Strong Economy: Healthy Workforce

NEAF: YLP

Nara Luvsandagva

Agenda

- Brief overview of US and AK health care system

- Leading causes of death in US, and Northeast Asian countries

- Economic impacts on health care in Mongolia

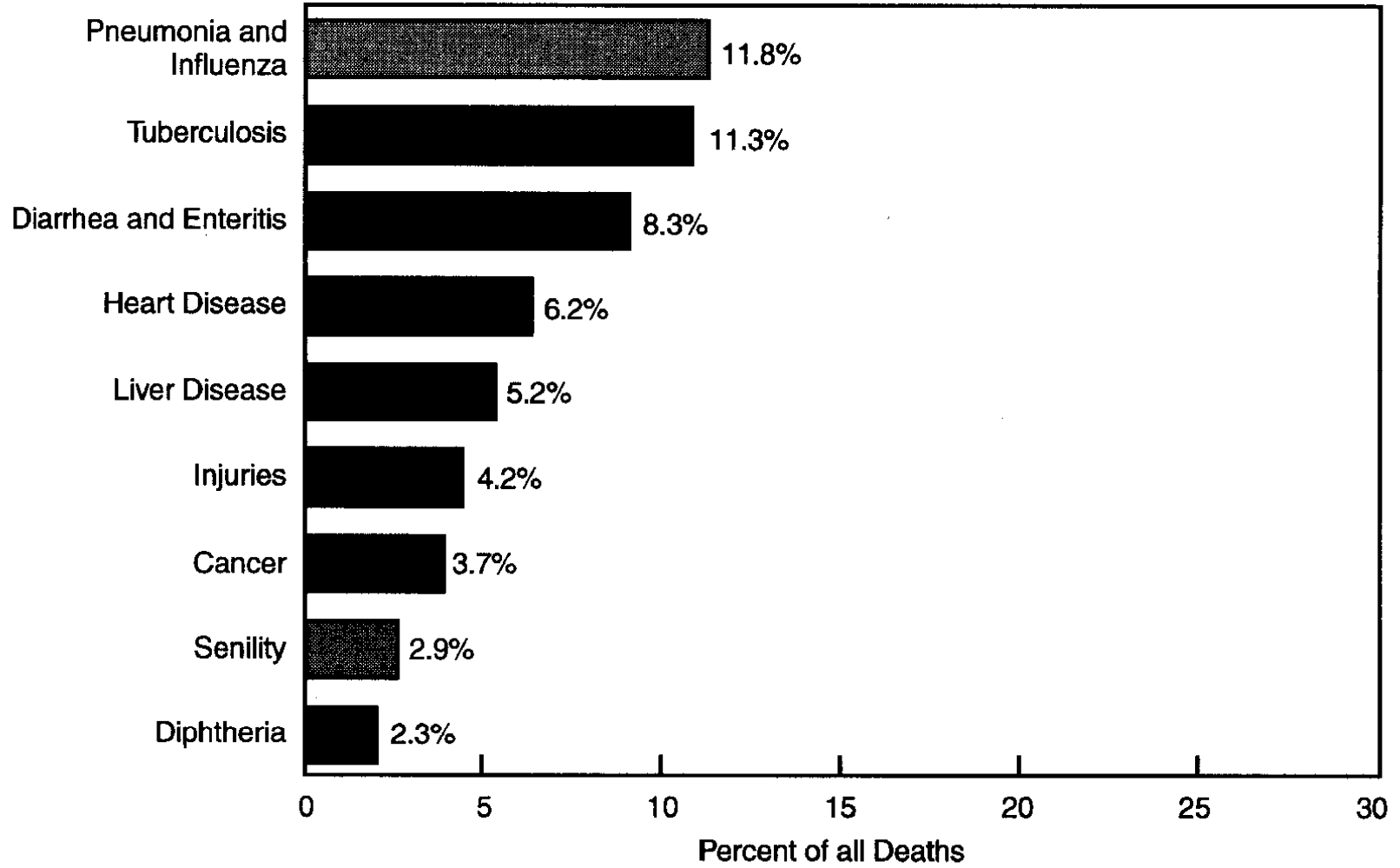# Overview of the U.S. Health Care System

- A mixed health care system
  - Private
  - Public
- 46 million individuals are uninsured
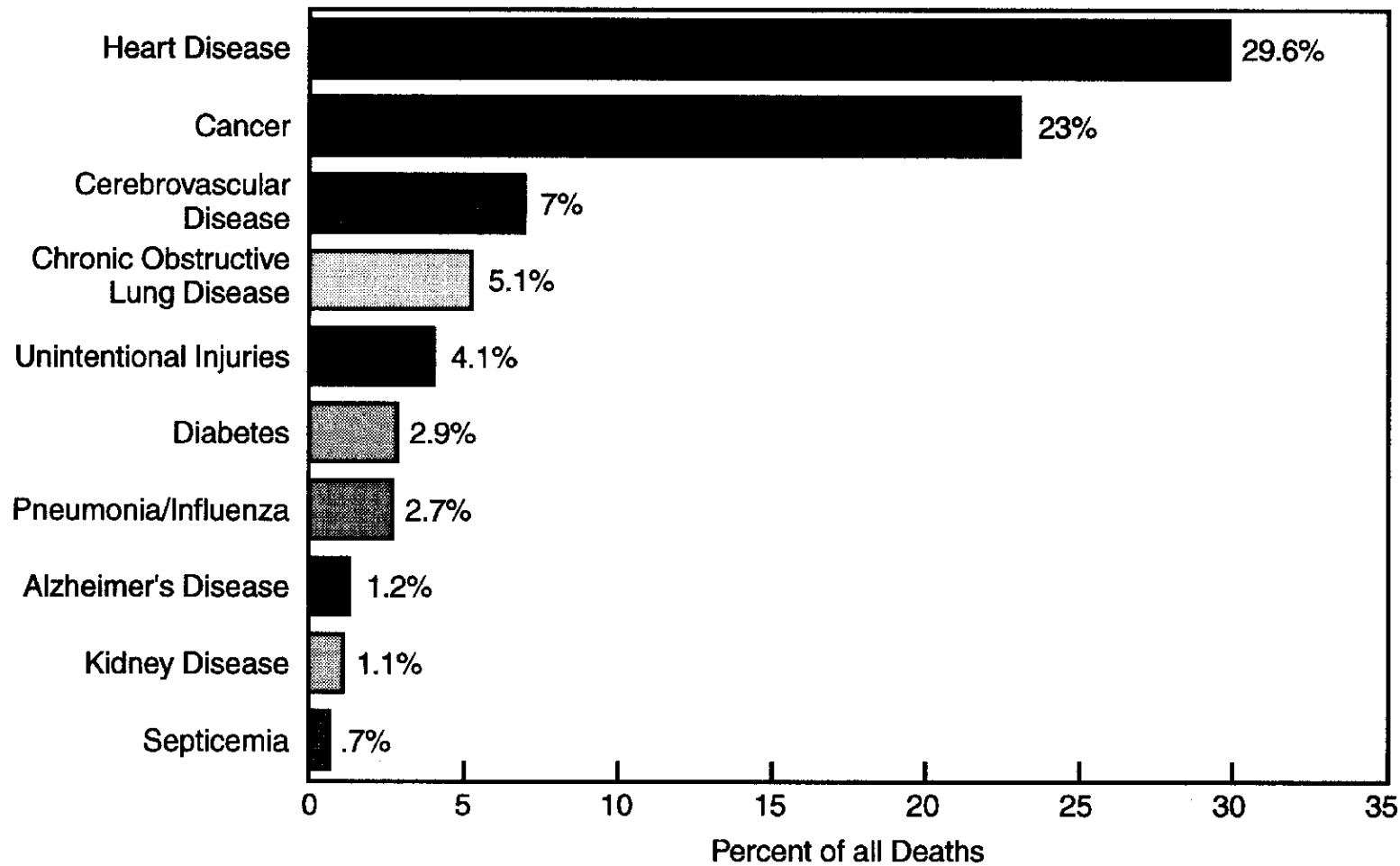- In 2008, health spending of $7,681 per U.S. resident

U.S. healthcare spending

16.0% of GDP in 2007

Percent of GDP

Source: OECD Health Data 2009.
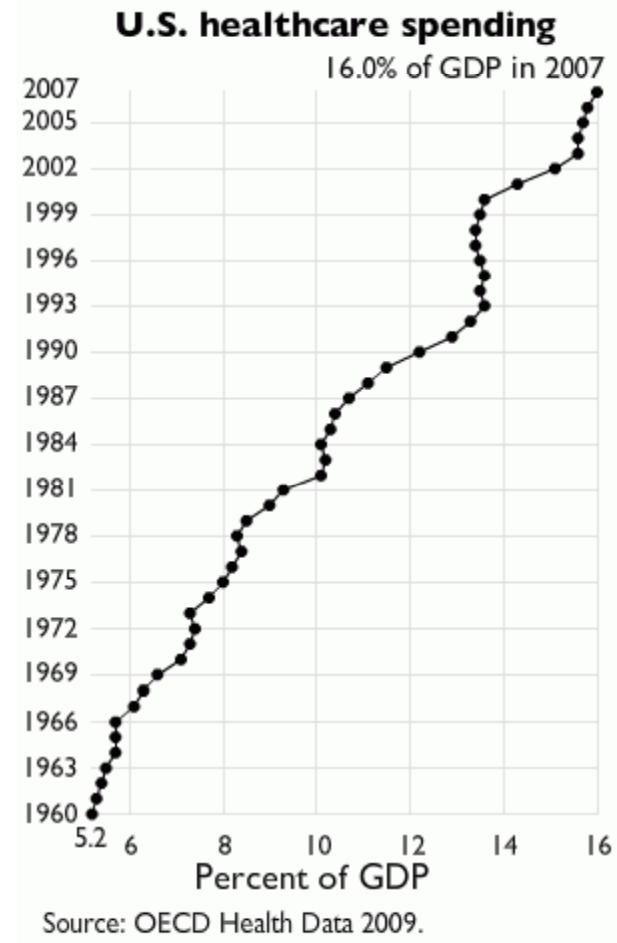
Reasons

- Technology & Prescription drugs
- Chronic disease
- Aging of the population
- Administrative costs

10 Leading Causes of Death, 1900

Cause	Percent
Pneumonia and Influenza	11.8%
Tuberculosis	11.3%
Diarrhea and Enteritis	8.3%
Heart Disease	6.2%
Liver Disease	5.2%
Injuries	4.2%
Cancer	3.7%
Senility	2.9%
Diphtheria	2.3%

Percent of all Deaths

0   5   10   15   20   25   30

10 Leading Causes of Death, 2000

Cause	
Heart Disease	29.6%
Cancer	23%
Cerebrovascular Disease	7%
Chronic Obstructive Lung Disease	5.1%
Unintentional Injuries	4.1%
Diabetes	2.9%
Pneumonia/Influenza	2.7%
Alzheimer's Disease	1.2%
Kidney Disease	1.1%
Septicemia	.7%

Percent of all Deaths

Determinants of Health

Medical Care
10%

Genetics
30%

Behavioral
Choices
40%

Social
Circumstances
15%

Environmental
Conditions
5%

Emerging Health Issues among Alaskan Natives

- Cancer rates shown to be increasing in the past twenty years among Alaskan Natives and American Indians
- Cancer is the second leading cause of death among American Indians and Alaska Natives over the age of 45
- American Indians and Alaska Natives continue to have the poorest survival from "all cancers combined" than any other racial group
- Lung cancer is the most common type of cancer death in eight of the nine Indian Health Service (IHS) Areas
- Adult smoking among American Indians and Alaska Natives is the highest (40%) of the five racial and ethnic groups

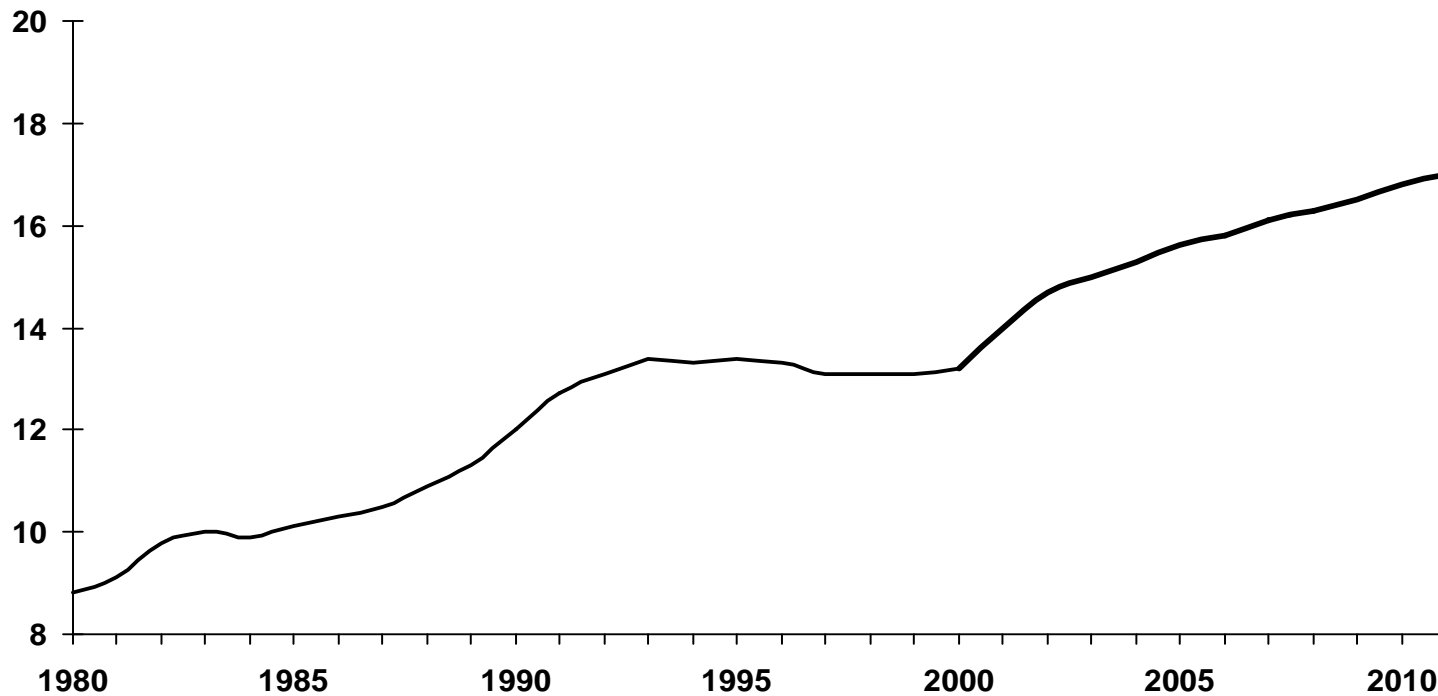# Leading and Actual cause
# of death in US

Table 2–4 Listed and Actual Causes of Death, United States, 1990

10 Leading Causes of Death	Number	Actual Causes of Death	Number
Heart disease	720,058	Tobacco	400,000
Cancer	505,322	Diet/activity patterns	300,000
Cerebrovascular disease	144,088	Alcohol	100,000
Unintentional injuries	91,983	Certain infections	90,000
Chronic lung disease	86,679	Toxic agents	60,000
Pneumonia and influenza	79,513	Firearms	35,000
Diabetes	47,664	Sexual behavior	30,000
Suicide	30,906	Motor vehicles	25,000
Chronic liver disease	28,815	Drug use	20,000
HIV infection	25,188		
Total	1,760,216	Total	1,060,000

National Health Expenditures as a Share of
Gross Domestic Product (GDP)
Between 2001 and 2011, health spending is projected to grow 2.5 percent per year faster than GDP, so that by 2011 it will constitute 17 percent of GDP.

МОНГОЛЫН МЯНГАНЫ СОРИЛТЫН САН
MILLENNIUM CHALLENGE ACCOUNT-MONGOLIA

MILLENNIUM
CHALLENGE CORPORATION
UNITED STATES OF AMERICA
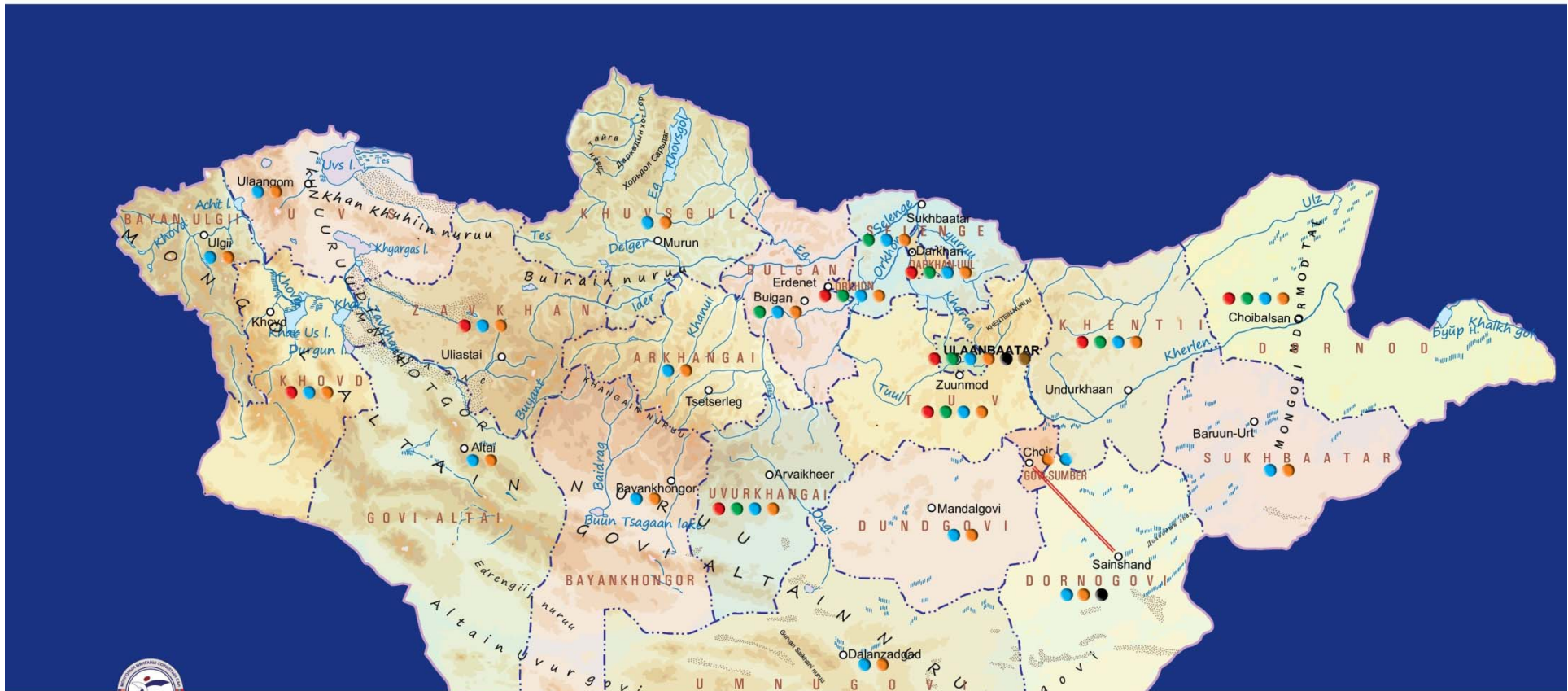
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● Property Rights
● Peri-Urban
● Vocational Education
● Health
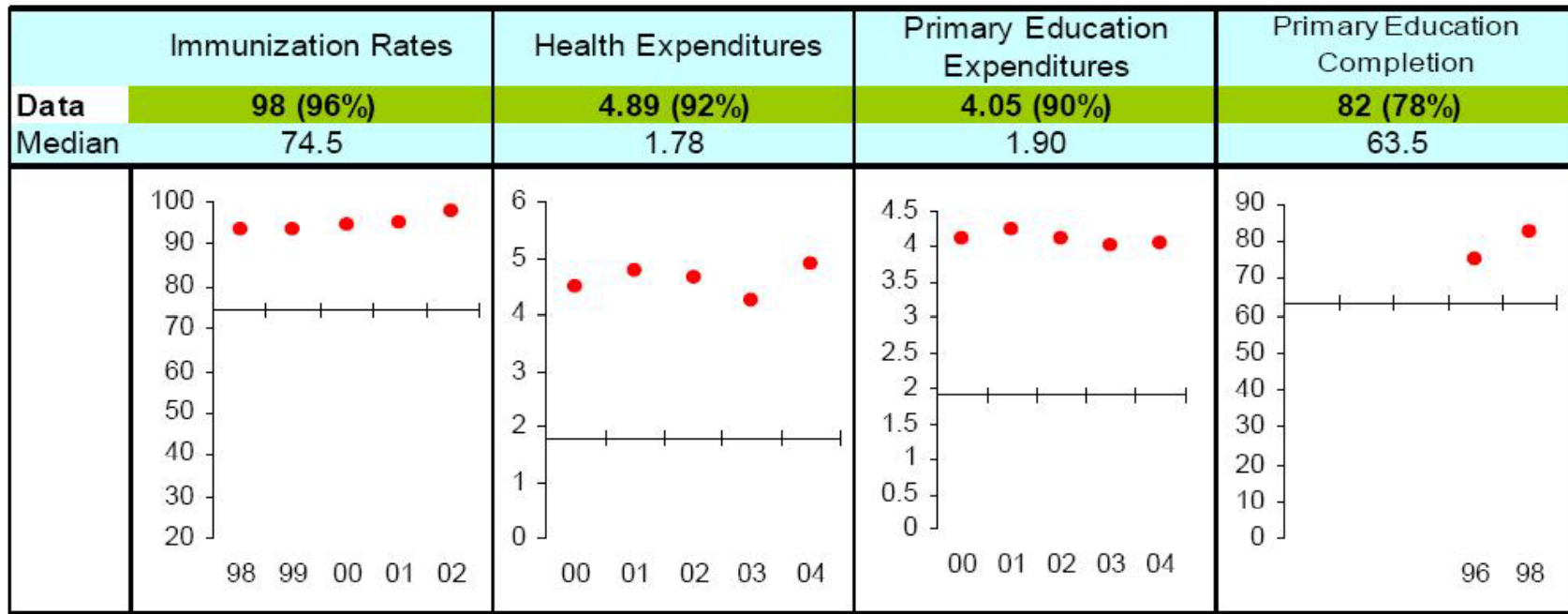● Road Project
● Energy and Environment

- Mongolia is experiencing a high burden of non-communicable disease and injuries (NCDIs) within the working age population (15–60) due to rapid urbanization, other life style changes and an inadequate national response.
- Four major NCDs and road traffic injuries, which are among the major causes of premature adult death and disability in Mongolia, and, which can be prevented and/or successfully treated
- Four NCDs are CVDs, adult-onset diabetes (type II) and breast and cervical cancer. The target population is working age adults
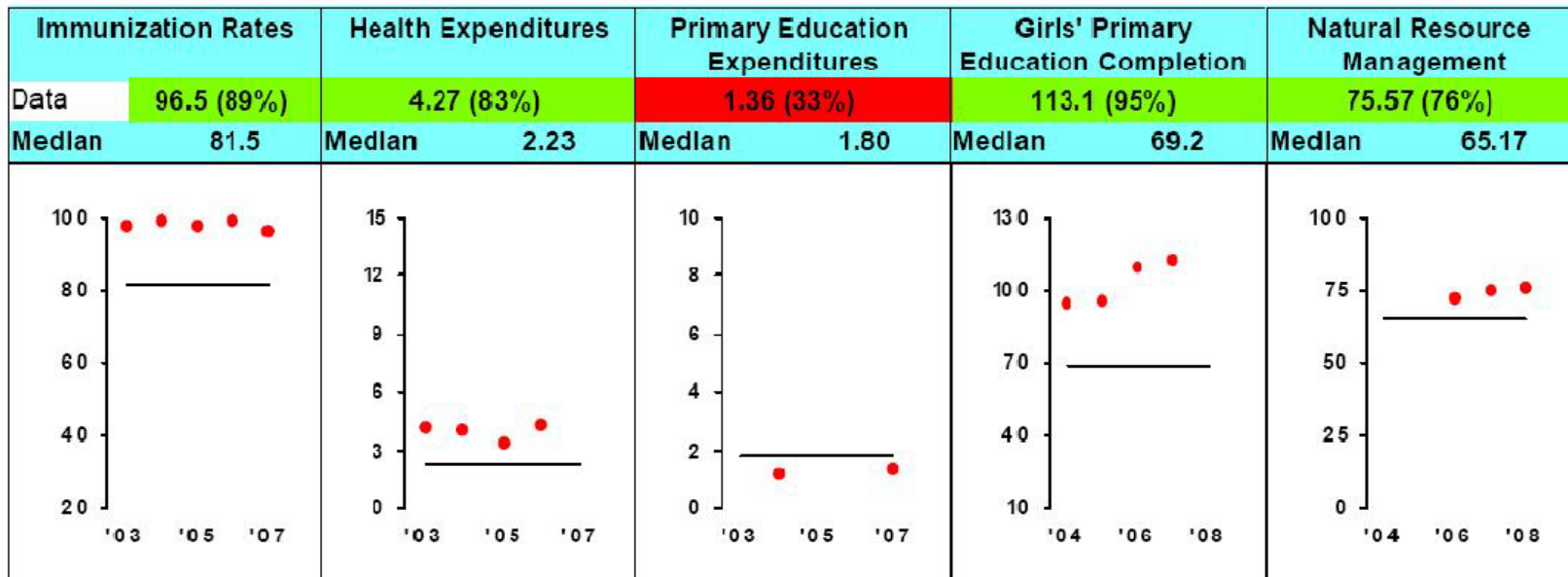
Health insurance

- 6% compulsory health insurance for all citizens of Mongolia
- 500 tugrug every month/6,000 tugrug a year
- Premium covers 90% of medical examination and the other 10% is covered by out-of-pocket

- 1921-1940 – The early years of the establishment of modern healthcare system in the People's Republic of Mongolia.

- 1941-1990 – The years of socialist healthcare system.

- 1991- present – The years in which the healthcare system was in transition from a socialist to a market-oriented economy.

Investing in People

	Immunization Rates	Health Expenditures	Primary Education Expenditures	Primary Education Completion
Data	98 (96%)	4.89 (92%)	4.05 (90%)	82 (78%)
Median	74.5	1.78	1.90	63.5

Investing In People

	Immunization Rates		Health Expenditures		Primary Education Expenditures		Girls' Primary Education Completion		Natural Resource Management	
Data	96.5 (89%)		4.27 (83%)		1.36 (33%)		113.1 (95%)		75.57 (76%)	
Median		81.5	Median	2.23	Median	1.80	Median	69.2	Median	65.17

Indicators	Fiscal year			
	2005	2006	2007	2008
Income and growth [2]				
GDP growth (% in constant prices)	7.3	8.6	10.2	8.9 (est)
GDP per capita in US$ [2]	801	998	1 294	1 649
GNI per capita in US$	829	1 009	1 290	1 639
Demographic indicators				
Total population (million)	2.24	2.39	2.60	2.68
Annual growth rate (% change)	1.6	1.4	1.3	1.7
Health outcome indicators [3]				
Total fertility rate	2.8	2.2	2.0	2.6
Maternal mortality rate (per 100 000 live births)	93.0	69.7	89.6	49.0
Infant mortality rate (below 1 year/1000 live births)	44.4	32.8	29.6	19.6
Life expectancy at birth	63.8	63.2	63.6	67.2
- Female	65.4	66.1	66.5	71.0
- Male	62.1	60.4	60.8	63.7
Primary school gross enrolment rate (%)	91.4	87.2	89.0	93.6
Secondary school gross enrolment rate (%)	55.4	69.1	82.3	95.5

|				
Child malnutrition (% below age 5)				
- Underweight	6.3	-	-	-
- Stunting	21.0	-	-	-
- Wasting	2.2	-	-	-
Population with access to safe water (%) [4]		52.0	52.0	54.5
Population with access to sanitation (%) [4]	4.6	8.1	7.9	43.1
Public education expenditure (% of GDP)	4.6	8.1	7.9	5.6
Human Development Index [2]			0.727	
Gender-related Development Index			0.727	
Poverty indicators				
Poverty headcount			36.1	35.2
- Urban			30.3	26.9
- Rural			43.4	46.6
Poverty gap			11.0	10.1
Poverty severity			4.7	4.0
Gini coefficient			0.33	0.36

Source: UN Common Country Assessment (CCA 2008)
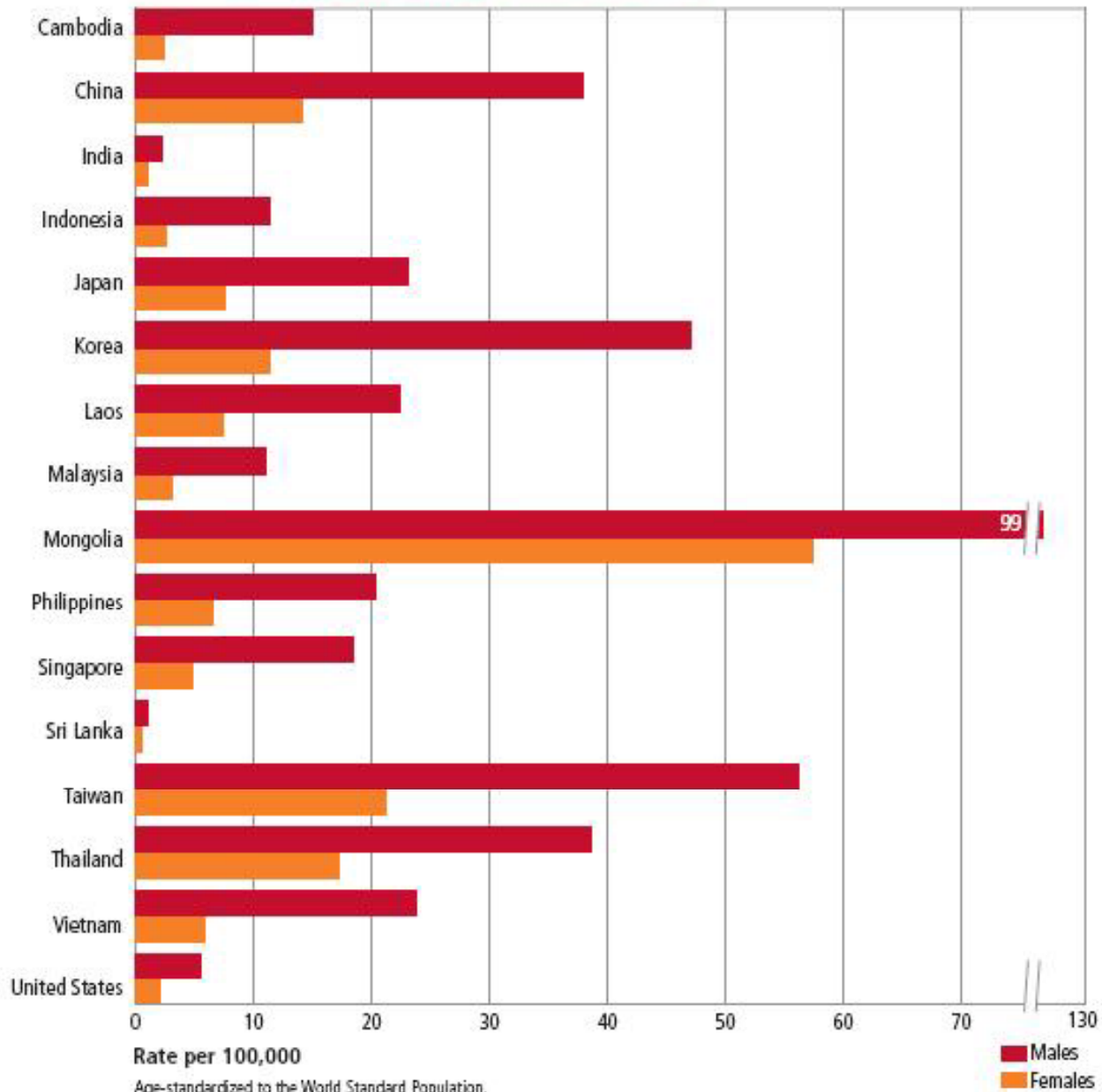Note: GDP per capita and GNI per capita were estimated based on the World Bank atlas method.

Figure 2. Five leading causes of death, 1998–2008 [3]
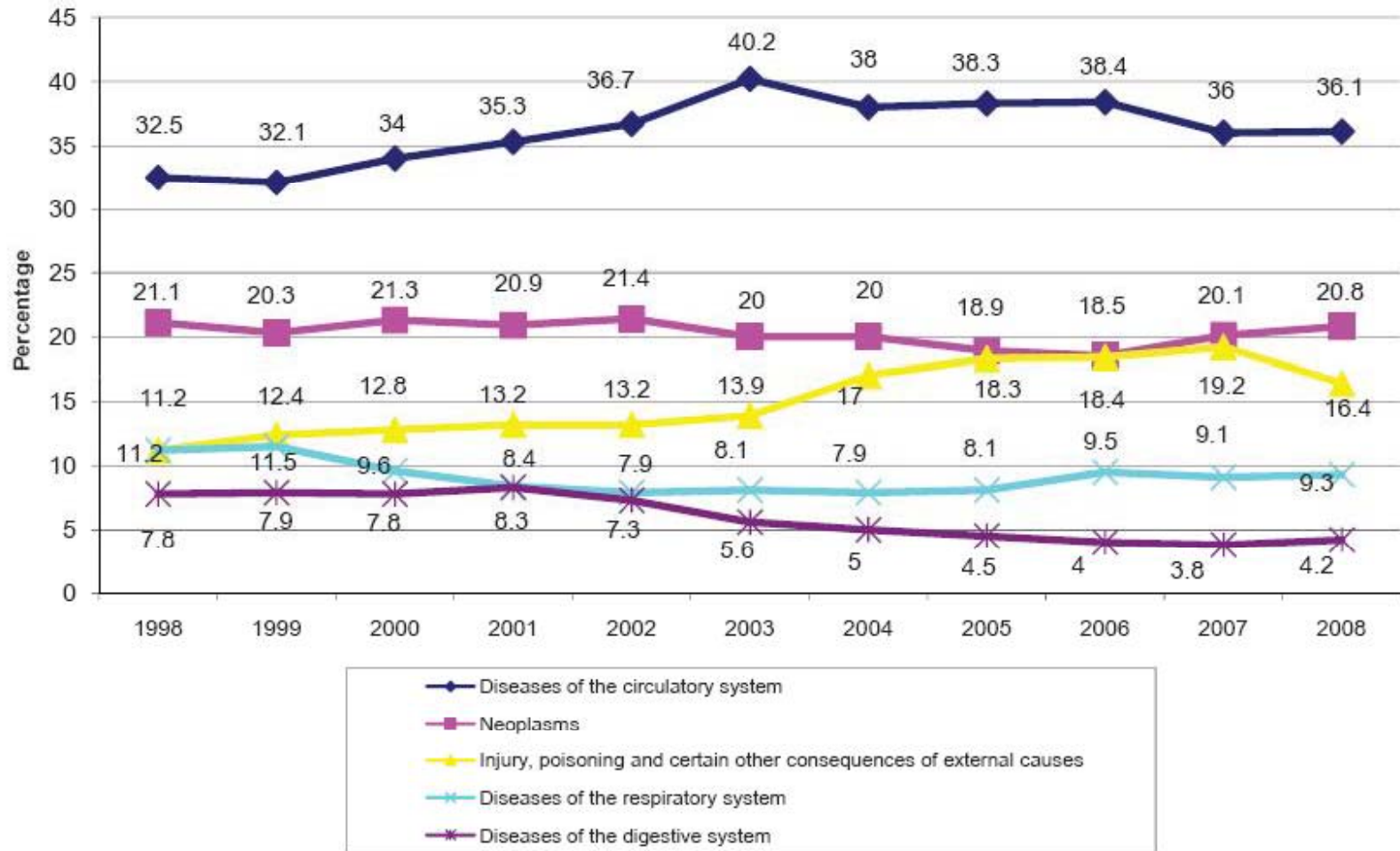
Incidence rates for total cancers in males in Asian countries and the United States

Rate per 100,000

- 95 – 104
- 105 – 144
- 145 – 214
- 215 – 410
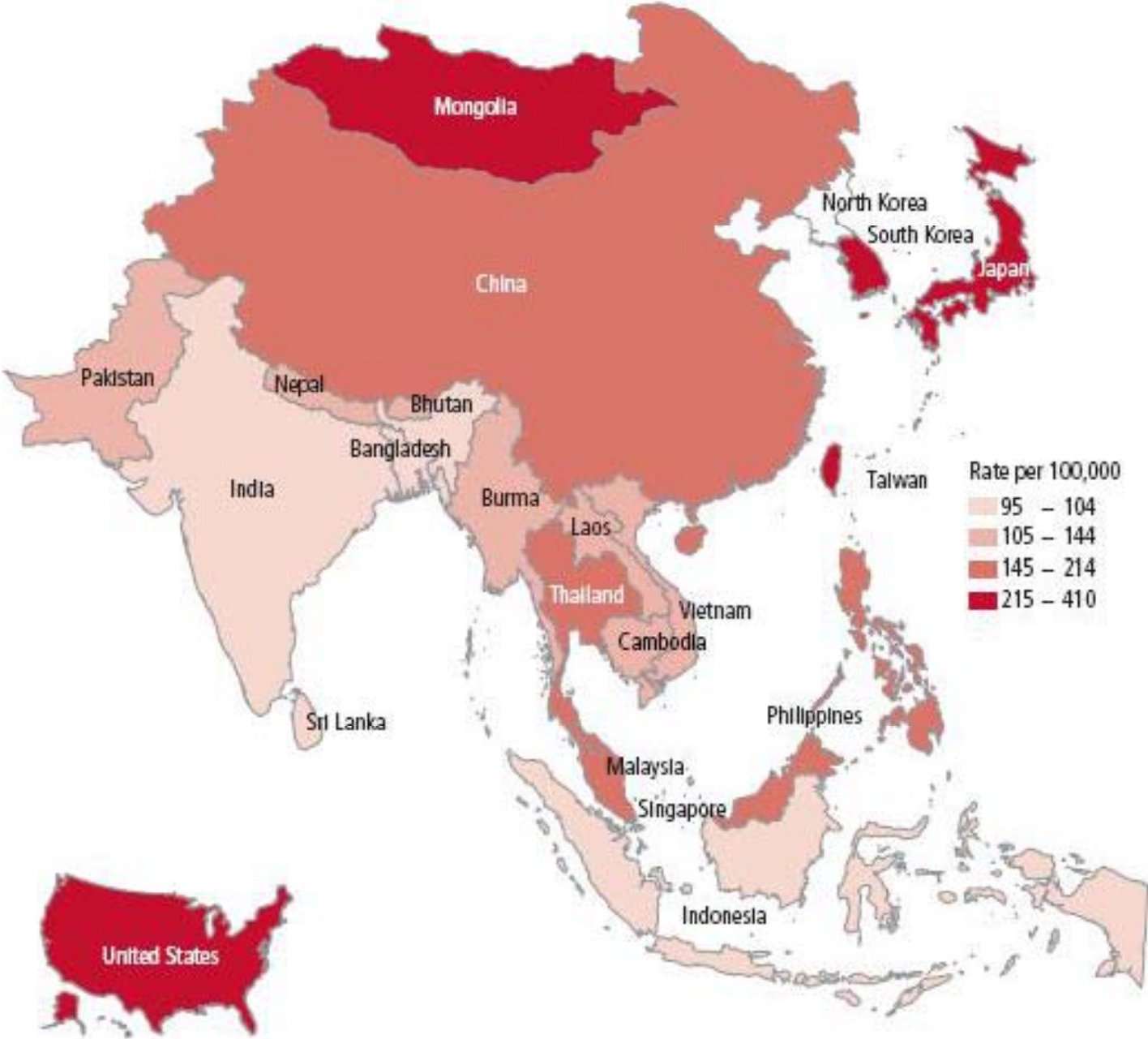
Incidence rates for liver cancer by gender and country

Rate per 100,000

Age-standardized to the World Standard Population.

Source: Taiwan Cancer Registry Annual Report 2005 (Taiwan); GLOBOCAN 2002, IARC (all other countries).

Males
Females

Incidence rates for total cancers in females in Asian countries and the United States

Rate per 100,000
- 95 – 104
- 105 – 144
- 145 – 214
- 215 – 410
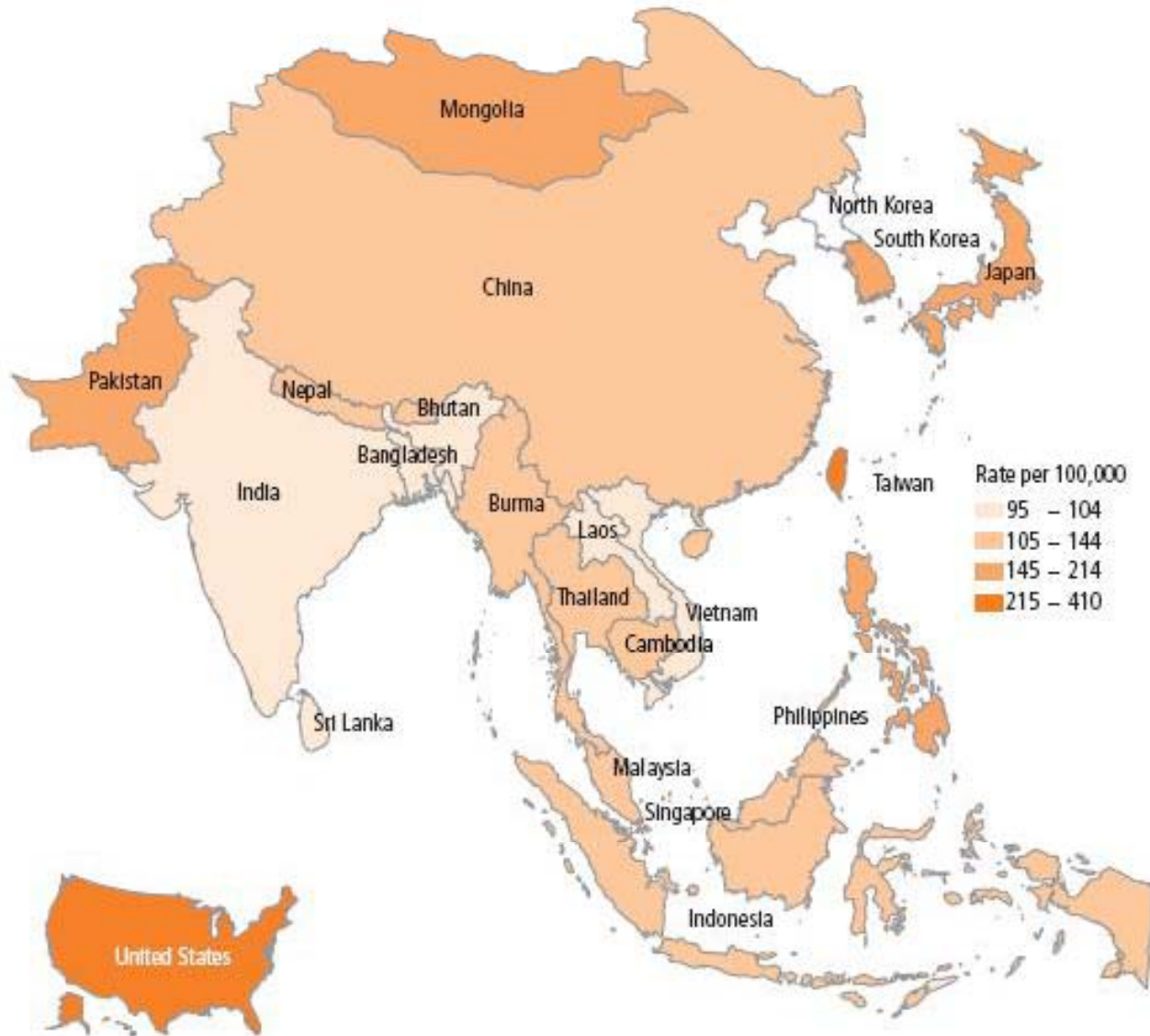
Excludes non-melanoma skin cancer.

Incidence rates for cancer of the lung and bronchus by gender and country
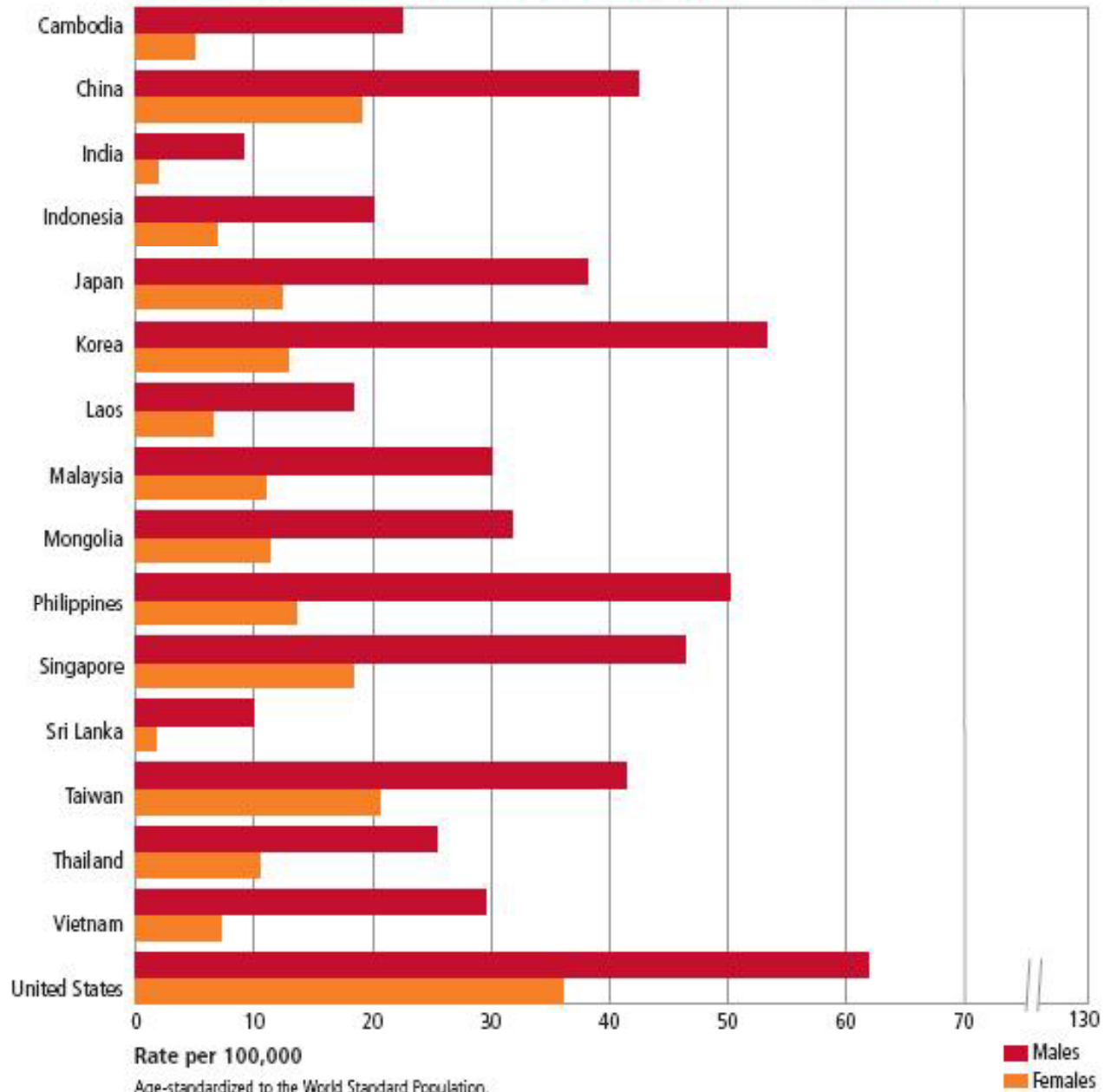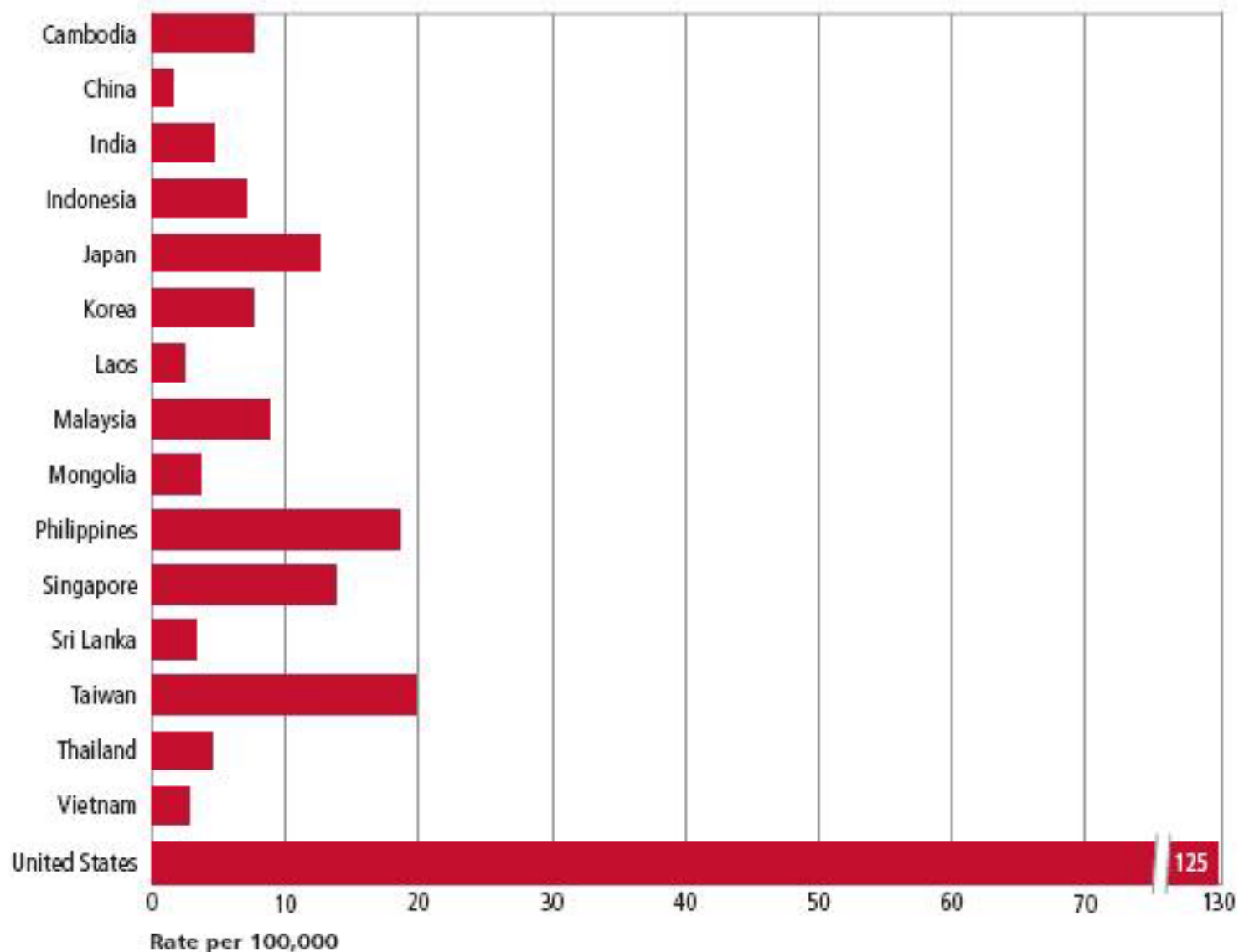
Rate per 100,000

Age-standardized to the World Standard Population.

Source: Taiwan Cancer Registry Annual Report 2005 (Taiwan); GLOBOCAN 2002, IARC (all other countries).

Males
Females

Incidence rates for prostate cancer in males by country

Country	Rate
Cambodia	~7.5
China	~1.5
India	~4.5
Indonesia	~7
Japan	~12.5
Korea	~8
Laos	~2.5
Malaysia	~9
Mongolia	~3.5
Philippines	~18.5
Singapore	~14
Sri Lanka	~3
Taiwan	~20
Thailand	~4.5
Vietnam	~2.5
United States	125

Rate per 100,000

Age-standardized to the World Standard Population.

Source: Taiwan Cancer Registry Annual Report 2005 (Taiwan); GLOBOCAN 2002, IARC (all other countries).

Incidence rates for stomach cancer by gender and country

Rate per 100,000

Age-standardized to the World Standard Population.

Source: Taiwan Cancer Registry Annual Report 2005 (Taiwan); GLOBOCAN 2002, IARC (all other countries).
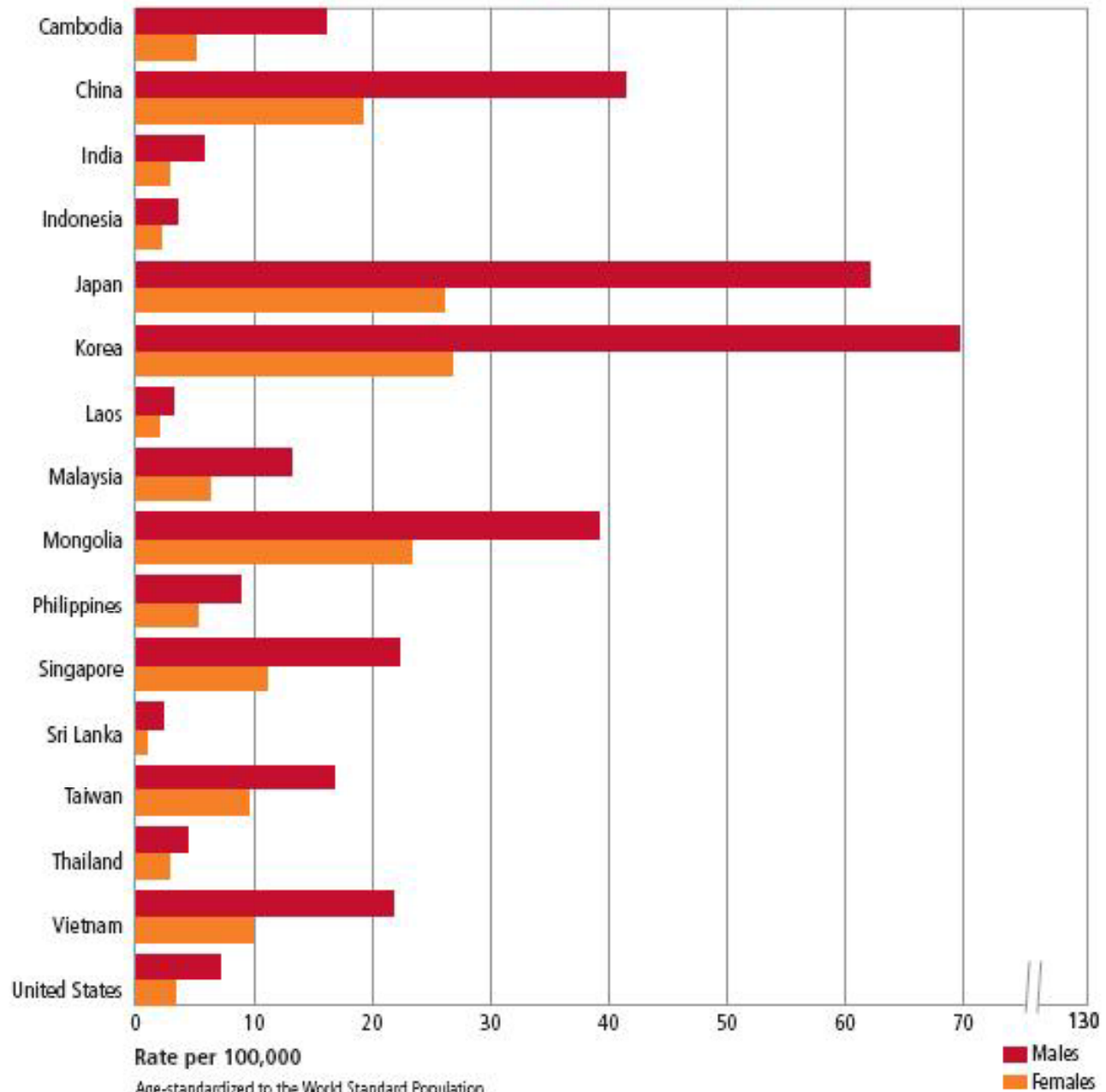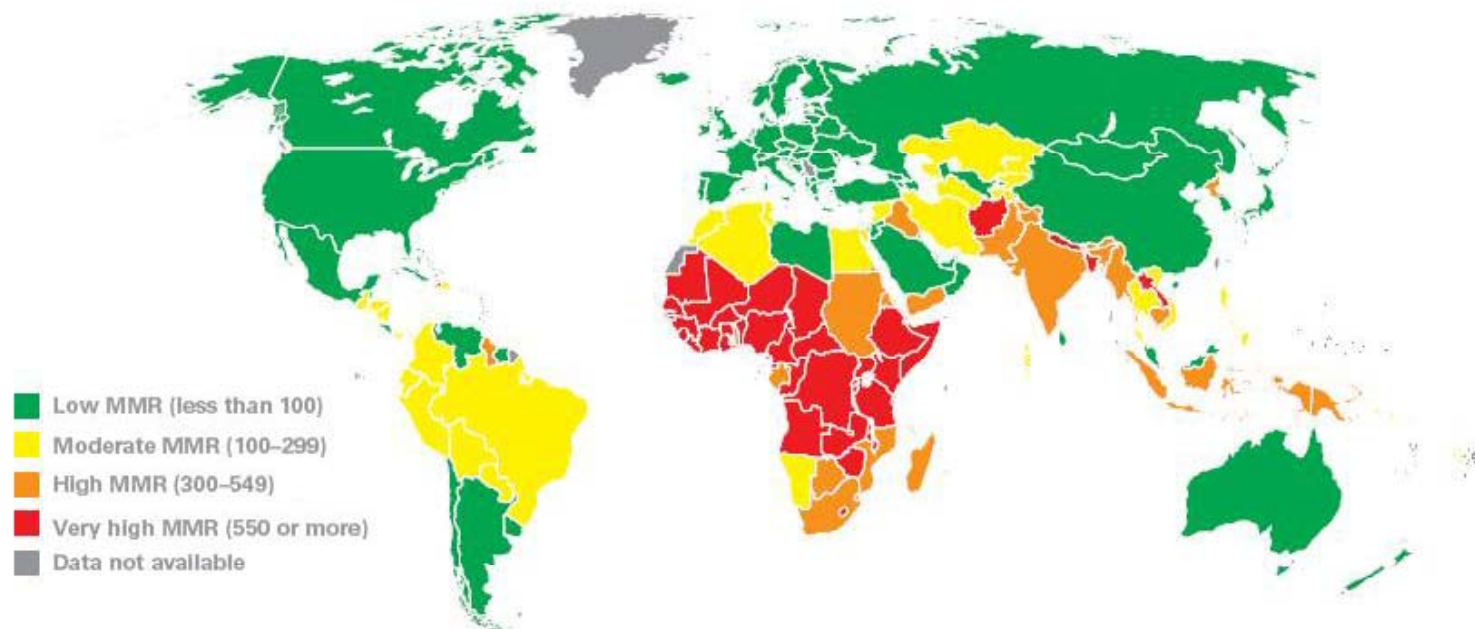
■ Males
■ Females

Maternal mortality is highest in countries of sub-Saharan Africa and South Asia

Maternal mortality ratios (MMR) per 100,000 live births (2005)

Legend:
- Low MMR (less than 100)
- Moderate MMR (100–299)
- High MMR (300–549)
- Very high MMR (550 or more)
- Data not available

Note: This map and all maps in this publication are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Summary:

- Mongolia is making a progress but, we need to work as a team (regionally and globally) to prevent by educating vulnerable groups, to find cures and develop treatments

- People in various parts of the world experience similar health care issues due to globalizations, such as highly processed food, sedentary lifestyle, and the other environmental and human made factors

- We need healthy workforce to move forward