

FIGURE 13e-1 Projections of disease burden to 2030 for high-, middle-, and low-income countries (left, center, and right, respectively). TB, tuberculosis. (Source: World Health Organization: *The Global Burden of Disease 2004 Update*, 2008.)

(Fig. 13e-1). The majority of tobacco-related deaths globally now occur in low- and middle-income countries, and the risk of a child’s dying from a road traffic injury in Africa is more than twice that in Europe. Hence, low- and middle-income countries in the twenty-first century face a full spectrum of health challenges—infectious, chronic, and injury-related—at much higher incidences and prevalences than are documented in high-income countries and with many fewer resources to address these challenges.

Addressing these challenges, however, does not mean simply waiting for economic growth. Analysis of the association between wealth and health across countries reveals that, for any given level of wealth, there is a substantial variation in life expectancy at birth that has persisted despite overall global progress in life expectancy during the past 30 years (Fig. 13e-2). Health status in low- and middle-income countries varies enormously. Nations such as Cuba and Costa Rica have life expectancies and childhood mortality rates similar to or even better than those in high-income countries; in contrast, countries in sub-Saharan Africa and the former Soviet bloc have experienced significant reverses in these health markers in the past 20 years.

As Angus Deaton stated in the World Institute for Development Economics Research annual lecture on September 29, 2006, “People in poor countries are sick not primarily because they are poor but because of other social organizational failures, including health delivery, which are not automatically ameliorated by higher income.” This analysis concurs with classic studies of the array of societal factors explaining good health in poor

settings such as Cuba and Kerala State in India. Analyses conducted over the past three decades indeed show that rapid health improvement is possible in very different contexts. That some countries continue to lag far behind can be understood through a comparison of regional differences in progress in terms of life expectancy over this period (Fig. 13e-3). While most regions have made impressive

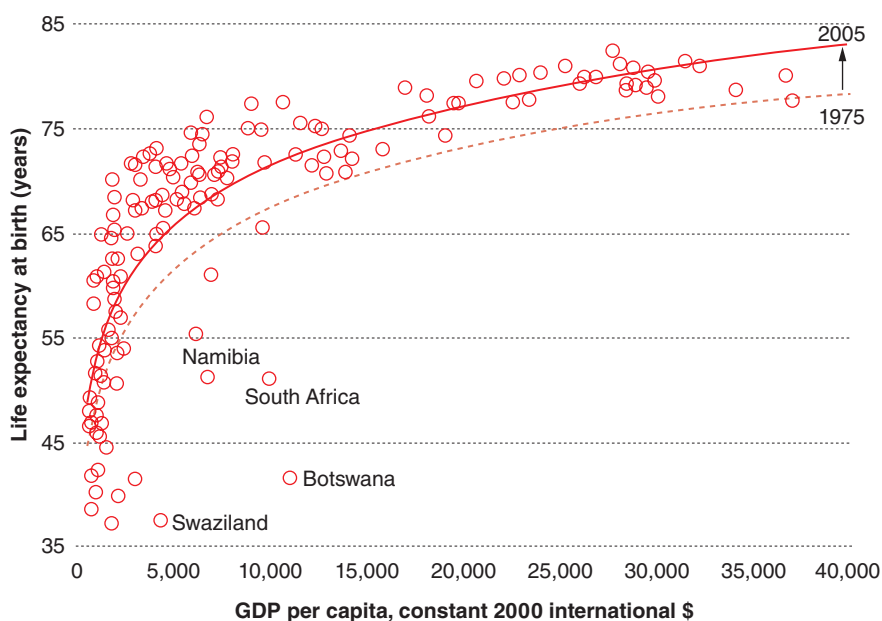


FIGURE 13e-2 Gross domestic product (GDP) per capita and life expectancy at birth in 169 countries, 1975 and 2005. Only outlying countries are named. (Source: World Health Organization: *Primary Health Care: Now More Than Ever*. World Health Report 2008.)