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WHO Global Health Expenditure Atlas

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Each human being has the right to access medicines and treatments regardless of the ability to pay. Health for all has been accepted by most governments as a matter of national policy. In developed nations most healthcare expenditures are taken care of by the government or by health insurance. Out of pocket expenses for healthcare are minimal. In most western European nations the percentage varies between 5 to 15% of total health expenditure. In developing nations most patients pay for healthcare out of pocket and 40 to 60% of health expenditure is met by patients themselves.

Recently the World Health Organization (WHO) has published the *WHO Global Health Expenditure Atlas* which in a diagrammatic manner represents health expenditure data from the 194 countries which are members of the WHO. The book represents data available in the Global Health Expenditure database (GEHD). The database can be accessed at www.who.int/nha/database. The factsheet on global health expenditure makes for interesting reading. The total global expenditure on health per capita is around US\$948. The highest government spending per capita per year on health is in Luxembourg while the lowest is in Myanmar.

The total per capita expenditure on health (2009 data) shows wide variations from a high of US\$8262 in Luxembourg to US\$11 in Eritrea. About 100 million people worldwide every year are pushed into poverty because they have to pay for their health expenses themselves. In India over 30 million people are pushed back into poverty because of health expenditure. The data is arranged according to the WHO regions (Africa, America, South-east Asia, Europe, Eastern Mediterranean and Western Pacific). Within the regions the data for individual countries are shown. I liked the way the data of each country has been presented diagrammatically. The total amount spent on healthcare, the expenditure per capita and the percentage spend by households on health is shown. GDP per capita, maternal mortality rate and life expectancy are also shown. The timeline of percentage of government resources allotted to health is also shown. A minimum of US\$44 per person has been recommended to

ensure that everyone has access to a set of essential health services.

The book concludes with a set of technical data on health expenditures for different countries. The book has been well produced and the diagrams and information are easy to understand. I congratulate the Department of Health Systems Financing on producing this excellent visual atlas on a dry and difficult subject which is, however, of vital importance in healthcare.

About the book:

Department of Health Systems Financing, World Health Organization: WHO global health expenditure atlas. 2012. The report can be downloaded for free from <http://www.who.int/nha/atlas2.pdf>.

Born Too Soon: The Global Action Report on Preterm Birth

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The World Health Organization published *Born Too Soon: The Global Action Report on Preterm Birth* in 2012. This was published in support of all the families who have been touched by preterm birth. It is a joint effort of almost 50 international, regional and national organisations, led by the March of Dimes, The Partnership for Maternal, Newborn & Child Health, Save the Children and the World Health Organization in support of the Every Woman Every Child Effort. Most importantly it provides the first ever national, regional and global estimates of preterm birth. The report addressing preterm birth as an urgent priority for reaching Millennium Development Goal 4, that is calling for the reduction of child deaths by two-thirds by 2015. The actions outlined in the report are importantly linked to all eight MDGs. There was need to document the severe toll of preterm birth for each country as well as identify the next steps that stakeholders – including policy makers, professional organizations, the donor community, NGOs, parent groups, researchers and the media – could take to accelerate international efforts to reduce this toll. More



than 1 in 10 of the world's babies are born too soon, and every page of this report shows the need for concerted actions on the prevention of preterm birth and care of the preterm baby, and the imperative to ensure mother and baby survive together.

Preterm birth is a major cause of death and a significant cause of long-term loss of human potential amongst survivors all over the world. Fifteen million babies are born too soon every year and one million die due to complications related to preterm birth. Prematurity is the leading cause of newborn death and now the second leading cause of death after pneumonia in children under the age of five. Unfortunately there is a major survival gap, half of the babies born at 24 weeks survive in high income countries but in low income settings, half the babies born at 34 weeks continue to die due to lack of basic care.

The report contains six chapters and spans 126 pages. "Behind every statistic is a story"- a true heart-melting story follows every chapter with a very strong and clear message related to preterm birth. The very first chapter "Preterm birth matters" showcases the burden of disease and contends preterm birth as the global progress in child survival and health to 2015 and beyond cannot be achieved without acting on preterm births in the current scenario. The next chapter provides the first ever national, regional and global estimates of preterm birth. It presents new data from the first set of estimates of preterm birth rate for 184 countries in 2010 and a time series for 65 countries with sufficient data. Additionally it estimates three preterm subgroups useful for public health planning. The chapter also presents the key risk factors for preterm birth, and it makes recommendations for efforts to improve the data and use the data for action to address preterm births. Over 60% of preterm births occur in Africa and South Asia. India ranks top of the countries contributing the largest number of preterm births. The report advocates the RMNCH services through the continuum of care approach and the same presented in the order of time of care giving in subsequent chapters (Preconception care in chapter 3, Care during pregnancy and birth in chapter 4 and Care in the postnatal period for preterm baby in chapter 5). The final chapter summarises the evidence-based interventions for preterm birth in the context of the wider health system, the implications for integrating and scaling up those available interventions and the potential lives saved as a result. All partners are invited to join the global efforts for preterm birth, which is linked closely to the health and care of women and girls, as well as to child survival and global development. Finally it proposes actions for policy, program and research by all partners – from governments to NGOs to the business community – that if acted upon, will substantially reduce the

toll of preterm birth, especially in high burden countries. The report concludes by introducing "Goals for action by 2015" for the reduction of deaths due to preterm birth.

To conclude the report showcases how a multi stakeholder approach can use evidence-based solutions to ensure survival, health and well-being of some of the human family's most defenceless members. It will certainly elevate prematurity on the world health agenda as this is desperately needed. It will offer a critical next step in the building of a dialogue that improves the understanding of prematurity and its causes leading to change and saving lives.

About the book:

WHO. Born Too Soon: The Global Action Report on Preterm Birth. Geneva: WHO; 2012.

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