

# Taking Action for the World's Poor and Hungry People

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## SPEAKER SUMMARY NOTE

**Session:** **AFRICA: New Strategies, Actions, and Ways Forward to End Extreme Poverty and Hunger in Main Developing Regions**

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**Title:** Combating disease and improving health

### Background

It is estimated that about one out of six people in the world, or about 15 percent, live in high-income countries (chiefly in North America and Europe) but only 7% of all deaths annually occur in those countries. Table 1 is a summary of analysis of the leading causes of death by broad income groups as reported in the World Health Report 2002.

**Table 1—The Ten Leading Causes of Death by Broad Income Group 2002**

High-income countries			Middle-income countries			Low-income countries		
Disease	Deaths in millions	% of deaths	Disease	Deaths in millions	% of deaths	Disease	Deaths in millions	% of deaths
Coronary heart disease	1.34	17.1	Stroke and other cerebrovascular diseases	3.02	14.6	Coronary heart disease	3.10	10.8
Stroke and other cerebrovascular diseases	0.77	9.8	Coronary heart disease	2.77	13.4	Lower respiratory infections	2.86	10.0
Trachea, bronchus, lung cancers	0.46	5.8	Chronic obstructive pulmonary disease	1.57	7.6	HIV/AIDS	2.14	7.5
Lower respiratory infections	0.34	4.3	Lower respiratory infection	0.69	3.3	Perinatal conditions	1.83	6.4
Chronic obstructive pulmonary disease	0.30	3.9	HIV/AIDS	0.62	3.0	Stroke and other cerebrovascular diseases	1.72	6.0
Colon and rectal cancers	0.26	3.3	Perinatal conditions	0.60	2.9	Diarrhoeal diseases	1.54	5.4
Alzheimer and other dementias	0.22	2.7	Stomach cancer	0.58	2.8	Malaria	1.24	4.4
Diabetes mellitus	0.22	2.7	Trachea, bronchus, lung cancers	0.57	2.7	Tuberculosis	1.10	3.8
Breast cancer	0.15	1.9	Road traffic accidents	0.55	2.6	Chronic obstructive pulmonary disease	0.88	3.1
Stomach cancer	0.14	1.8	Hypertensive heart disease	0.54	2.6	Road traffic accidents	0.53	1.9

The analysis indicates that:

- In high-income countries more than two-thirds of all people live beyond the age of 70 and die of chronic diseases: cardiovascular disease, chronic obstructive lung disease, cancers, diabetes or dementia. Lung infection remains the only leading infectious cause of death.
- In middle-income countries, nearly half of all people live to the age of 70 and chronic diseases are the major killers, just as they are in high-income countries. Unlike in high-income countries, however, HIV/AIDS, complications of pregnancy and childbirth and road traffic accidents also are leading causes of death.

- In low-income countries less than a quarter of all people reach the age of 70, and nearly a third of all deaths are among children under 14. Although cardiovascular diseases together represent the leading cause of death in these countries, infectious diseases (above all HIV/AIDS, lung infections, tuberculosis, diarrhoeal diseases and malaria) together claim more lives. Complications of pregnancy and childbirth together continue to be a leading cause of death, claiming the lives of both infants and mothers.

## **Causes of death by age group**

### **Children**

Nearly 11 million deaths in 2002 were among children under five years of age, and 98% of them were in low- and middle-income countries. The major causes of death in children under five are perinatal (22%), acute respiratory infections (20%); diarrhoea (12%); malaria (8%); measles (6%); HIV (4%) and others (28%). However, all major infant and childhood deaths in developing countries are associated with malnutrition.

### **Women**

Africa accounts for 20% of the world's births but 40% of world's maternal deaths. Recent findings by WHO, UNICEF and UNFPA show that a woman living in sub-Saharan Africa has one in 16 chance of dying in pregnancy or childbirth compared to one in 2,800 risk for woman from a developed region. Poor reproductive health outcomes result from cumulative effects of malnutrition in childhood, lack of adequate housing and sanitation, poor educational opportunities and lack of access to health care. (World Bank: Africa region Human Development. Working Paper Series-No. 97).

### **Risk factors**

About 47% of global mortality is attributable to 20 risk factors but more than a third of the burden is attributable to 10 major preventable risks which are (1) childhood and maternal underweight; (2) unsafe sex; (3) high blood pressure; (4) tobacco; (5) alcohol; (6) unsafe water, sanitation and hygiene; (7) high cholesterol; (8) indoor smoke from solid fuels; (9) iron deficiency and (10) overweight/obesity. However, at least 30% of all disease burden occurring in high mortality developing countries, such as those in sub-Saharan Africa and South-East Asia, results from underweight and deficiencies in micronutrients like iron and zinc, unsafe sex, unsafe water, sanitation, and hygiene and indoor smoke from solid fuels. More emphasis on preventing the causes of important diseases is the key to improving world health. The greatest gains would be in some of the poorest nations – with perhaps ten more healthy life years achievable.

## **Selected Major Risk Factors and What to Do About Them**

The 2002 World Health report predicts that unless action is taken, by the year 2020 there will be nine million deaths caused by tobacco, compared to almost five million a year now; five million deaths attributable to overweight and obesity, compared to three million now; that the number of healthy life years lost by underweight children will be 110 million, which, although lower than 130 million now, is still unacceptably high. The major risk factors for high mortality countries are largely preventable and require large scale interventions.

**Underweight/under-nutrition** -- Childhood and maternal underweight was estimated to cause 3.4 million deaths in 2000, about 1.8 million occurred in Africa. This accounted for about one in 14 deaths globally. Under-nutrition was a contributing factor in more than half of all child deaths in developing countries. Under-nutrition is mainly a consequence of inadequate diet and frequent infection, leading to deficiencies in calories, protein, vitamins and minerals. Underweight remains a pervasive problem in developing countries, where poverty is a strong underlying cause, contributing to household food insecurity, poor childcare, maternal under-nutrition, unhealthy environments, and poor health care. The most cost effective strategy to reduce under-nutrition and its consequences combines a mix of preventive and curative interventions. Micronutrient supplementation and fortification - Vitamin A, zinc and iron – is very cost-effective. It should be combined with maternal counselling to continue breast feeding, and targeted provision of complementary food as necessary. In addition, routine treatment of diarrhoea and pneumonia, major consequences of under-nutrition, should be part of any health improvement strategy for children.

**Unsafe sex** -- HIV/AIDS caused 2.9 million deaths in 2000, or 5.2 per cent of total. Life expectancy at birth in sub-Saharan Africa is currently estimated at 47 years; without AIDS it is estimated that it would be around 62 years. Current estimates suggest that 95 per cent of the HIV infections prevalent in Africa in 2001 are attributable to unsafe sex compared to 25 per cent in Eastern Europe and 90 per cent or more in parts of South America and

the developed countries of Western Pacific. Most people infected with HIV do not know they are infected, making prevention and control more difficult. Various sexual practices contribute to the risk of sexually transmitted infections. High-risk sex practices include multiple partners, together with lack of condom use and the type of sex acts involved. Interventions include: Population-wide mass media health promotion using the combination of television, radio and printed media; Voluntary counselling and testing; school-based AIDS education targeted at youths aged 10-18 years; peer counselling for sex workers; peer outreach for men who have sex with men; treatment of sexually transmitted infections as a way of reducing transmission of HIV infections; treatment of mothers with HIV infection to prevent maternal to child transmission and anti-retroviral therapy. The best way to address the problem is to apply a combination of the above interventions at a population-wide level.

**High blood pressure and cholesterol** -- Worldwide, high blood pressure is estimated to cause 7.1 million deaths, about 13 per cent of the global fatality total. Across WHO regions, research indicates that about 62 per cent of strokes and 49 per cent of heart attacks are caused by high blood pressure. The most cost-effective interventions identified to reduce cardiovascular disease include adoption of policies and programs to promote population-wide interventions like reducing salt in processed foods, cutting dietary fat, encouraging exercise, higher consumption of fruits and vegetables and lowering smoking. Together with highly effective drug combination these interventions which are increasingly affordable in the developing world are likely to more than halve stroke and heart disease incidence.

**Unsafe Water and Sanitation** -- Approximately 3.1 per cent of deaths (1.7 million) worldwide are attributable to unsafe water, sanitation and hygiene. Of this burden, about one-third occurred in Africa and one-third in South-East Asia and 90 per cent are deaths of children. Various forms of infectious diarrhoea make up the main burden of disease associated with unsafe water, sanitation and hygiene. The United Nations has adopted a goal of halving the number of people with no access to safe water and sanitation by 2015. Universal piped water is the ideal, but is high cost. In the short term, the most cost-effective strategy evaluated was disinfection of unsafe water at the point of use. This is a simple technology, is of very low cost, and would achieve substantial health benefits.

**Iron deficiency** -- Iron deficiency is one of the most prevalent nutrient deficiencies in the world, affecting an estimated two billion people with consequences for maternal and perinatal health and child development. In total, 800,000 (1.5 per cent) of deaths worldwide are attributable to iron deficiency, 1.3 per cent of all male deaths and 1.8 per cent of all female deaths. Iron fortification is very cost-effective in areas of iron deficiency. It involves the addition of iron usually combined with folic acid, to the appropriate food vehicle made available to the population as a whole. Cereal flours are the most common food vehicle, but there is also some experience with introducing iron to other vehicles such as noodles, rice, and various sauces.

## **Conclusion**

Implementing these interventions require bold policies by Governments. Health ministries, have to play a stronger role in formulating effective, committed policies for the prevention of large risks to health, increase and encourage intersectoral and international collaboration to reduce major extraneous risk to health such as unsafe water and sanitation or a lack of education, especially in poorer countries.