

World Health Statistics 2019

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Gender, Equity and Human Rights



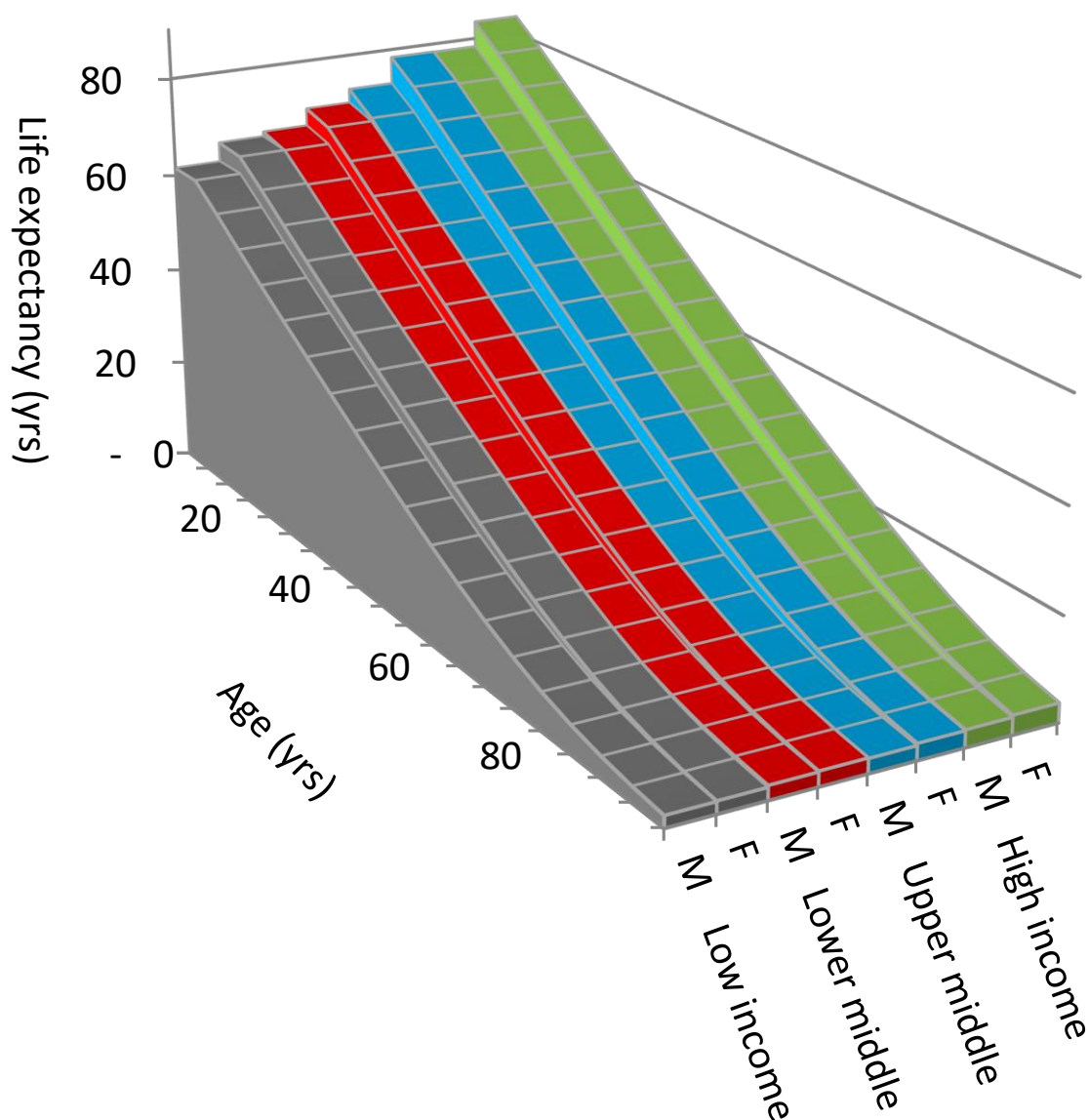
**World Health
Organization**

Overview of World Health Statistics 2019



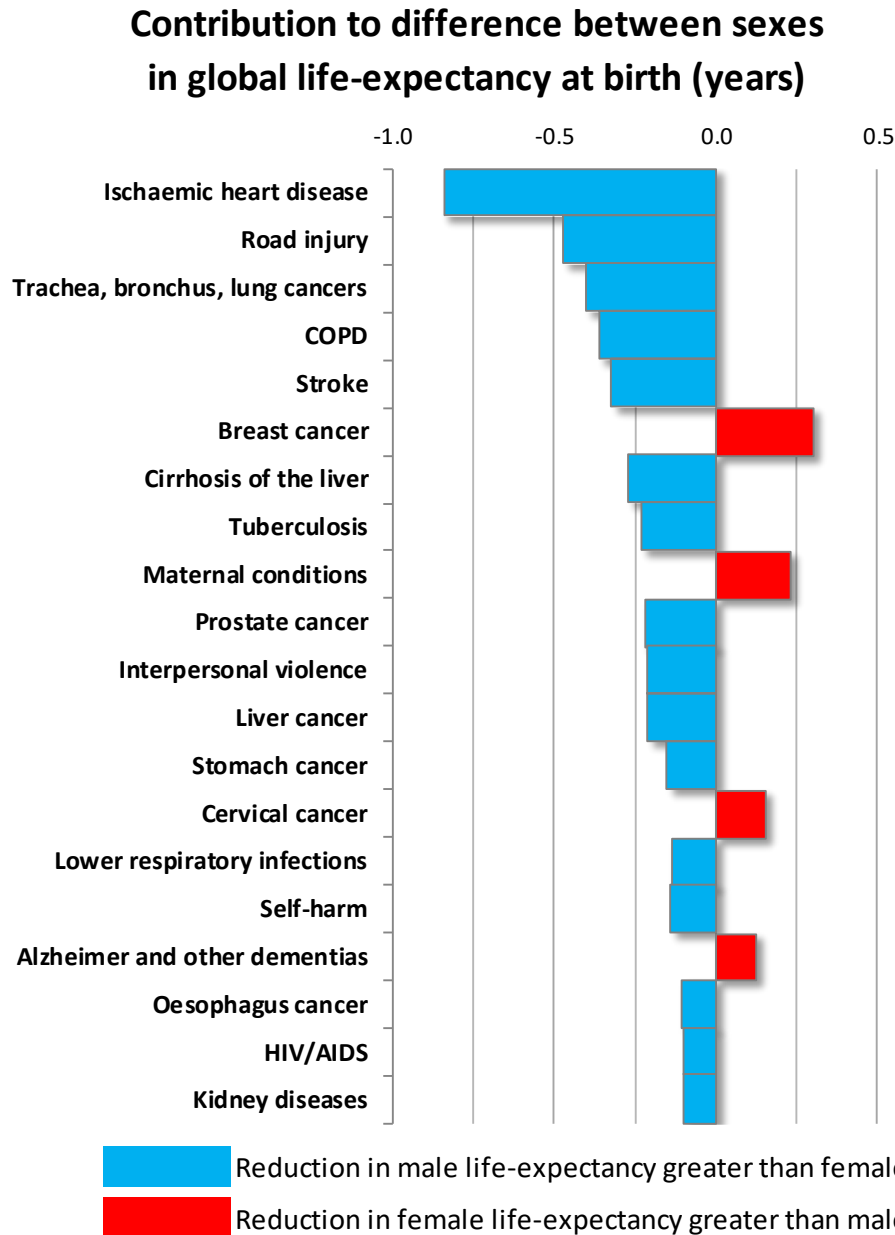
1. Reports on health status – primarily life-expectancy and death rates
2. Annual report on progress of SDG3 and other health-related SDGs
3. 2019 report attempted to disaggregate all indicators by sex, WHO Region and wealth of countries.
4. Draw attention to health differences between women and men and factors responsible.

Women live longer than men



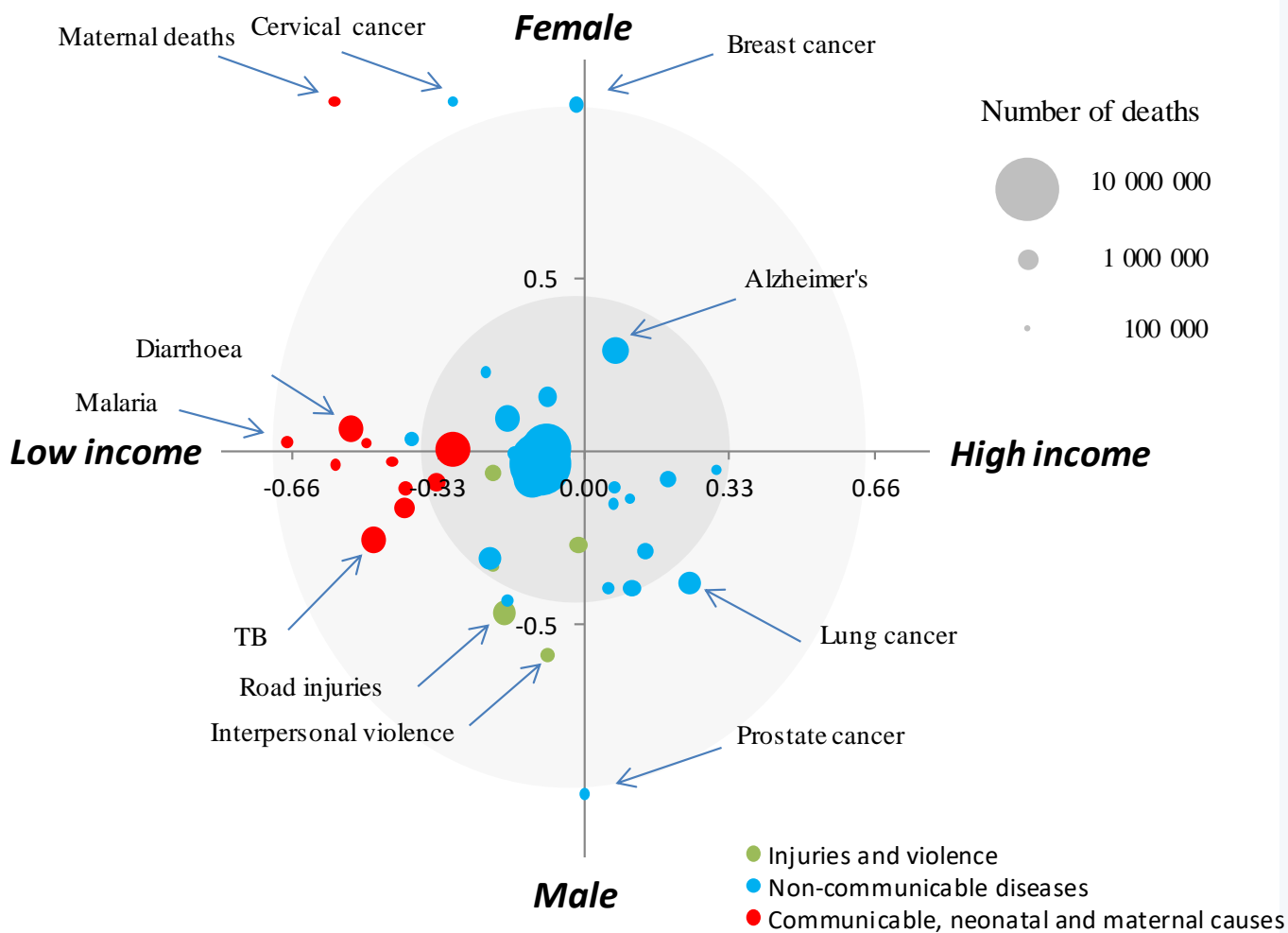
- Boys born in 2018 could expect to live 68.6 years and girls 73.1 years, a difference of 4.5 years
- Female life-expectancy is greater than male at all ages
- The difference between male and female life expectancy is greatest in high income countries

Several conditions contribute to differences in life-expectancy



- Male life expectancy is reduced because of higher mortality rates from most conditions, especially heart disease, road injury and lung cancer
- Death rates for Alzheimer's disease are greater in women partly because they survive longer but they also appear to be more susceptible in some locations

Concentration of deaths by wealth of countries and sex, 2016



- Of all causes, malaria deaths are the most concentrated in low income countries – but there is little sex difference
- Maternal deaths are concentrated in poor countries and women
- TB deaths are concentrated in poor countries and men
- Lung cancer deaths are concentrated in richer countries and men

Both sex and gender influence health outcomes

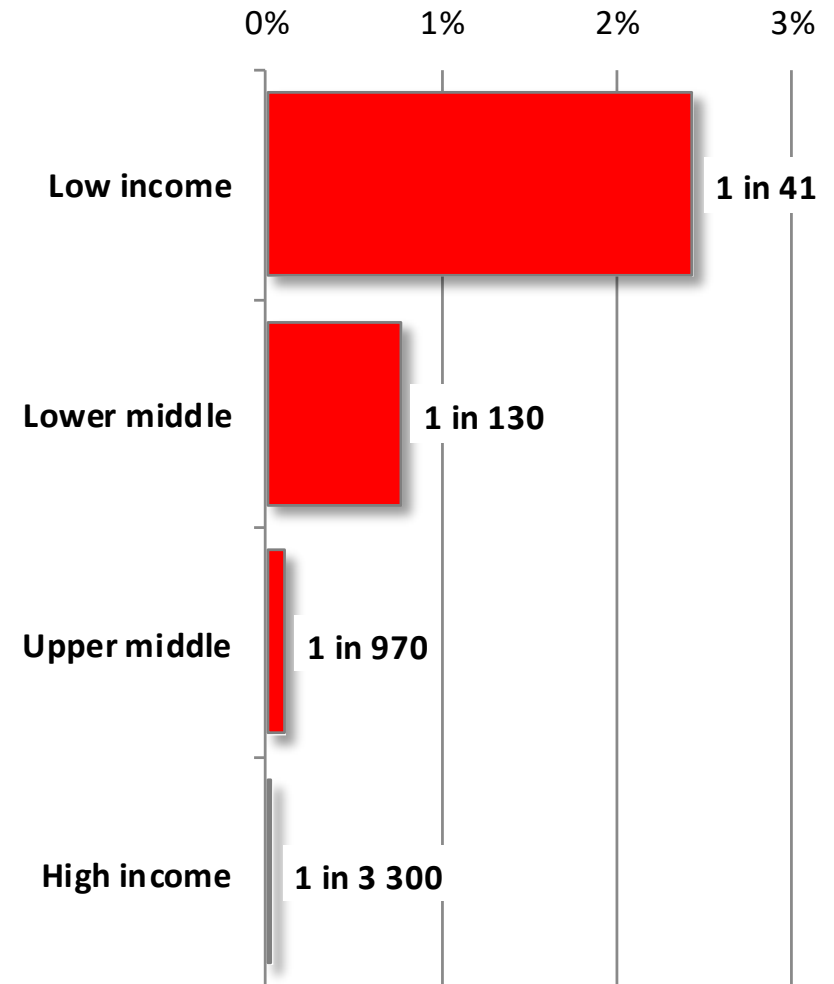
1. Sex: biological differences between male and female
 - Sexual and reproductive anatomy, body size, hormones, immune systems etc.
2. Gender: socially constructed norms, roles, relations between females and males
 - Unequal gender relations e.g. child marriage
 - Occupations e.g. truck driving
 - Risk taking e.g. smoking, alcohol

Multiple factors can operate at the same time and interact.

SDG 3.1.1 Maternal mortality – Lack of access

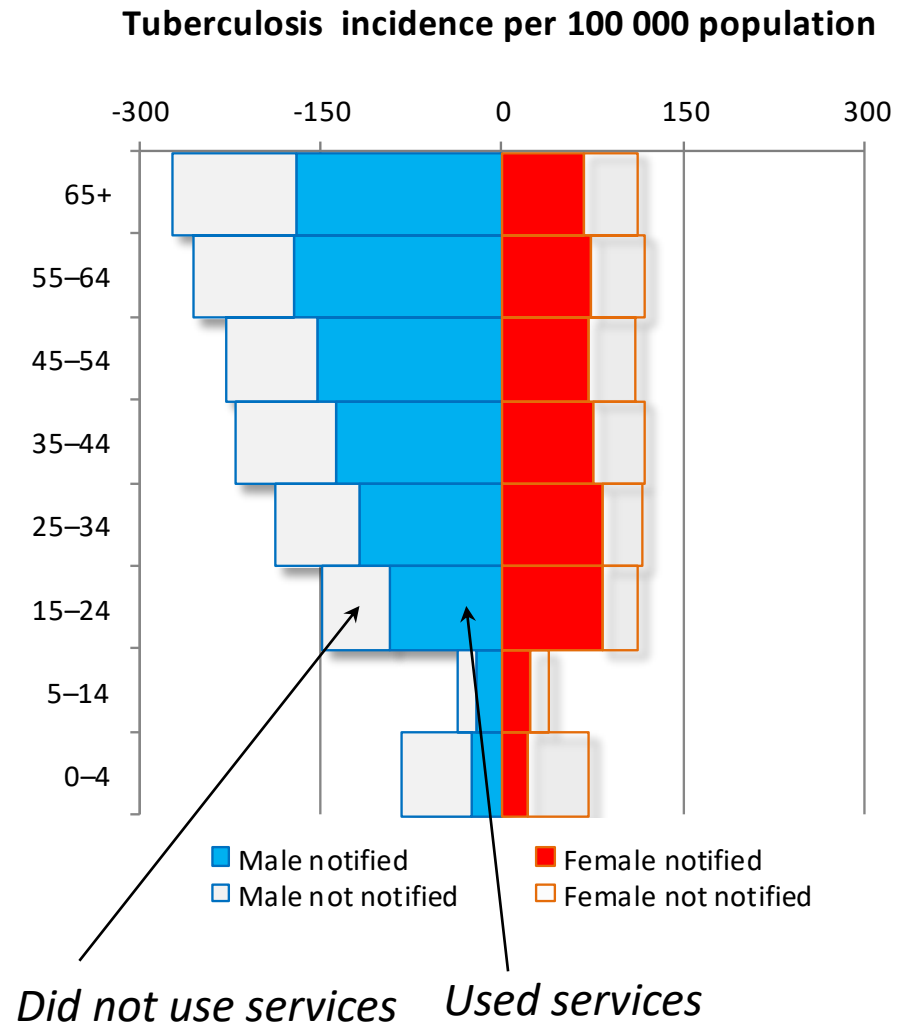
1. Almost all maternal deaths (95%) occur in low- and lower middle-income countries
2. Lack of access to high quality maternity health services
3. Also fertility rates are higher so the life time risk of maternal death is amplified.
4. Maternal death has negative effects on the physical and mental health and economic status of rest of family -> perpetuates poverty

Life time risk of dying of maternal causes (%)



SDG 3.3.2 Tuberculosis - Use of health services

1. Twice as many deaths from TB in men than in women.
2. Male TB patients are less likely to seek care than female TB patients
3. Incidence of TB increases with age in men.
4. Lack of treatment of male patients puts all at risk and jeopardizes attainment of disease reduction targets

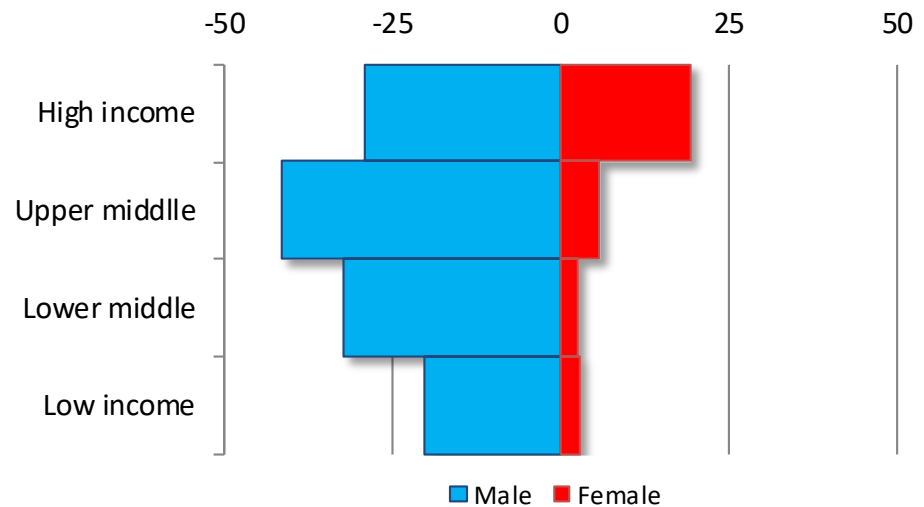


SDGs 3.a.1 and 3.5.2 - Exposure to risk

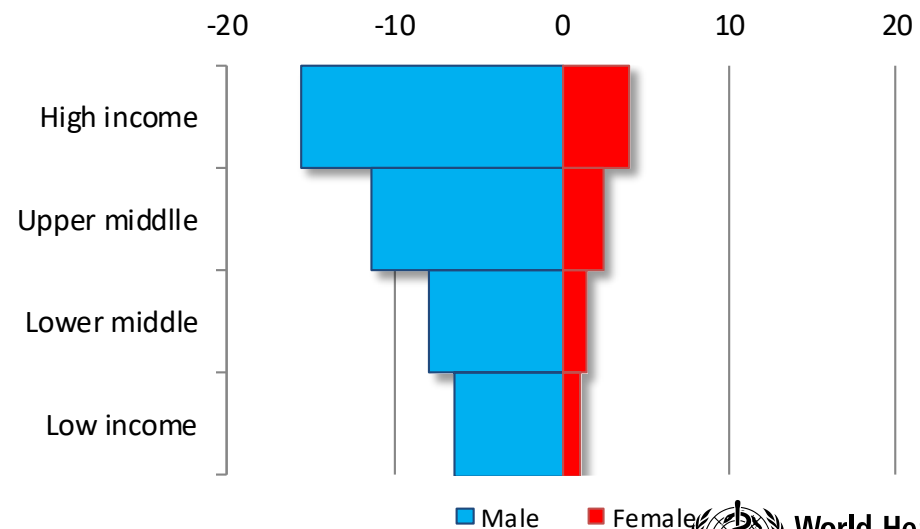
1. For many NCDs, death rates are driven by exposure to modifiable risk factors such as tobacco, alcohol, diet and inactivity.
2. Men generally consume more tobacco and alcohol and are a target for advertising, although women are increasingly so.



Population 15 years + using tobacco (%)



Alcohol consumption 15 years + (litres per year)



Availability of sex disaggregated data for global reporting

Programme area:

■ Reproductive, maternal and child health
 ■ Infectious and noncommunicable diseases
 ■ Injuries, violence and environmental risks
 ■ Health systems and financing

Sex-disaggregated values reported	
3.2.1	Under-5 mortality
3.3.1	New HIV infections
3.3.2	Tuberculosis incidence
3.4.1	NCD mortality
3.a.1	Tobacco use in persons ≥15 years
3.5.2	Alcohol consumption
3.4.2	Suicide mortality
16.1.1	Homicide
3.9.3	Poisoning mortality
3.9.1	Air pollution mortality
3.9.2	Unsafe water and sanitation mortality

Sex-disaggregated values not currently reported	
3.2.2	Neonatal mortality
2.2.1	Stunting in children
2.2.2	Wasting in children
2.2.2	Overweight children
3.b.1	DTP3 immunization coverage
	MCV2 immunization coverage
	PCV3 immunization coverage
3.3.3	Malaria incidence
3.3.4	Hepatitis B prevalence
3.3.5	Need for NTD interventions
3.6.1	Road traffic mortality
3.8.1	UHC service coverage index
3.c.1	Medical doctor density
	Nurse/midwife density
	Dentist density
	Pharmacist density
17.9.2	Cause-of-death data completeness

Data collected at household or higher level	
6.1.1	Safe drinking-water coverage
6.2.1	Safe sanitation coverage
6.a.1	Water sector ODA
7.1.2	Clean energy coverage
11.6.2	Fine particulate matter in urban areas
3.8.2	Household health expenditure >10%
	Household health expenditure >25%
1.a.2	Domestic government health expenditure
3.b.2	ODA medical research & basic health sectors
3.d.1	International Health Regulations capacity

Female specific	
3.7.1	Met need for family planning
3.7.2	Adolescent birth rate
3.1.1	Maternal mortality
3.1.2	Skilled attendance at birth
5.1.2	Intimate partner violence

For 28 health-related SDG indicators for which sex-disaggregated data could be informative, data at global level are available for only 11 indicators (though data may be available at country level).

Moving forward

1. Sex-disaggregated data provide useful information for (gender sensitive) policy development and programme monitoring.
2. Need to justify any decision not to disaggregate SDG indicators by sex e.g. neonatal mortality rate, immunization, anemia.
3. Mechanism of generating sex-disaggregated data needs further exploration e.g. IAEG-GS Advisory Group on strengthening administrative systems
4. Gender main-streaming in health programme design.