



# **Population Trends, Health Outcomes, and Development**

**Presented at the 43<sup>rd</sup> Session of the UN Commission on  
Population and Development**

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Human Development Network  
The World Bank**



# Overview of presentation

- Health outcomes and development
- Trends in causes of death
- Population trends
- Epidemiology meets demography
- Conclusion: prevent *and* prepare



# Overview of presentation

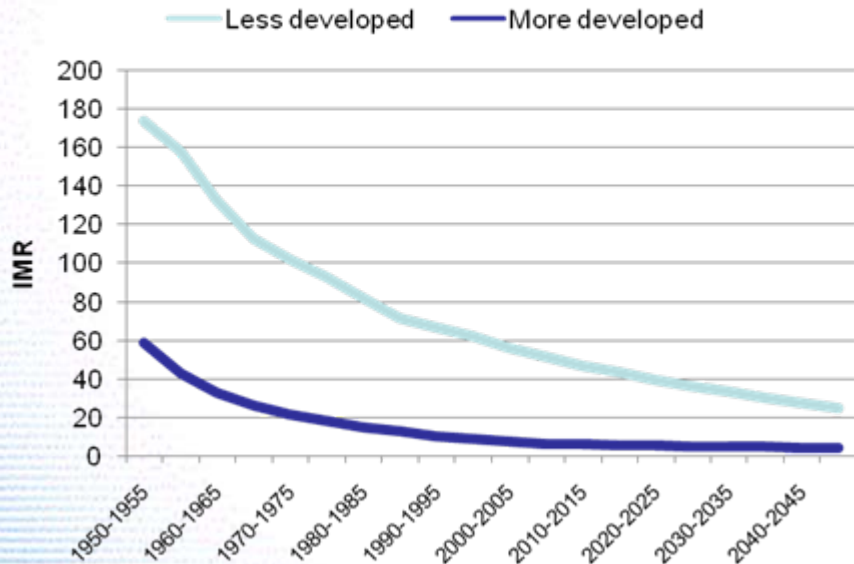
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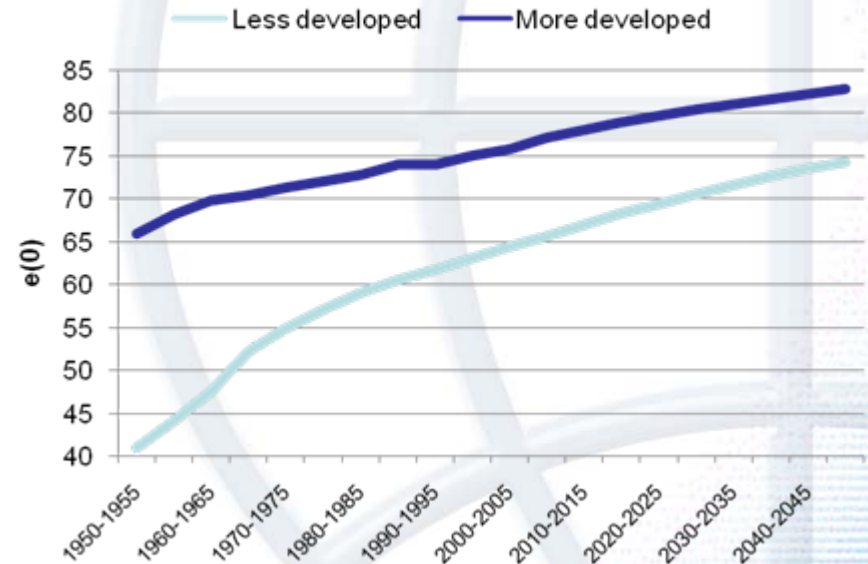


# Trends in health outcomes – the long view

## Trends in Infant Mortality, 1950-2050



## Trends in Life Expectancy at Birth, 1950-2050

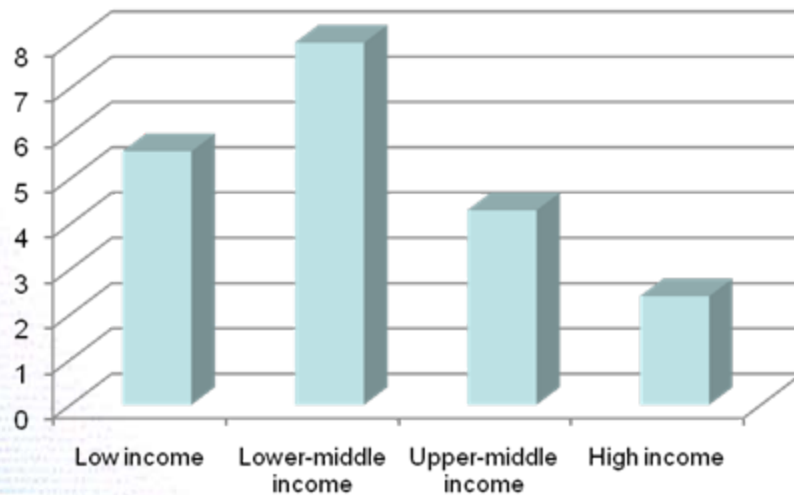


Source: United Nations Population Division, 2009

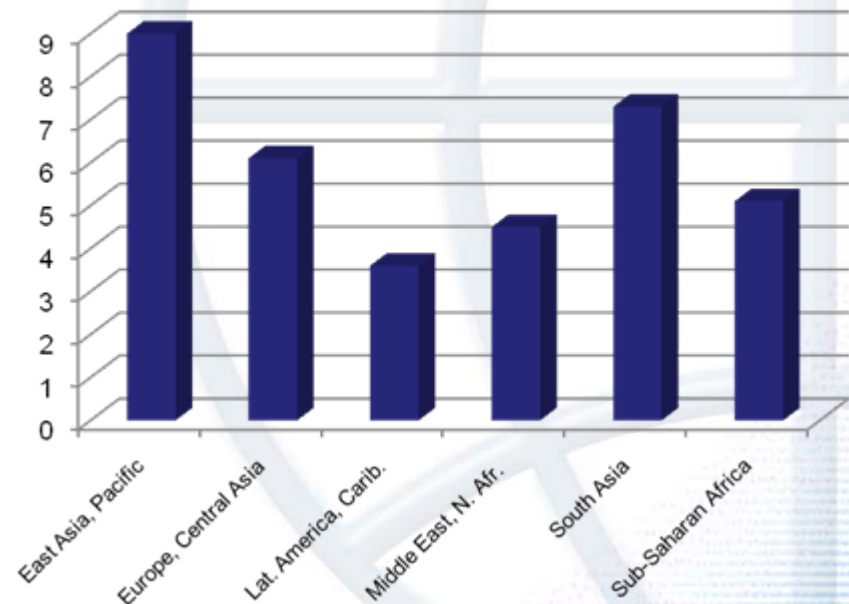


# Economic Development: Trends in GDP

**Gross Domestic Product**  
Ave. annual growth 2000-08(%)



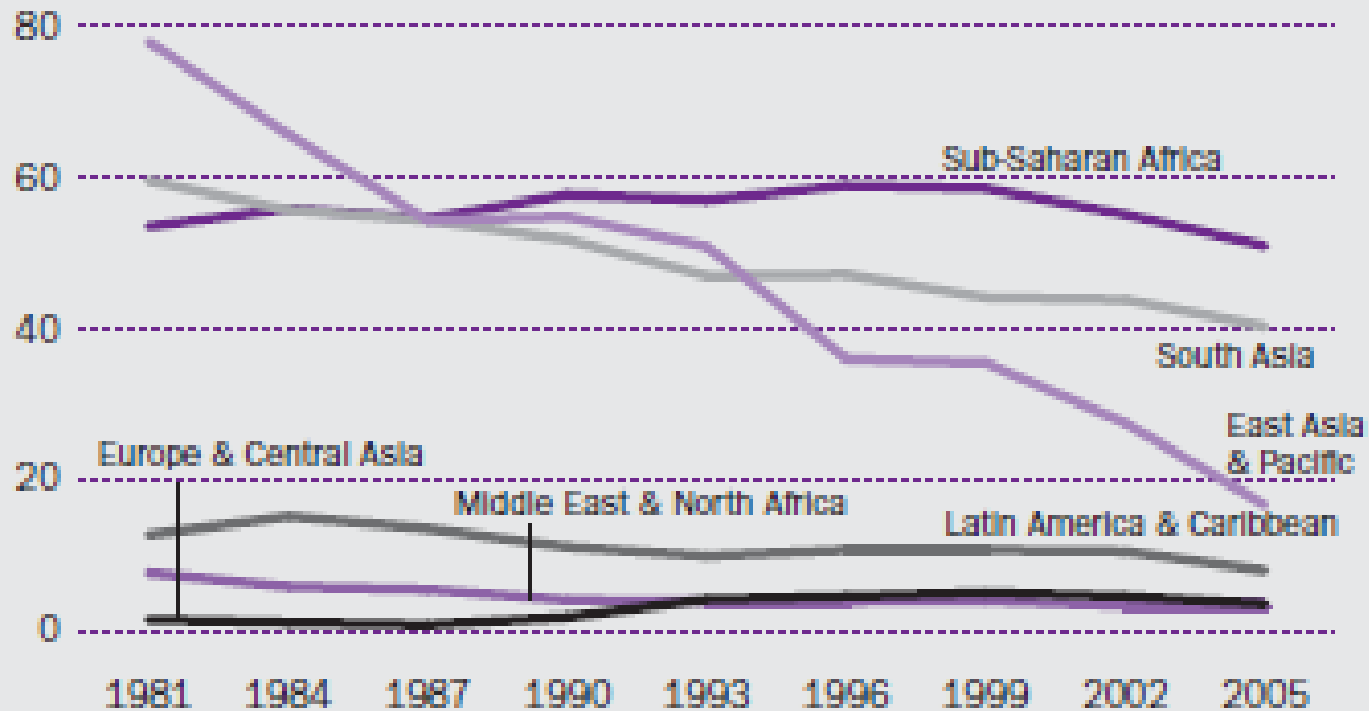
**Gross Domestic Product**  
Ave. annual growth 2000-08 (%)





# Poverty rates have been declining

Share of population living on less than \$1.25 a day, by region (%)



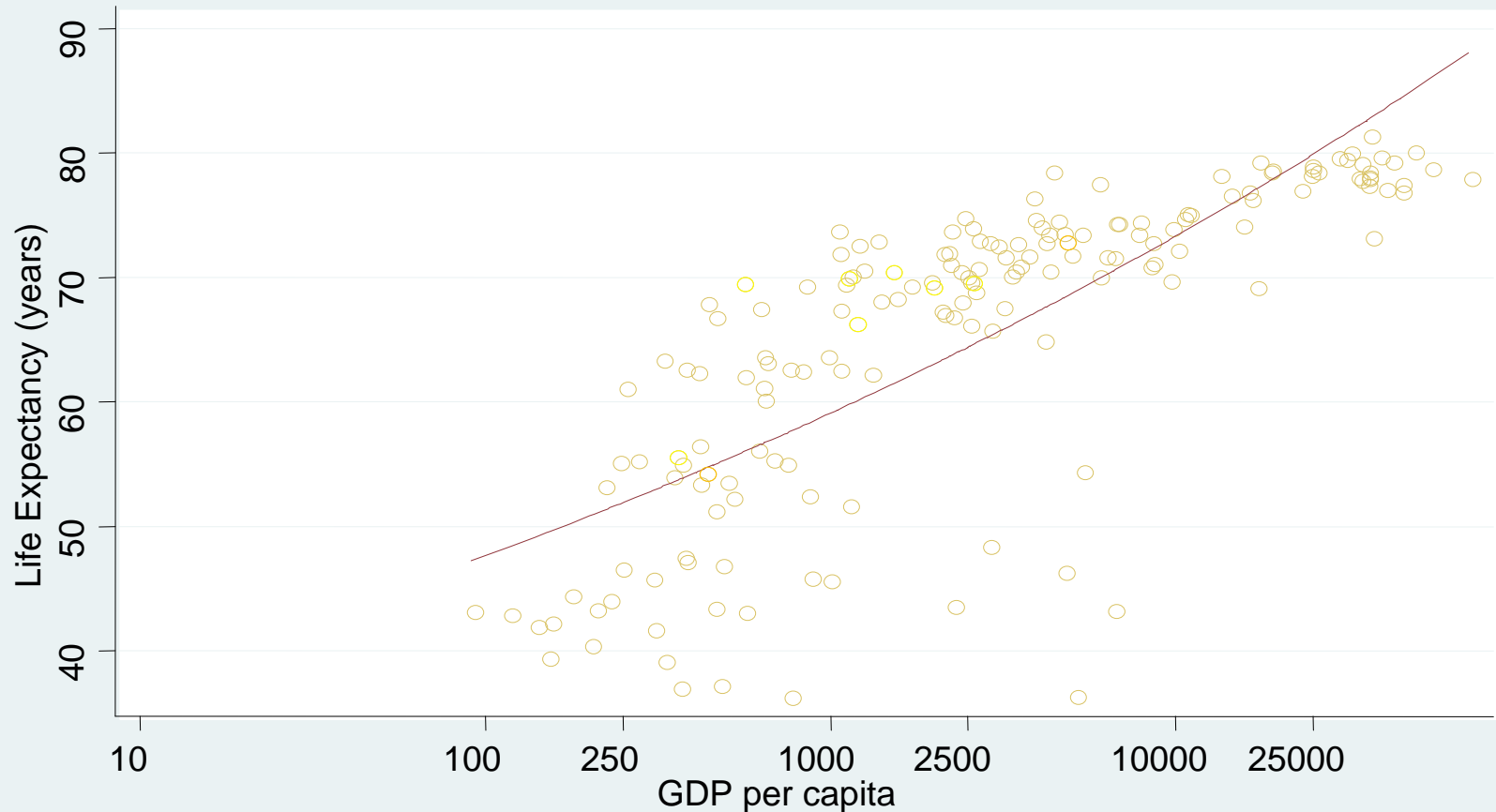
Source: PovcalNet, World Bank.





# Wealthier is healthier

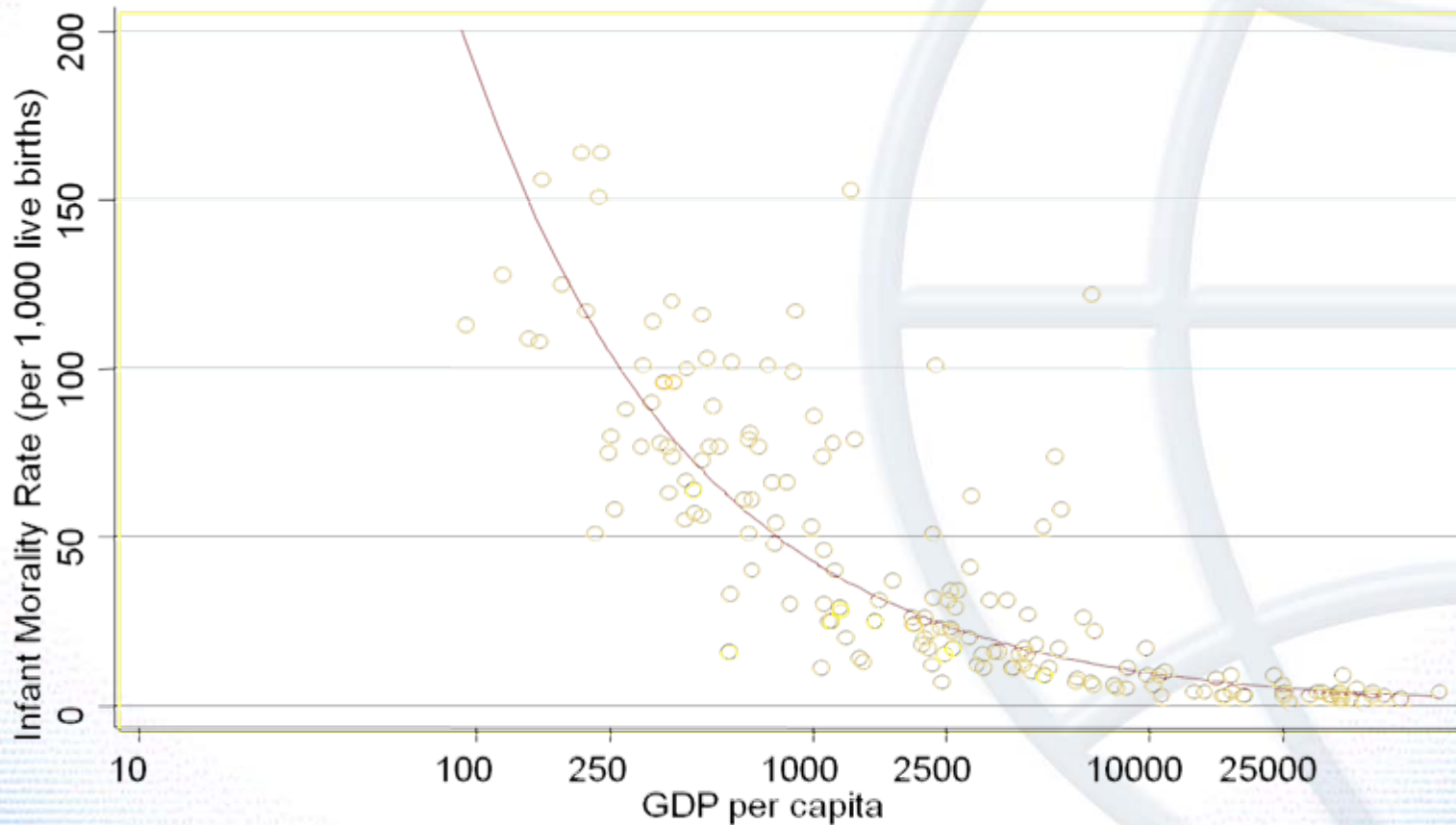
LIFE EXPECTANCY VS INCOME, 2006



Source: G. Schieber 2007 based on World Development Indicators  
Note: GDP per capita in current US\$; Log scale



# Income and Infant Mortality

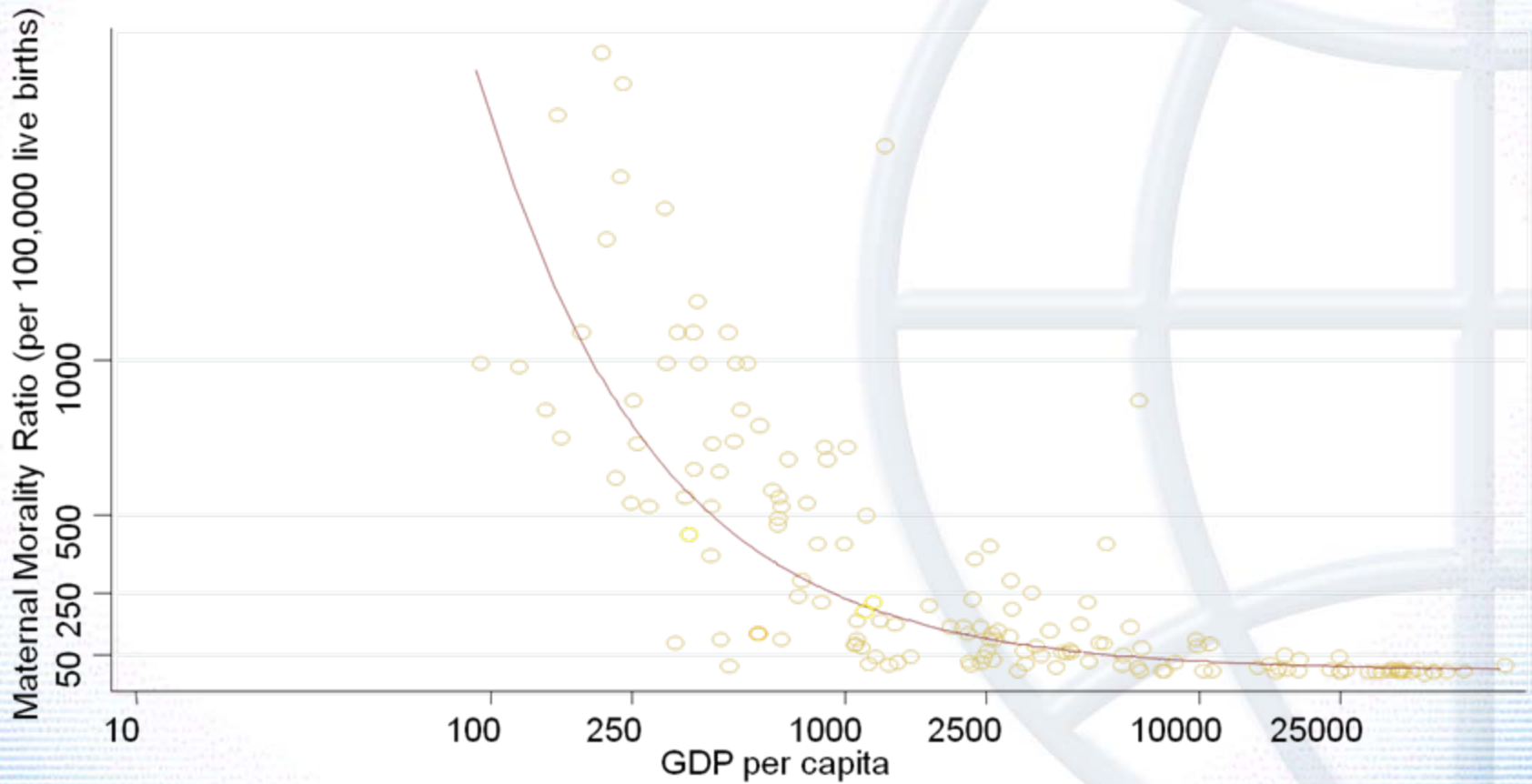


Source: G. Schieber, 2007, based on World Development Indicators, WHO 2007  
 Note: GDP per capita in current US\$; Log scale





# Income and Maternal Mortality

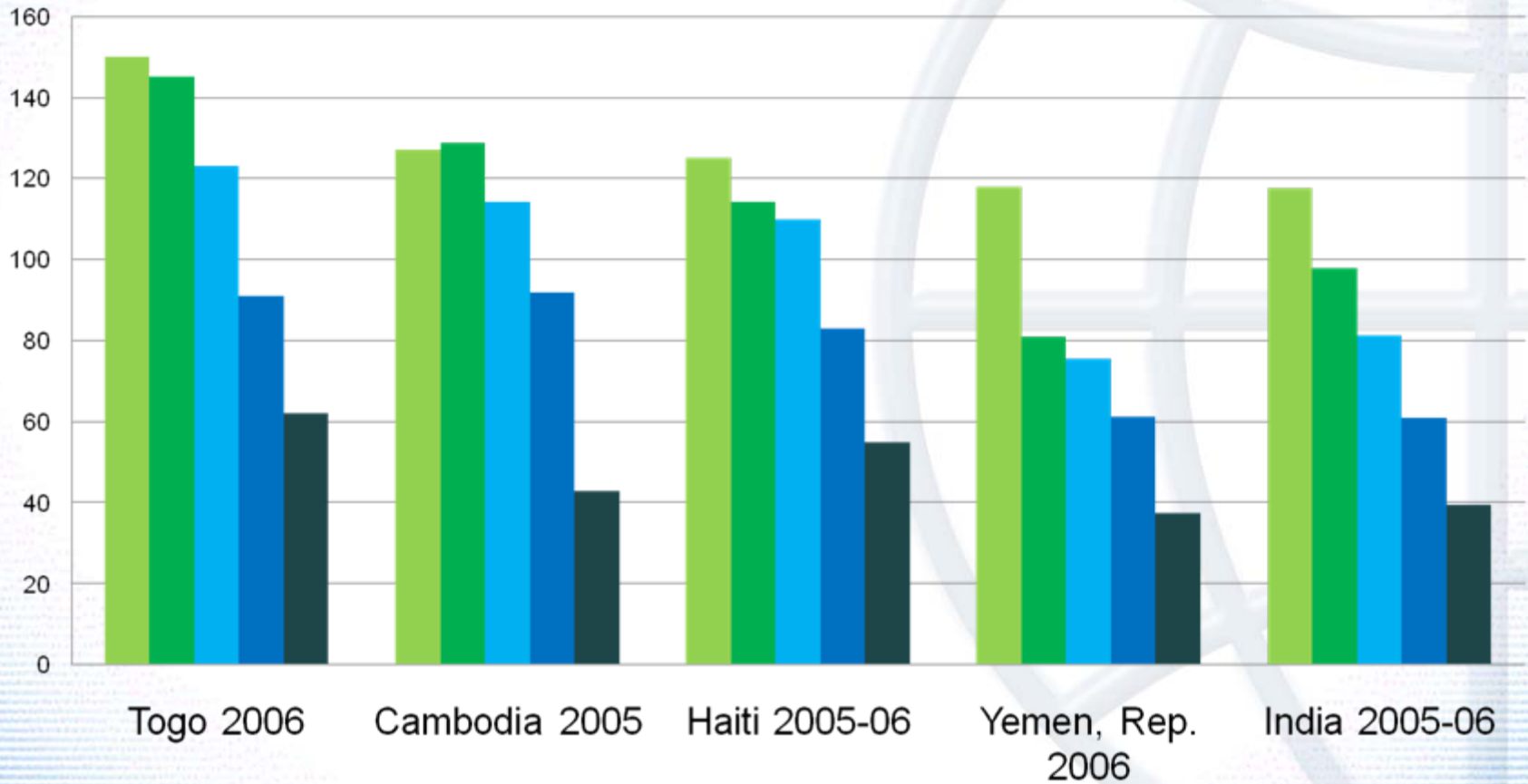


Source: G. Schieber, 2017 based on World Development Indicators  
 Note: GDP per capita in current US\$; Log scale



## Under-5 mortality rates by wealth quintile, within countries

■ Poorest
 ■ Second
 ■ Middle
 ■ Fourth
 ■ Richest



Source: DHS, various years



# Wealthier is healthier

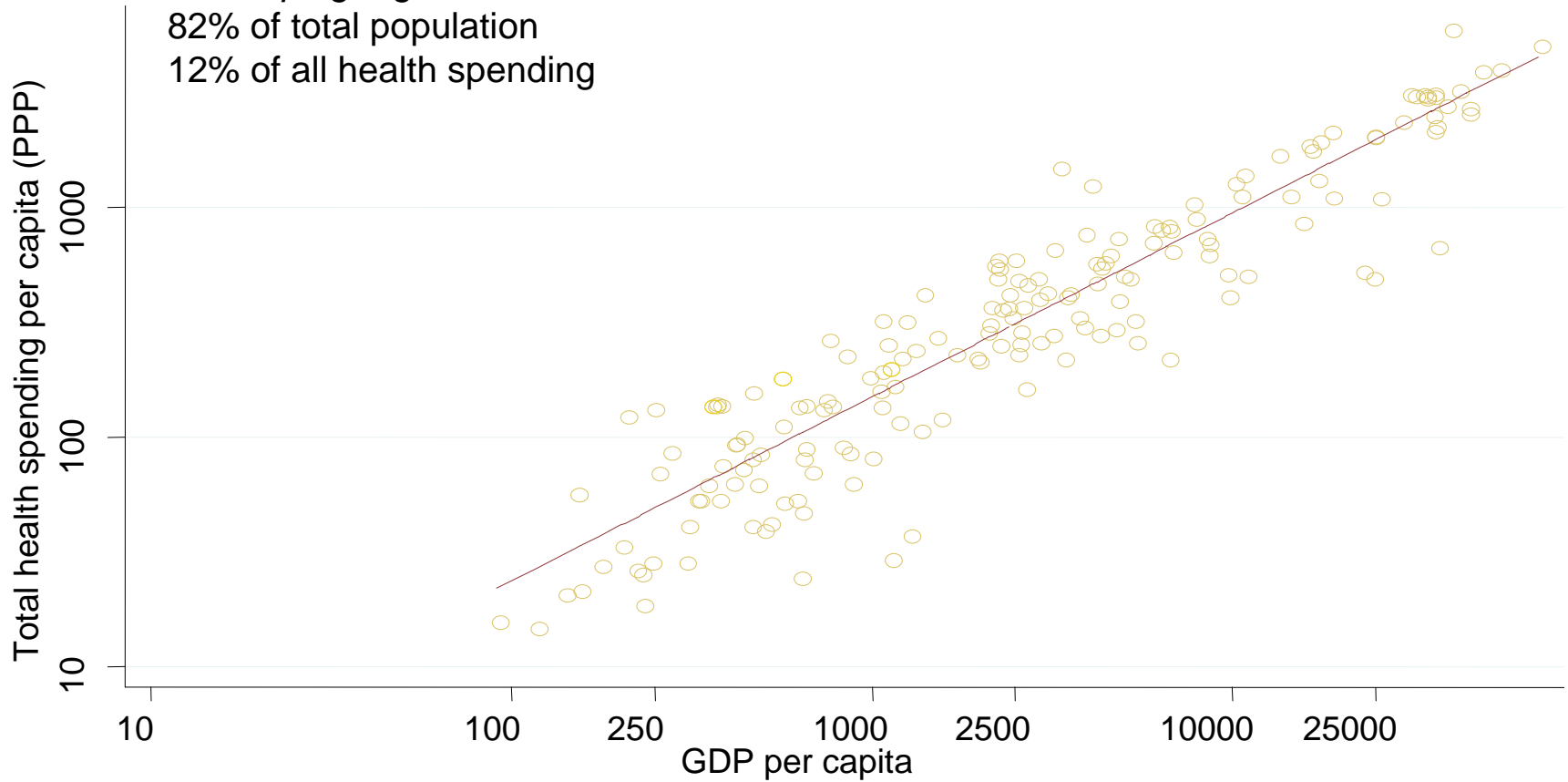
- Increased income is not the only measure of development – other social factors are also important determinants of health outcomes:
  - income distribution
  - educational attainment
  - infrastructure
  - medicine and public health
  
- Also: Healthier is wealthier - two-way relationship:
  - direct costs of illness, catastrophic expenditures
  - lost income
  - lost productivity
  - learning





# Richer countries spend more on health

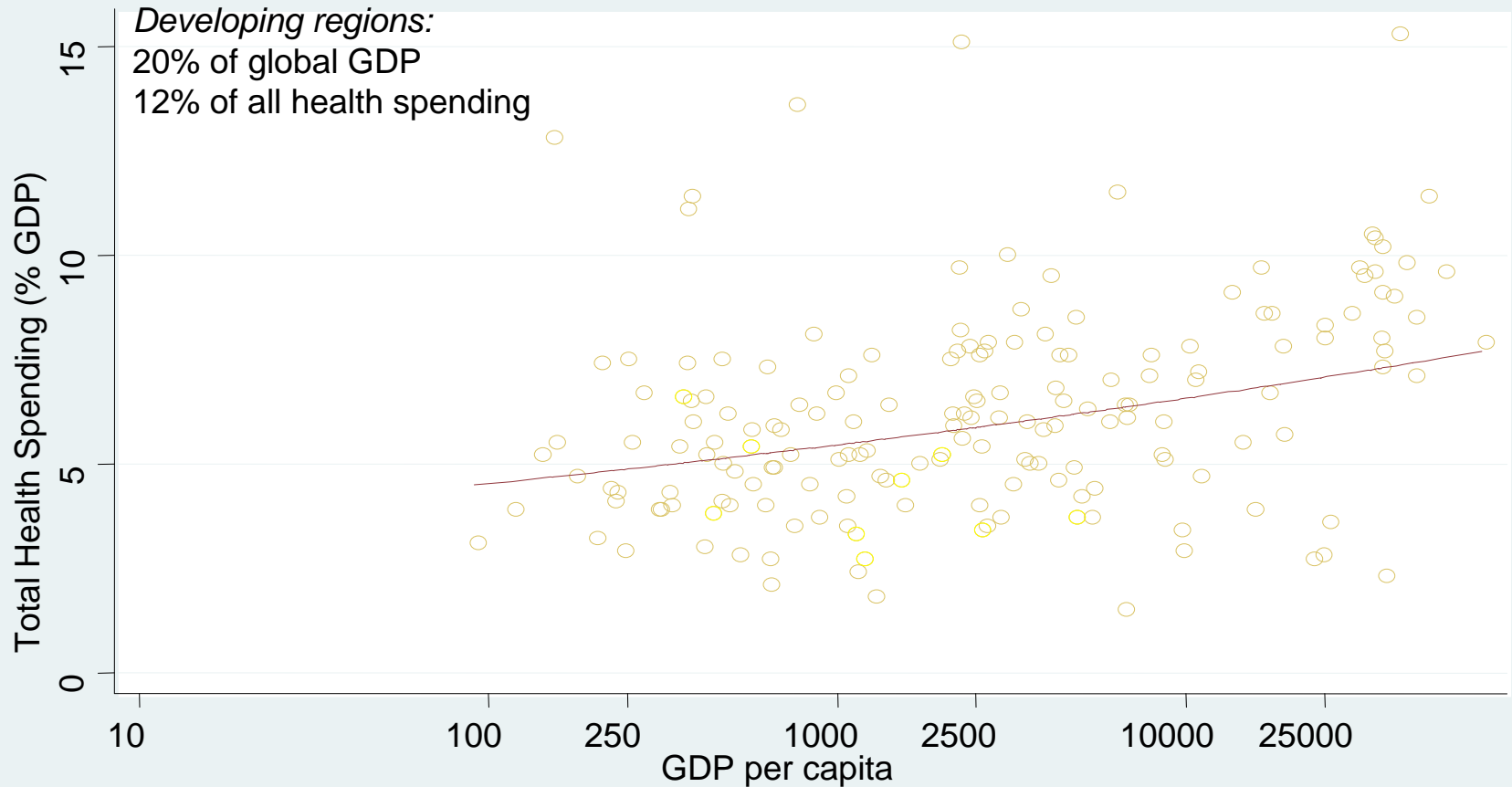
*Developing regions:*  
82% of total population  
12% of all health spending



Source: G. Schieber 2007, based on World Development Indicators  
Note: GDP per capita in current US\$; Log scale



# Richer countries spend more on health

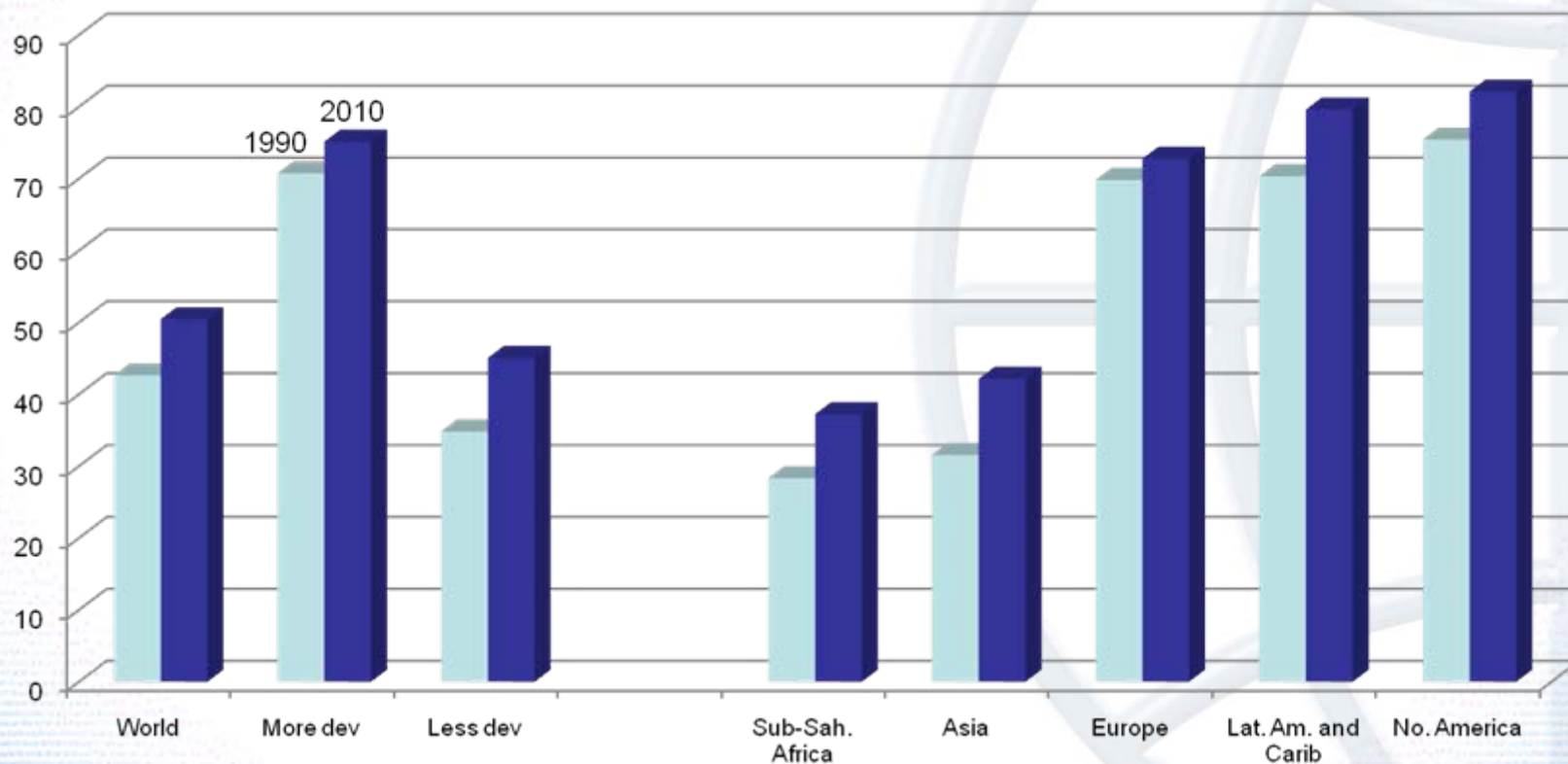


Source: World Development Indicators  
Note: GDP per capita in current US\$; Log scale



# Increase in urban population, 1990-2010

percent of population in urban areas



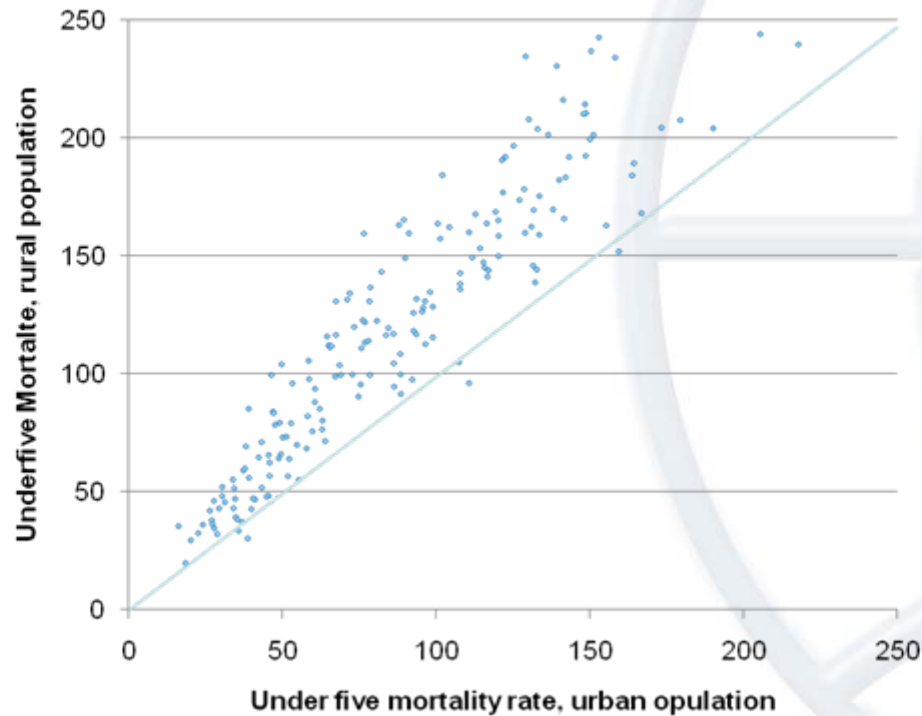
Source: United Nations Population Division,  
World Urbanization Prospects, 2009 Revision





# Urban child mortality always lower (almost always)

**Urban and Rural Under-Five Mortality Rates, 1985-2008**



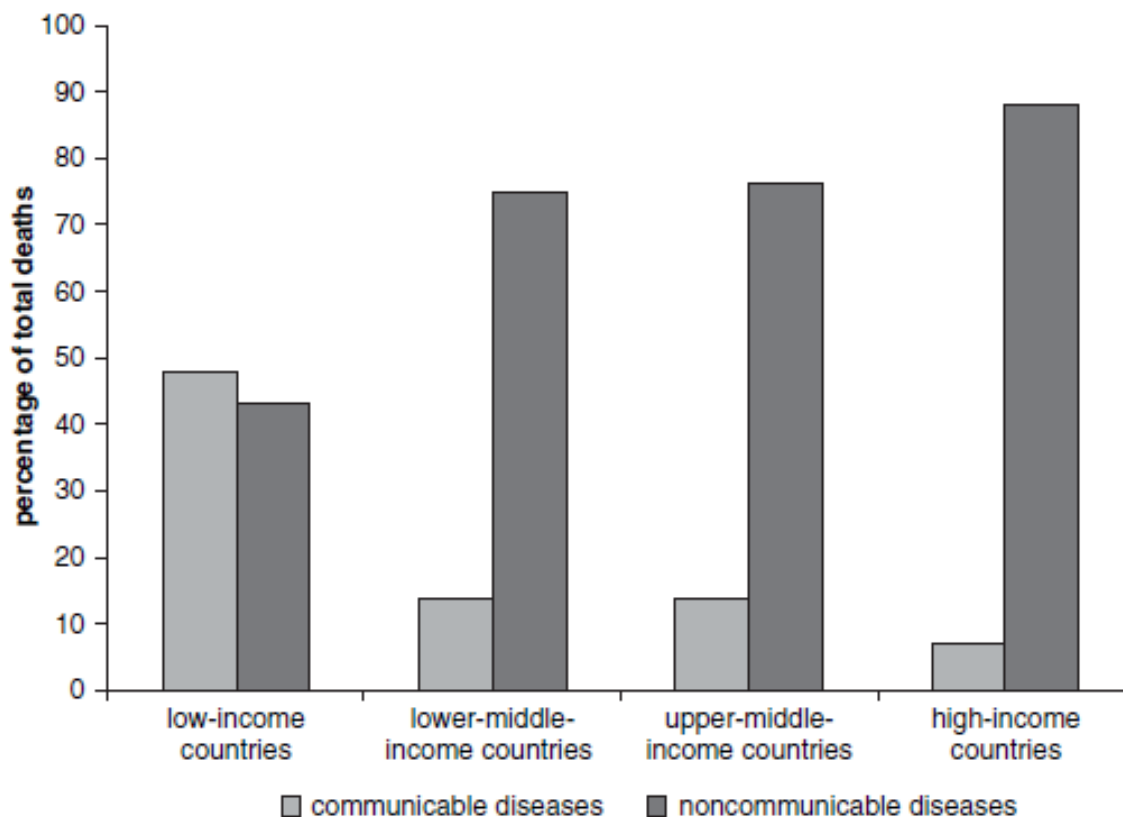


- Health outcomes and development
- Trends in causes of death
- Population trends
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# Different outcomes: Levels *and* Composition

*As overall health improves, cause of death structure changes*



Source: Lopez and others 2006.





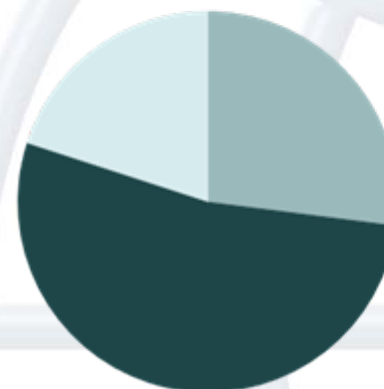
# Different outcomes: Years of life lost by cause

**Low income**



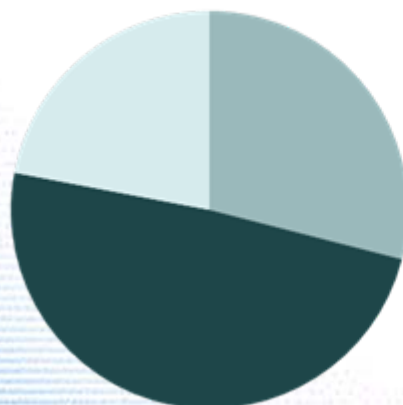
- Communicable diseases
- Non-communicable diseases
- Injuries

**Upper-middle income**



- Communicable diseases
- Non-communicable diseases
- Injuries

**Lower-middle income**



- Communicable diseases
- Non-communicable diseases
- Injuries

**High income**

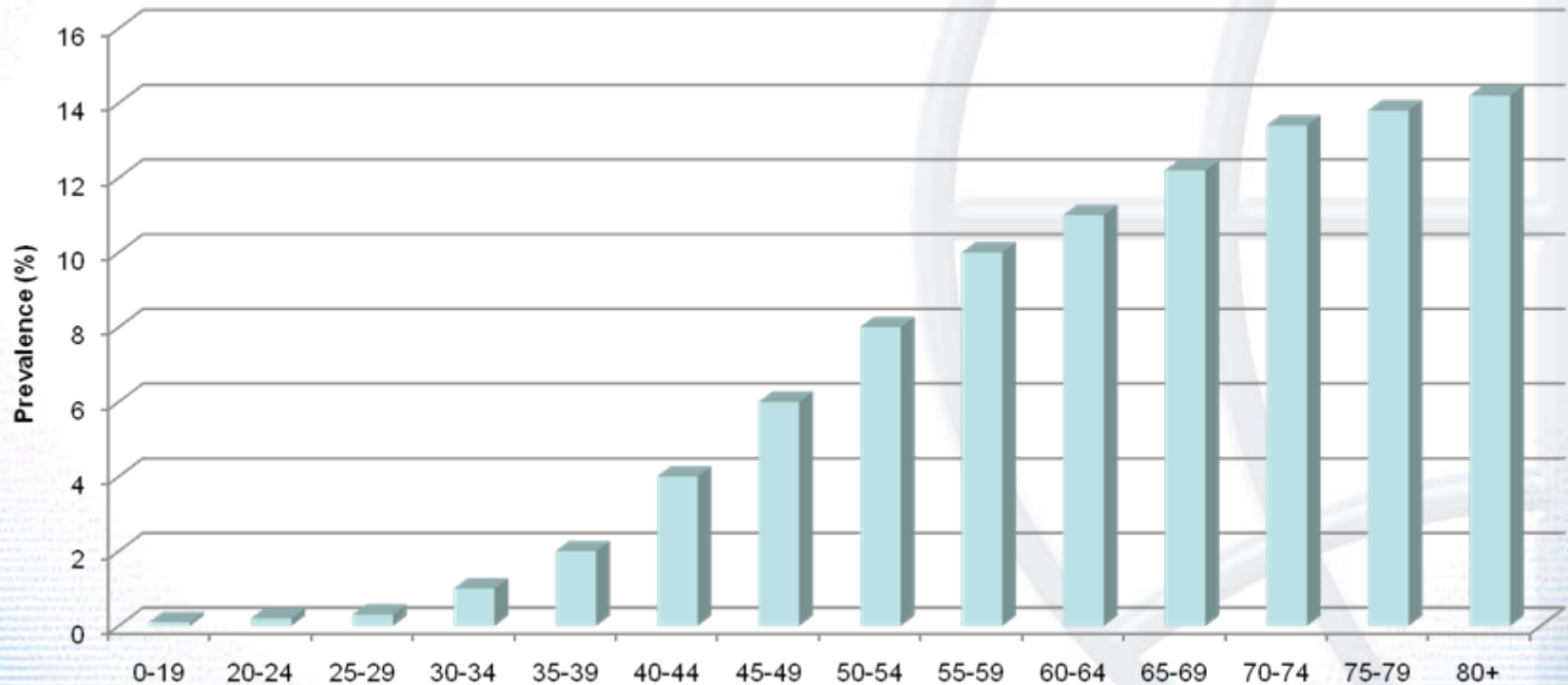


- Communicable diseases
- Non-communicable diseases
- Injuries



# NCDs affect middle age and older population

Global prevalence of diabetes by age (% of age group)

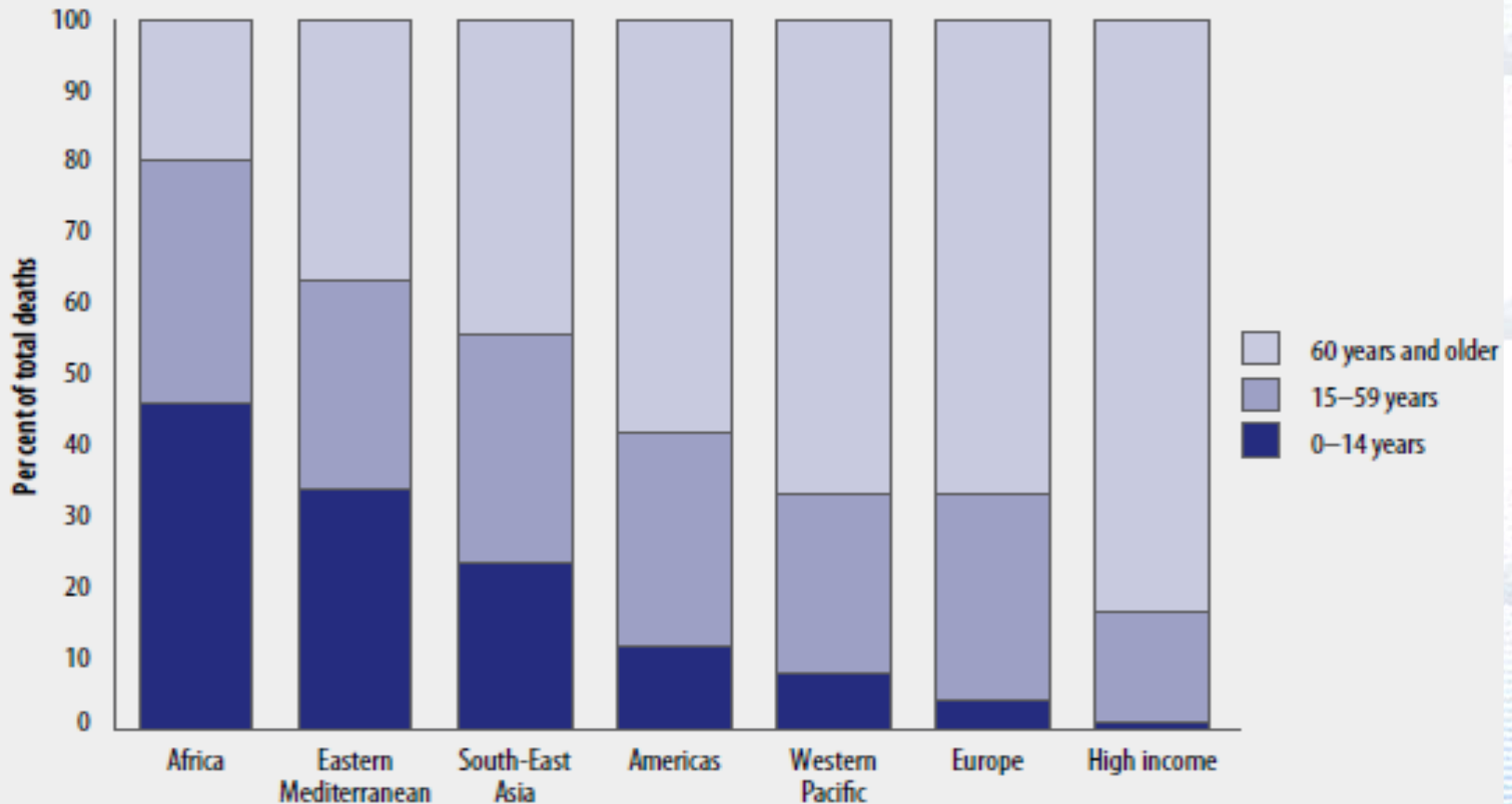


Source: Wild et al 2004



# Different outcomes: Levels and Composition

As overall health improves, age at death structure changes

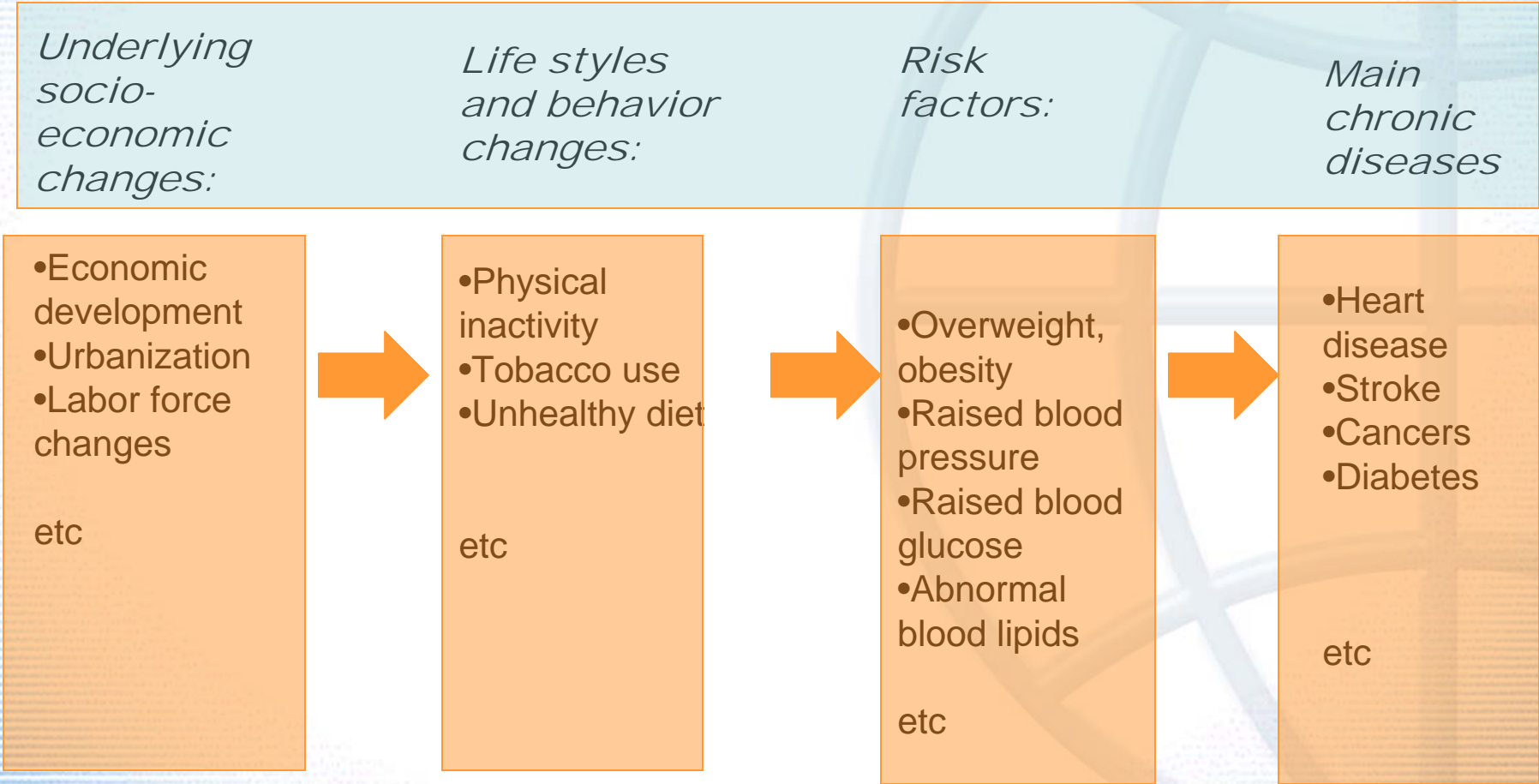


Percent distribution of deaths by age, WHO region

Source: WHO, 2008



# Why mortality and disease change with development: causes of NCDs

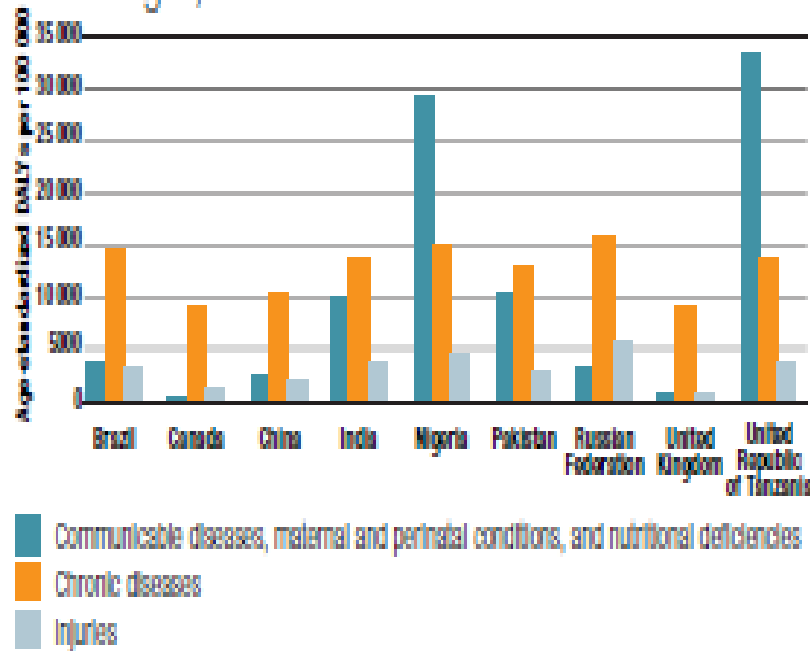




# Morbidity patterns – dual burden of disease

*selected countries*

**Projected main causes of burden of disease (DALYs) in selected countries, all ages, 2005**



Dual burden of disease: persisting high rates of communicable diseases and increasing noncommunicable disease and mortality rates



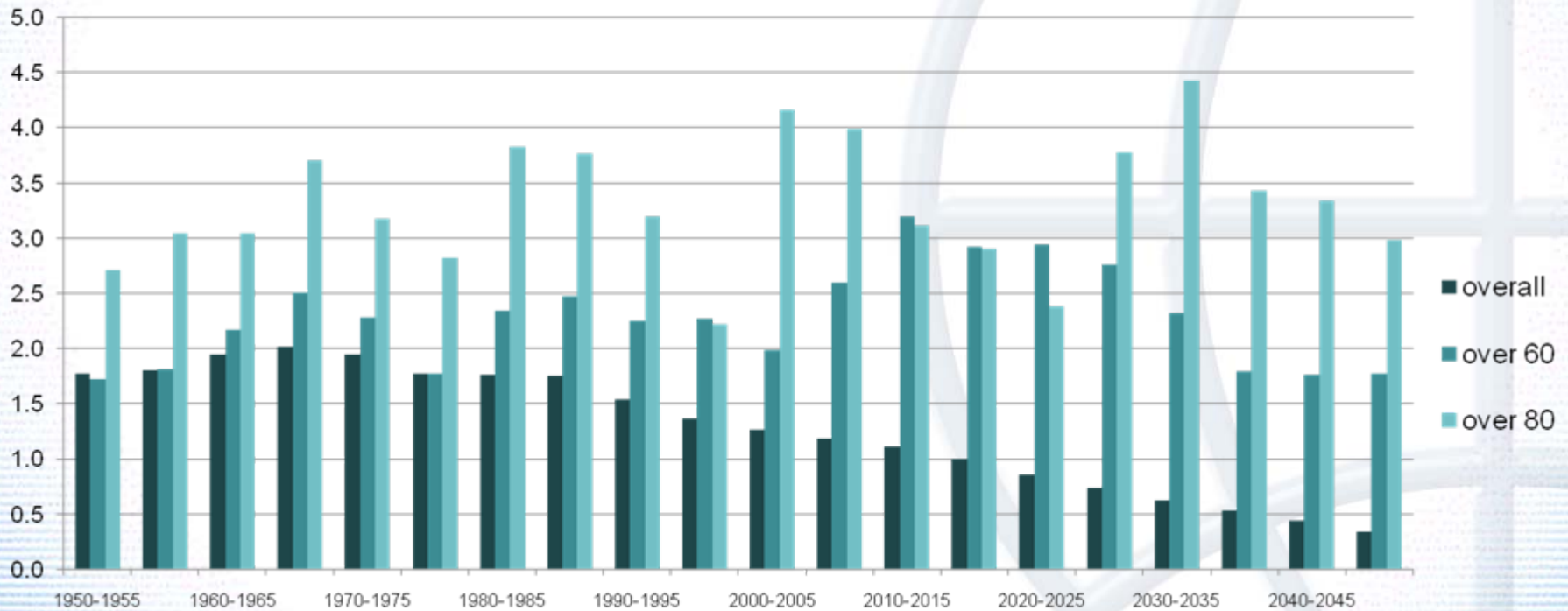
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# World Population trends

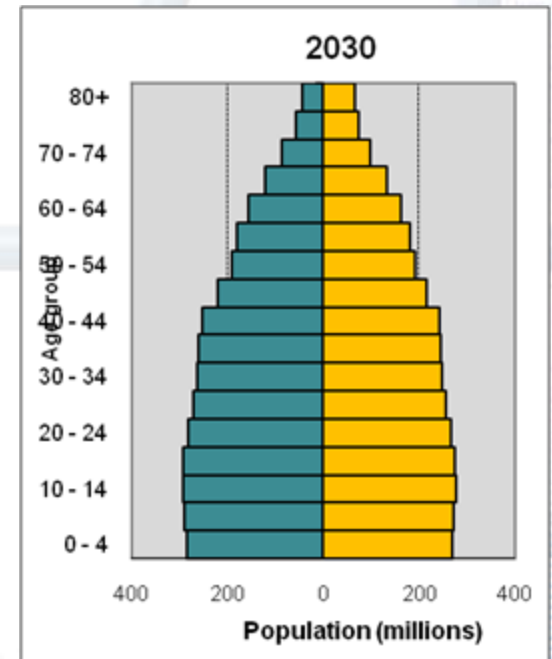
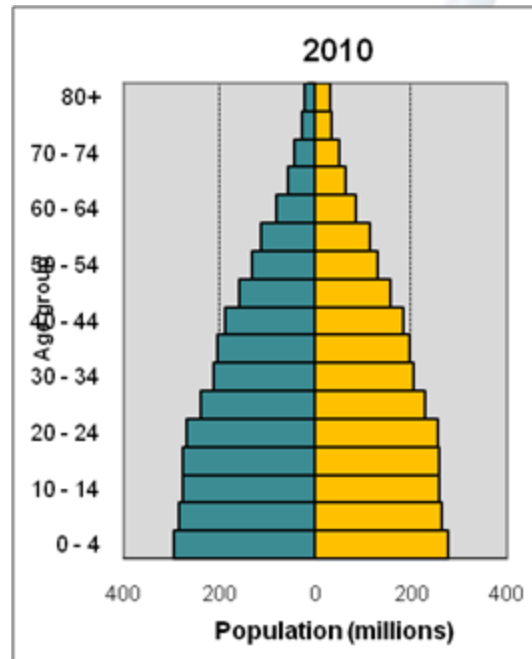
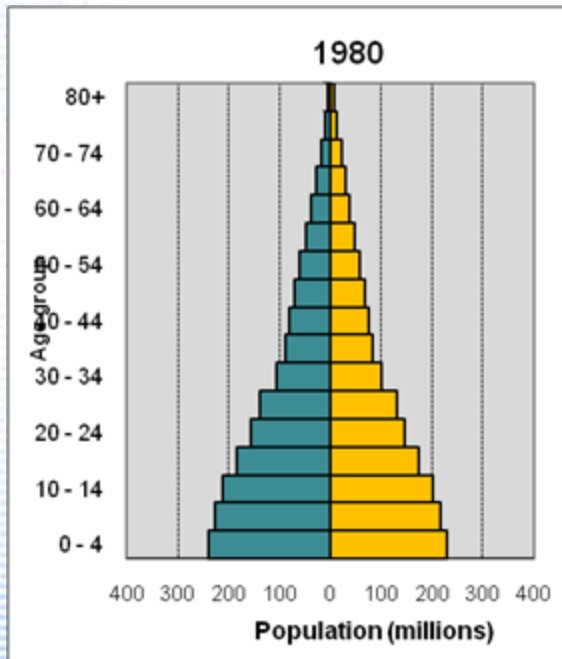
## Trends in population growth rates, 1950-2050



Source: UN Population Division, 2009



# Age structure of developing regions

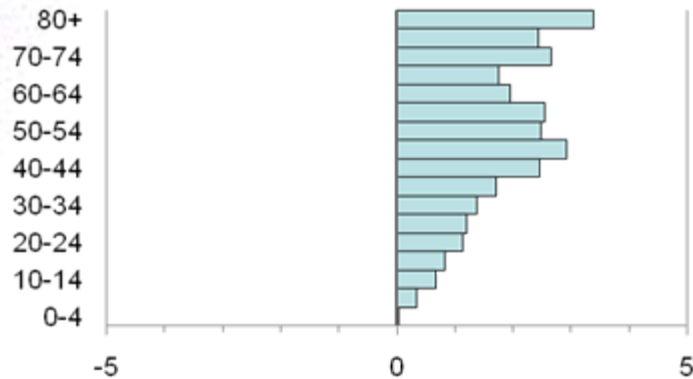




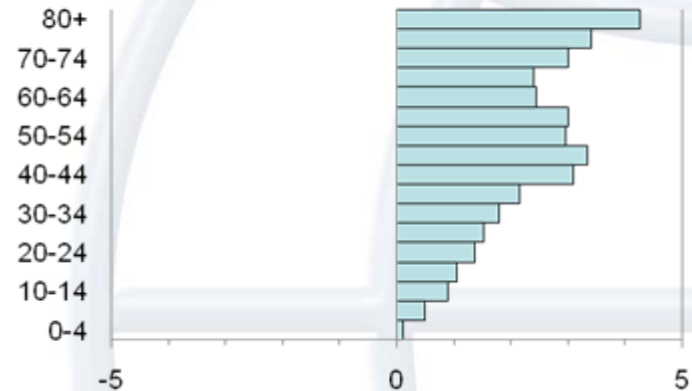
# Change in Population Age Distribution

Average annual percentage change 1990-2010

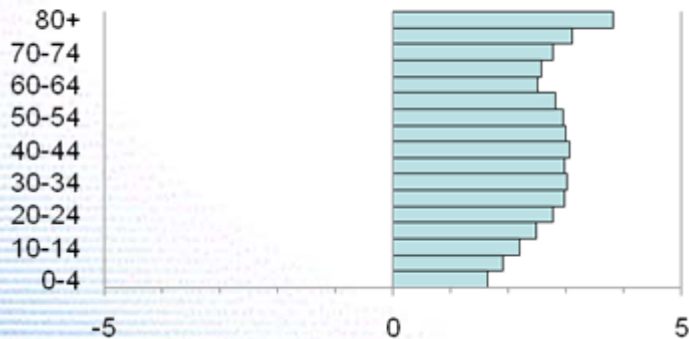
**World**



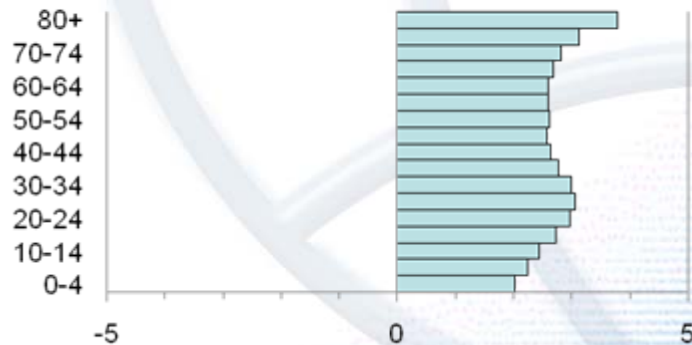
**Developing countries**



**Least developed countries**



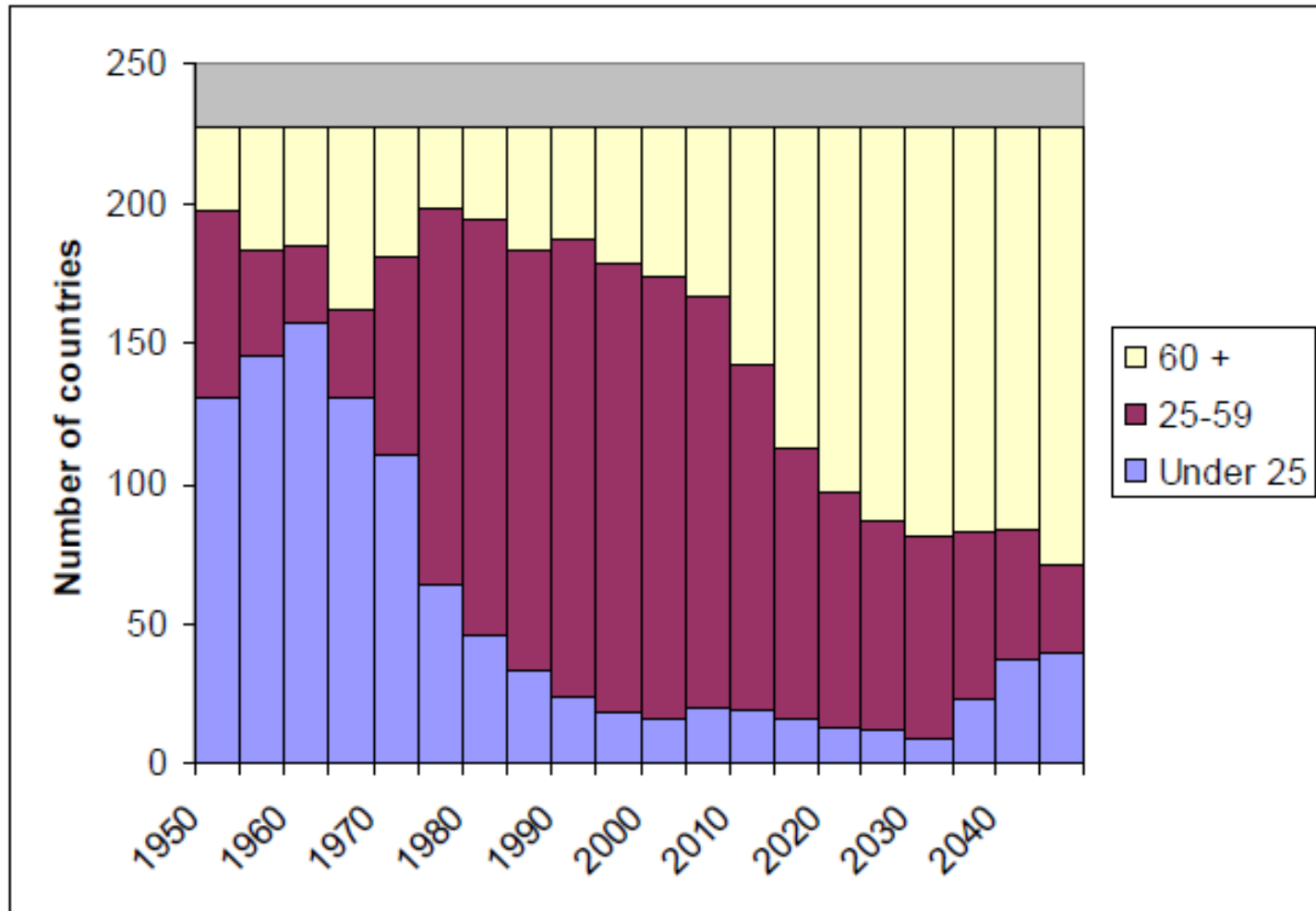
**Sub-Saharan Africa**







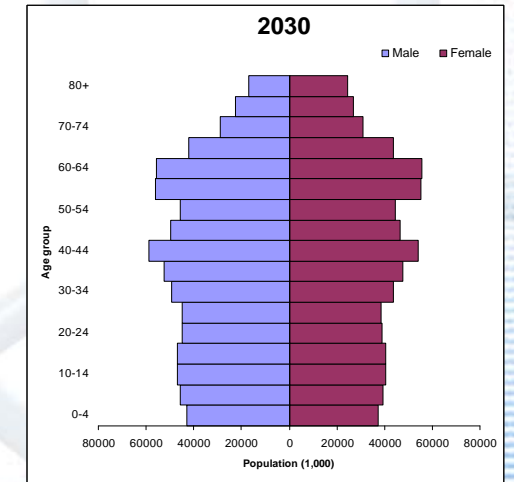
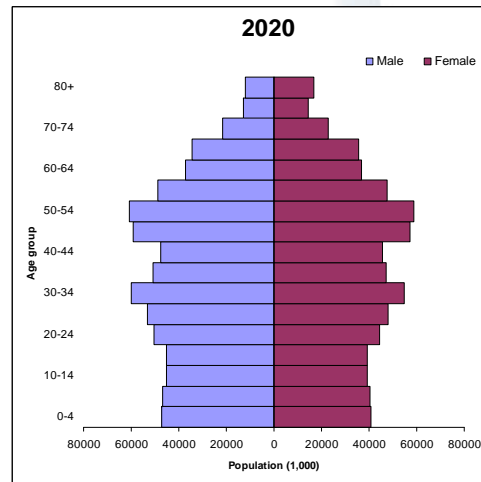
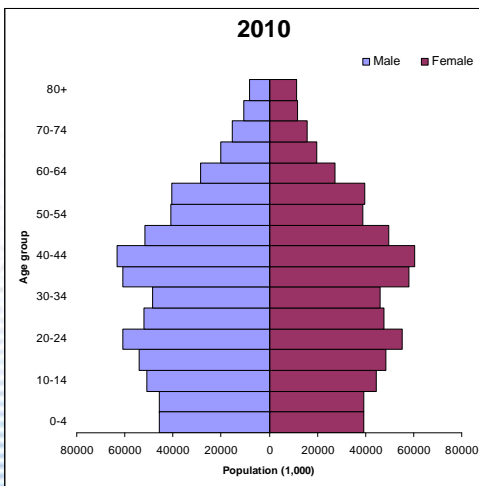
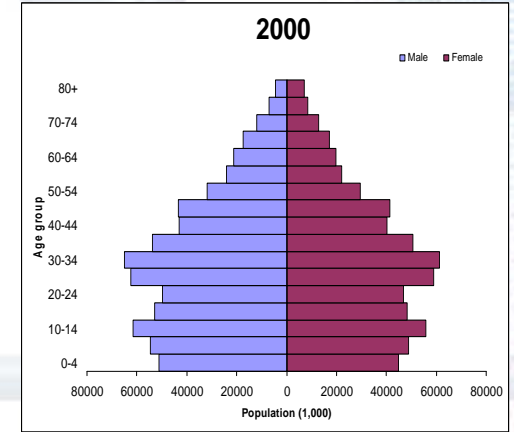
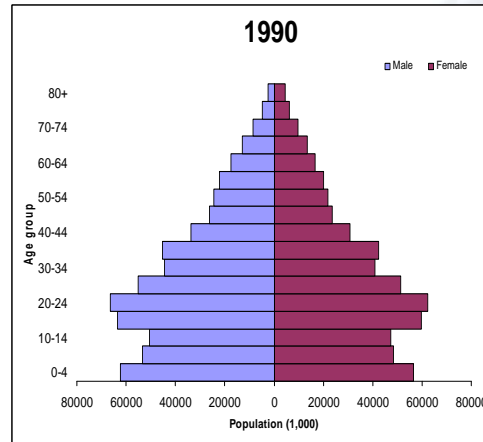
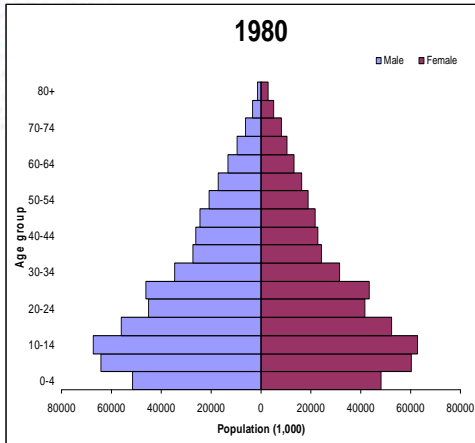
# Countries grouped by fastest growing age group, 1950-2050



Source: Cotlear, Lee, and Mason (2010) based on UN 2009

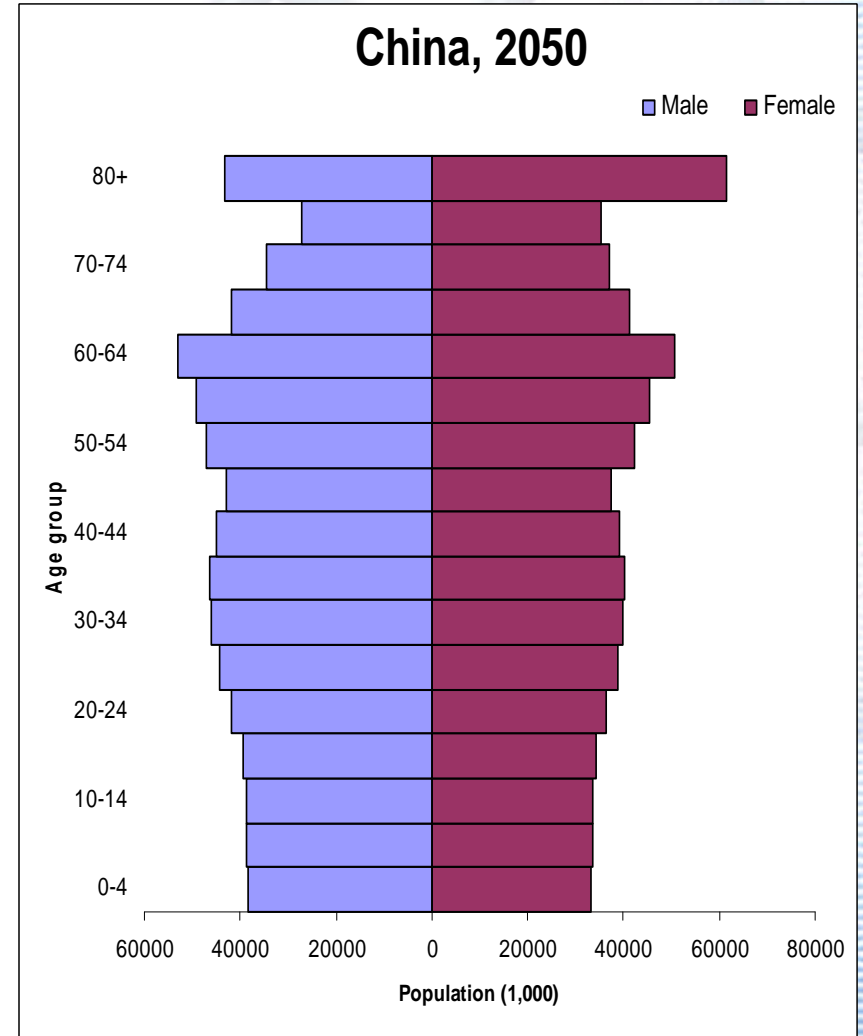
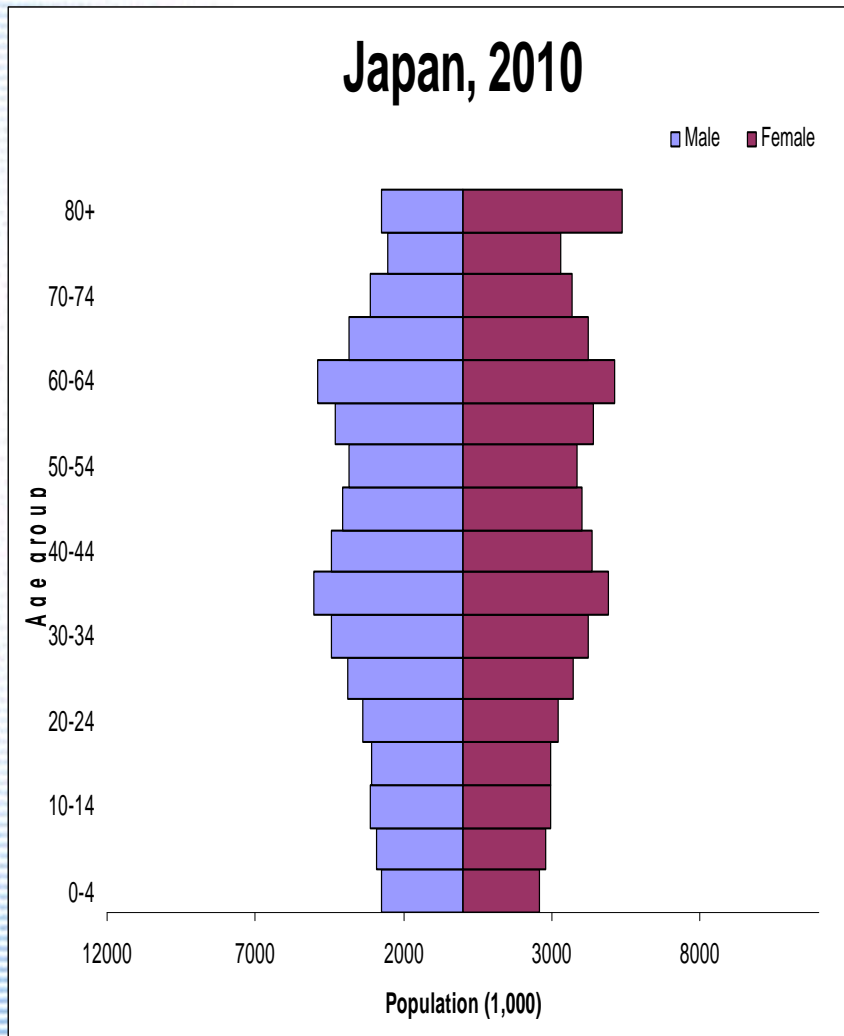


# China: Changes in Age Structure, 1980-2030





# Age Structures: Japan, 2010 and China, 2050







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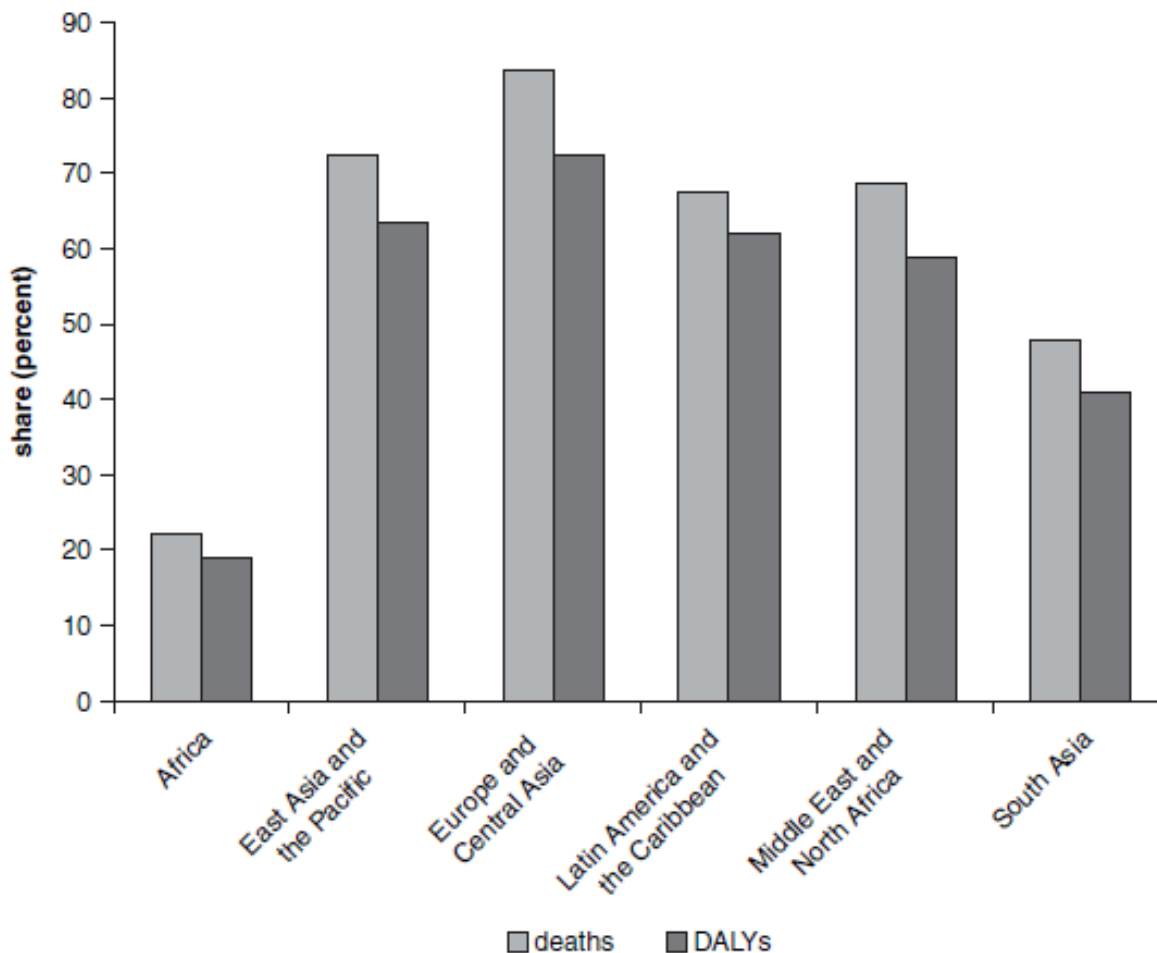


# Epidemiology meets Demography

- Two trends:
  - changing causes of ill health and mortality
  - changes in age structure
- Combining these trends: explosive increase in share of NCDs in total burden of disease and mortality projected for coming decades



# Share of mortality and disease burden attributable to NCDs, by World Bank Region



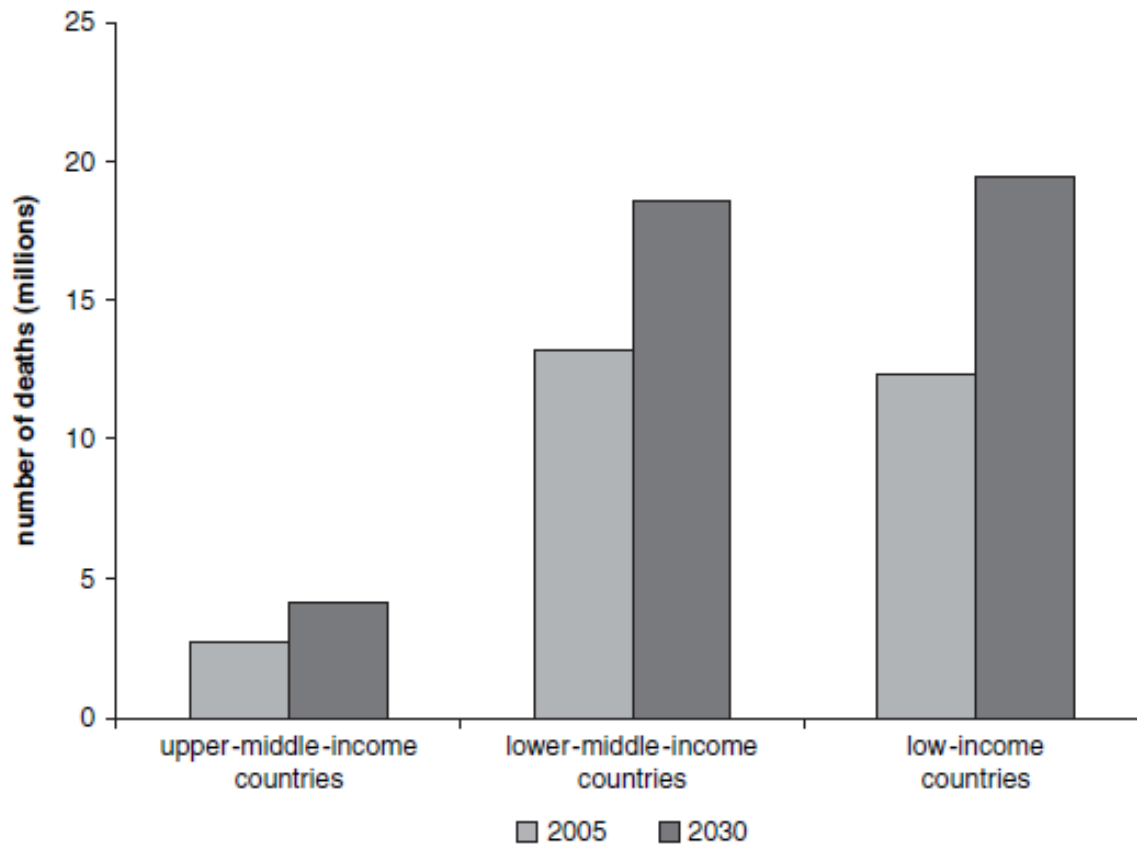
Source: WHO 2004, annex table 4.





# Projected trends in NCDs:

*sharp increase in NCD deaths between 2005 and 2030, in context of overall improvement in health and life expectancy*

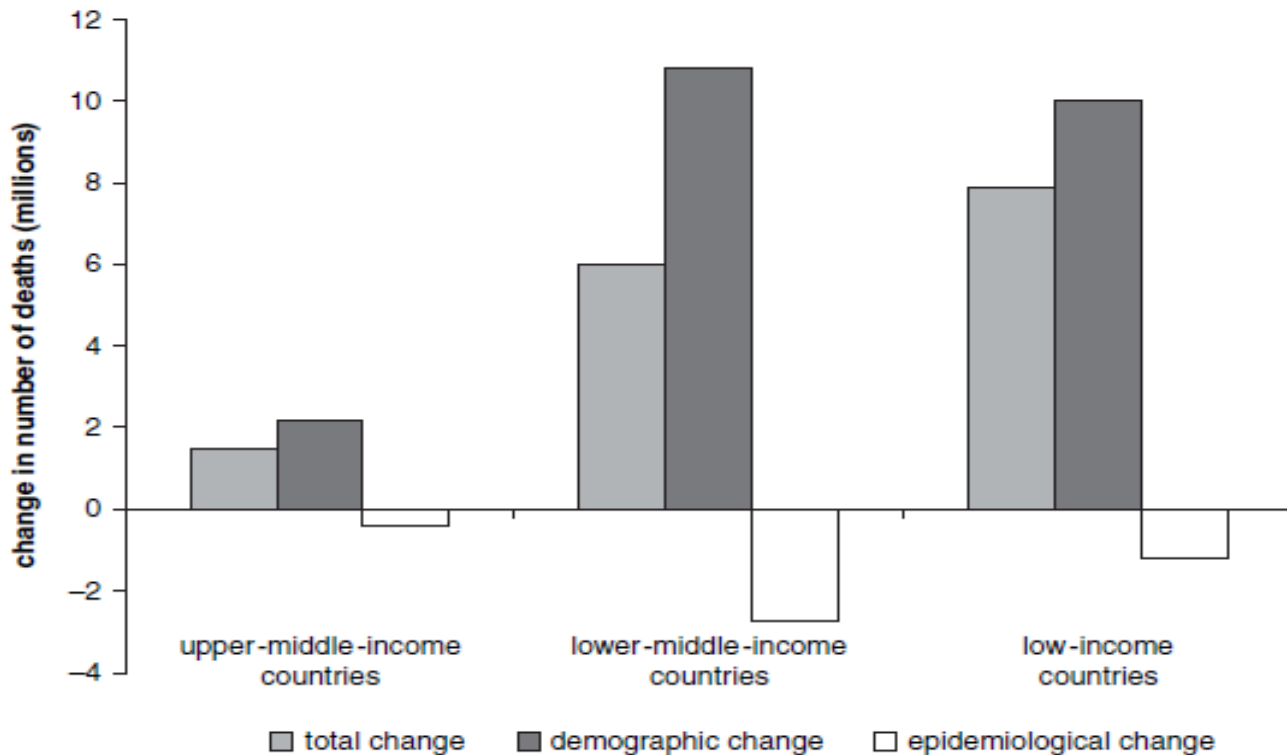


Source: Lopez and others 2006.



# Decomposing increase in NCDs

## 2002 to 2030



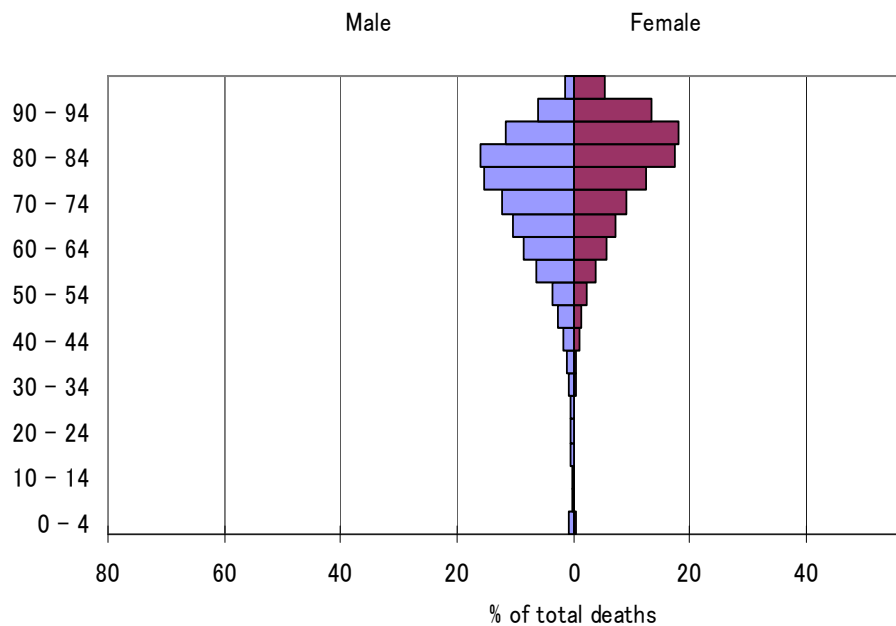
Source: Mathers and Loncar 2005.



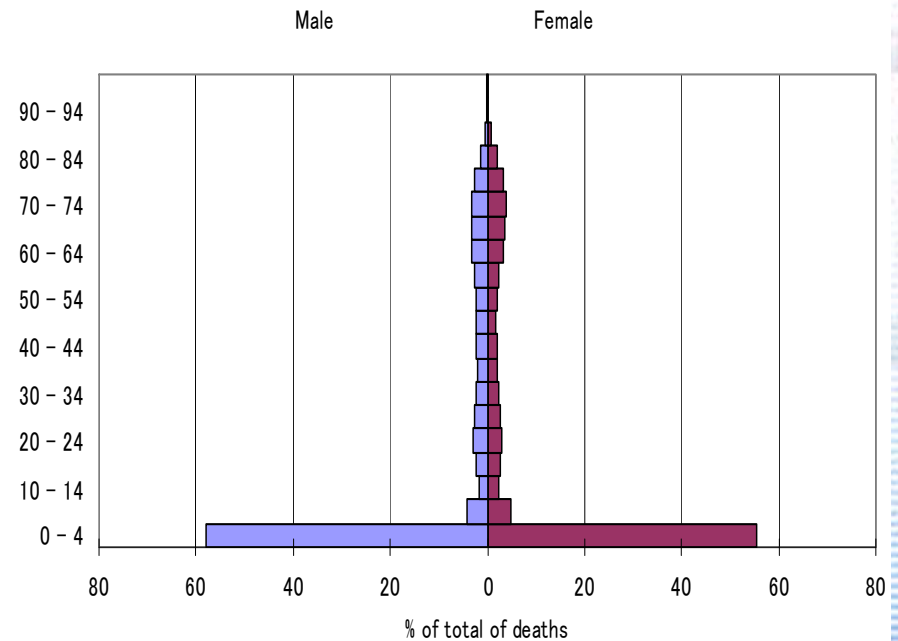
# Death Structure Graphs

- Age at death graphs show the number of deaths occurring by age in a given year
- Death structure graphs combine levels of age-specific patterns of mortality with age structure

Age Distribution of Death, Denmark around 2005



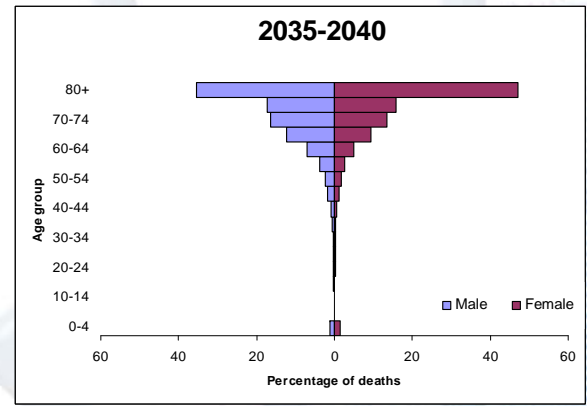
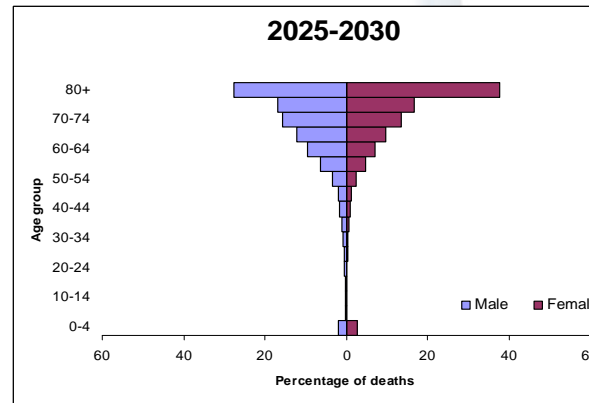
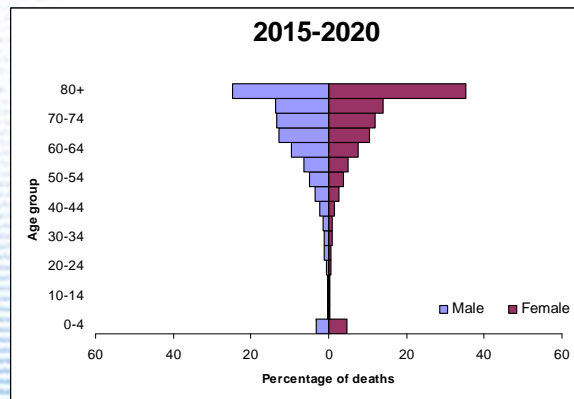
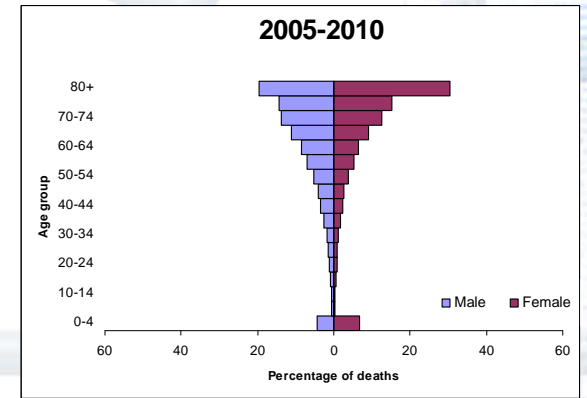
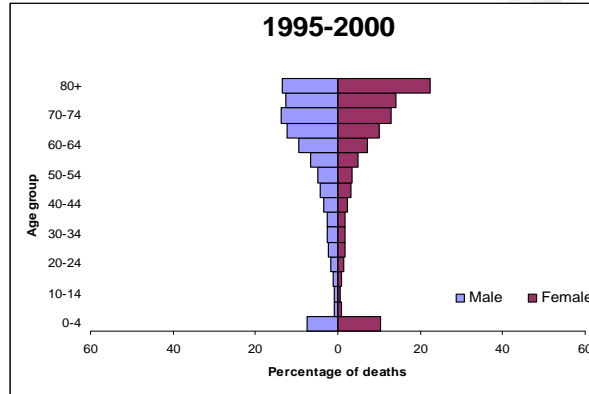
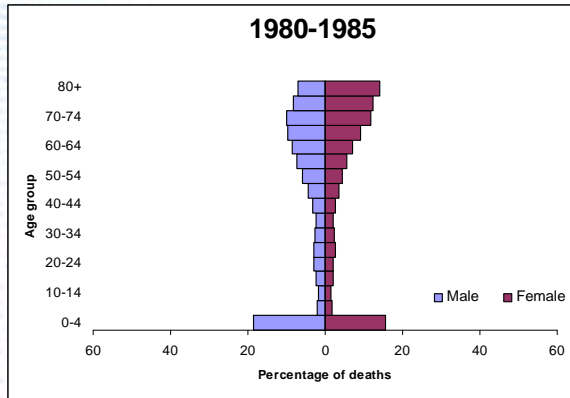
Age Distribution of Death, Sierra Leone around 2005







# Trends in Age at Death Structure, China, 1980-85 to 2035-40





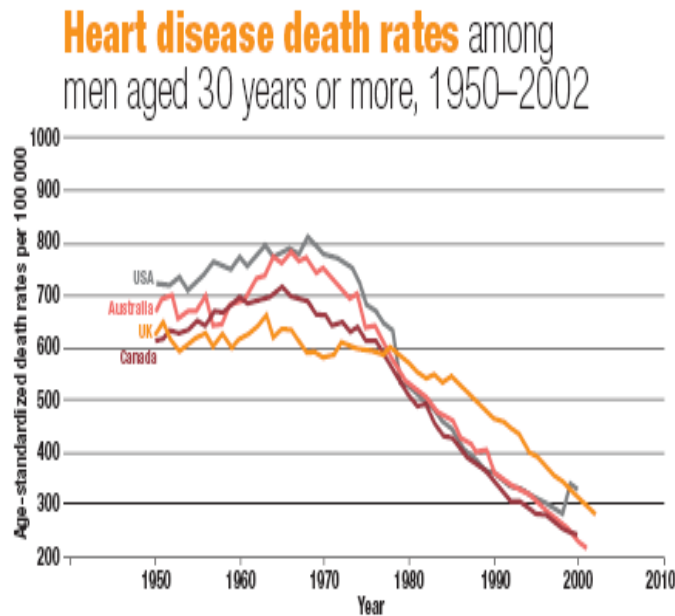
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# Prevent and prepare

## *Prevent:*

- NCD mortality reduction between 1-2 % per year have been typical; some countries have achieved 3 % per year in cardiovascular mortality



## *Prepare:*

- Success with NCD interventions will slow down, but not reverse, the overall upward trend in NCD deaths, due to population aging
- Upward pressure on health interventions and costs, especially in low- and middle income countries





## Conclusions

- Overall life expectancy and other health outcomes have been improving , reflecting economic growth, poverty reduction, and other trends in development
- NCDs are becoming a larger proportion of the burden of disease as a result of increased number of people in age groups at the greatest risk of NCDs and a faster decline in other causes of ill health and mortality
- Declining age-specific mortality rates from NCDs cannot offset the increase in the older age structure, resulting in more NCD deaths



## Final thoughts

- Important to promote the inclusion of NCD prevention and control in the global health agenda
- Health system strengthening as a strategy to tackle NCDs in the health sector
- Include NCD indicators in the MDGs?





# Publication

