

## Health inequities between countries

In addition to the social gradient within a country described in the previous chapter, **there are very wide, widespread and persistent health differences on the health status between countries across the globe.** This health patterns pattern is caused by the systematic inequalities in access to the social, economic, political, and cultural resources necessary to promote health and prevent diseases.

If we look at **the economic figures** behind the health achievements, poverty level is striking: Currently 1.2 billion people worldwide (approximately 20% of the global population) continued to live on less than \$1/day, with nearly half of the world's population (2.8 billion) living on less than \$2/day.<sup>3</sup>

**The health consequences of this extreme poverty remain dire:** 14% of the global population (826 million) is undernourished, 16% (968 million) lacks access to safe drinking water, and 40% (2.4 billion) lacks basic sanitation. **As a result of this entrenched poverty, developing countries continue to experience high rates of infectious illnesses, shortened lifespan, and diminished quality of life.**

### Differences in countries

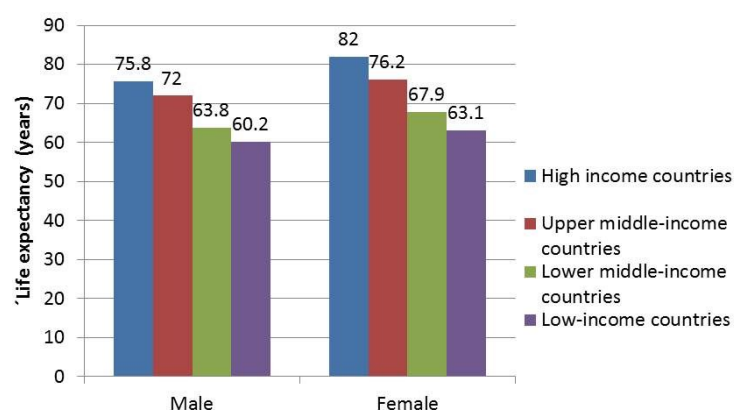
Again, the observations on health inequities between countries are largely based on mortality figures. For example, there is a 36-year gap in life expectancy between countries.

- A child born in Malawi can expect to live for 47 years while a child born in Japan could live for as long as 83 years.
- 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.

There is no biological or genetic reason for these alarming differences in health and life opportunity

### Differences by income

Income associated differences are clear in the graph below. Source: Life expectancy at birth for men and women in 2012, by country income group, World health statistics 2014.



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