whether increased life expectancy means more health or simply more years of sickness. This is an area that is greatly underresearched, yet the question is assuming ever greater importance.

Two of the most pressing problems in the future will be the provision of care for people with dementia and those needing joint replacements for arthritic diseases. WHO estimates that there are 165 million people in the world with rheumatoid arthritis. The long-term care of the frail elderly is becoming one of the most debated medical and political issues in many developed countries, and the developing world too will soon have to wrestle with it. If people are not to be left destitute and uncared for at the end of their lives, more attention must be given to social mechanisms for the support of the elderly and the means to fund them.

### ***General health issues***

Although in the past 10 years there has been a global trend towards the democratization of political systems, the much anticipated "peace dividend" has failed to materialize. Poverty has continued, and will continue, to be a major obstacle to health development. The number of poor people has increased substantially, both in the developing world and



among underprivileged groups and communities within developed as well as developing countries. During the second half of the 1980s, the number of people in the world living in extreme poverty increased, and was estimated at over 1100 million in 1990 – more than one-fifth of humanity.

The changing demographic picture across the world, together with the rapid shift towards urbanization, will have profound implications for the delivery of health services. The unplanned and often chaotic growth of megacities in the developing world will pose particular challenges, as poor sanitation and housing encourage the spread of infectious diseases.

Against any optimism about the global economy throughout the remainder of this century and beyond should be set a number of major uncertainties. There has been a disproportionate flow of resources from the developing to the developed world – poor countries paying money to rich ones – because of debt servicing and repayment and as a consequence of prices for raw materials that favour the latter at the expense of the former. Structural adjustment policies aimed at improving the economic performance of poor countries have in many cases made the situation worse. The words of Robert McNamara, spoken in 1980 when he was President of the World Bank, still hold true: “The pursuit of growth and financial adjustment without a reasonable concern for equity is ultimately socially destabilizing”.

A further worrying global trend is growing unemployment, especially in developing countries without social security arrangements to cushion those out of work. Long-term unemployment is creating a new class of “untouchables” – by excluding a large group of people from the mainstream of development and society. The unemployed are a

potent reminder of the dangers of assuming that the general prosperity of a country will trickle down to all its members.

There is also considerable concern about the adverse health effects of continuing environmental degradation, pollution and the uncontrolled dumping of chemical wastes, diminishing natural resources, depletion of the ozone layer and predicted global climate changes.

Social mores are also undergoing profound changes, with a move towards shorter marriages and more divorces in many countries, leading to family breakdowns which have repercussions for individuals and for social services that may be called on to provide help for children and single parents.

Beyond any considerations for improving the health of the world must be the recognition that the growing world population will strain to the limit the ability of social, political, environmental and health infrastructures to cope. Health infrastructure – buildings and equipment, the staff, the drugs, the vehicles – is central to good health care. Services must be integrated, cost-effective and provided as close as possible to the people who need them.

With health resources unlikely to be greatly increased but with ever-growing demands for services, because of expanding populations and the advances of science which make more conditions treatable, the debate about the rationing of health care, with the attendant ethical problems, is likely to become intense. Hard choices will have to be made – and greatly enhanced mechanisms found for listening to the voice of the health consumer. ■

#### Reference

1. *The World Health Report 1995 – Bridging the gaps.* Geneva, World Health Organization, 1995.



WORLD HEALTH ORGANIZATION PUBLICATIONS

# **The World Health Report 1995**

## *Bridging the gaps*

*"... a useful reference work ... provides a concise but comprehensive, well-written survey of world population health problems, together with graphs, statistical tables and index..." — The Lancet*

What are the most important diseases that afflict humanity today, and why do they occur? Are advances in knowledge and technology having a real impact on health? Which are the actions most urgently needed, and what will they cost? At a time when resources are shrinking nearly everywhere, what should be the priorities for improving world health?

These are some of the many questions being addressed in the World Health Organization's new series of annual World Health Reports. Drawing upon a greatly expanded database, *The World Health Report 1995 – Bridging the gaps* documents the attributed causes of ill-health and death for each age group throughout the human life span, around the globe. Analytical as well as descriptive in its approach, the report also explores the effects of ill-health on people's lives and what can be done to improve conditions. Issues covered range from the causes of infant mortality to the health impact of global climate change, from the importance of poverty and lack of knowledge to the projected toll of the AIDS pandemic.

While progress is evident for some diseases in some countries, others show trends that are deeply disturbing. As the report reveals, today's global health situation is characterized by ominously widening gaps between rich and poor, between one population and another, and between age groups. Knowledge and technologies continue to advance, but fairness is lost when their benefits are distributed. Though many countries have already reached the health targets set by WHO for the year 2000, in some

parts of the world, life expectancy is actually decreasing and populations lack access to even the most basic health care.

For virtually all the major diseases that kill children or cut short the lives of adults, the picture that emerges is one of immense suffering easily prevented or treated by technologies that already exist and cost surprisingly little to implement. As the report makes abundantly clear, the gaps that need to be bridged include the discrepancy between knowing exactly what should be done and finding the will and resources to do it. Facts and figures gathered in the report also underscore the fundamental importance of health to socioeconomic development: when the poor are made more healthy, they can earn more and become less poor.

By ranking the major causes of death and ill-health, and showing how they can be prevented, *The World Health Report 1995 – Bridging the gaps* provides a foundation for priority setting and action – and challenges the world conscience to face the difficult ethical issues raised by so much preventable suffering.

### **The World Health Report 1995**

#### *Bridging the gaps*

1995, 120 pages (available in English and French)  
ISBN 92 4 156178 5  
Sw.fr. 15.–/US \$13.50  
In developing countries: Sw.fr. 9.–  
Order no. 1241995

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# The World Health Report 1995

## Bridging the gaps

*"Vast numbers of people of all ages are suffering and dying for the want of safe water, adequate sanitation and basic medicines. This, in the last few years of the 20th century, is unacceptable."*

### The world health situation in 1993

- The widening gaps in health status and in access to health care, seen when populations are compared, far outdistance the gains made in global health improvements, and threaten to undermine those gains.
- More than 12 million children under 5 years of age die in the developing world every year, most from a combination of preventable causes.
- Childhood diseases, easily prevented by vaccines, still claim around 2.4 million young lives every year.
- Measles kills 1.2 million children a year.
- Each year more than 4 million children under 5 years die of acute respiratory infections, particularly pneumonia.
- Diarrhoeal diseases kill about 3 million children a year.
- More than 200 million children – almost a third of all the children in the world – are undernourished.
- As a result of iodine deficiency, at least 30,000 babies are stillborn each year and over 120,000 are born mentally retarded, physically stunted, deaf-mute or paralysed.
- Owing to lack of insulin, many children with diabetes in developing countries die within five years of onset of the disease.
- Ninety-nine percent of deaths from communicable diseases and from maternal, perinatal and neonatal causes occur in the developing world.
- Maternal complications claim some 508,000 lives per year.
- About half of all pregnant women in the least developed countries have no antenatal care; 7 out of 10 babies are born without the help of a trained birth attendant.
- In 1994 HIV prevalence among adults worldwide was over 13 million. Some 6000 people are becoming infected each day.
- Tuberculosis kills about three million people each year, malaria around 2 million and hepatitis B about 1 million.
- Leprosy still causes 600,000 new cases a year;

between 2 and 3 million people are currently disabled by the disease.

- Diseases of the circulatory system kill 10 million people each year.
- Cancer claims 6 million lives each year.
- Chronic obstructive pulmonary diseases, such as chronic bronchitis and emphysema, kill around 2.9 million people each year.
- Mental retardation affects some 83 million people, epilepsy 30 million, dementia 22 million and schizophrenia 16 million.
- Half the world's population still lacks regular access to treatment of common diseases and to the most needed essential drugs.

### The way the world could be

- While the world at the end of the century may have cause to congratulate itself on improvements in human health, the world may also have to rebuke itself for opportunities missed and problems left untackled.
- By the end of the 20th century, we could be living in a world without poliomyelitis and guinea-worm disease, with no new cases of leprosy, and no deaths from neonatal tetanus and measles.
- In just six years mortality of children under age 5 could be no more than 70 per 1,000. Instead of 12 million deaths, there could be less than half a million.
- For babies born at the beginning of the 21st century, life expectancy could be at least 60 years everywhere in the world.
- Maternal deaths could be reduced by half.
- Deaths from malaria could be cut by a fifth in at least 75% of affected countries.
- The numbers of new carriers of hepatitis B could fall by 80%.
- Deaths from heart disease in people under age 65 could be reduced by at least 15%.
- Malnutrition in children under age 5 could fall by 50%; vitamin A and iodine deficiencies could be eliminated.
- The prevalence of iron deficiency anaemia in women of childbearing age could be reduced by 33%.

*"These are neither utopian targets nor naive wishes for a perfect world. They are achievable goals – provided the world cares enough and the necessary resources are made available."*