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The vital facts that influence mortality rates

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SECOND OPINION: A recent survey could give important healthcare pointers

EVERY YEAR, more than 7.7 million children die before their fifth birthday; however, over three times that number of adults – nearly 24 million – die under the age of 60 years. But global healthcare initiatives have tended to focus on the prevention of childhood and maternal mortality, Aids and tuberculosis whereas the rising burden of non-communicable diseases in adults has been largely ignored.

A recent survey in the medical journal *The Lancet* compares worldwide mortality in men and women aged 15-59 years between the years 1970 and 2010 in 187 countries of the world. The figures from this truly mammoth undertaking show that some countries are doing very well but that regrettably many are doing badly.

Adult mortality varies substantially across countries and over time. In 2010, the country with the lowest risk of mortality for women was Cyprus and Iceland had the lowest mortality for men. At the other end of the scale, the highest risk of mortality in 2010 is seen in Swaziland for men and in Zambia for women. Between 1970 and 2010, substantial increases in adult mortality occurred in sub-Saharan Africa because of the HIV epidemic and in countries in or related to the former Soviet Union. Other regional trends were also seen, such as stagnation in the decline of adult mortality for countries in southeast Asia and a striking decline in female mortality in south Asia.

Because the risk of mortality is generally twice as high for men as for women, and because the decline in male mortality is generally accompanied by a similar decline in women, it is reasonable to take male mortality as the criterion for determining which countries are doing best. Taking this approach it is possible to select the top 20 countries from the 187 countries surveyed and it is gratifying to see that Ireland lies in 15th place in this classification, ahead of many of our European neighbours (including the UK) and the US. Moreover, of these top-ranking countries only 11 achieved a percentage fall in male mortality greater than 35 per cent, among which was Ireland.

The decline in adult mortality in many affluent countries can be attributed to a combination of factors that include improved calorie intake, control of infectious diseases, and access to healthcare with provision of antihypertensive drugs, statins or invasive therapies for

coronary heart disease. This being so one has then to ask if Ireland's commendable performance is a reflection on the boom years of the Celtic Tiger and will the recession and cutbacks in healthcare delivery see a reversal in this trend?

This consideration should influence the targets for cutbacks so as to avoid reversing what has been achieved. The Government should also look closely at the trends identified by *The Lancet* survey. The healthcare systems of the countries with the largest percentage fall in mortality should be examined to see if there is a common strategy or series of strategies that could be adapted to improve healthcare in Ireland.

Well documented periods of rapid decline, such as in South Korea between 1990 and 2010, when adult mortality declined by over 50 per cent, or in Australia, which moved from 44th place in the 1970 list to sixth in 2010 also merit scrutiny to determine if features of policies adopted in one setting might be applicable to Ireland. Such exercises could provide important pointers for the future health of the nation so we can ensure that those who survive to adulthood will also survive until old age.