

AIR AND WATER

LIFE EXPECTANCY

AIDS

THE

CANCER

BIRTH COUNTS

HEARTS AND MINDS

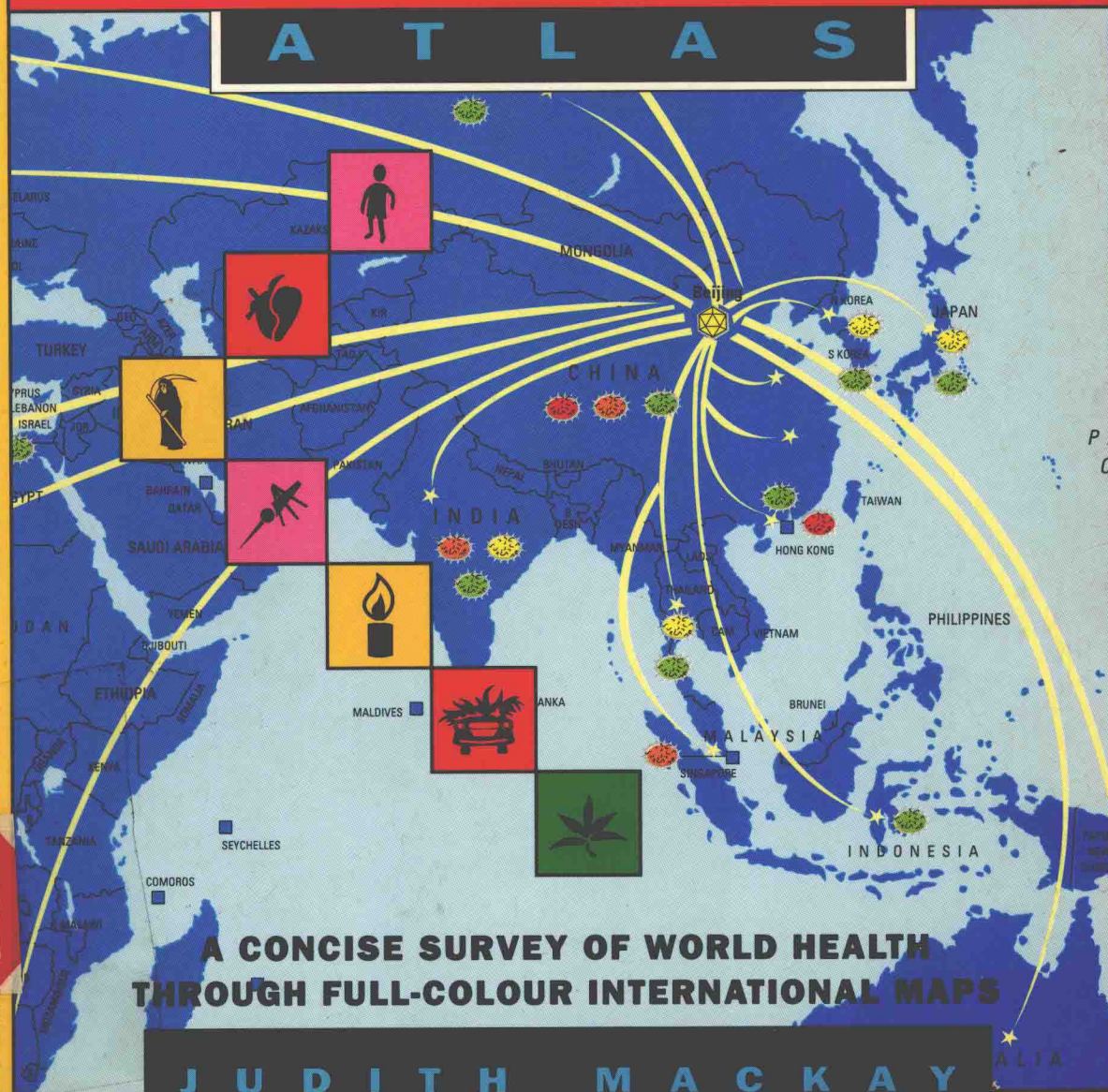
TROPICAL DISEASES

DOCTORS

DOCTORS

STATE OF HEALTH

ATLAS



A CONCISE SURVEY OF WORLD HEALTH
THROUGH FULL-COLOUR INTERNATIONAL MAPS

JUDITH MACKAY

THE STATE OF HEALTH ATLAS

Judith Mackay

A PLUTO PROJECT

S I M O N & S C H U S T E R

LONDON·SYDNEY·NEW YORK·TOKYO·SINGAPORE·TORONTO

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THE STATE OF HEALTH ATLAS

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INTRODUCTION

'A state of complete physical, mental and social well-being, not merely the absence of disease or infirmity' is the way that health is defined by the World Health Organization, which also states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human without distinction of race, religion, political belief or economic or social condition. This book illustrates that these ideals are a long way from fulfilment.

It is difficult to measure health and well-being and only ill-defined and subjective parameters are available. The very word 'health' is often confused with sickness; for example, 'health services' usually refer to the provision of curative medical care.

Nor is it always easy to measure sickness even by using self-determined feelings of being unwell. Scientific advances make it more and more difficult to define sickness. If someone is carrying potentially harmful bacteria like tuberculosis or a virus like AIDS but has not yet developed any symptoms, is that person 'healthy' or 'sick'? Likewise, should an apparently well person be considered unhealthy if they carry a potentially damaging gene or have a medical condition that makes them predisposed to a later illness? Will the growing science of genetics create a whole new range of people to be classified as 'unhealthy'?

Global health has little to do with doctors and hospitals. The basic determinants of health are nutritious food, adequate shelter, clean water, elementary education (especially of women), being a non-smoker, and having access to low-cost, low-tech primary and preventive health services, which include immunization and family planning. Almost one third of the world's population live in poverty and their health is correspondingly poor: people living in poor countries (especially in Africa) have the shortest life expectancy, the highest infant and child mortality, the least adequate nutrition, the least education, the least immunization and the highest fertility.

The common modalities to all health systems are few: a belief in that particular health system, rest, and the feeling of being cared for. These are the fundamentals of health care throughout the world. Voltaire once said that the art of medicine consists of amusing the patient while nature cures the disease.

Most people in the world have no regular access to 'Western' medicine. In general, traditional health systems are local, largely unrecorded, and are tested by time. Not surprisingly, there are no reliable data available for traditional health systems.

Although the data derived from demographic surveys, for example, life expectancy and population size, are comprehensive and readily available from the UN agencies, health statistics are much more difficult to obtain. Even when they are available, they are only as good as the quality and coverage achieved by a country's own health information system. Poor countries with poor health systems provide the least reliable data. This is not necessarily a criticism. Many are grappling with other serious problems. However, on some maps, rich countries with good data collection may erroneously appear to have comparatively more severe health problems. Readers must interpret data with caution, particularly from countries in sub-

Saharan Africa. The World Health Organization has made a plea for all countries to use the WHO criteria and collect standardized data.

It was also difficult to obtain data for the newly emergent states in Europe, but in some cases the absence of data means there is no perceived problem and therefore action is thought unnecessary. Violence, tobacco-related deaths and motor vehicle accidents are still not regarded as public health problems in many countries and data are not collected.

The international agencies have a special responsibility to support efforts of many countries to develop robust, simple, sustainable and affordable health information systems. Even when statistics are available, they are often not comparable between countries – the population sample may be different, for example, diverse age groups may be used; and exposure definitions, for example in relation to smoking and alcohol, vary from country to country. Some of the shortcomings of health statistics may have been redressed before the next edition of this atlas. Meanwhile, readers' contributions would be welcome.

Health takes a back seat to poverty, famine or war. But success stories emerge: life expectancy in the world has steadily increased from an average of 47 years in 1950 to 66 years today; even in poor countries it has improved from 42 years to 63 years (see **6. Three Score Years and Ten**). The immunization programme (see **35. Catching Them Young**) has saved the lives and improved the well-being of millions of children in the world. China's success in only 40 years in making health care available to over one billion people (increasing life expectancy from 41 years to 71 years in the process) is a model for poor countries (see **29. A Stitch in Time**).

But the health of the world, with its concomitant improvement in economic advancement, education and family size, will only improve when two things happen: governments deem health a priority and they focus that priority on prevention rather than cure. With political commitment, global health can improve.

Dr Judith Longstaff Mackay
October 1992

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CONTRIBUTORS

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Philip Boys, London: 8. The Elements

Lesley Doyal, University of the West Country, Bath, UK: 10. Personal Violence

Lelia Duley, National Perinatal Epidemiology Unit, Radcliffe Infirmary, Oxford:

3. The Perils of Pregnancy

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Penny Kane, Family Planning Federation of Australia : 2. Birth Counts

Michael Kidron, London: 5. A Picture of Health?

Barrie Lambert, Department of Radiobiology, St Bartholomew's Hospital, London: 32. Contrasting Fortunes

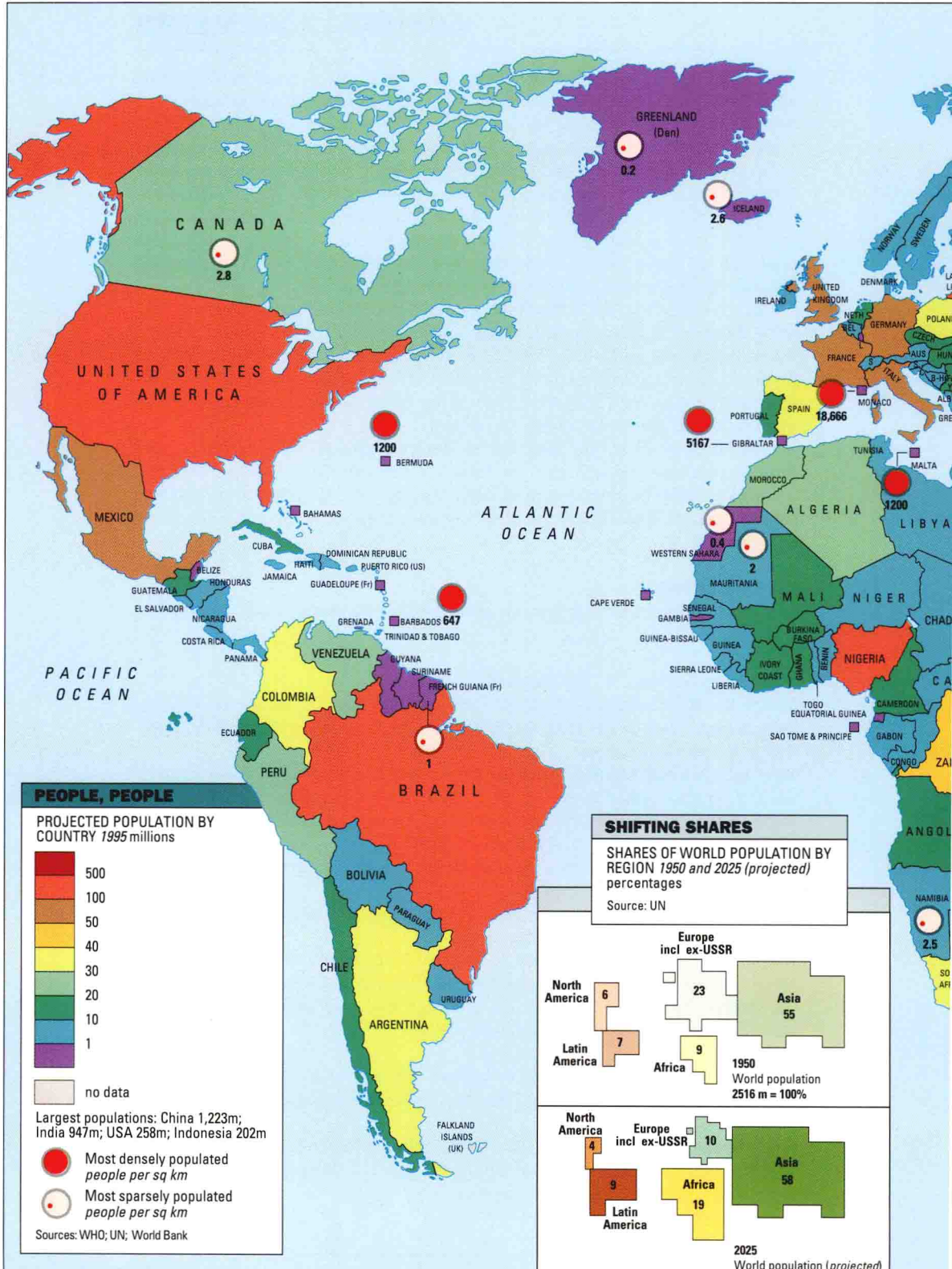
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1

There are over 5 billion people in the world. In 30 years there will be another 3 billion. 95 percent of this increase will be in poor countries. Where on earth are they going to live?



