The Lancet: Premature deaths could be reduced by 40% over next 20 years

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New research published today [Friday 19 September] in The Lancet suggests that, with sustained international efforts, the number of premature deaths could be reduced by 40% over the next two decades (2010-2030), halving under–50 mortality and preventing a third of the deaths at ages 50–69 years.

The findings reveal that, between 2000 and 2010, child deaths fell by one-third worldwide, helped by the fourth Millennium Development Goal (MDG) to reduce child deaths by two-thirds; and premature deaths among adults fell by one-sixth, helped by MDG 5 to reduce maternal mortality and MDG 6 to fight AIDS, malaria and other diseases. With expanded international efforts against a wider range of causes, these rates of decrease could accelerate, say the authors.

The most striking change during 2000–2010 was a two-thirds reduction in childhood deaths from the diseases now controlled by vaccination (diphtheria, pertussis, tetanus, polio, and measles), highlighting what targeted international efforts can achieve.

“Death in old age is inevitable, but death before old age is not”*, said co-author Richard Peto, Professor of medical statistics at the University of Oxford, UK. “In all major countries, except where the effects of HIV or political disturbances predominated, the risk of premature death has been decreasing in recent decades, and it will fall even faster over the next few decades if the new UN Sustainable Development Goals get the big causes of death taken even more seriously.”*

The United Nations General Assembly at its meeting in New York this month is discussing 17 Sustainable Development Goals for 2016–2030 to replace the MDGs that expire at the end of 2015. The new health goal is “Ensure healthy lives and promote well-being for all at all ages”. The international group of 16 authors, writing in The Lancet, call for this new health goal to be accompanied by a specific target to avoid in each country 40% of all premature deaths (of the deaths that would occur in the 2030 population of that country, if its 2010 death rates continued).

The 40% reduction from 2010 to 2030 in deaths before age 70 would involve reductions of two-thirds in the causes already being targeted by the MDGs, and a one-third reduction in other causes of premature death, such as non-communicable diseases and injuries.

Lead author Ole Norheim, Professor of global public health at the University of Bergen, Norway, explained, “Based on realistically moderate improvements in current trends, our proposed targets are a two-thirds reduction in child and maternal deaths and in HIV, tuberculosis, and malaria, and a one-third reduction in deaths from non-communicable diseases and injuries. For this, we are going to need improved healthcare, intensified international efforts to control communicable diseases, and more effective prevention and treatment of non-communicable diseases and injuries.”*

“The most important cause of non-communicable disease is tobacco use, and one of the key determinants of smoking is the price of cigarettes”, said co-author Prabhat Jha, Director of the Centre for Global Health Research in St Michael’s Hospital, Toronto. “WHO is calling for a 30% reduction in smoking by 2025, and in many countries major increases in excise taxes that double the price of cigarettes are still possible. Such an increase would reduce smoking by about a third, but would increase the total Government tax yield from smoking by about a third.”*

With political commitment and sustained efforts to improve health, the current rate of decline in premature death can be further accelerated. “We conclude that a 40% reduction in premature deaths is realistic in each country where mortality in 2030 is not dominated by new epidemics,
political disturbances or disasters”, added Professor Norheim.

Writing in a linked Comment, the Norwegian Ministers of Foreign Affairs and of Health and Care say, “[This] study shows what an important part science could play in the negotiations at the 69th Session of the UN General Assembly. We strongly urge the medical community to develop a common position that can enable the international community to arrive at a single health SDG with a limited number of simple, understandable and measurable targets.”

In another linked Comment, Professor Sir George Alleyne, Director Emeritus of the Pan American Health Organization (PAHO), Washington, DC, USA, and colleagues, write that, “The significant advance in this paper is to introduce quantification to the target-setting process, based on rigorous analysis of mortality trends by age as well as by disease category. The proposed targets focus on premature mortality and avoid more complex metrics which are much harder to measure and track over time. The authors stress the importance of countries adapting the targets to their own circumstances.”

NOTES TO EDITORS
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*Quotes direct from authors and cannot be found in text of Article.

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