

# World Conference on Social Determinants of Health (WHO, October 2011)

## Fact file on health inequities

1. **Today, there is a 36-year gap in life expectancy between countries. A child born in Malawi can expect to live for only 47 years while a child born in Japan could live for as long as 83 years.** (1) In Chad, every fifth child dies before they reach the age of 5, while in the WHO European Region, the under-five mortality rate is 13 out of 1000. (2) There is no biological or genetic reason for these alarming differences in health and life opportunity.
2. **There are significant gaps in health outcomes within countries, too – rooted in differences in social status, income, ethnicity, gender, disability or sexual orientation.** For example in the United States, infants born to African-American women are 1.5 to 3 times more likely to die than infants born to women of other races/ethnicities. (3) American men of all ages and race/ethnicities are approximately four times more likely to die by suicide than females. (4) African-American men in the US are the most likely, among all ethnic groups in the US, to develop cancer – a rate of 598.5 per 100,000. (5)
3. **Every single day, 21,000 children die before their fifth birthday of pneumonia, malaria, diarrhoea and other diseases.** Despite substantial progress in reducing under-five mortality around the world, children from rural and poorer households remain disproportionately affected. Children from the poorest 20 percent of households are nearly twice as likely to die before their fifth birthday as children in the richest 20 percent. (6)
4. According to the latest estimates, the number of people living in hunger in the world is over a billion, the highest on record. (7) Half of the world's workers – nearly 1.53 billion people – are in vulnerable employment. (8) These workers do not tend to have formal work arrangements or receive social security and health benefits.
5. Worldwide, about 150 million people a year face catastrophic health-care costs because of direct payments such as user fees, while 100 million are driven below the poverty line. (9) Even if they could pay, access to doctors would be a challenge. **Low-income countries have ten times fewer physicians than high-income countries.** Nigeria and Myanmar have about 4 physicians per 10 000, while Norway and Switzerland have 40 per 10 000. (10)
6. **In Afghanistan, Somalia and Chad, the maternal mortality ratio is over 1000 (out of 100,000 live births) while the same average figure for the WHO European Region is 21.** (11) Developing countries account for 99% of annual maternal deaths in the world, with the decline being the slowest in WHO's Eastern Mediterranean and African Regions.
7. About 16 million girls aged 15 to 19 years give birth every year – roughly 11% of all births worldwide. The vast majority of adolescents' births occur in developing countries. Young people, 15 to 24 years old, accounted for 40% of all new HIV infections among adults in 2009. In any given year, about 20% of adolescents will experience a mental health problem, most commonly depression or anxiety. (12)
8. Women in the richest 20% of the global population are up to 20 times more likely to have a birth attended by a skilled health worker than a poor woman. Closing this coverage gap between rich and poor in 49 low-income countries could save the lives of more than 700,000 women between now and 2015. (13)
9. The European Parliament has estimated that losses linked to health inequalities cost around 1.4% of GDP within the European Union (14) - a figure almost as high as the EU's defense spending (1.6% of GDP). (15)

*The above figures have been taken from WHO reports. When data are not available within WHO, we have used figures from reports published by the UN or other partners.*

### References:

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13. World Health Report 2011, Introduction
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