



WORLD HEALTH STATISTICS

A SNAPSHOT OF GLOBAL HEALTH



**World Health
Organization**

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- Which disease kills the most children aged less than five years and where are most of these children dying?
- What percentage of women would like to prevent pregnancies but have no access to contraception?
- Which country has almost 25 000 psychiatrists and which countries don't even have one?
- What percentage of teenaged boys smoke tobacco?
- How many more years can a man aged 60 expect to live in different parts of the world?



From adolescent pregnancy rates to the money governments spend on health, the *World Health Statistics* has the answers to all your questions on the health of the world's people. Published every year by the World Health Organization (WHO), the *World Health Statistics* is the definitive source of information on global public health from 194 countries.

Where does this information come from?

WHO relies on many sources to compile the *World Health Statistics*. These include government birth and death registration systems, hospital records, household surveys, censuses, certified expenditure records and data obtained from research projects.

WHO makes every effort to make the best possible use of data reported by countries. Many countries do not have strong health information systems so the data is not always available and varies in quality. Sometimes we have to adjust this information to deal with missing values, to correct for known biases, and to help make comparisons between countries and over time. We also use statistical modelling to help fill gaps in data.

Demographic and socioeconomic statistics come from databases managed by other organizations in the United Nations family and beyond, including the International Telecommunication Union, United Nations Department of Economic and Social Affairs, United Nations Children's Fund and the World Bank.

KEY TRENDS

Ten years in child health

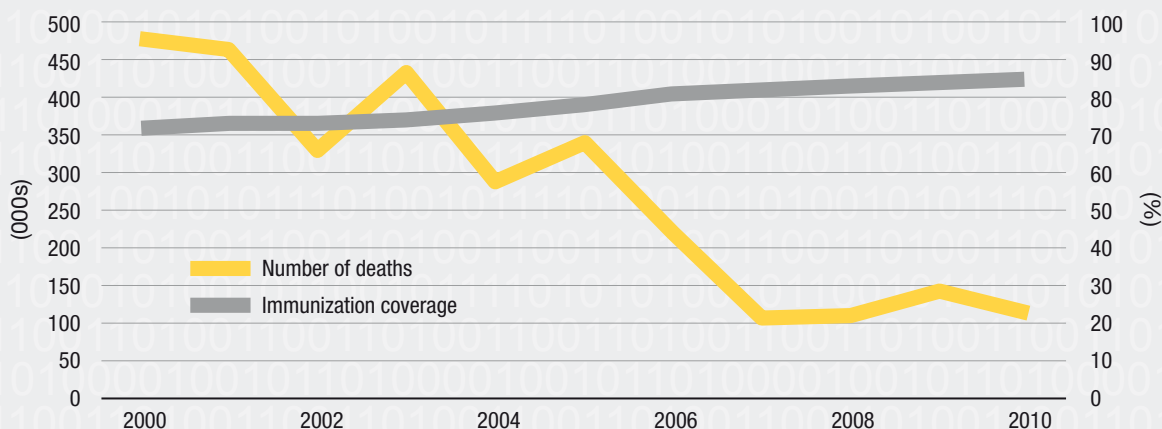
For the first time, the *World Health Statistics* compares the state of child health from the years 2000 and 2010, showing how global public health advancements have helped save children's lives in the past 10 years.

The world has made significant progress in reducing the number of child deaths. In 2000, an estimated 9.6 million children aged less than 5 years died worldwide. The biggest killers were pneumonia, prematurity, diarrhoeal disease, malaria, measles and HIV/AIDS. By 2010, annual child deaths had been reduced to 7.6 million.

Measles deaths cut by 74%

Measles immunization is one of the most remarkable recent public health successes. In the year 2000, more than 477 000 children died from measles. In just 10 years, measles deaths have been cut by 74% to less than 114 000 child deaths worldwide (Figure 1). This achievement is entirely due to a strong campaign to increase global vaccination coverage. In 2010, 85% of children aged 12–23 months worldwide were immunized against measles.

Figure 1. Number of measles deaths in children aged less than 5 years and measles immunization coverage among 1-year olds (%), 2000–2010



Get that pressure down

Raised blood pressure is a high-risk condition that causes approximately 51% of deaths from stroke and 45% from coronary heart disease. It is considered directly responsible for 7.5 million deaths in 2004 – about 12.8% of the total of all global deaths.

Widespread diagnosis and treatment has led to a dramatic drop in mean blood pressure in high-income countries. In contrast, in Africa more than one third of people are estimated to have high blood pressure and this condition is increasing (Figure 2). Many of these cases could be treated with low-cost medications, which would significantly reduce the risk of death and disability from heart disease and stroke.

The world is getting heavier

Worldwide, 2.8 million people die each year as a result of being overweight or obese. Being overweight or obese increases the risks of coronary heart disease, ischaemic stroke, type 2 diabetes mellitus and some common cancers.

Between 1980 and 2008, the worldwide prevalence of obesity (body mass index ≥ 30 kg m²) almost doubled (Figure 3). By 2008, 10% of men and 14% of women (half a billion people) in the world were obese, compared with 5% of men and 8% of women in 1980.

WHO's Region of the Americas has the highest percentage of overweight and obese people (62% overweight in both sexes, and 26% obese) and the South-East Asia Region has the lowest (14% overweight in both sexes and 3% obese).

Figure 2. Percentage of adults aged 25 years and over with high blood pressure^a by WHO region*, 1980 and 2008

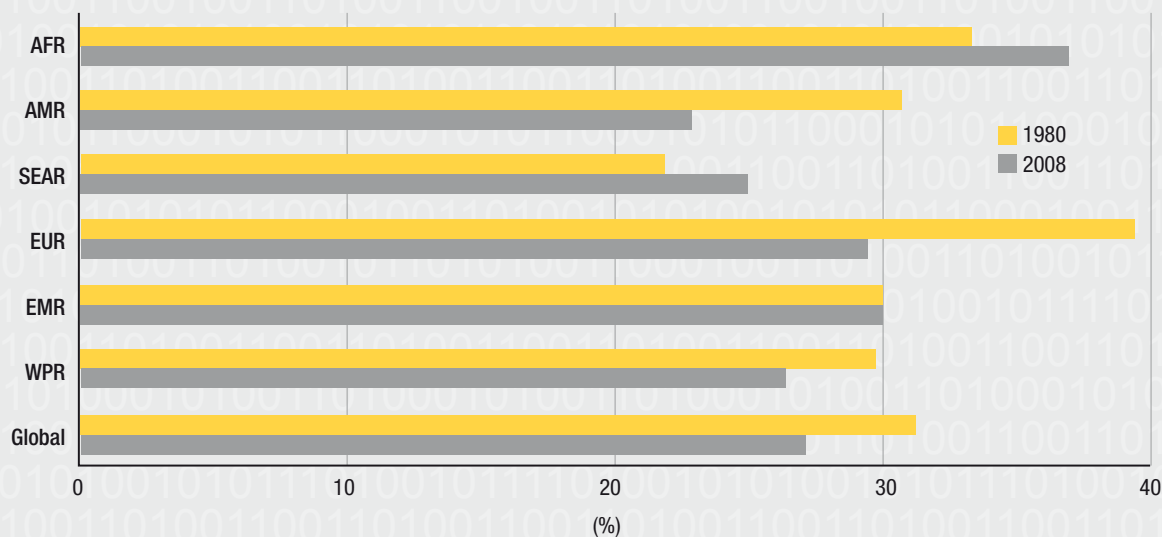
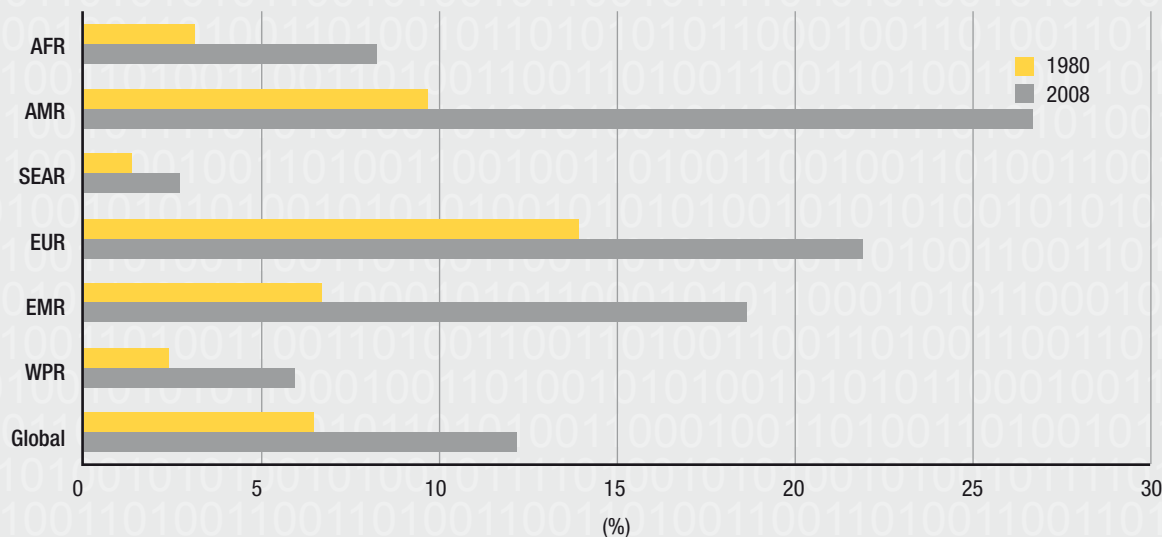


Figure 3. Percentage of obese^b adults aged 20 years and over in WHO region*, 1980 and 2008



^a High blood pressure: systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg

^b Obese: body mass index ≥ 30 kg/m²

* WHO regions:

AFR - WHO African Region

AMR - WHO Region of the Americas

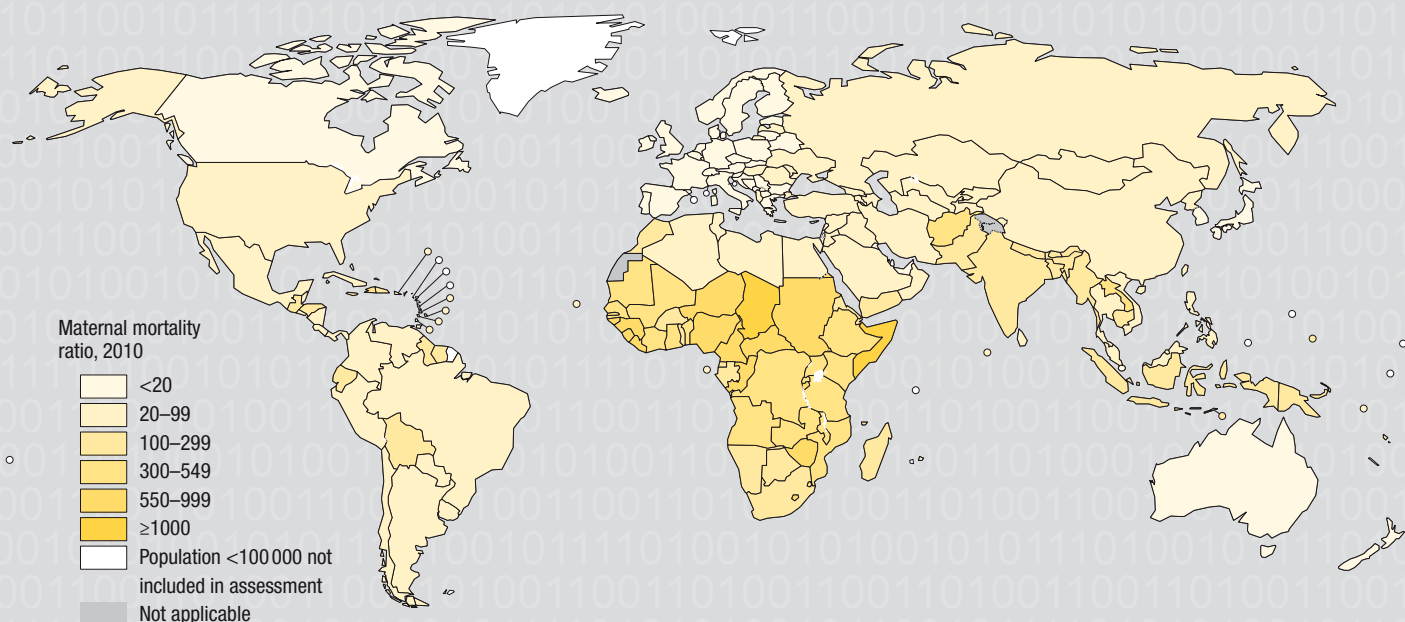
SEAR - WHO South-East Asia Region

EUR - WHO European Region

EMR - WHO Eastern Mediterranean Region

WPR - WHO Western Pacific Region

Figure 4. Maternal mortality ratio (per 100 000 live births), 2010



Saving more mothers

Somewhere in the world every two minutes, a woman dies from pregnancy or childbirth-related causes. One third of all these maternal deaths take place in just two countries: India with 20% of the global total (56 000 deaths) and Nigeria with 14% (40 000 deaths).

In the past 20 years, the number of maternal deaths have been reduced by almost 50% from more than 540 000 deaths in 1990 to less than 290 000 in 2010. This burden is still extremely uneven, with women in developing countries facing 15 times the risk of dying during pregnancy or from childbirth-related complications. Most of the 40 countries with high maternal mortality rates are in sub-Saharan Africa where 500 women die per 100 000 live births (Figure 4). Ten percent of maternal deaths in Africa are due to the aggravating effect of HIV-infection on pregnancy.

To reduce the number of maternal deaths, women need access to good-quality reproductive-health care, including family planning – an important intervention that could reduce maternal deaths by up to one-third. Worldwide in 2008, 63% of women aged 15–49 years who were married or in a consensual union were using some form of contraception. However in the Africa Region, only 24% of these women were using contraception compared to 80% in the Western Pacific Region.

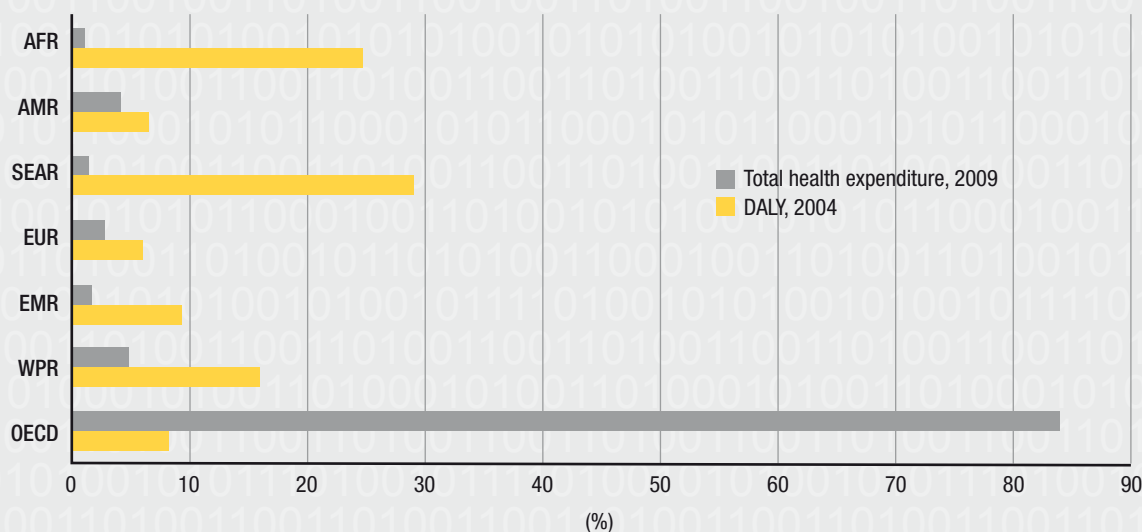
Money for health

The range and quality of health services is largely determined by the money available to improve health in each country. This is influenced by that country's wealth, the proportion of the national budget that it devotes to health and funds from external donors.

Worldwide, the range of money spent on health is extreme: health expenditure from all sources – public, private and external – ranged from US\$ 11 per person per year in Eritrea to US\$ 8262 per person in Luxembourg. Average per capita expenditures varied substantially from US\$ 25 in low-income countries to US\$ 4692 in high-income countries. Richer countries with lower disease burden use more health resources than poorer countries with higher disease burden (Figure 5).

The High Level Taskforce on Innovative International Financing for Health Systems suggested that, on average, a low-income country would have to spend a minimum of US\$ 44 per capita to ensure all people had access to a set of essential health services focusing largely on HIV, tuberculosis, malaria, and maternal and child health. In 2009, 29 countries spent less than this minimum recommended amount. At this low level, it is not possible to ensure access to even a limited set of health services.

Figure 5. Distribution (%) of disability adjusted life years (DALYs) and total health expenditure per capita (US\$) by WHO region* and OECD^c



Source: National Health Accounts series, World Health Organization (www.who.int/nha).

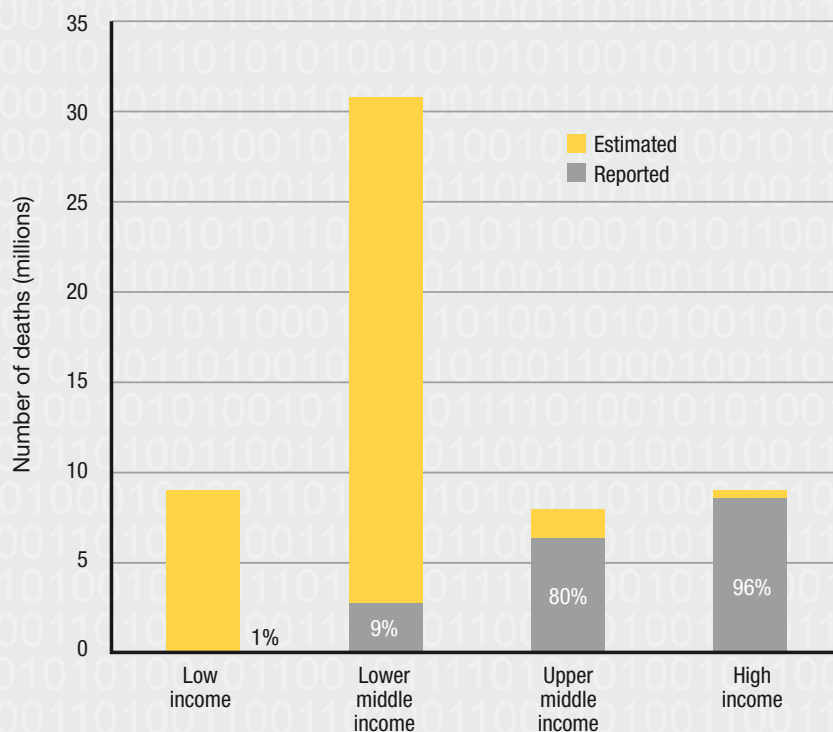
^c Organisation for Economic Co-operation and Development (OECD). For this figure, OECD countries are not included in their respective WHO region.

Counting births and deaths

Only one quarter of the world's population lives in countries where more than 90% of births and deaths are registered – and these are mostly high-income countries. The situation is even worse for information on deaths and causes. Only 34 countries – representing 15% of the world population – produce high-quality cause-of-death data and almost all of these countries are in Europe and the Americas. In low-resource settings, where the need for information is greatest, death registration coverage is at its lowest (Figure 6).

More than 100 countries do not have well-functioning civil registration systems. More than 75% of uncounted births and deaths are in sub-Saharan Africa and south-east Asia. The world's two most populous countries, China and India, do not have national civil registration systems, instead they estimate births and deaths based on population samples.

Figure 6. Estimated versus reported number of deaths by country-income group, 2009





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