

HEALTH

The changes in global population health over the last two decades are striking in two ways – in the dramatic aggregate shifts in the composition of the global health burden towards non-communicable diseases (NCDs) and injuries, including due to global aging, and the persistence of communicable, maternal, nutritional and neonatal disorders (i.e. diseases of poverty) in sub-Saharan Africa and South Asia.

Child survival

- The global under-five mortality rate has dropped from 90 deaths per 1,000 live births in 1990 to 48 in 2012.
- Sub-Saharan Africa has the highest child mortality rate (98 per 1,000 live births in 2012) and increasingly concentrates the largest share of all under-five deaths (nearly half of global under-five deaths).
- Unfortunately, declines in mortality rates among neonates have been slower than those for older children in all regions, and infectious diseases and conditions still account for almost two thirds of the global total of deaths under five.
- In 2012, it was estimated that under-nutrition was a contributing factor for approximately 45 per cent of under-five deaths at the global level.

Sexual and Reproductive Health (SRH)

The gains in maternal health and other dimensions of sexual and reproductive health and rights during the past 20 years are among the great successes to celebrate since the ICPD.

- They reflect advances in many distinct goals of the Programme of Action – for example, in technical advances during childbirth, access to contraception to avert unwanted pregnancies, and proximate factors such as gains in women's education and social, legal and political empowerment.

Adolescents

The largest generation of adolescents ever in history is now entering sexual and reproductive life.

- Pregnancy and childbirth are the leading cause of death among 15-19 year olds in low- and middle-income countries.
- Girls under age 15 are five times more likely to die in childbirth than women over age 20.
- Stillbirths and newborn deaths are 50 per cent higher among infants of adolescent mothers than among infants of mothers between the ages of 20 and 29.

- Adolescent birth rates are highest in poor countries, and in all countries they are clustered among the poorest and least educated.
- Despite progress, in 2009 young people aged 15-24 years accounted for approximately 41 per cent of new HIV infections worldwide.
- New cases of sexually transmitted infections also appear to have increased significantly since 1994, driven in part by population growth among young people in areas of high incidence, including the Americas and sub-Saharan Africa.
- Only 54 per cent of countries in the Africa region address the issue of ensuring access of adolescents and youth to sexual and reproductive health information and services that warrant and respect privacy, confidentiality and informed consent, compared with 96 per cent, 90 per cent and 80 per cent of countries in the Americas, Europe and Asia.
- Comprehensive Sexual Education (CSE) does not lead to earlier sexual initiation or greater sexual frequency and evidence shows greater positive impact on health outcomes when CSE emphasizes gender and power.

Family planning

- Globally, contraceptive prevalence for women ages 15 to 49 who are married or in union and currently using any method of contraception, rose from 58.4 per cent in 1994 to 63.6 per cent in 2012
- However, 90 per cent of women with unmet need today live in developing countries.
- Three methods – female sterilization, IUD and pills – continue to dominate from 1994, but they are accompanied by some greater diversification of female methods, including increased use of injectables and implants, and a rise in the use of male condoms.
 - But, overall, male participation in modern family planning has advanced very little since 1994.
- Encouragingly, when fertility rates are held constant over time, increased use of effective modern contraception corresponds to a reduction in the rate of abortions.
- 222 million women still have an unmet need for contraceptives. 90 per cent of those are in the developing world.

Abortions

- Rate of abortions declined globally from 35 abortions per 1000 women (age 15-44 years) in 1995, to 28 in 2003, but has remained stable at 29 per 1000 in 2008.
- The highest sub-regional abortion rates are in Eastern Europe (43), the Caribbean (39), East Africa (38) and Southeast Asia (36); the lowest sub-regional rate is in Western Europe (12).
- Absolute numbers of estimated abortions declined from 45.6 million in 1995 to

41. 6 million in 2003 and increased to 43.8 million in 2008, 22 million of which were unsafe.

- In 2008, 8.7 million unsafe abortions occurred among young women ages 15-24, with 3.2 million unsafe abortions among 15-19 year olds.
- Unsafe abortion accounts for roughly 13 per cent of maternal deaths, and abortion death rates remain highest in Africa and Asia, with 460 and 160 deaths per 100,000 unsafe abortions respectively.
- Approximately half of all abortion related deaths are among women under 25 years.
- Gains have been made in reducing deaths due to unsafe abortion through increased use of WHO guidelines for post abortion care and increasing access to safe abortion.

Maternal mortality

Of all sexual and reproductive health indicators, the greatest gains since 1994 have been made in reducing maternal deaths.

- By 2010, maternal mortality ratio had declined by 47 per cent from 400 to 210 maternal deaths per 100,000 live births (from 1994).
 - However, 26 countries have experienced an *increase* in maternal deaths since 1990, in large part due to deaths related to HIV.
- The proportion of deliveries attended by skilled health personnel rose in developing countries from 56 per cent in 1990 to 67 per cent in 2011.
- The least progress has been made in the professionalization of birthing care since 2000 in sub-Saharan Africa, where fewer than 55 per cent of women deliver with a skilled birth attendant, compared to more than 80 per cent of women in other regions.
- Women in developed countries have only a one in 3800 lifetime risk of dying of maternal causes, compared to one in 150 in developing countries, and one in 39 in sub-Saharan Africa.
- Disparities in skilled attendance at birth and Emergency Obstetric Care (EmOC) highlight the limited capacity of many existing health systems to provide fundamental SRH care to poor women.
- An estimated 2-3.5 million women live with obstetric fistula in developing countries, while this condition has been virtually eliminated in developed countries
- Distribution of health care services is strongly associated with maternal mortality ratios, in that 96 per cent of countries with the lowest maternal mortality ratios report having an adequate geographic distribution of Emergency Obstetric Care facilities in the Global Survey, but this percentage drops to 29 per cent in the case of countries with the highest maternal mortality ratios.

HIV and STIs

- Globally, new HIV infections have declined by 33 per cent from 3.4 million in 2001 to 2.3 million in 2012.
- In 26 low- and middle-income countries new HIV infections decreased more than 50 per cent between 2001 and 2012.
 - Yet, new infections have risen in Eastern Europe and Central Asia in recent years, despite declines in Ukraine.
 - And new infections continue to rise in the Middle-East and North Africa and rate of declines have slowed in Southern Africa.
- While deaths due to AIDS have declined sharply to an estimated 1.6 million in 2012, AIDS remains the leading cause of death in women of reproductive age (15 to 49 years) worldwide.
- Antiretroviral therapy (ART) coverage among children reached 34 per cent globally, compared to 65 per cent coverage of all treatment eligible adults.
- The percentage of pregnant women living with HIV who have access to ART rose dramatically, reaching 63 per cent globally in 2012.
- There is considerable variation in prevention of mother-to-child transmission of HIV (PMTCT) coverage among world regions, with coverage exceeding 90 per cent in Eastern and Central Europe and the Caribbean, while remaining at less than 20 per cent in the Pacific and the Middle East and North Africa.
- Estimations reveal a marked increase in incident cases of syphilis, gonorrhoea, chlamydia and trichomoniasis among 15 to 49 year olds from 333 million cases in 1995 to 499 million cases in 2008.
- National and global surveillance of incidence and prevalence of STIs is weak except in a few of the developed nations.

NCDs

There has been a 30 per cent increase in the number of deaths related to NCDs (most prominently, cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes) globally between 1990 and 2010.

- In all regions except Africa, deaths from NCDs exceed those caused by maternal, perinatal, communicable, and nutritional disorders combined.
- Age standardized NCD death rates show that people living in Africa have the highest risk of death due to NCDs than in any other region.
- Deaths from non-communicable causes are expected to increase by 44 per cent between 2008 and 2030 worldwide, with the burden of disease highest among low- and middle-income countries.
- Most NCDs and about 70 per cent of premature deaths among adults are strongly associated with four behaviors that begin or are reinforced in adolescence: smoking, harmful alcohol use, inactivity and overeating or poor nutrition.

- Obesity among young children has also increased in all regions, but is rising most rapidly in lower-middle income countries, where it is projected to double by 2015 from its level in 1990.

Health systems

Stark inequalities in the accessibility and quality of health systems persist across and within countries. Sub-Saharan Africa and to a lesser extent, South Asia continue to have some of the least accessible and most fragile health systems.

- The global distribution of health workers is such that countries with the greatest need and highest disease burdens have the lowest absolute numbers of health workers and health worker densities.
- Europe has a health worker density of 18.9 health workers per 1000 population, which is roughly eight times that of Africa, where health worker density is 2.3 per thousand.
- Shortages are exacerbated by spatial mal-distribution within countries.
- 2013 global health workforce shortfall stands at 7.2 million with estimation that this number could reach 12.9 million by 2035.
- Another persistent shortfall in the health systems of poor countries are the health management information systems including patient records, health statistics, and operational data.
- Poor operational systems for Health Management Information System (HMIS) and overall management inefficiencies cause routine bottlenecks that limit chances for quality health service delivery and health systems lack steady funding for supplies including reproductive health commodities.
- An estimated 150 million people suffer financial catastrophe and another 100 million fall under the poverty line each year as a result of out of pocket spending on health care.
- With 70 per cent of all mobile phone users in low- and middle-income countries, the possibilities of reaching the most remote and rural parts of the globe via mhealth holds promise.

Recommendations

- 1. Accelerate Progress towards Universal Access to Quality Sexual and Reproductive Health Services and Fulfillment of Sexual and Reproductive Rights by holistically strengthening the reach, quality and comprehensiveness of health systems.**
- 2. Protect and fulfill the rights of adolescents and youth to accurate information, comprehensive sexuality education with gender training, and SRH services and commodities for their sexual and reproductive well-being, and lifelong health.**