World Health Statistics 2019

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World Health Organization
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.
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 lifetime 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.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Lifetime Risk of Dying of Maternal Causes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income</td>
<td>1/41</td>
</tr>
<tr>
<td>Lower middle</td>
<td>1/130</td>
</tr>
<tr>
<td>Upper middle</td>
<td>1/970</td>
</tr>
<tr>
<td>High income</td>
<td>1/3300</td>
</tr>
</tbody>
</table>
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.


4. Lack of treatment of male patients puts all at risk and jeopardizes attainment of disease reduction targets.
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.
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.