World Health Report: Life expectancy falls in poorest countries

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Stark global inequalities in health are revealed in the latest World Health Organisation (WHO) report. World Health Report 2003 highlights "the slowing of gains and the widening of health gaps."

A baby girl born in Japan can expect to live to 85 years of age, have sufficient food, vaccinations and a good education. On average she will have $550 spent on medication per year for her needs, with more available if necessary.

If she were born in Sierra Leone she would have a life expectancy of just 36 years, not be immunised, be undernourished and if she survived childhood would marry as a teenager and give birth to six children. Childbirth would represent a high risk to her. One or more of her children would die in infancy. She could expect only $3 a year to be spent on medication.

Life expectancy has increased globally by almost 20 years over the last half century. In 1950-1955 it was 46.5 years and in 2002 it was 65.2 years. But this overall rise masks a terrible decline in life expectancy in the poorest countries. In parts of sub-Saharan Africa adult mortality rates are now higher than they were 30 years ago.

In Botswana, Lesotho, Swaziland and Zimbabwe the life expectancy for men and women has been *reduced* by 20 years. A man in Zimbabwe can now expect to live to 38 years of age.

It is not only Africa which has suffered a decline in life expectancy. In Eastern Europe and the former Soviet Union a man can expect to live to only 58.

Even countries that have seen an improvement in life expectancy now face a sharp decline. China rates as a low mortality developing country, with less than 10 percent of deaths currently occurring below the age of five years. In Africa 40 percent of deaths are in this age range. But this relatively favourable position is threatened by the destruction of the Chinese health care system with the reintroduction of unfettered capitalism and the mounting AIDS epidemic.

Worldwide an estimated 10 million children are dying unnecessarily every year. Most of these preventable child deaths occur in developing countries—half in Africa. Of the 20 countries with the highest child mortality rates, 19 are in Africa, the only exception being Afghanistan.

Rates of child mortality in some countries are also increasing. While the global trend is for child mortality to decline, 16 countries, of which 14 are in Africa, have higher rates than in 1990. In nine countries, of which eight are in Africa, the child mortality rate is higher than those recorded over 20 years ago.

The report attributes this reversal to the impact of HIV/AIDS. The causes of childhood deaths in some of the developing countries, in the Eastern Mediterranean, Latin American and Asia, have shifted toward the pattern of childhood deaths in the developed countries. It lists these as birth asphyxia, birth trauma and low birth weight—the conditions that arise in the perinatal period. The pattern of deaths in sub-Saharan Africa, however, is dominated by malnutrition, diarrhoea, malaria and infections of the lower respiratory tract.

Some of these conditions such as malaria and diarrhoea could be easily prevented given clean water and basic precautionary measures such as insecticide-treated nets and more effective malarial drugs if resources were available. The HIV/AIDS endemic raging in Southern Africa is exacerbating child mortality. About 90 percent of all HIV/AIDS and malaria deaths in children in developing countries occur in sub-Saharan Africa.

Non-communicable disease amongst adults, such as cardiovascular disease and lung cancer, is also

becoming more prominent in developing countries. Tobacco companies, faced with a more restrictive marketing climate combined with a certain level of heath education on the harmful effects of smoking in the developed world, are targeting developing countries. In an overview of the report the WHO states, “The consumption of cigarettes and other tobacco products and exposure to tobacco smoke are the world’s leading preventable cause of death, responsible for about 5 million deaths in 2003, mostly in poor countries and poor populations. The toll will double in 20 years unless known and effective interventions are urgently and widely adopted.”

Lee Jong-wook the Director General of the WHO wrote last December in the British medical journal the *Lancet*, recalling how in 1978 the WHO had laid out its commitment to health equality in the Alma-Ata declaration. Its goal was for all people to have sufficient health to have “a dignified and productive life” by the year 2000. That goal was not achieved. He attributes this failure to lack of political commitment, poverty and the impact of HIV/AIDS.

He acknowledges that provision of health care has been reduced as governments privatise services. He says, “delegates at Alma-Ata could not have anticipated today’s complex service delivery landscape in which non-governmental organisations and the private sector operate in the gap left by states’ withdrawal from healthcare provision—a withdrawal often encouraged by international financial institutions and interests uncritically supportive of healthcare provision.”

While the report tries to put the most positive gloss possible on these disastrous figures, and the WHO has announced yet new health goals, there is no strategy for reversing a growing trend toward rising mortality rates in the world’s poorest countries. It is a trend that arises not from the failure of this or that government or the inadequacies of some particular health initiative, but from a long term and systematic assault on the living standards of the vast majority of the world’s population by a tiny minority of the obscenely wealthy and the giant corporations they run. In a period when medical technology and public health measures could ensure an increasing life span for evermore people, the figures published in the WHO report are a damning indictment of an economic system and a social order that is costing the lives of millions.