



## Overview

Over the past forty years life expectancy has improved more than during the entire previous span of human history. In 1950 life expectancy in developing countries was forty years; by 1990 it had increased to sixty-three years. In 1950 twenty-eight of every 100 children died before their fifth birthday; by 1990 the number had fallen to ten. Smallpox, which killed more than 5 million annually in the early 1950s, has been eradicated entirely. Vaccines have drastically reduced the occurrence of measles and polio. Not only do these improvements translate into direct and significant gains in well-being, but they also reduce the economic burden imposed by unhealthy workers and sick or absent schoolchildren. These successes have come about in part because of growing incomes and increasing education around the globe and in part because of governments' efforts to expand health services, which, moreover, have been enriched by technological progress.

Despite these remarkable improvements, enormous health problems remain. Absolute levels of mortality in developing countries remain unacceptably high: child mortality rates are about ten times higher than those in the established market economies. If death rates among children in poor countries were reduced to those prevailing in the rich countries, 11 million fewer children would die each year. Almost half of these preventable deaths are a result of diarrheal and respiratory illness, exacerbated by malnutrition. In addition, every year 7 million adults die of conditions that could be inexpensively prevented or cured; tuberculosis alone causes 2 million of these deaths. About 400,000 women die from the direct complications of pregnancy and childbirth. Maternal mortality

ratios are, on average, thirty times as high in developing countries as in high-income countries.

Although health has improved even in the poorest countries, the pace of progress has been uneven. In 1960 in Ghana and Indonesia about one child in five died before reaching age 5—a child mortality rate typical of many developing countries. By 1990 Indonesia's rate had dropped to about one-half the 1960 level, but Ghana's had fallen only slightly. Table 1 provides a summary of regional progress in mortality reduction between 1975 and 1990. (Figure 1 illustrates the demographic regions used in Table 1 and frequently throughout this Report.)

In addition to premature mortality, a substantial portion of the burden of disease consists of disability, ranging from polio-related paralysis to blindness to the suffering brought about by severe psychosis. To measure the burden of disease, this Report uses the disability-adjusted life year (DALY), a measure that combines healthy life years lost because of premature mortality with those lost as a result of disability.

There is huge variation in per person loss of DALYs across regions, mainly because of differences in premature mortality; regional differences in loss of DALYs as a result of disability are much smaller (Figure 2). The total loss of DALYs is referred to as the global burden of disease.

The world is facing serious new health challenges. By 2000 the growing toll from acquired immune deficiency syndrome (AIDS) in developing countries could easily rise to more than 1.8 million deaths annually, erasing decades of hard-won reductions in mortality. The malaria parasite's increased resistance to available drugs could lead to

Figure 1 Demographic regions used in this Report

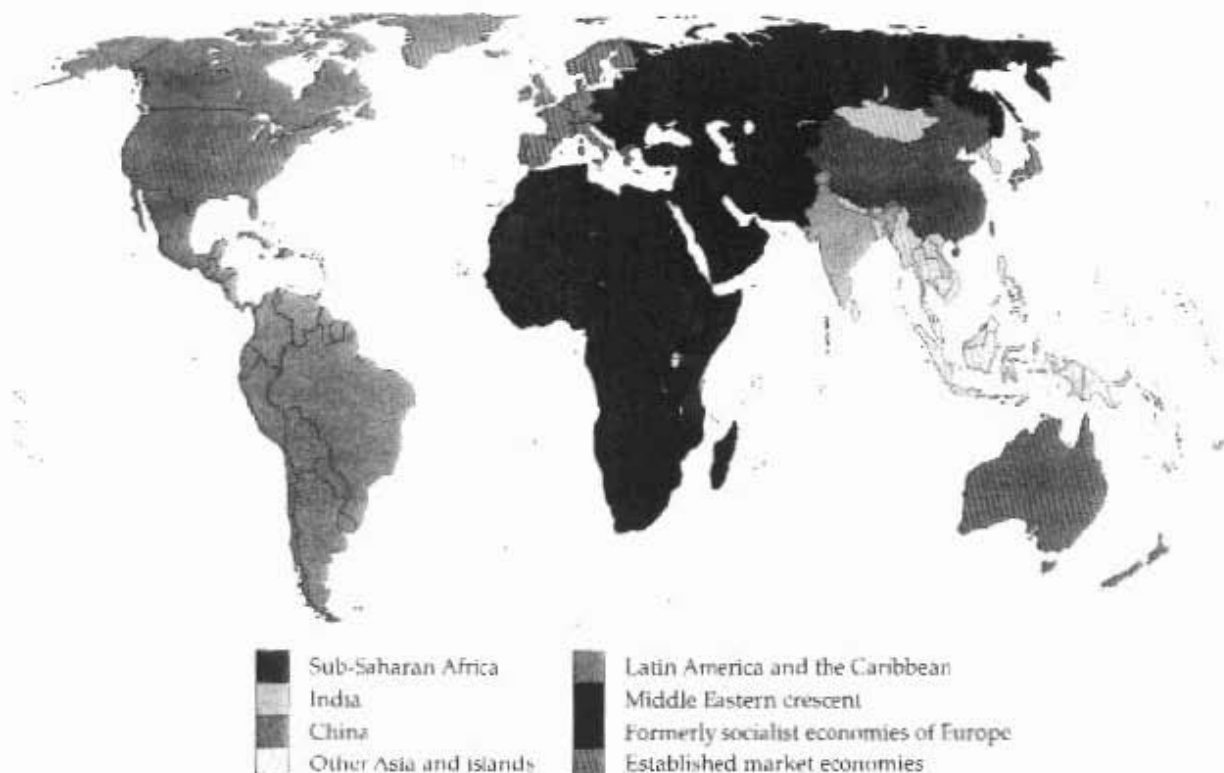


Table 1 Population, economic indicators, and progress in health by demographic region, 1975-90

Region	Population, 1990 (millions)	Deaths, 1990 (millions)	Income per capita		Child mortality		Life expectancy at birth (years)	
			Dollars, 1990	Growth rate, 1975-90 (percent per year)	1975	1990	1975	1990
Sub-Saharan Africa	510	7.9	510	-1.0	212	175	48	52
India	850	9.3	360	2.5	195	127	53	58
China	1,134	8.9	370	7.4	85	43	56	69
Other Asia and islands	683	5.5	1,320	4.6	135	97	56	62
Latin America and the Caribbean	444	3.0	2,190	-0.1	104	60	62	70
Middle Eastern crescent	503	4.4	1,720	-1.3	174	111	52	61
Formerly socialist economies of Europe (FSE)	346	3.8	2,850	0.5	36	22	70	72
Established market economies (EME)	798	7.1	19,900	2.2	21	11	73	76
Demographically developing group <sup>a</sup>	4,123	39.1	900	3.0	152	106	56	63
FSE and EME	1,144	10.9	14,690	1.7	25	15	72	75
World	5,267	50.0	4,000	1.2	138	96	60	65

Note: Child mortality is the probability of dying between birth and age 5, expressed per 1,000 live births; life expectancy at birth is the average number of years that a person would expect to live at the prevailing age-specific mortality rates.

<sup>a</sup> The countries of the demographic regions Sub-Saharan Africa, India, China, Other Asia and islands, Latin America and the Caribbean, and Middle Eastern crescent.

Source: For income per capita, World Bank data; for other items, Appendix A.