

HEALTH

Extreme risk

There is a huge gap between the countries in the better and worse relative situations as regards health care. Conditions in some poorer countries amount to a public emergency, but in the more developed countries lethal diseases have been brought under control. No country has regressed significantly in health care recently, but fewer than 10% have made good progress. Health care provision is a question of human rights, and this means there must be universal access and efficient public services.

Social Watch Research Team¹

Selected indicators:

- Malaria (cases per 100,000 people)
- Tuberculosis (cases per 100,000 people)
- People with HIV/AIDS (15 to 49 years old)
- Infant mortality (per 1,000 live births)
- Mortality among children under age 5 (per 1,000 live births)
- Children under age 1 immunized against diphtheria, whooping cough and tetanus (DPT)
- Children under age 1 immunized against polio
- Children under age 1 immunized against measles
- Children under age 1 immunized against tuberculosis

There are good and bad aspects to the health situation in the world. On the one hand, good overall progress has been made, but there are still threats to health that affect the whole world. According to the World Health Organization (WHO), "Chronic diseases, consisting of cardiovascular and metabolic diseases, cancers, injuries, and neurological and psychological disorders, are major burdens affecting rich and poor populations alike."²

On the other hand, there are shocking differences in the sphere of health care between countries. In the least developed countries some population groups are at extreme risk in situations that amount to public emergencies, but in the more developed countries some of the most lethal illnesses have been brought under control to the point that they can now be considered merely chronic, that is to say, manageable. The gap is wide, and life expectancy at birth is a key indicator that reflects this inequality.

One of the crucial factors underlying this gap between countries is the amount of health infrastructure that there is, and lack of infrastructure goes a long way towards perpetuating these inequalities. Poor living conditions in general, and poverty, gender inequity and environmental pollution in particular, are also important causes of inequalities in health. This is a question of human rights, and what is needed is not just universal access to health services but also that people and communities should play an active role in their own health care and in the efficiency of public services.

The greatest global pandemic is HIV/AIDS. It has now spread to such an extent that it has become the main cause of death among people in the 15 to 49 age bracket. According to UNICEF, "in 2003 alone, 2.9 million people died of AIDS and 4.8 million people were newly infected with the HIV virus. Over 90 per cent of people currently living with HIV/AIDS are in developing countries. . . In sub-Saharan Africa, HIV/AIDS has led to increasing child mortality, dramatic reductions in life expectancy and millions of orphans."³

Today there are more than 40 million people in the world living with the virus, but only 5% of them are in the rich countries. Medical treatment has improved, but even so, in 2005 more than 3 million people died from causes attributable to HIV/AIDS, and half a million of the victims were children.

According to the United Nations Development Programme (UNDP), only 4% of the people in Africa who are living with HIV/AIDS are receiving the necessary antiretroviral treatment. Not receiving treatment for the virus has a direct negative impact on life expectancy. To improve this situation it is vitally important to authorize the use of generic equivalents to partly replace patented medicines so that treatment can be rapidly universalized.⁴

In many African countries more than 15% of the population between 15 and 49 years of age has the virus, and in some of these countries the repercussions in terms of morbidity and mortality are catastrophic. In Botswana, for example, life expectancy has fallen to just 19.5 years. The 10 countries with the highest incidence of HIV/AIDS are all in the sub-Saharan region.

TABLE 1. Countries with highest incidence of HIV/AIDS, by region

COUNTRY	REGION	% OF POPULATION WITH HIV/AIDS
Swaziland	Sub-Saharan Africa	39
Botswana	Sub-Saharan Africa	37
Lesotho	Sub-Saharan Africa	29
Zimbabwe	Sub-Saharan Africa	25
South Africa	Sub-Saharan Africa	22
Namibia	Sub-Saharan Africa	21
Zambia	Sub-Saharan Africa	17
Malawi	Sub-Saharan Africa	14
Mozambique	Sub-Saharan Africa	12
Tanzania	Sub-Saharan Africa	9

Like in other spheres of social development, morbidity and mortality indicators are connected to economic factors, although there are other causes as well. Experience in various countries has shown that the economic factor that has the most bearing on these aspects of health is not per capita income or the rate of economic growth, but rather, equity in income distribution.

An indicator that clearly reflects a country's health situation is life expectancy at birth. The human race has made good progress in the last 30 years, and average global life expectancy has risen from 59.9 to 67.1 years, but in some regions there has been almost no improvement. In sub-Saharan Africa this indicator has increased by a mere 0.3 years, and in Eastern Europe it has actually fallen by 0.9 years.

What is particularly alarming is that within these populations there are some groups that are especially vulnerable. In the poorer countries there is a greater risk of child mortality in the first year, and mortality among children under 5 is also higher. Worldwide, 11 million children under 5 die from preventable diseases every year.

Since the 1960s some progress has been made in this area and by the 1990s there had been an 11% improvement, although this showed more in some regions than in others. As in so many other dimensions of development, sub-Saharan Africa is in the worst relative situation. In this region there has been no significant improvement over this period, there

1 The members of the Social Watch Research Team are listed in the credits at the start of this book.

2 WHO (2006a). *The World Health Report 2006. Working together for health*. P. 7. Available from: <www.who.int/whr/2006/06_overview_en.pdf>.

3 UNICEF (2005). *The State of the World's Children 2005. Childhood under threat*. Available from: <www.unicef.org/sowc05/english/childhoodunderthreat.html>.

4 UNDP (2005). *Human Development Report 2005*.

are still serious deficiencies in health care, and this can be clearly seen from the list of the ten countries in the world that have performed worst as regards mortality among children under 5 years old.

Another crucial factor in improving morbidity and mortality indicators is a country's ability to immunize its population. The poor countries find this far more difficult to do, and they suffer the consequences. WHO has reported that in Gambia and in other African countries, pneumonia and meningitis (illnesses linked to pneumococcus infections) are ten times more common than in the industrialized countries.⁵

Health is one of the dimensions reflected in the Basic Capabilities Index (BCI), so a country's ranking in this index is directly connected to its performance on indicators in the health area. All the countries in the worse relative health situation rate as critical or very low on the BCI. By the same token, the countries with the highest levels of social development, as shown by high BCI rankings, also show the best performance in terms of health: they are all in the group of countries in a better relative situation except for Trinidad and Tobago, and even that country is above the world average.

In recent years no country has regressed significantly in health care, and this is good news, but on the other hand fewer than 10% of countries have made significant progress. Most have advanced, but only to a small extent. But what gives real cause for concern is that countries in the worse relative situation have not managed even slight progress and have simply stagnated (Burkina Faso, Burundi, Cameroon, the Democratic Republic of the Congo, Guinea, Sierra Leone and Zambia) or have lost ground (Côte d'Ivoire, the Central African Republic).

There is no doubt that the most disadvantaged geographical region as regards health is sub-Saharan Africa, where around 90% of the countries are below the world average when it comes to health indicators. In contrast, the Middle East and North Africa are in a favourable situation and nearly three quarters of the countries there (15 out of 21) are in a better situation relative to the rest of the world.

The gap between the countries in the worse and better relative situations is clear to see in all the indicators in the sphere of health. The incidence of malaria, for example, is only 6 cases per 1,000 in the countries in the better situation, but the average in countries in the most critical situation is more than 143 per 1,000, that is to say, it is 23 times

CHART 1. Current health situation by regions

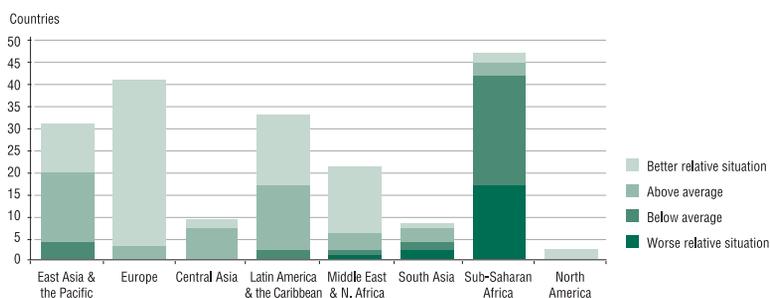


CHART 2. Final health position according to BCI

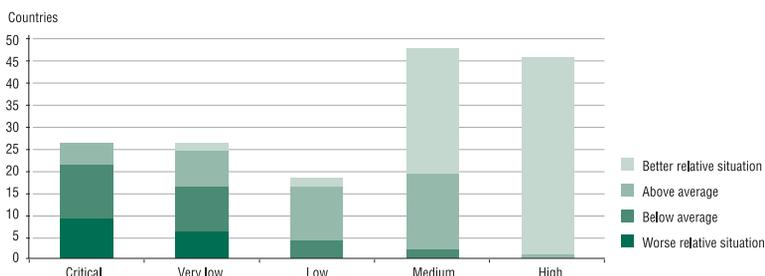


TABLE 2. Mortality among children under 5: the ten countries that have performed worst

COUNTRY	REGION	MORTALITY AMONG CHILDREN UNDER 5 (PER 1,000)
Sierra Leone	Sub-Saharan Africa	283
Angola	Sub-Saharan Africa	260
Niger	Sub-Saharan Africa	259
Afghanistan	Southern Asia	257
Liberia	Sub-Saharan Africa	235
Somalia	Sub-Saharan Africa	225
Mali	Sub-Saharan Africa	219
Dem. Rep. of Congo	Sub-Saharan Africa	205
Equatorial Guinea	Sub-Saharan Africa	204
Guinea-Bissau	Sub-Saharan Africa	203

TABLE 3. Current situation in evolution in health

CURRENT SITUATION	SIGNIFICANT REGRESSION	SLIGHT REGRESSION	STAGNATION	SLIGHT PROGRESS	SIGNIFICANT PROGRESS	TOTAL
Countries in worse situation	0	2	7	7	1	17
Countries below average	0	6	5	14	4	29
Countries above average	0	1	14	19	4	38
Countries in better situation	0	0	6	53	5	64
Total	0	9	32	93	14	148

5 WHO (2006b). *We are getting into a great era of hope. WHO immunization work : 2005 highlights.* Available from: <www.who.int/immunization/WHO_Immunization_highlights2005.pdf>.

TABLE 4. Averages by indicator of countries in better and worse relative situations in health

		INFANT MORTALITY (PER 1,000 LIVE BIRTHS)	MORTALITY AMONG CHILDREN UNDER 5 (PER 1,000 LIVE BIRTHS)	MALARIA (CASES PER 100,000 PEOPLE)	PEOPLE WITH HIV/AIDS (15-49 YEARS OLD) (%)	TUBERCULOSIS (CASES PER 100,000 PEOPLE)	CHILDREN UNDER AGE 1 IMMUNIZED AGAINST DPT (%)	CHILDREN UNDER AGE 1 IMMUNIZED AGAINST MEASLES (%)	CHILDREN UNDER AGE 1 IMMUNIZED AGAINST TUBERCULOSIS (%)	CHILDREN UNDER AGE 1 IMMUNIZED AGAINST POLIO (%)
Countries in worse situation	Average	111	178	144	11.6	577	67.9	66.2	80.0	67.7
	Number of countries	20	20	16	14	20	20	20	20	20
Countries in better situation	Average	12	14	7	0.2	32	93.3	91.7	93.5	92.6
	Number of countries	87	87	11	52	87	87	87	60	87
Total	Average	30	44	88	2.7	134	88.6	86.9	90.1	87.9
	Number of countries	107	107	27	66	107	107	107	80	107

higher. An equally shocking example of this overall inequality is the incidence of tuberculosis: on average, in the countries in the worse relative situation, more than half the population is affected.

Immunization is another area where the health care gap is plain to see. In all the immunization indicators (coverage against polio, diphtheria, whooping cough, tetanus, measles and tuberculosis) the average difference between the two groups of countries is around 20 percentage points. ■