

WORLD HEALTH STATISTICS 2013

A WEALTH OF INFORMATION
ON GLOBAL PUBLIC HEALTH



**World Health
Organization**

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Design by designisgood.info

Printed by the WHO Document Production Services, Geneva, Switzerland.

WHO/HIS/HSI/13.1

DID YOU KNOW...

- **Every day, about 800 women die due to complications of pregnancy and childbirth.**
- **In some countries, less than 10% of women who want to prevent pregnancy have access to any contraceptive methods.**
- **The Government of Luxembourg spends more money on health per person than any other country in the world.**
- **80% of deaths from malaria occur in just 14 countries.**
- **Children in low-income countries are 16 times more likely to die before reaching the age of five, than children in high-income countries.**
- **China now has a higher life expectancy at birth than 7 of 10 countries in eastern Europe.**
- **Almost half of all countries surveyed have access to less than half the essential medicines they need for basic health care in the public sector.**

The *World Health Statistics* is the definitive source of information on the health of the world's people. Published every year by the World Health Organization (WHO), this publication contains a wealth 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 but many countries do not have strong health information systems so the data is not always available and varies in quality. Sometimes WHO adjusts this information to deal with missing values, to correct for known biases, and to help make comparisons between countries and over time. WHO also uses 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

Saving children's lives

The world has made significant progress in reducing child deaths by 40% from nearly 12 million deaths in 1990 to less than 7 million in 2011.

Child survival rates have improved in all regions of the world over the past decade. The number of countries where at least one in every 10 children dies before their fifth birthday has more than halved, from 53 countries in 1990 to 24 countries in 2011.

Global death rates for children under five years of age have been dropping by an average of 2.5% each year for the last two decades. Unfortunately this progress will not be sufficient to reach the global target of a two-thirds reduction in 1990 levels of mortality by the year 2015.

Almost 75% of child deaths are caused by just six conditions: neonatal causes (preterm birth, birth asphyxia and infections), pneumonia, diarrhoea, malaria, HIV/AIDS and measles (Figure 1).

Born too soon

Preterm birth is the world's leading killer of newborn babies, causing one million deaths each year. It is the second biggest cause of death (after pneumonia) in all children aged less than five years.

Every year 15 million babies are born preterm (born alive before 37 weeks of pregnancy) – one in ten babies. In some low-income countries, almost one in five babies are born preterm. More than three quarters of these babies' lives can be saved with simple and cost-effective care.

Figure 1. Causes of deaths among children aged under five years, 2010

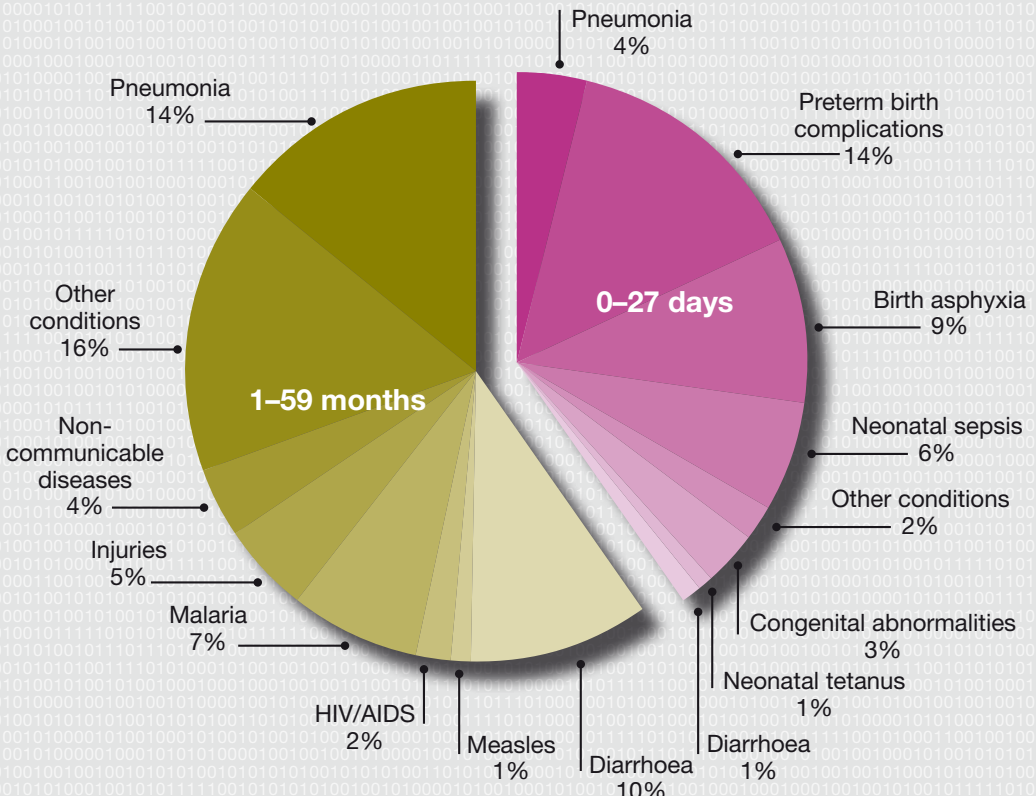
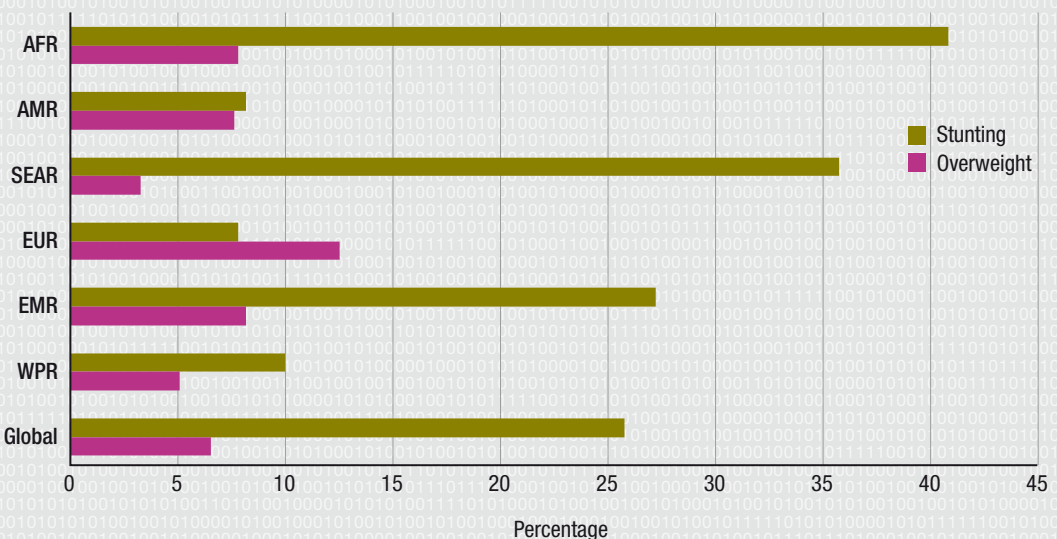


Figure 2. Prevalence of stunting and overweight in children aged under five years, globally and by WHO region*, 2011



* 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

The double burden of malnutrition

The world is facing a double burden of malnutrition, with undernutrition and overweight impeding survival and causing serious health problems. Indicators of poor nutrition include low birth weight, wasting, stunting and underweight. Together with inadequate breastfeeding, vitamin A and zinc deficiencies, they contribute to more than a third of all child deaths. At the same time, overweight in children increasingly causes concerns about a future rise in chronic diseases such as cancer, cardiovascular disease and diabetes.

Poor child growth (stunting) is the most common form of undernutrition. Between 1990 and 2011, the proportion of stunted children under five years in low-income countries decreased from 59% to 38%. However, there are still countries where 50% of children are stunted.

In the same period, the proportion of overweight children doubled in the WHO African Region (which also has the highest proportion of stunting) as well as in the WHO European region, which has the highest proportion (12.5%) of overweight children (Figure 2).

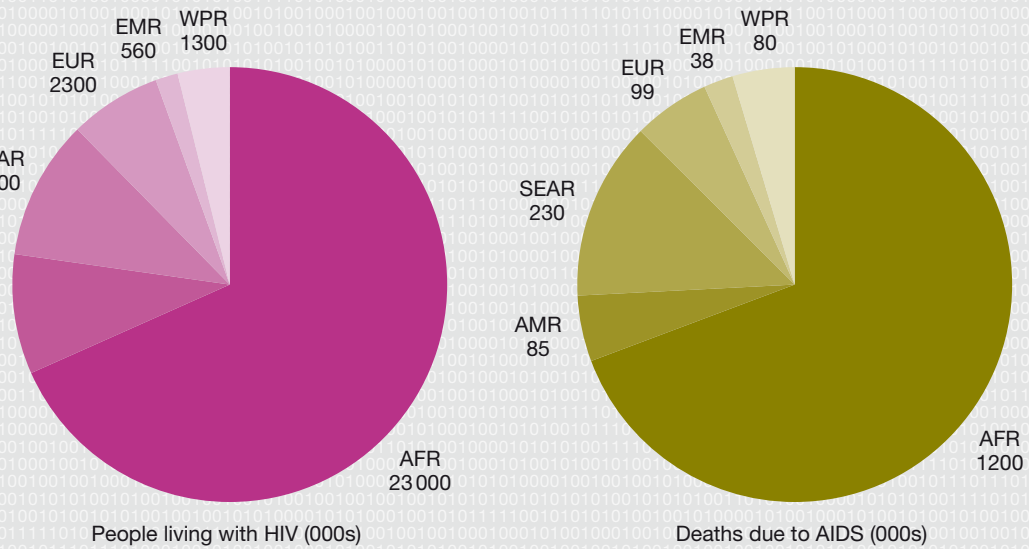
Almost 1 in 10 have diabetes

Almost 10% of the world's adult population has diabetes, measured by elevated fasting blood glucose (≥ 126 mg/dl).

People with diabetes have increased risk of heart disease and stroke and are 10 times more likely to need a lower limb amputation than people who do not have diabetes. It is one of the leading causes of renal failure, visual impairment and blindness.

The prevalence of diabetes is highest in the WHO Eastern Mediterranean Region and the WHO Region of the Americas (11% for both sexes) and lowest in the WHO European and Western Pacific Regions (9% for both sexes).

Figure 3. Number of people living with HIV and number of deaths due to AIDS by WHO region*, 2011



More people living with HIV

Fewer people are dying from HIV. In 2011, an estimated 1.7 million people died from AIDS-related causes worldwide – 24% less than in 2005 (Figure 3).

As access to antiretroviral therapy in low- and middle-income countries improves (8 million people in such countries received treatment in 2011), the population living with HIV will continue to grow as fewer people die from AIDS-related causes.

New infections have also declined but not enough. In 2011, an estimated 2.5 million people worldwide were newly infected with HIV. Around 34 million people are living with HIV worldwide, 23 million (70%) of them are in sub-Saharan Africa.

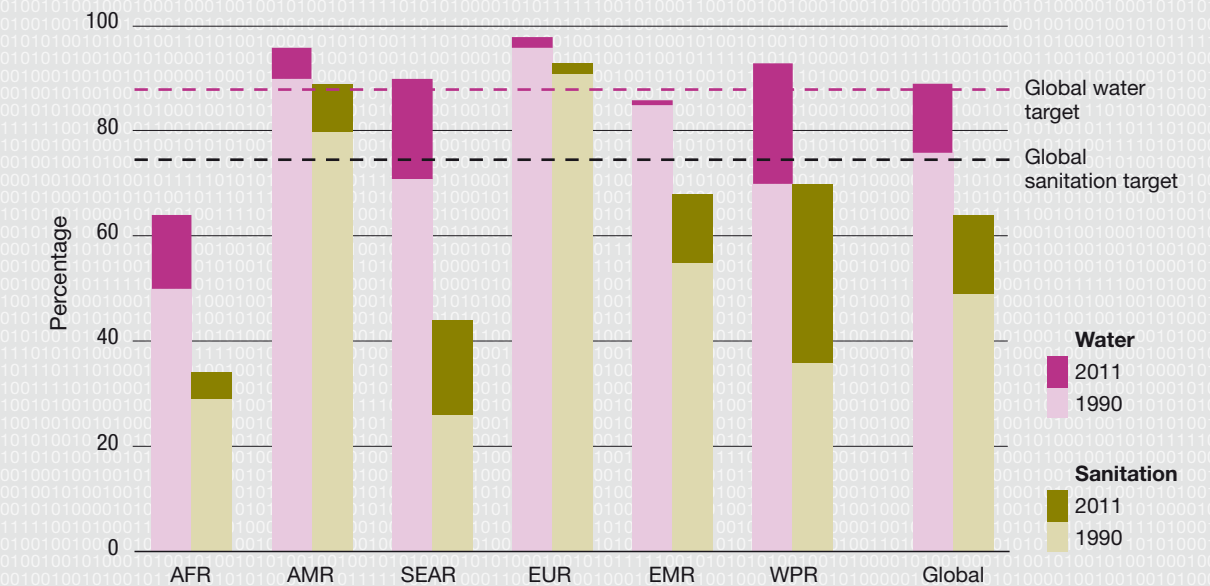
Billions lack safe water and toilets

The world has reached the global target for drinking-water, having halved the number of people in the world without access to improved drinking-water sources since the year 1990 (Figure 4).

However some regions and many countries still have a long way to go to reach this target and there are stark differences within communities and countries groups. In rural areas in some sub-Saharan countries, only one third of the poorest households have access to improved drinking-water sources.

Even though almost 1.9 billion people have gained access to improved sanitation facilities since 1990, global coverage is currently estimated at just 64%, leaving more than one third of the global population (2.5 billion people) without access to improved sanitation facilities. At the current rate of progress, the world will not reach the global target of halving the number of people without access to basic sanitation by the year 2015.

Figure 4. Proportion of population with access to improved drinking-water sources and improved sanitation, globally and by WHO region*, 1990–2011



Medicines out of reach

Many low- and middle-income countries face a scarcity of medicines in the public sector, forcing people to the private sector where prices can be up to 16 times higher. In these countries, an average of only 57% (and as little as 3%) of selected generic medicines are available in the public sector.

Even the cost of the lowest-priced generics can put common treatments beyond the reach of low-income households. The greatest price is paid by patients suffering chronic diseases. Even though effective treatments exist for the majority of conditions, universal access remains out of reach.

Highlighting inequities

Global statistics on health are generally limited to national averages. In many countries, however, these averages may mask wide inequities in access to health services within the population due to factors including education and income level, geographical location, ethnicity and/or gender.

In some countries, women from the wealthiest 20% of households are 10 times more likely than the poorest 20% to receive care from a skilled birth attendant during childbirth.

Data presented according to social, demographic, economic or geographical groups can help to identify vulnerable populations and target health interventions. These data are essential in helping countries to move towards providing universal health coverage.

WHO's Health Equity Monitor shows inequities within countries for indicators of reproductive, maternal and child health, including use of contraceptives, access to care during pregnancy and birth, and child survival.

http://www.who.int/entity/gho/health_equity/en/index.html

TAILOR YOUR SEARCH

The Global Health Observatory is the world's one-stop shop for quality health information, with data for more than 1000 indicators.

Tailor your research by entering your own search terms into the online database to find out the latest health statistics in any country or to get a regional or global snapshot.

Access reports on priority issues that impact health including the environment, road safety, alcohol and women's health as well as reports on specific diseases such as cholera, HIV/AIDS and malaria.

<http://www.who.int/gho>