



Centro
Salute
Globale
Regione Toscana



Regione Toscana

SALUTE SVILUPPO E INTEGRAZIONE:

**l'interdipendenza dei destini
nel mondo globale**

**Firenze
15 Giugno 2018
Auditorium Sant'Apollonia**

Salute, sviluppo e migrazione: *un viaggio nella Salute Globale*

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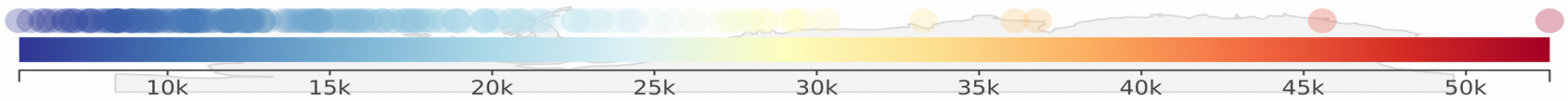
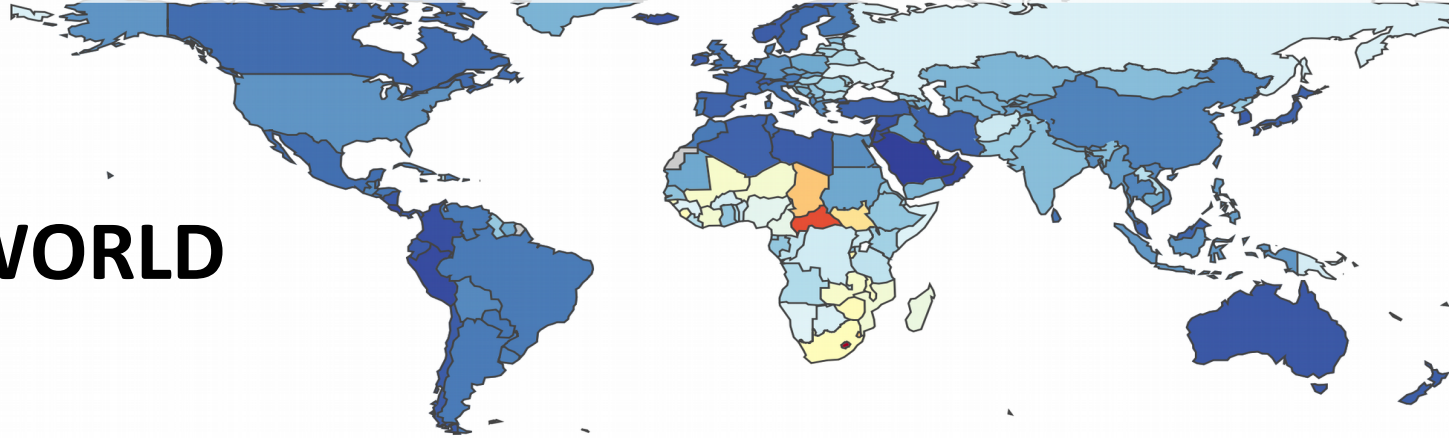
CENTRO NAZIONALE PER LA **SALUTE GLOBALE**
ITALIAN CENTER FOR GLOBAL HEALTH

La straordinaria crescita dell'aspettativa di
vita degli esseri umani

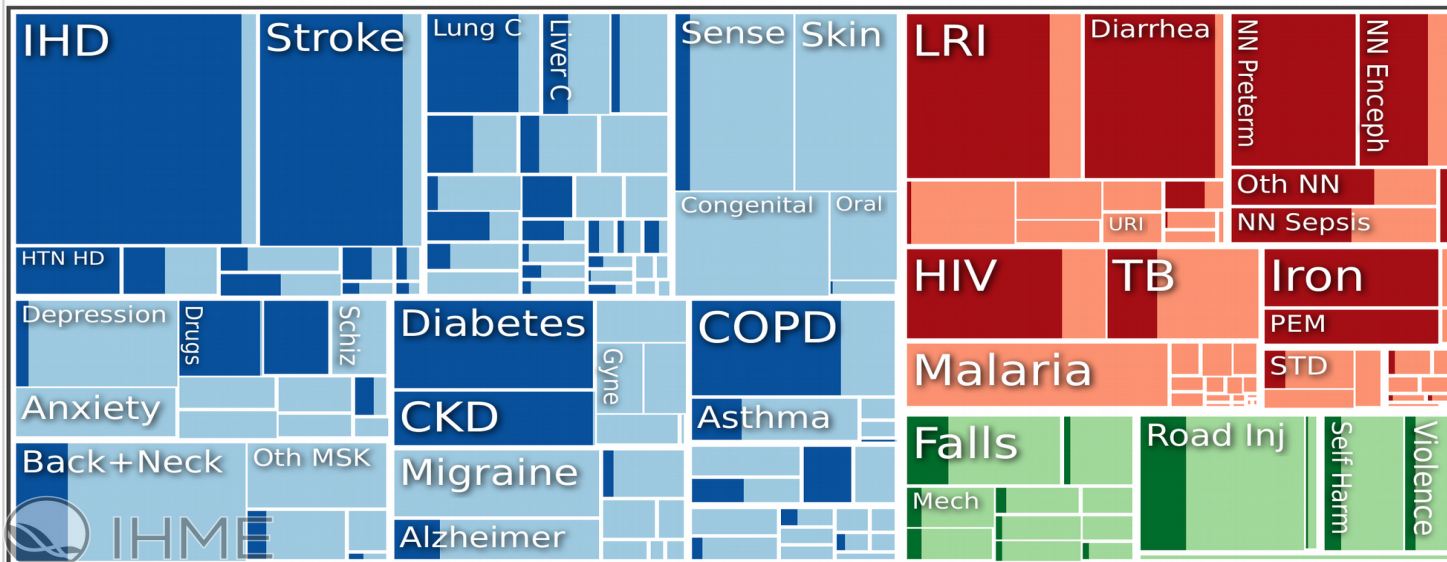
Global Burden of Disease

WORLD

All risk factors
Both sexes, All ages, 2016, DALYs per 100,000



Global
Both sexes, All ages, 2016, DALYs attributable to All risk factors



DALYs
attributable to
risk



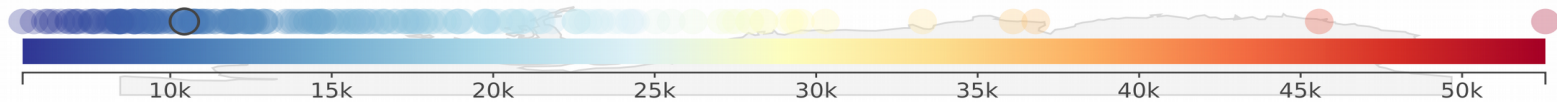
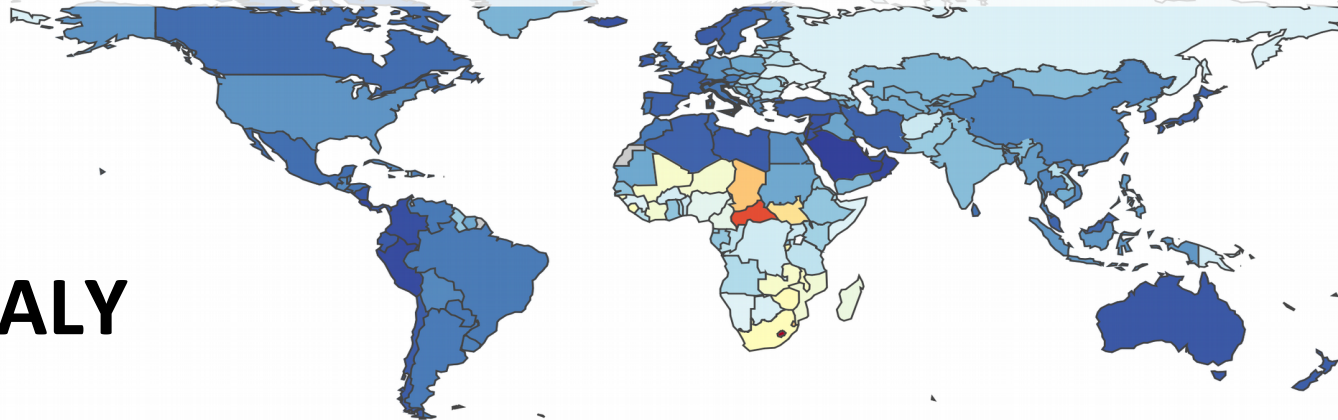
DALYs
not attributable to
risk



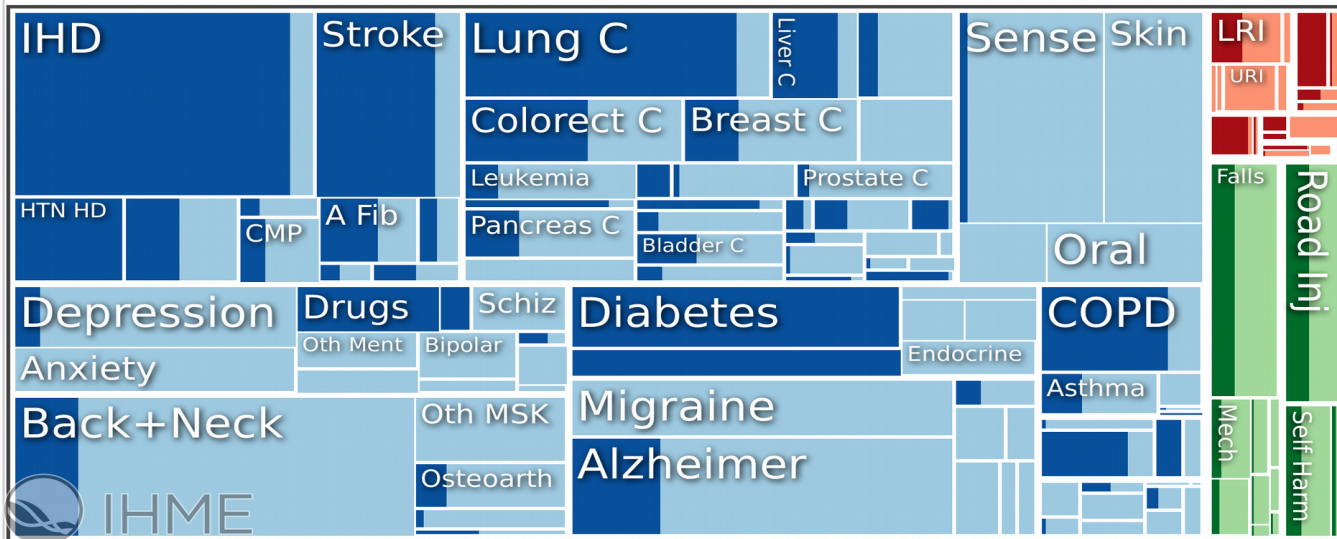
Global Burden of Disease

ITALY

All risk factors
Both sexes, All ages, 2016, DALYs per 100,000



Italy
Both sexes, All ages, 2016, DALYs attributable to All risk factors



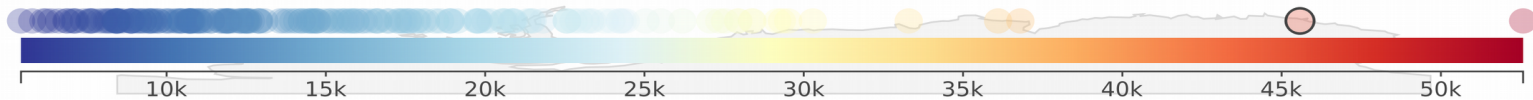
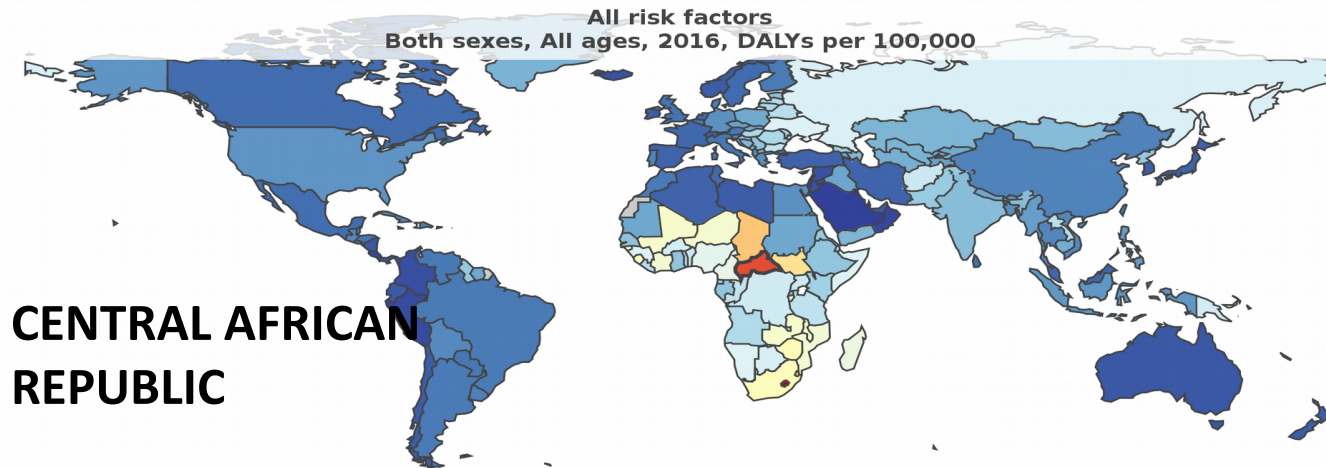
DALYs attributable to risk



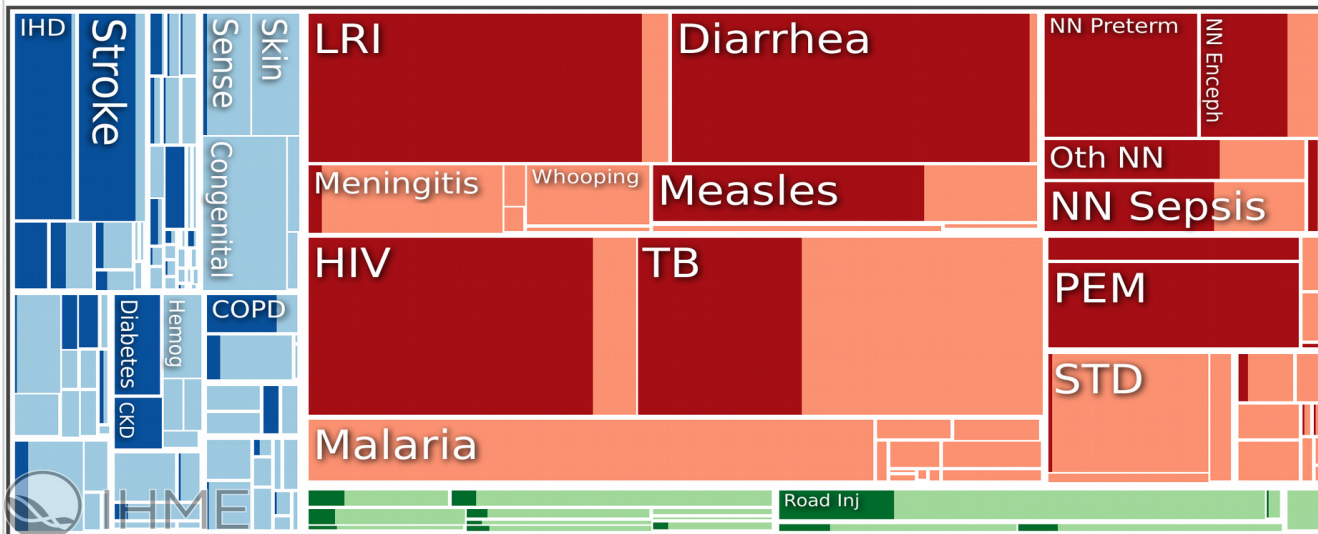
DALYs not attributable to risk



Global Burden of Disease



Central African Republic
Both sexes, All ages, 2016, DALYs attributable to All risk factors



DALYs attributable to risk



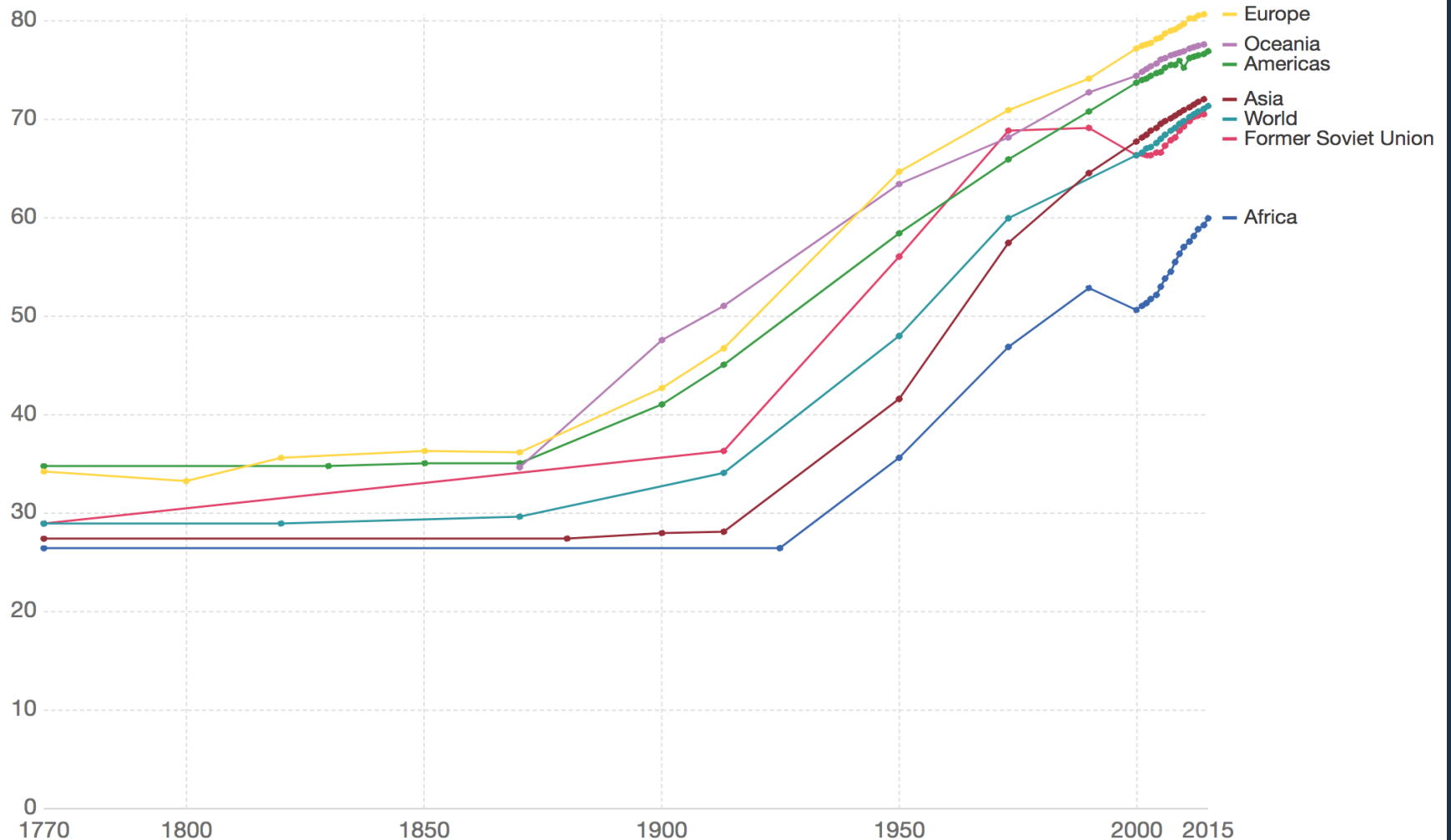
DALYs not attributable to risk



THE RISE OF LIFE EXPECTANCY

Life expectancy globally and by world regions since 1770

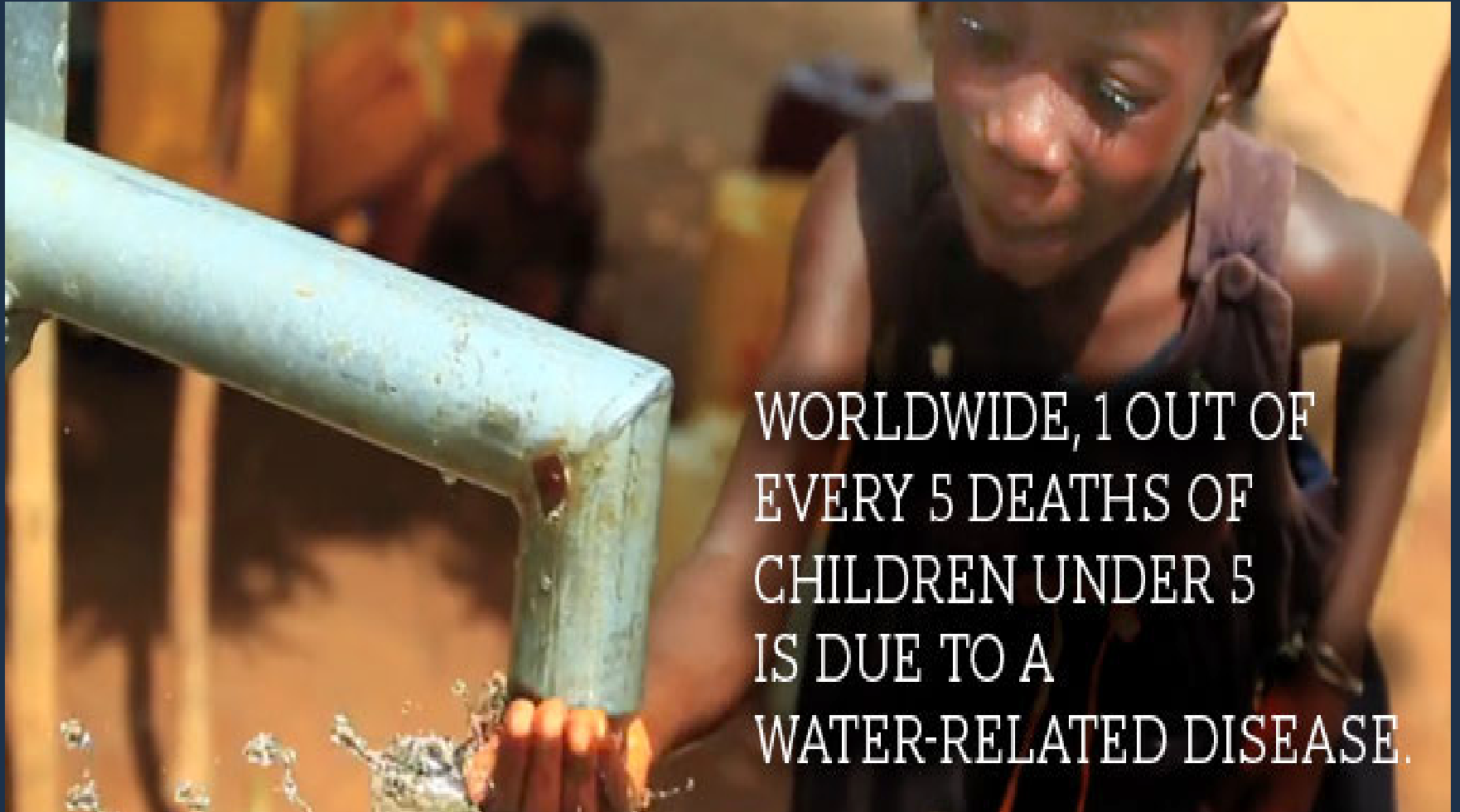
Our World
in Data



Source: Life expectancy – James Riley for data 1990 and earlier; WHO and World Bank for later data (by Max Roser)

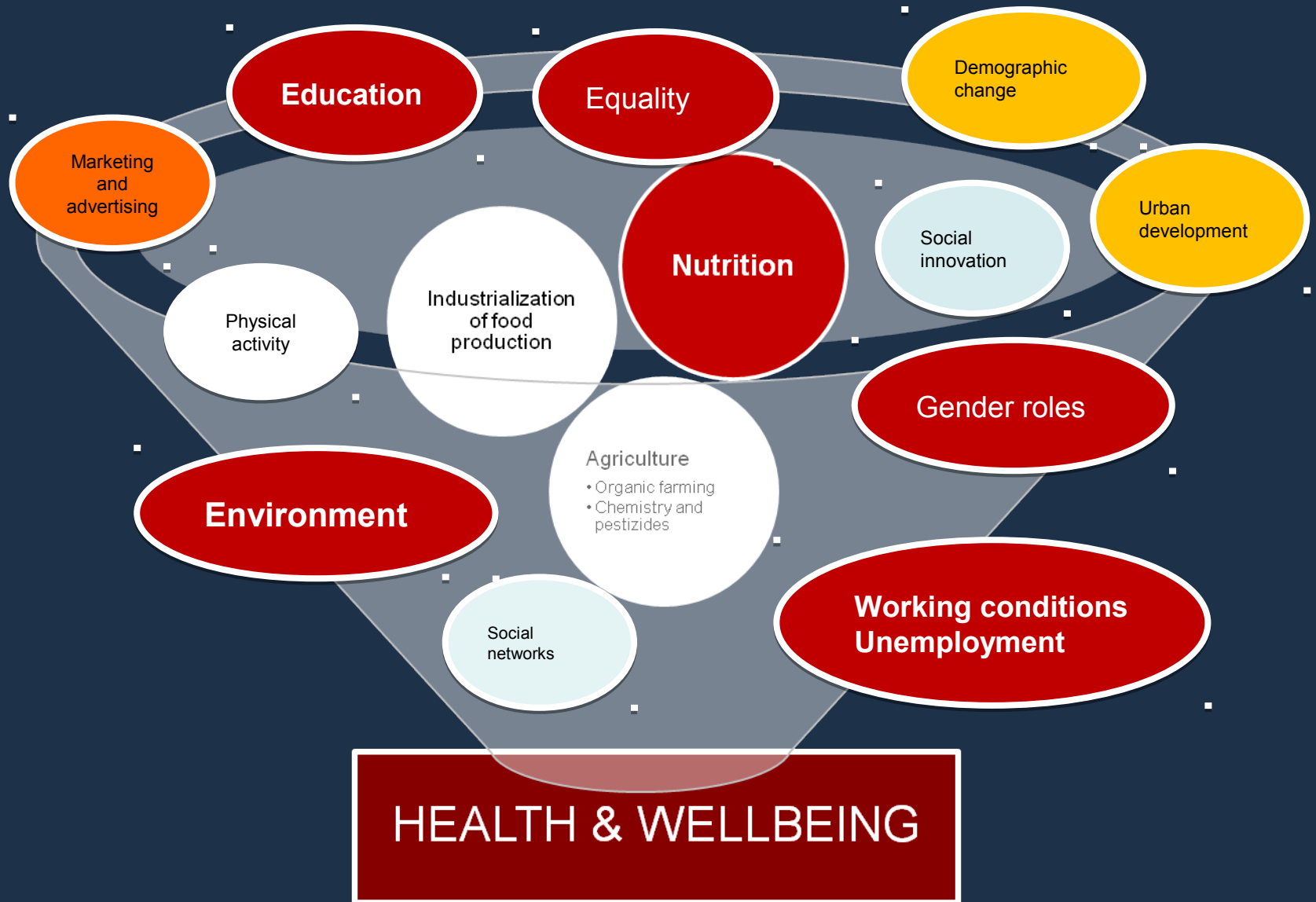
OurWorldInData.org/life-expectancy/ • CC BY-SA

THE DRIVERS.....1. CLEAN WATER



WORLDWIDE, 1 OUT OF
EVERY 5 DEATHS OF
CHILDREN UNDER 5
IS DUE TO A
WATER-RELATED DISEASE.

THE DRIVERS.....2. SOCIAL DETERMINANTS



THE DRIVERS.....3. ADVANCES OF MEDICINE



1796

Tuttavia...

Acqua pulita, migliori condizioni di vita e progressi della medicina non hanno raggiunto miliardi di esseri umani.

Malgrado la convergenza sul concetto di salute come diritto fondamentale

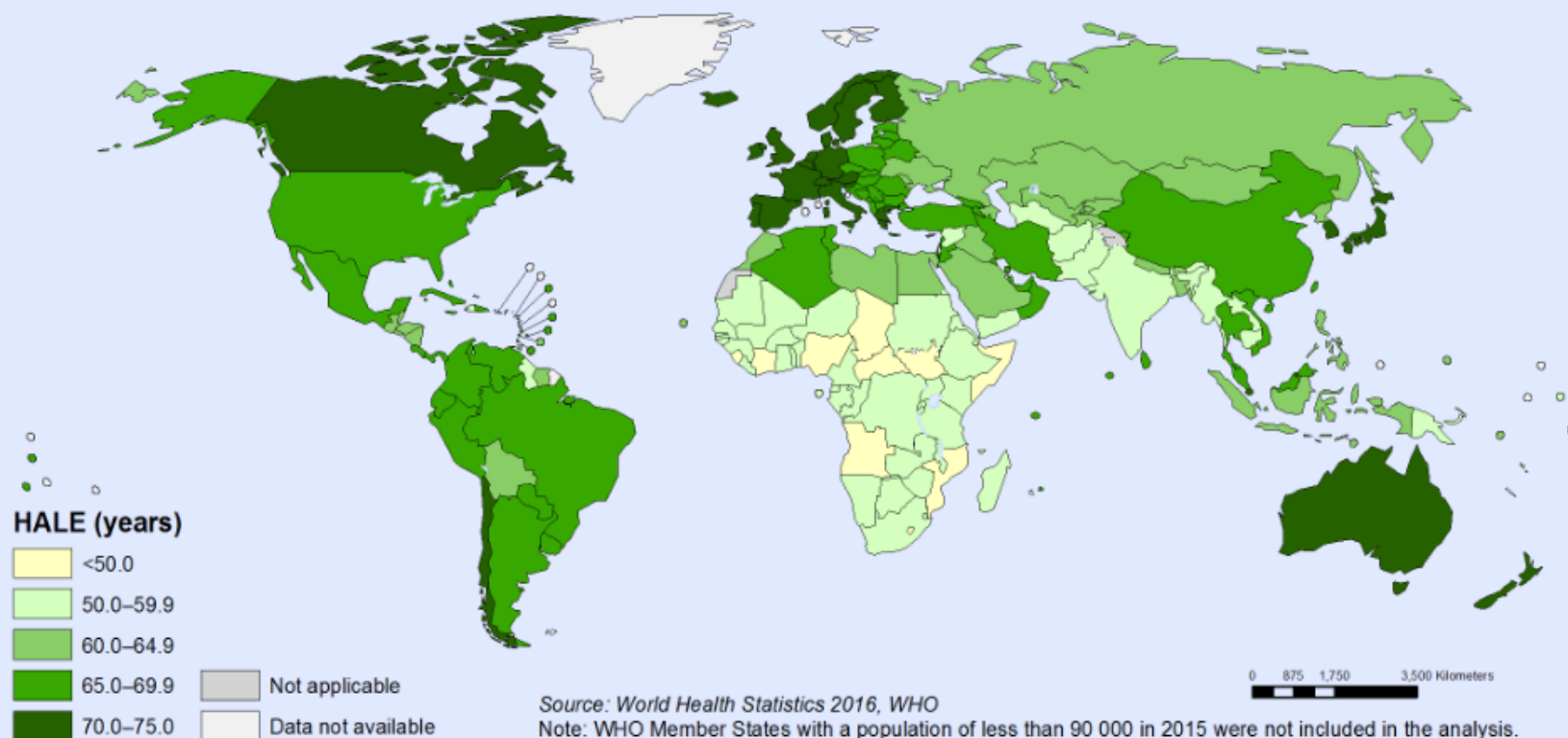
dell'uomo, oltre 30 milioni di uomini, donne e bambini muoiono

prematuramente ogni anno perchè non hanno accesso ai servizi sanitari essenziali, e a medicine e vaccini.

Essi muoiono per malattie, sia infettive che non infettive, in gran parte nei Paesi più ricchi prevenibili e curabili.

The unequal rise of «healthy» life expectancy

Healthy life expectancy (HALE) at birth, both sexes, 2015



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization



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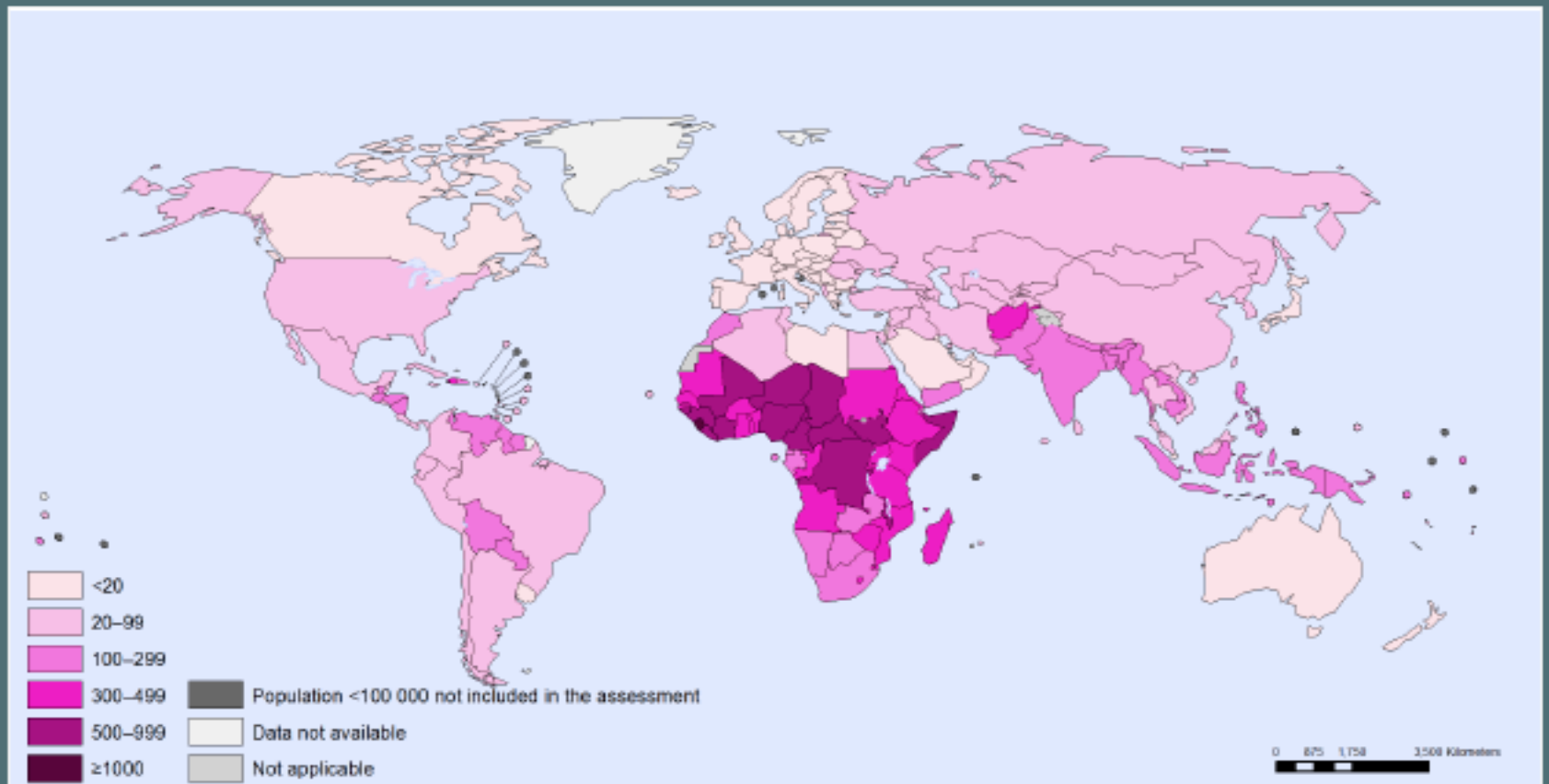
Cos'è la Salute Globale

Cosa NON è la Salute Globale



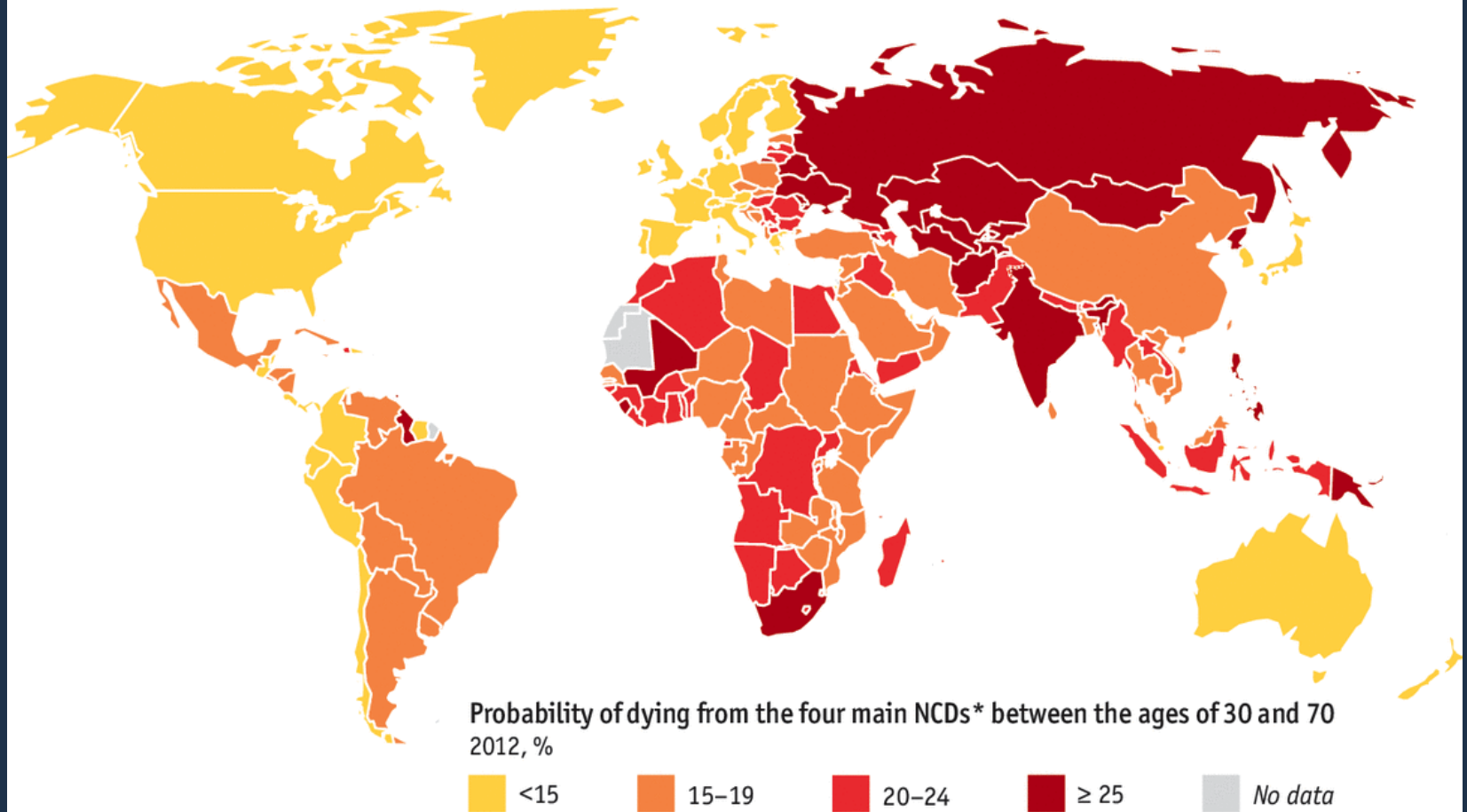
What Global Health is....not

MATERNAL MORTALITY RATIO per 100 000 live births, 2013



What Global Health is....not

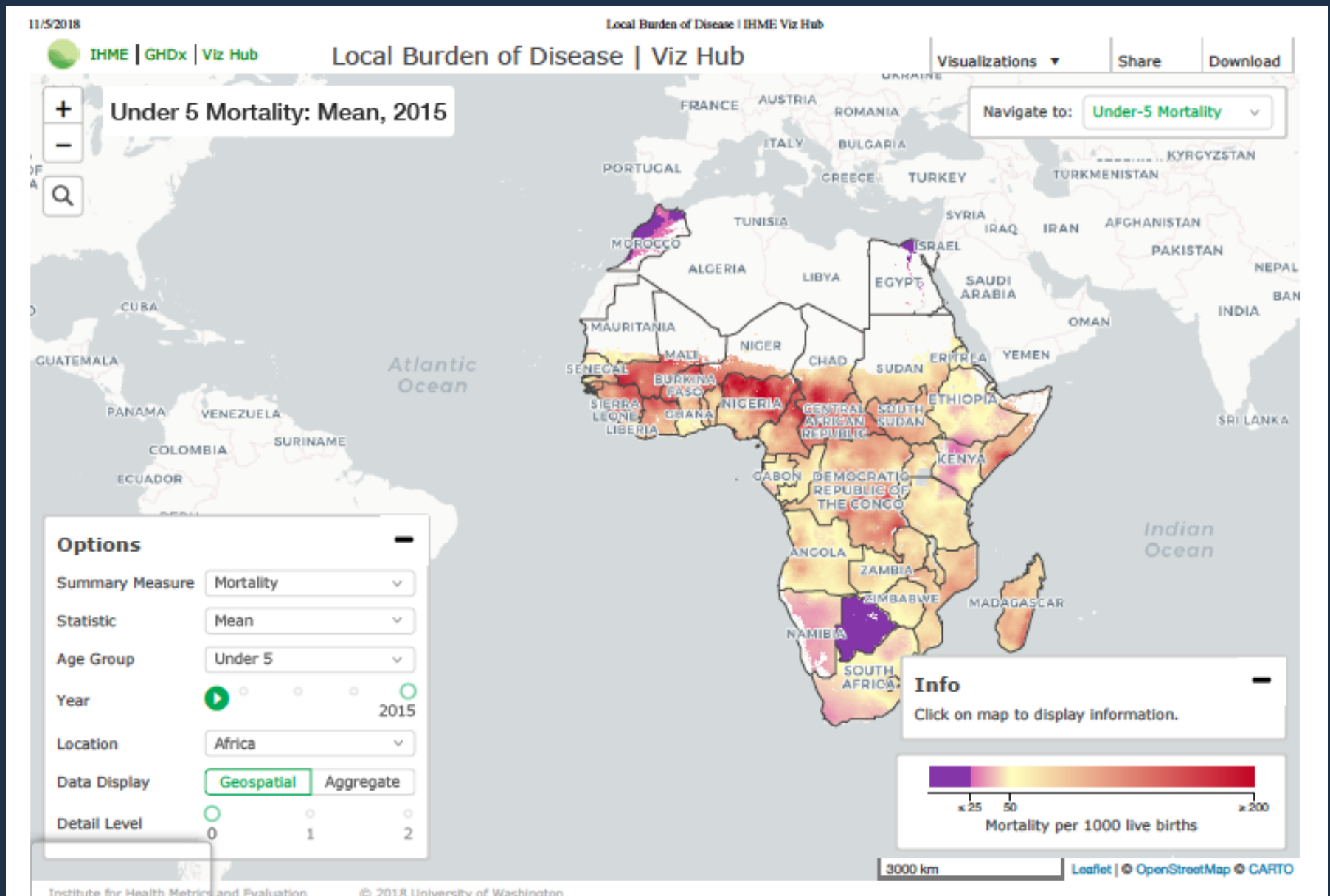
Probability of dying prematurely from non-communicable diseases



Source: WHO

*Non-communicable diseases: cardiovascular diseases, cancer, chronic respiratory diseases and diabetes

What Global Health is....not



What Global Health is....not

Estimated TB incidence rates, 2014

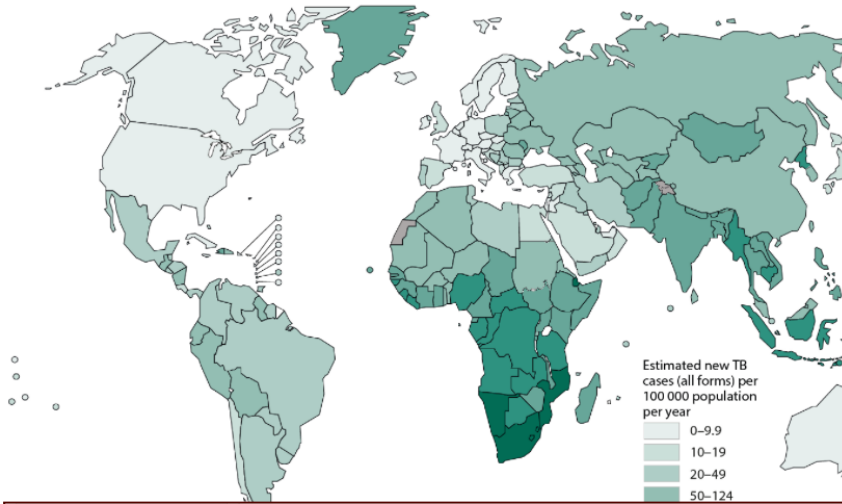
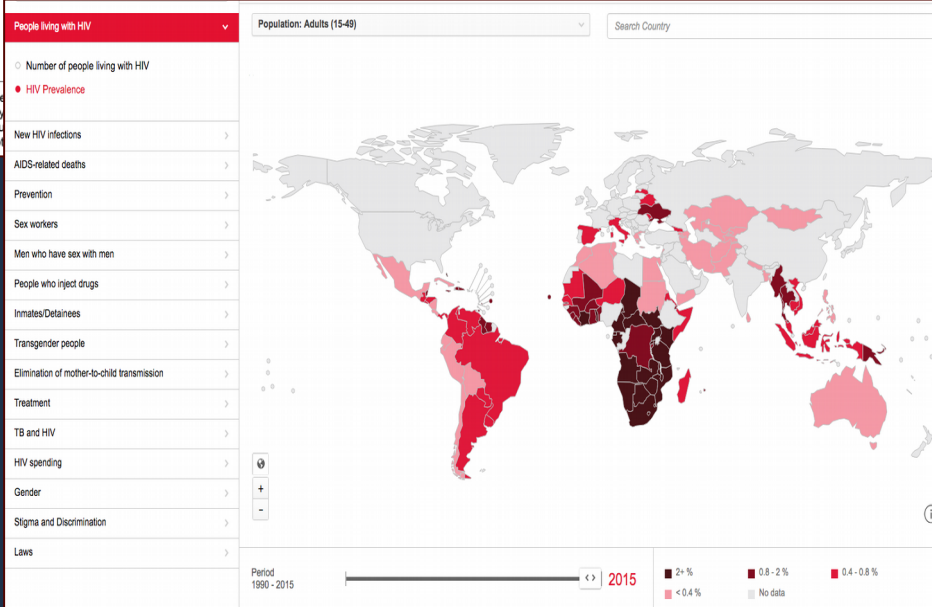
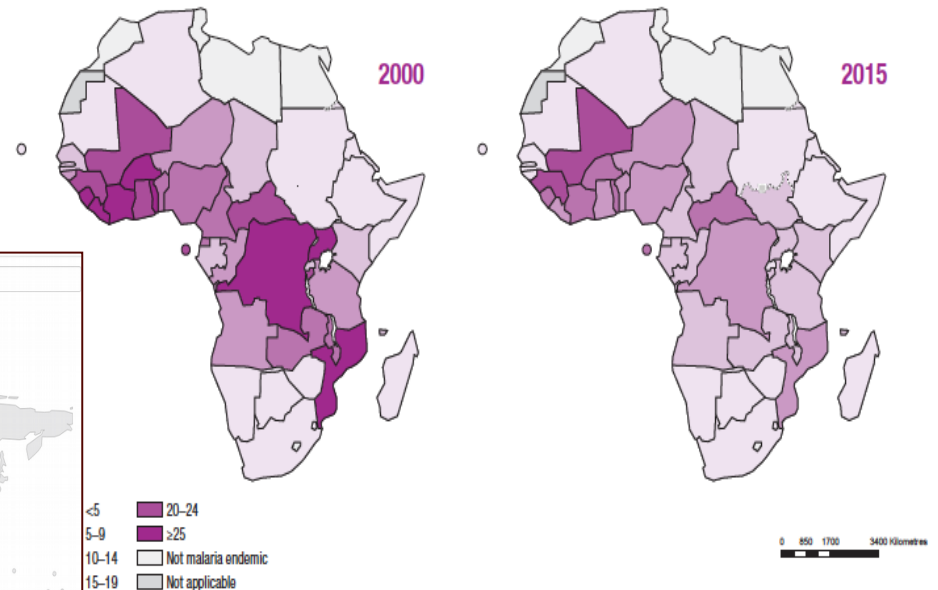


Figure 5.16

Percentage of deaths caused by malaria in children under five in sub-Saharan Africa, 2000 and 2015¹⁸

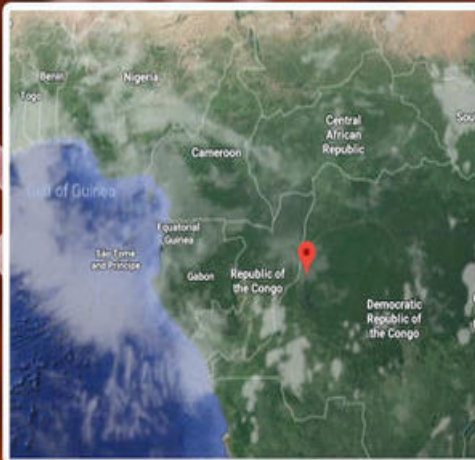


What Global Health is....not

Ebola is back — and the top White House official in charge of pandemics is gone

There's a new outbreak in the Democratic Republic of the Congo.

By Julia Belluz | @juliaoftoronto | julia.belluz@voxmedia.com | May 11, 2018, 11:40am EDT



13, 2017, in Muma, Democratic Republic of the Congo, during the country's last outbreak. The | AFP/Getty Images



Efficacy and effectiveness of an rVSV-vectored vaccine in preventing Ebola virus disease: final results from the Guinea ring vaccination, open-label, cluster-randomised trial (Ebola Ça Suffit!)

Ana Maria Henao-Restrepo, Anton Camacho, Ira M Longini, Conall H Watson, W John Edmunds, Matthias Egger, Miles W Carroll, Natalie E Dean, Ibrahima Diatta, Moussa Doumbia, Bertrand Draguez, Sophie Duraffour, Godwin Enwere, Rebecca Grais, Stephan Günther, Pierre-Stéphane Gsell, Stefanie Hossmann, Sara Viksmoen Watle, Mandy Kader Kondé, Sakoba Kéita, Sauleymane Kone, Eewa Kuisma, Myron M Levine, Sema Mandal, Thomas Mauget, Gunnstein Norheim, Ximena Riveros, Aboubacar Soumah, Sven Trøkle, Andrea Viciari, John-Arne Røttingen*, Marie-Paule Kiemy*

Summary

Background rVSV-ZEBOV is a recombinant, replication competent vesicular stomatitis virus-based candidate vaccine expressing a surface glycoprotein of Zaire Ebolavirus. We tested the effect of rVSV-ZEBOV in preventing Ebola virus disease in contacts and contacts of contacts of recently confirmed cases in Guinea, west Africa.

Methods We did an open-label, cluster-randomised ring vaccination trial (Ebola Ça Suffit!) in the communities of Conakry and eight surrounding prefectures in the Basse-Guinée region of Guinea, and in Tomkolili and Bombali in Sierra Leone. We assessed the efficacy of a single intramuscular dose of rVSV-ZEBOV (2×10^7 plaque-forming units administered in the deltoid muscle) in the prevention of laboratory confirmed Ebola virus disease. After confirmation of a case of Ebola virus disease, we definitively enumerated on a list a ring (cluster) of all their contacts and contacts of contacts including named contacts and contacts of contacts who were absent at the time of the trial team visit. The list was archived, then we randomly assigned clusters (1:1) to either immediate vaccination or delayed vaccination (21 days later) of all eligible individuals (eg, those aged ≥ 18 years and not pregnant, breastfeeding, or severely ill). An independent statistician generated the assignment sequence using block randomisation with randomly varying blocks, stratified by location (urban vs rural) and size of rings (≤ 20 individuals vs > 20 individuals). Ebola response teams and laboratory workers were unaware of assignments. After a recommendation by an independent data and safety monitoring board, randomisation was stopped and immediate vaccination was also offered to children aged 6–17 years and all identified rings. The prespecified primary outcome was a laboratory confirmed case of Ebola virus disease with onset 10 days or more from randomisation. The primary analysis compared the incidence of Ebola virus disease in eligible and vaccinated individuals assigned to immediate vaccination versus eligible contacts and contacts of contacts assigned to delayed vaccination. This trial is registered with the Pan African Clinical Trials Registry, number PACTR201503001057193.

Findings In the randomised part of the trial we identified 4539 contacts and contacts of contacts in 51 clusters randomly assigned to immediate vaccination (of whom 3232 were eligible, 2151 consented, and 2119 were immediately vaccinated) and 4557 contacts and contacts of contacts in 47 clusters randomly assigned to delayed vaccination (of whom 3096 were eligible, 2539 consented, and 2041 were vaccinated 21 days after randomisation). No cases of Ebola virus disease occurred 10 days or more after randomisation among randomly assigned contacts and contacts of contacts vaccinated in immediate clusters versus 16 cases (7 clusters affected) among all eligible individuals in delayed clusters. Vaccine efficacy was 100% (95% CI 68.9–100.0, $p=0.0045$), and the calculated intraclass correlation coefficient was 0.035. Additionally, we defined 19 non-randomised clusters in which we enumerated 2745 contacts and contacts of contacts, 2006 of whom were eligible and 1677 were immediately vaccinated, including 194 children. The evidence from all 117 clusters showed that no cases of Ebola virus disease occurred 10 days or more after randomisation among all immediately vaccinated contacts and contacts of contacts versus 23 cases (11 clusters affected) among all eligible contacts and contacts of contacts in delayed plus all eligible contacts and contacts of contacts never vaccinated in immediate clusters. The estimated vaccine efficacy here was 100% (95% CI 79.3–100.0, $p=0.0033$). 52% of contacts and contacts of contacts assigned to immediate vaccination and in non-randomised clusters received the vaccine immediately; vaccination protected both vaccinated and unvaccinated people in those clusters. 5837 individuals in total received the vaccine (5643 adults and 194 children), and all vaccinees were followed up for 84 days. 3149 (53.9%) of 5837 individuals reported at least one adverse event in the 14 days after vaccination; these were typically mild (87.5% of all 7211 adverse events). Headache (1832 [25.4%]), fatigue (1361 [18.9%]), and muscle pain (942 [13.1%]) were the most commonly reported adverse events in this period across all age groups. 80 serious adverse events were identified, of which two were judged to be



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See Comment page 479

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In Congo outbreak, Ebola vaccine faces reality tests

Friday, May 18, 2018 6:16 a.m. EDT



FILE PHOTO: Congolese Health Ministry officials carry the first batch of experimental Ebola vaccines in Kinshasa, Democratic Republic of Congo

By Kate Kelland

LONDON (Reuters) - An experimental Ebola vaccine to be deployed in an outbreak in Democratic Republic of Congo has conquered some major scientific hurdles in giving high protection, but it now faces extreme real-

world tests including heat, humidity, language barriers and lack of roads.

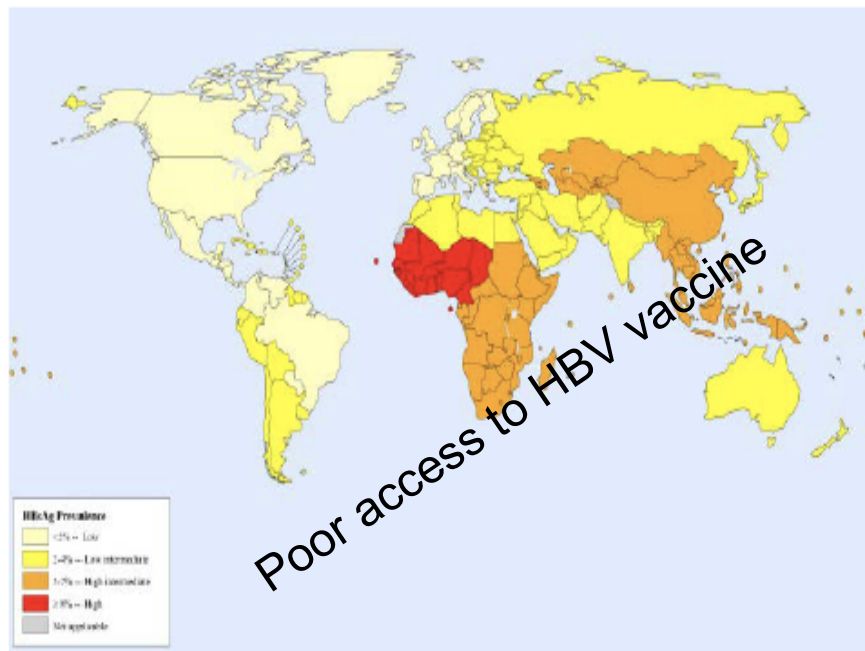
Because it is not yet licensed, the Merck & Co vaccine has been offered to Congo under a "compassionate use" protocol agreed by national and international health and ethics authorities.

This means fully informed, signed consent is needed from every person who wants the shot. And in the current Ebola outbreak, that makes logistical, cultural and language barriers the ultimate challenges, global health specialists say.

The hurdles illustrate how hard it can be to move from laboratory to real life, especially in remote communities with no functioning health systems. The Congo outbreak is a chance to reality-test a vaccine against a disease epidemic that can't be replicated in controlled environments.

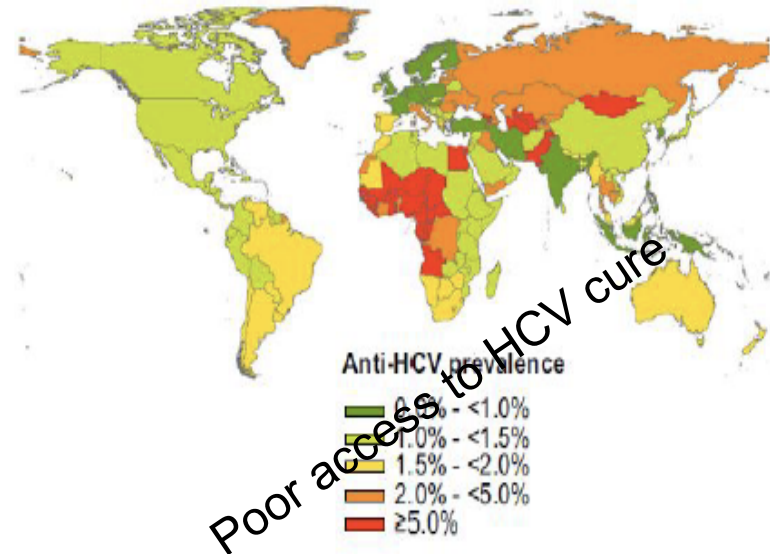
What Global Health is....not

Prevalence of hepatitis B infection, adults 19-89 years, 2005



Ott, J. J., G. A. Stevens, J. Groeger, and S. T. Wiersma. "Global epidemiology of hepatitis B virus infection: new estimates of age-specific HBsAg seroprevalence and endemicity." *Vaccine* 30, no. 12 (2012): 2212-2219.

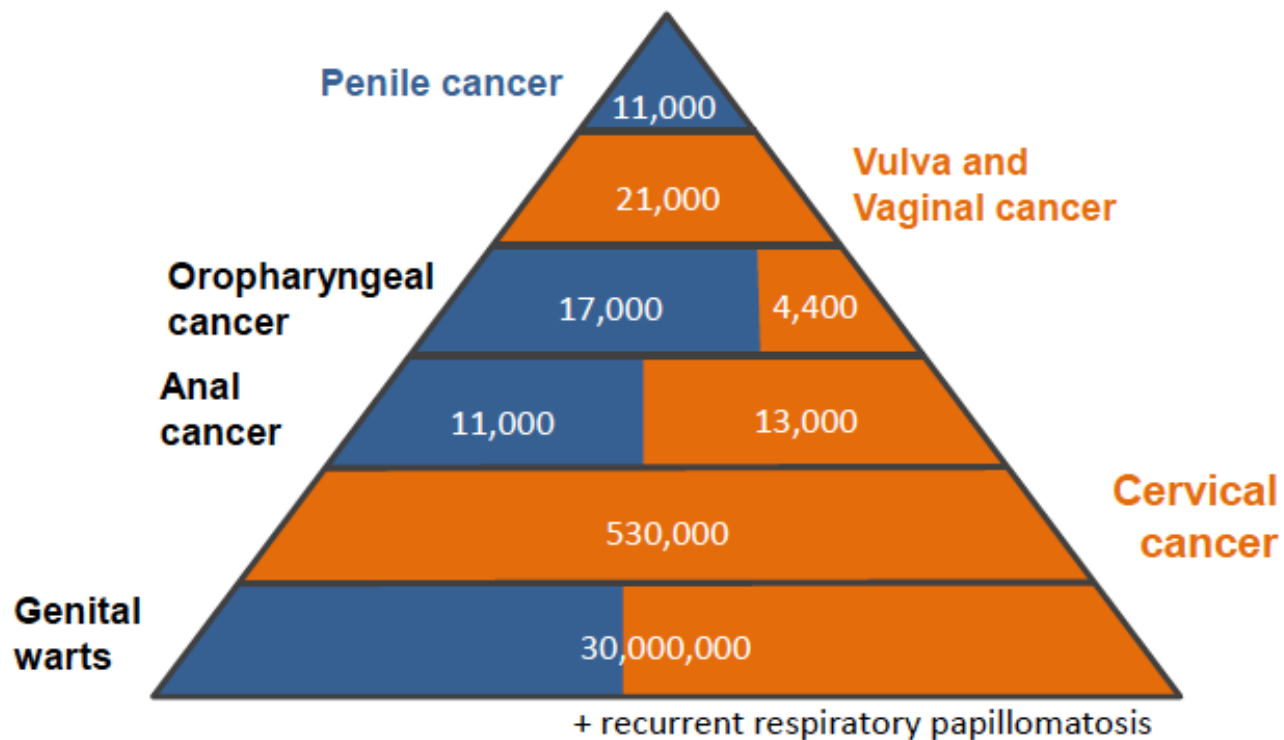
Prevalence of anti-hepatitis C virus



Gower, E., Estes, C., Blach, S., Razavi-Shearer, K., & Razavi, H. (2014). Global epidemiology and genotype distribution of the hepatitis C virus infection. *Journal of hepatology*, 61(1), S45-S57.

What Global Health is....not

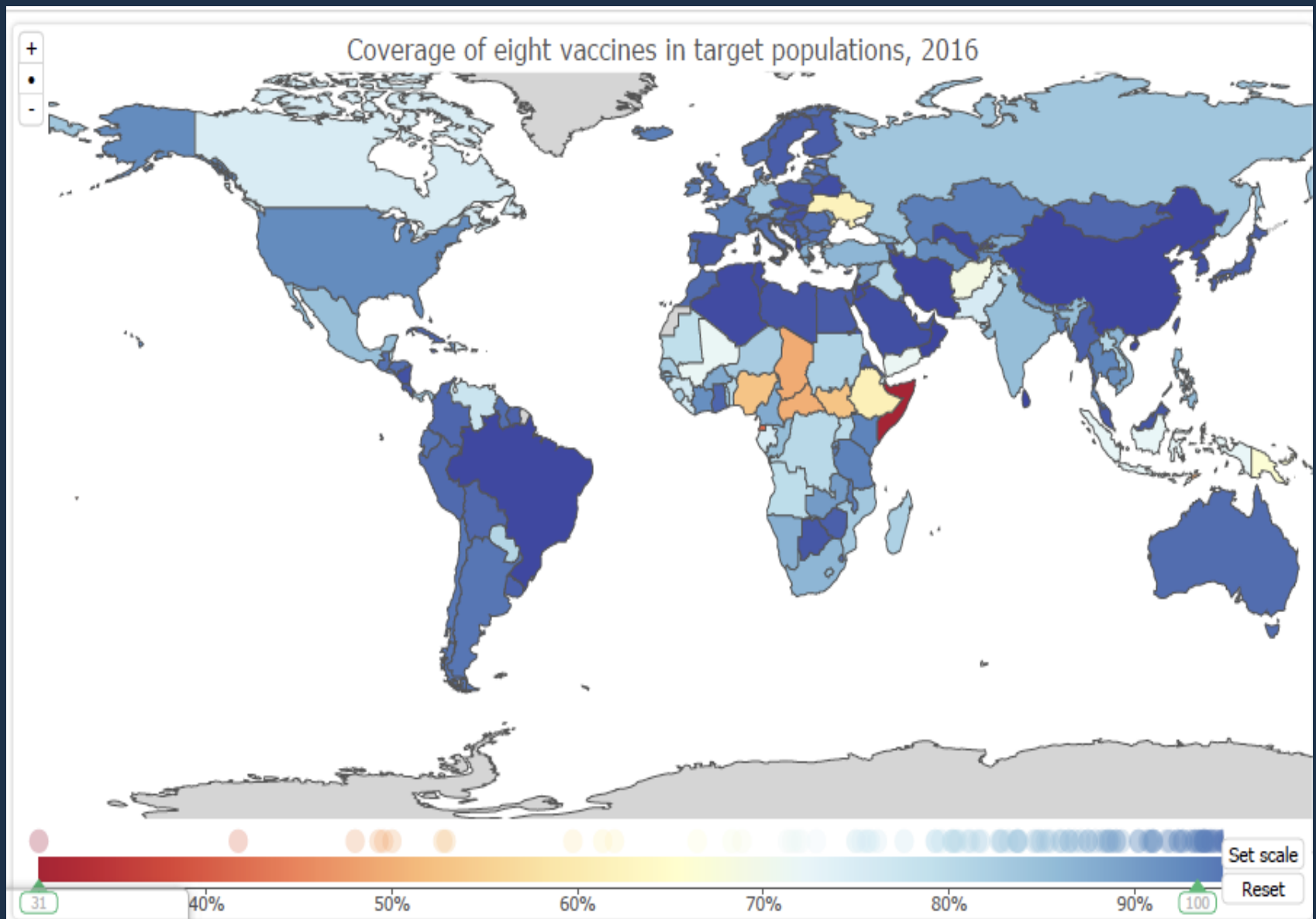
2008 Global HPV-related burden: 607,000 annual cancer cases



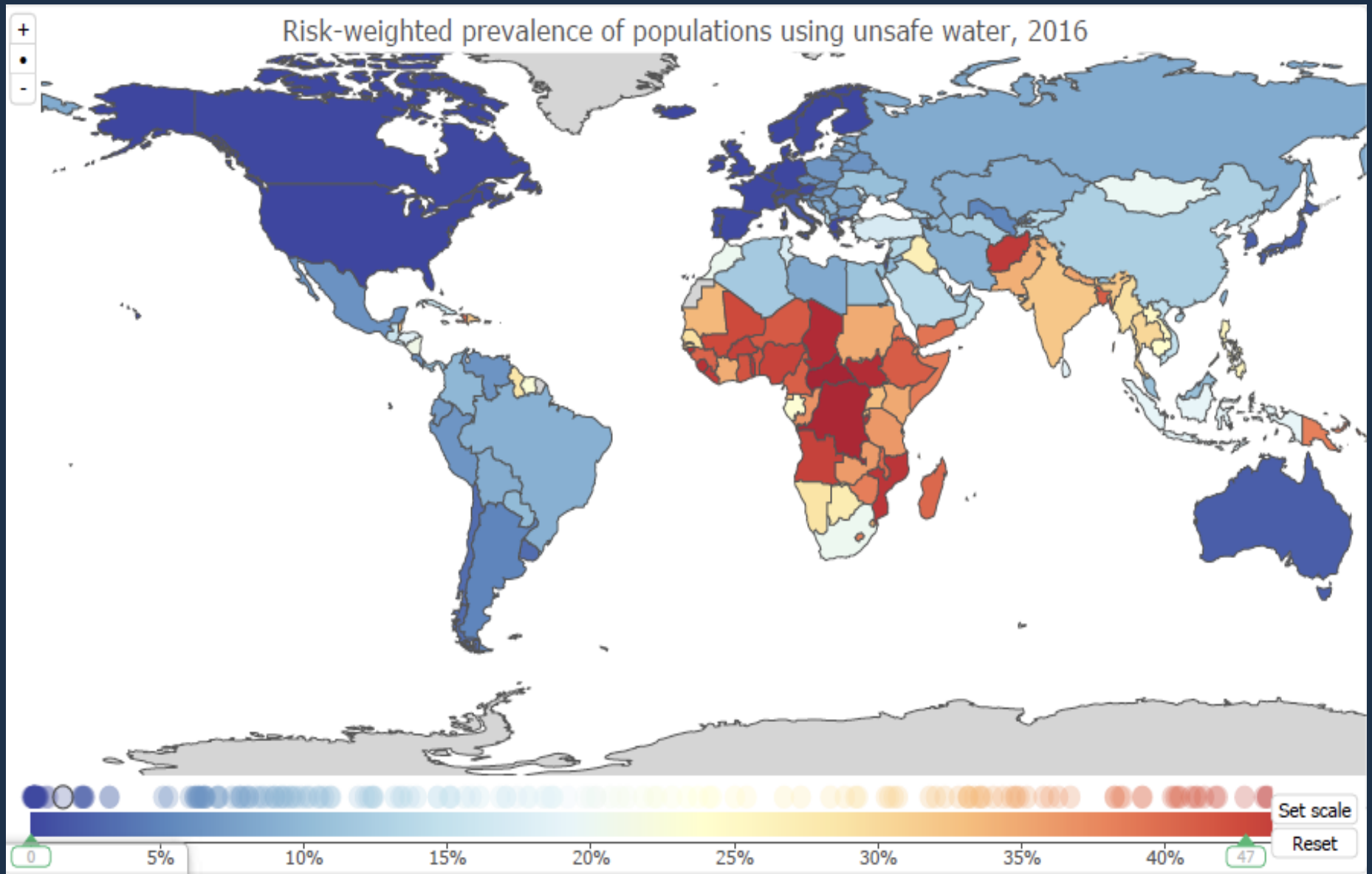
*Circles proportional to annual burden

International Agency for Research on Cancer

What Global Health is....not



What Global Health is....not



What Global Health is....not

Fig. 3.4

Countries reporting cholera deaths and imported cases, 2016



Occhio alle epidemie prossime venture...



Potential Viral Pathogens

Family	Prototype (s)	Licensed Vaccines
Paramyxo	Measles, Mumps, Nipah, RSV	Live-attenuated
Toga	Rubella, Chikungunya, WEVEE	Live-attenuated
Reo	Rotavirus	Live-attenuated
Orthomyxo	Influenza A, B	Live-attenuated, whole-inactivated
Adeno	Adenovirus 4, 7, 14	Live-attenuated
Rhabdo	Rabies	Live-attenuated
Picorna	Polio 1,2,3, Hepatitis A, EV68, 71	Live-attenuated, whole-inactivated
Papilloma	HPV 6, 11, 16, 18	VLP
Pox	Variola	Live-attenuated
Hepadna	Hepatitis B	VLP
Herpes	Varicella	Live-attenuated
Flavi	Yellow Fever, TBE, JEV, Dengue, Zika	Live-attenuated, whole-inactivated, Live-chimeric
Hepe	Hepatitis E	VLP (China)

- Virus families with at least one representative licensed vaccine
- Viruses with active vaccine research
- Viruses with minimal vaccine research activity

Choose prototypic viruses within each family or each distinct genus

- Define structures of surface proteins and particles
- Determine extent of genetic variability
- Define tropism, entry mechanisms, receptors
- Study pathogenesis and establish animal models
- Isolate human mAbs and determine mechanisms of NT
- Develop assays for diagnosis and immunogenicity testing
- Define immune correlates of protection

Filo Ebola, Marburg

Retro HIV-1

Corona SARS, MERS

Parvo B19, Boca

Calici Noro

Polyoma JC, BK

Arena Lassa, Machupo

Bunya Hanta, Rift Valley

Astro Astrovirus

NIPHA VIRUS

Nipah Virus, Rare and Dangerous, Spreads in India

The infection, an emerging threat, has killed virtually all of its victims so far in India.

By Emily Baumgaertner

June 4, 2018



ONE
HEALTH
ONE PLANET ONE FUTURE

thern India. There is no vaccine and no cure

a possible epidemic threat has broken out
ing at least 18 people and killing 17 of them,

ss South and Southeast Asia, and can
' bodily fluids. There is no vaccine and no

The virus is listed by the W.H.O. as a high priority for research. Current treatment measures are insufficient, according to Dr. Stuart Nichol, the head of the viral special pathogens branch at the Centers for Disease Control and Prevention.

4. Insomma, cos'è la Salute Globale ?

Global Health is the health of populations in a global context

- ✓ An area for study, research, and action...
- ✓ ...that prioritize improving health and achieving equity in health for all people worldwide....
- ✓ ...transcending the perspectives and concerns of individual nations...
- ✓ with specific attention to the poor, the marginalized, and the underserved....



CENTRO NAZIONALE **PER LA SALUTE GLOBALE**

ITALIAN CENTER FOR **GLOBAL HEALTH**

Research And Action To Fight Health Inequalities Worldwide



Basic and
Translational
Research



Clinical Epidemiology



Clinical Research



Education and
Training



Health Systems
Research, Innovative
Models of Care



International
Cooperation



Maternal, Newborn
and Child Health
(MNCH)



Migration Medicine



Natural Substances,
Traditional Medicine,
Integrated Medicine



Operational and
Implementation
Research

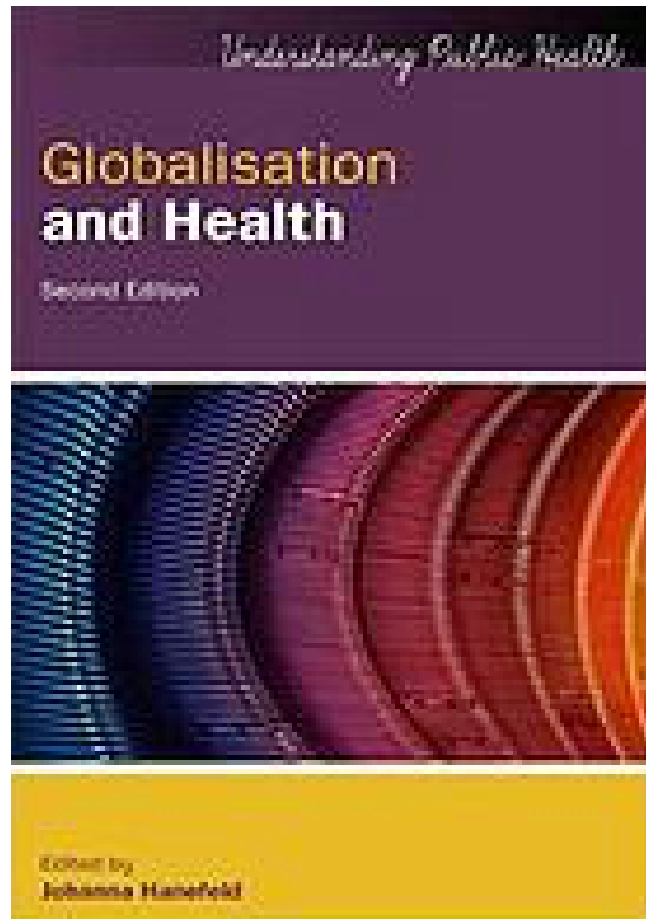


Policy and Advocacy



Work with
International
Organizations and
the UN System

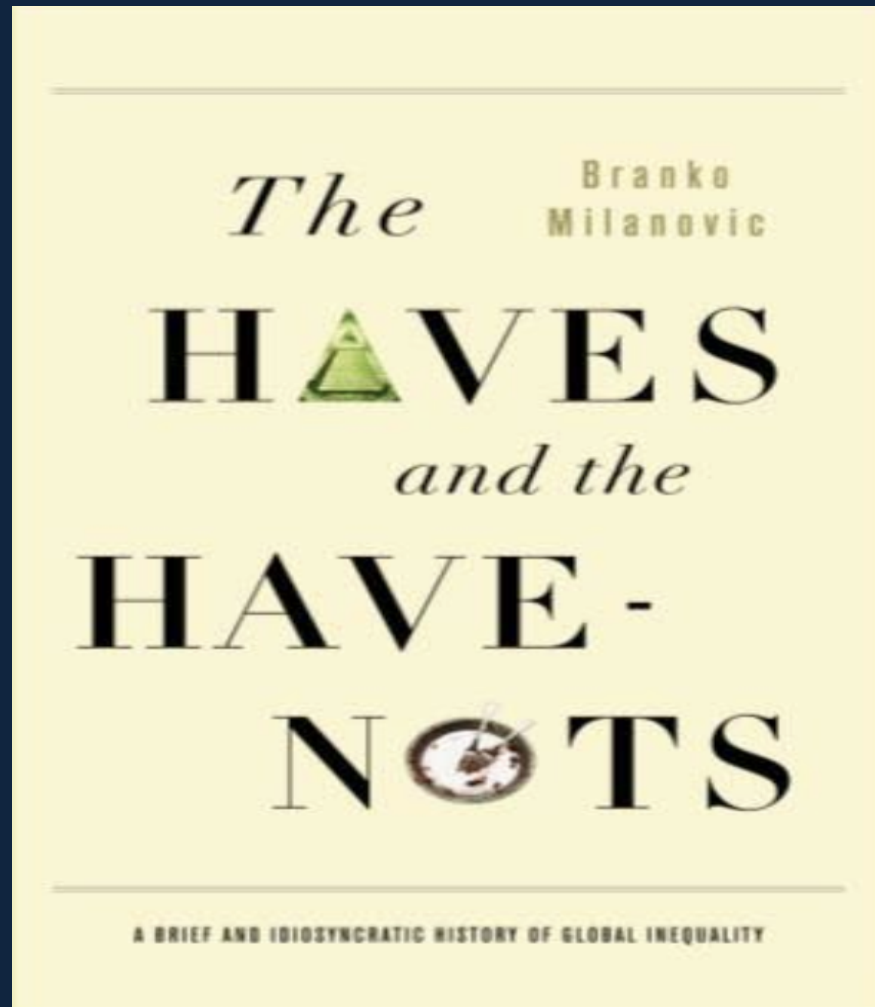
Salute e globalizzazione



Da straordinaria opportunità di sviluppo umano,
la globalizzazione
si è progressivamente trasformata in un fenomeno negativo
contrassegnato da:

- ✓ urbanizzazione forsennata,
- ✓ nascita di nuove diseguaglianze sociali,
- ✓ nuovi poteri economici, fundamentalmente “finanziari”,
 - ✓ geo-politica multi-polare,
 - ✓ mercato globale senza più regole,
 - ✓ uso smodato delle risorse naturali
- ✓ e crescita del divario economico tra ricchi e poveri.

**With “growth” - not the health of the population - viewed as the principal
marker of a country’s success
according to the prevailing paradigm of economic development.**



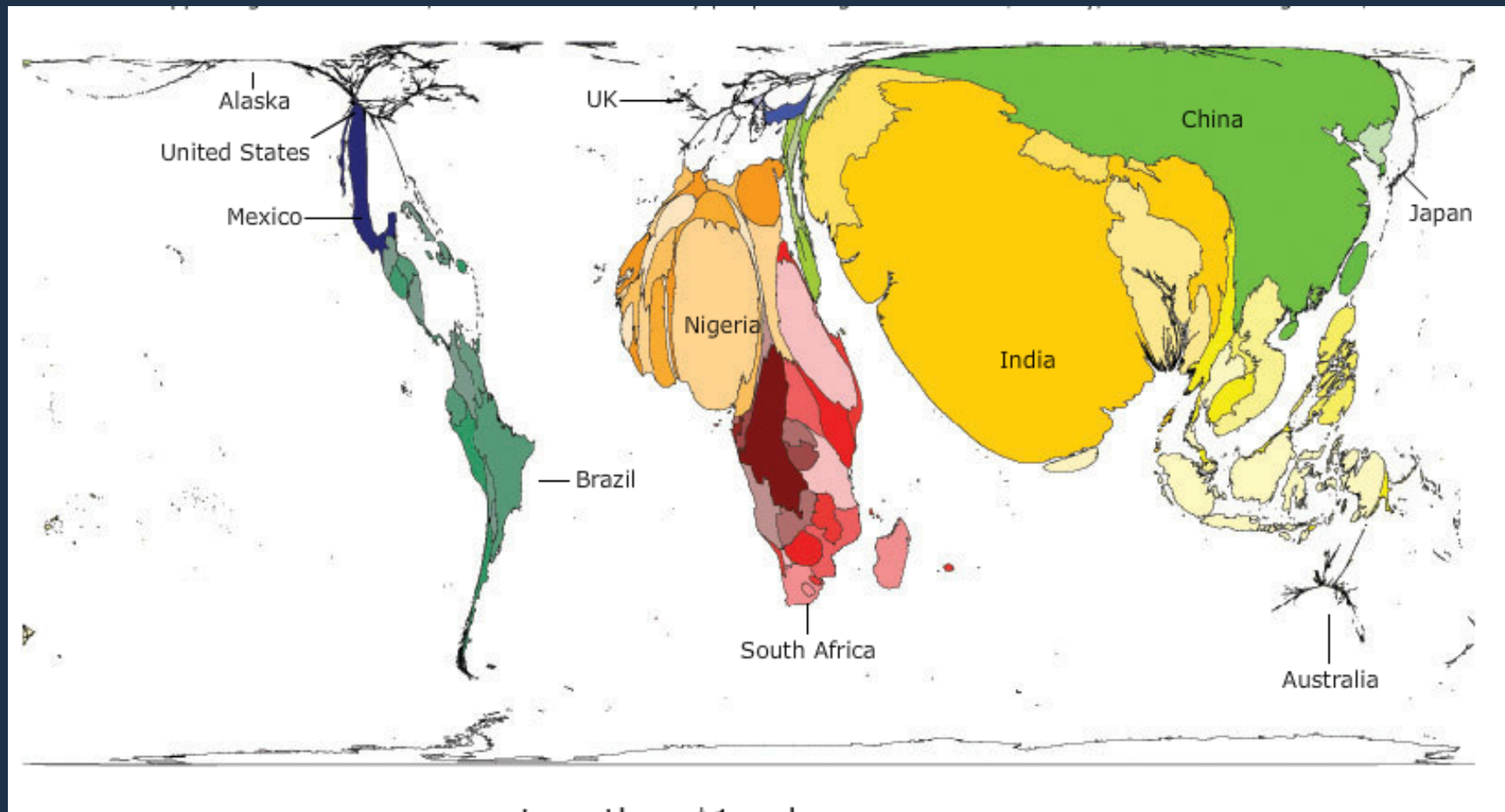
The causes of poor health for millions globally are rooted in political, social and economic injustices.



**Only 1% of people owns 50.4% of the global wealth;
2.4 billion adults own only 1%**

2015 Global Wealth Report Credit Suisse.

Vivere con meno di un 1\$ al giorno



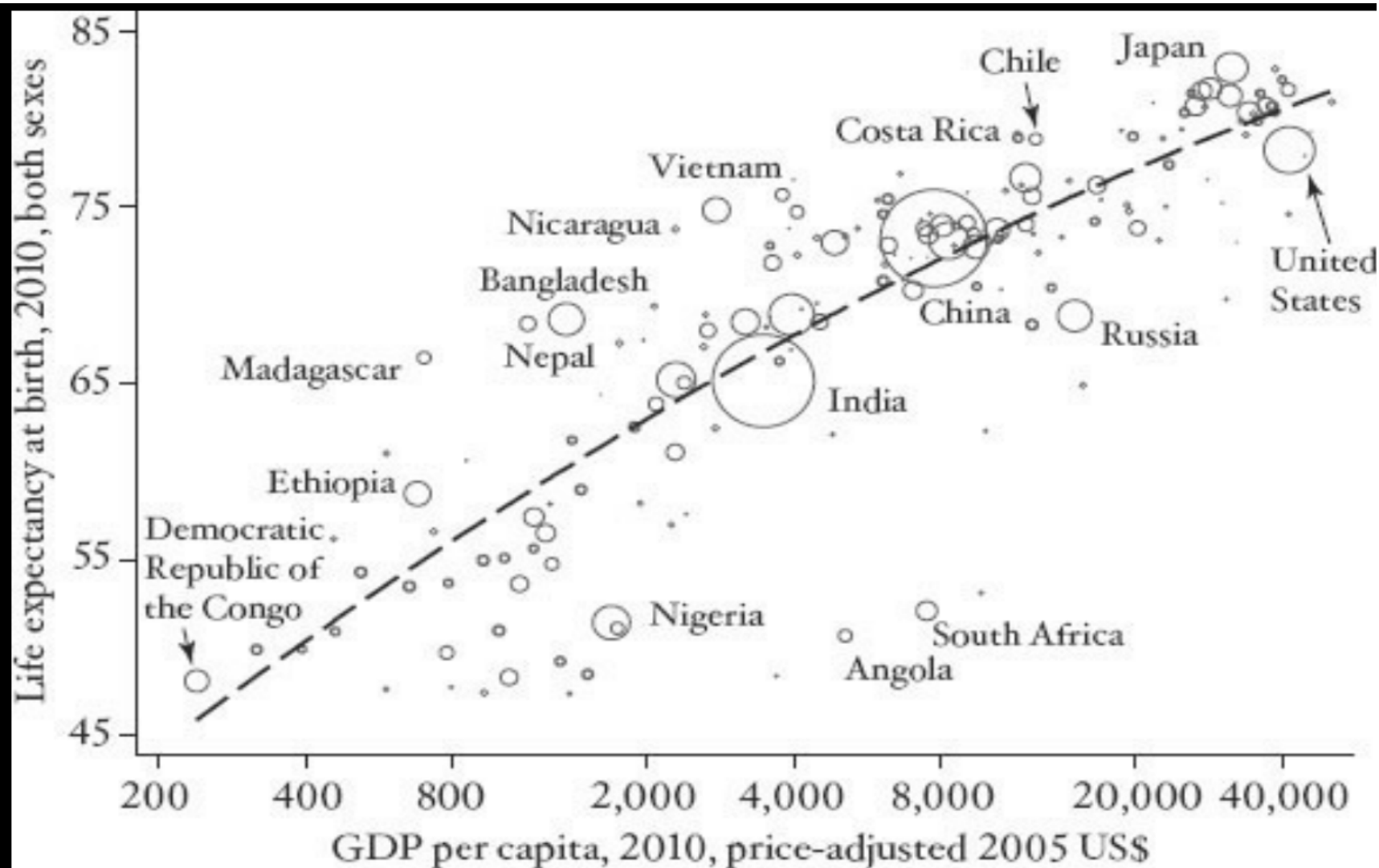


FIGURE 2 Life expectancy and GDP per capita in 2010 on a log scale.

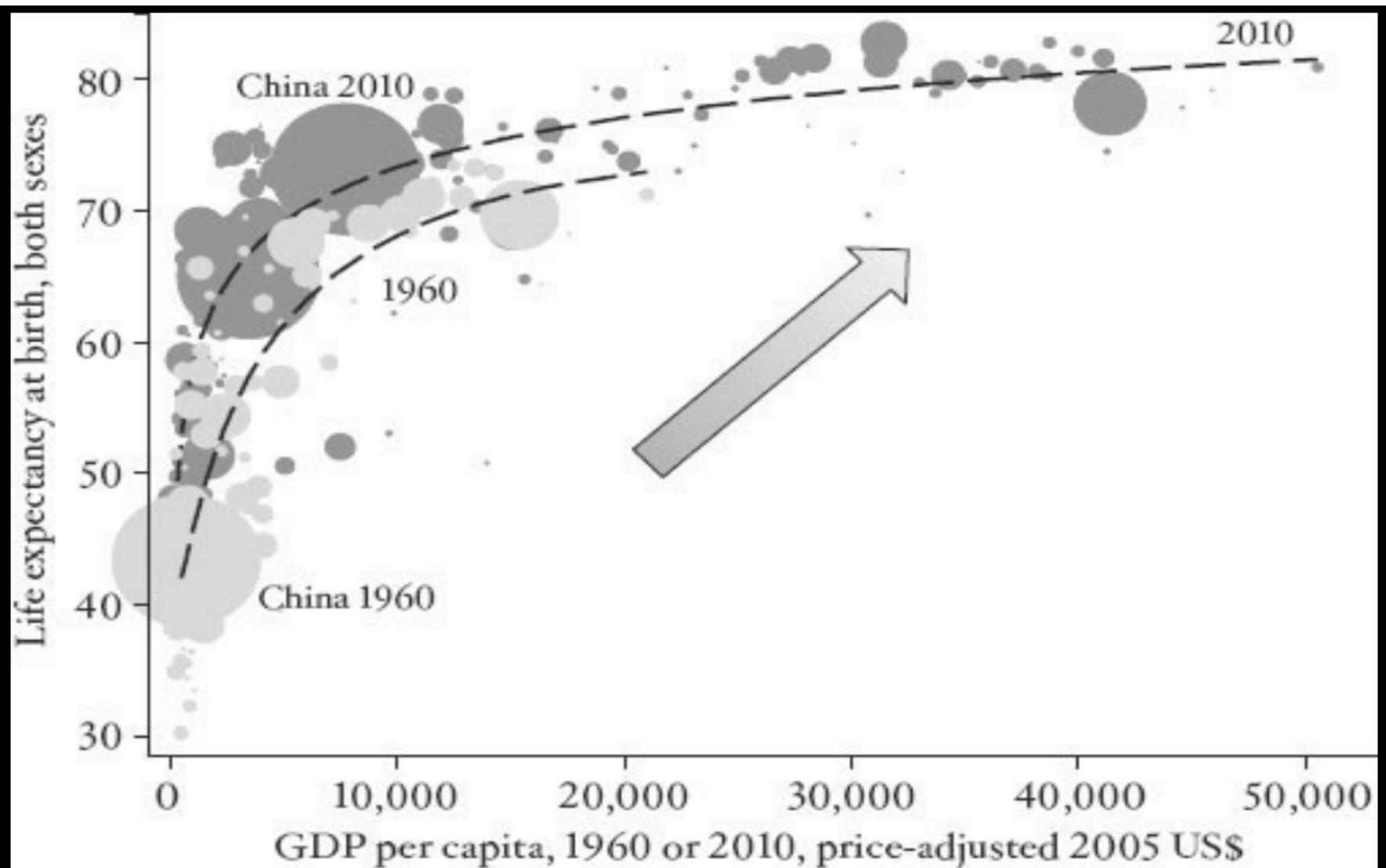


FIGURE 3 Longer lives, richer lives.

La povertà, causa ed effetto di una cattiva salute



ABOUT
100 MILLION PEOPLE FALL INTO
EXTREME POVERTY

(LIVING ON

\$1.90
OR LESS A DAY)

BECAUSE OF
OUT-OF-POCKET
HEALTH EXPENSES.

HEALTH EXPENSES

ARE AN IMPORTANT REASON
FAMILIES AROUND THE WORLD ARE
PUSHED INTO POVERTY.



OVER
800 MILLION PEOPLE

SPENT AT LEAST
10 PERCENT
OF THEIR
HOUSEHOLD
BUDGETS PAYING
FOR HEALTH CARE.
THIS NUMBER HAS
GROWN BY OVER
3 PERCENT ↑
PER YEAR
GLOBALLY.



10%



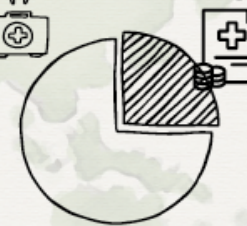
AMONG
THEM,
ALMOST

180 MILLION PEOPLE

SPEND A
QUARTER

OR MORE OF
THEIR HOUSEHOLD
BUDGETS ON
HEALTH EXPENSES
—AND THEIR
NUMBERS
HAVE INCREASED
BY ALMOST
5 PERCENT ↑
PER YEAR GLOBALLY.

25%



Addio Millennio
La medicina/Vaccini,
 antibiotici e soprattutto
 l'uso di acqua pulita: così
 il '900 ha allungato
 la durata della vita umana
 Ma non nei paesi poveri

IL NUMERO di anni che, in media, un bambino nato in un qualsiasi Paese dell'Occidente può sperare di vivere è progressivamente aumentato nel corso dell'ultimo secolo, passando da circa 45 anni nel 1901 ad oltre 75. Se proiettiamo nel ventunesimo secolo la crescita esponenziale delle conoscenze scientifiche e la capacità della medicina moderna di prevenire e curare un numero sempre più grande di malattie, un bambino che nascesse nel 2000 in Italia potrebbe avere una discreta possibilità di riuscire a vedere anche un pezzetto del ventiduesimo secolo. E questo senza tenere conto della speranza di riuscire un giorno a manipolare i geni che fisiologicamente determinano l'invecchiamento delle nostre cellule.

Il controllo delle malattie infettive

In un'ipotetica classifica delle più importanti conquiste della medicina, ai primi posti dovremmo inserire la scoperta del valore dell'acqua pulita per la prevenzione di tante malattie infettive. Lo avevano ben capito i Romani, che per primi hanno dotato le loro città di reti idriche e fognarie di grande efficienza, e anche gli operatori sanitari che lavorano in molti Paesi africani sanno bene che una falda di acqua pulita è in grado di arrestare il diffondersi di un'epidemia di colera molto più rapidamente che dieci "container" di farmaci.

Certo, senza la scoperta della vaccinazione e degli antibiotici, l'acqua corrente non sarebbe bastata per salvare l'umanità da tante altre malattie infettive che per secoli hanno rappresentato la principale causa di morte del

Accanto, un bambino del Sud (foto Ap) e a destra un gruppo di bambini occidentali (foto Gary Busi). Simboli del diverso Nord-Sud



l'uomo.

E se molti considerano come paradigma dei grandi progressi della medicina la capacità di sostituire organi malati, le tecniche cardiocirurghiche, i successi nella prevenzione e nella cura dei tumori (seppure ancora parziali), il controllo di malattie croniche come l'ipertensione e il diabete, il più grande risultato collettivo della medicina moderna è senz'altro costituito dalla battaglia vinta contro le malattie infettive, sebbene sia azzardato ritenere la partita come definitivamente chiusa, vista l'improvvisa comparsa dell'Aids e il ritorno delle tubercolosi.

Da quando Jenner - era il 1796 - osservò che i mungitori delle vacche non contraevano il vaiolo, e pensò di inoculare il virus del vaiolo della

mucca (il cosiddetto "vaiolo") per prevenire il vaiolo nell'uomo, il diffondersi della pratica della vaccinazione ha salvato miliardi di individui da malattie infettive come la poliomielite, la difterite, la pertosse, il tetano, la febbre gialla, il morbillo e, più recentemente, l'epatite B. Nel 1997, grazie ad una campagna di vaccinazione durata alcuni decenni, il vaiolo, un flagello responsabile nei secoli passati di centinaia di milioni di morti, è stato dichiarato definitivamente scomparso dall'Organizzazione Mondiale della Sanità, e in molti considerano questo evento come il più grande successo della medicina moderna.

La nascita della genetica molecolare
 Certamente il grande protago-

CULTURA & SPETTACOLI

Nord e Sud, la salute non è uguale per tutti

di STEFANO VELLA

nista della medicina del terzo millennio sarà la genetica molecolare. Per comprendere come questa branca della medicina abbia in sé la potenzialità di curare e guarire tante malattie dell'uomo, compreso il cancro, dobbiamo partire dal concetto nuovo e rivoluzionario dell'origine "genetica" della grande maggioranza delle malattie dell'uomo, almeno di quelle non dovute a microrganismi patogeni.

Grazie al Progetto Genoma Umano, un'impresa scientifica internazionale che sta disegnando la mappa completa del patrimonio genetico dell'uomo, è stato scoperto che non esistono soltanto le classiche malattie genetiche ereditarie, come l'emofilia o la distrofia muscolare: anche una parte rilevante delle comuni malattie croniche

NON SOLO NEL SUD DEL MONDO.....

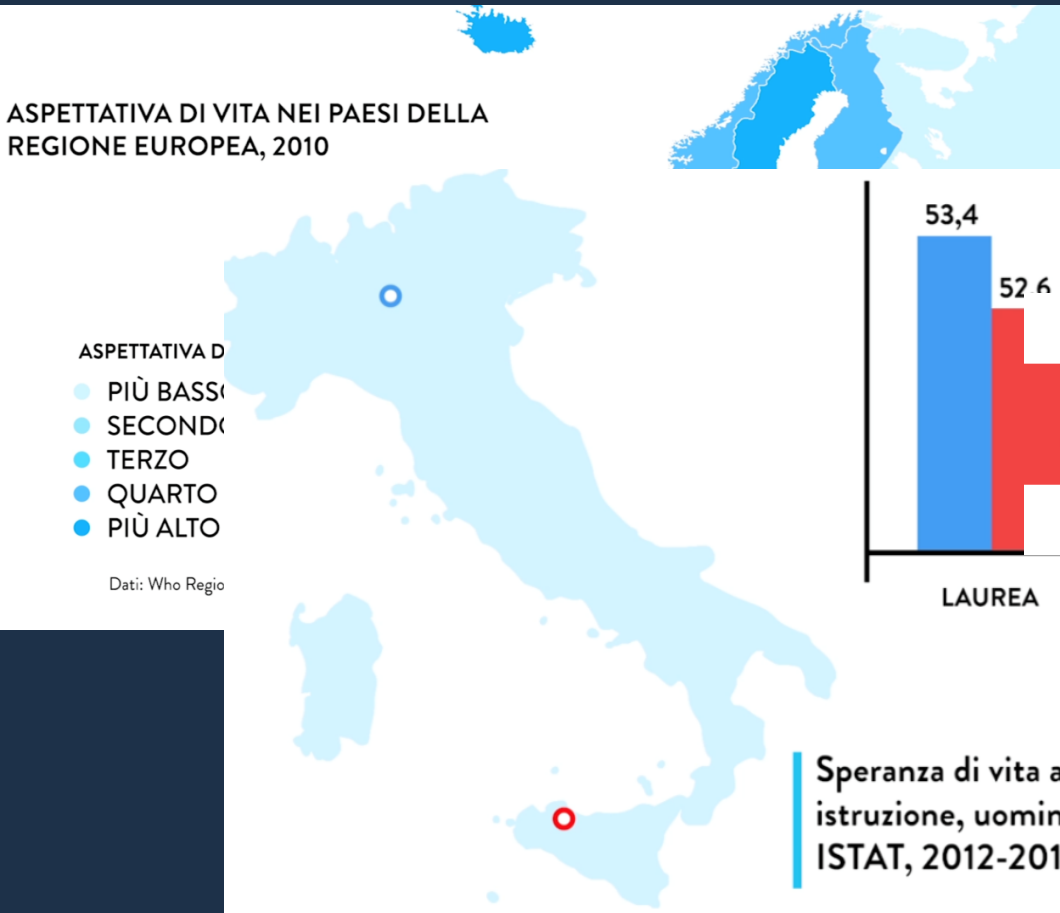
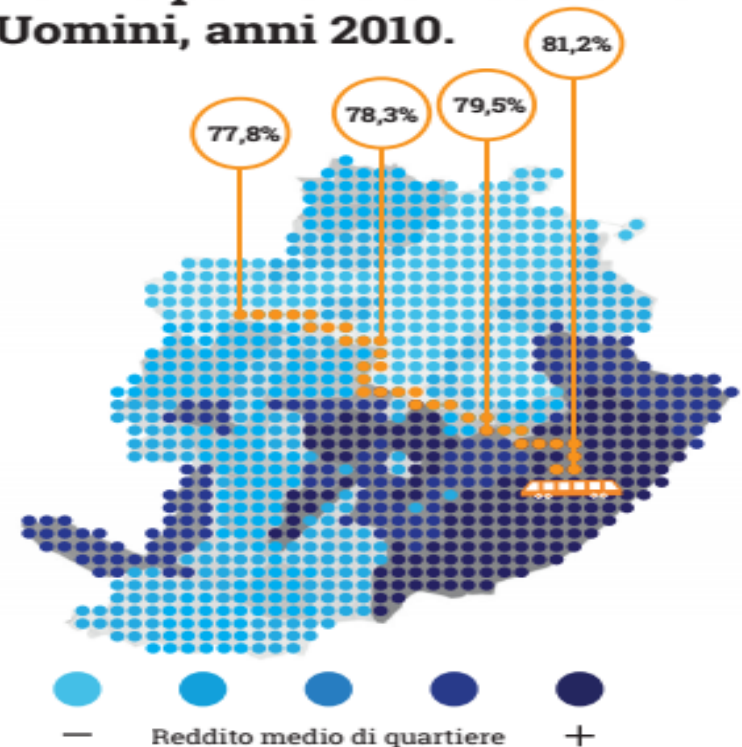
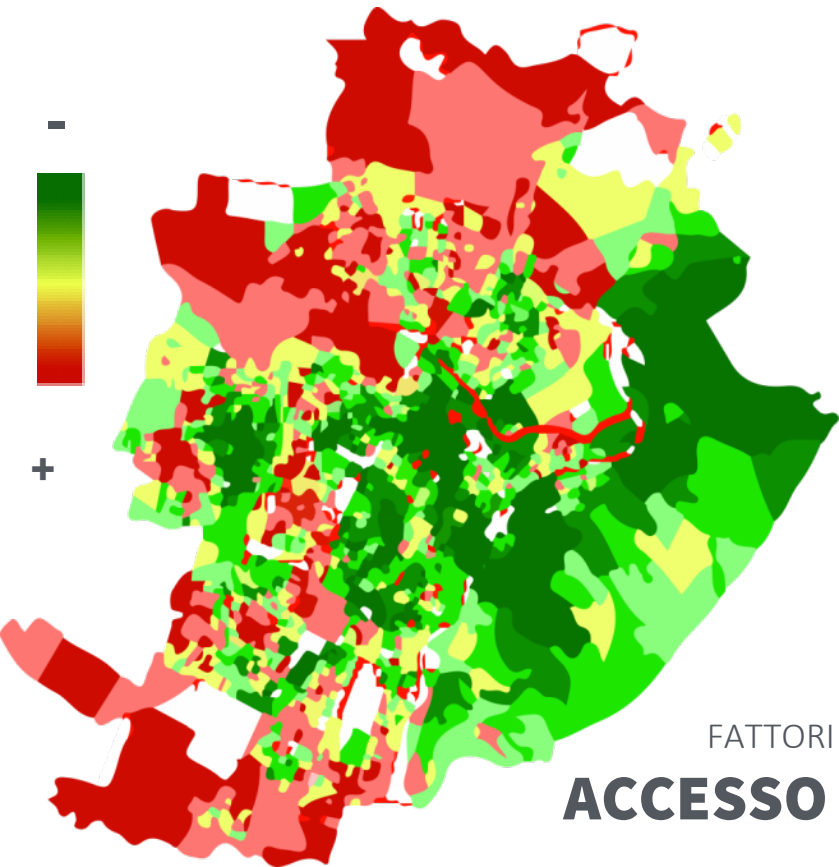


Figura 1.
Speranza di vita alla nascita a Torino per zona di residenza. Uomini, anni 2010.



Infarto miocardico acuto a Torino, 2009



Rivascolarizzazione coronarica a Torino, 2009



FATTORI DI RISCHIO
ACCESSO ALLE CURE



**POSIZIONE SOCIALE
= CONTROLLO**

6. Le popolazioni fragili



1.5 miliardi di persone vive negli slums



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Series

The history, geography, and sociology of slums and the health problems of people who live in slums

Alex Ezech, PhD, Oyiniola Oyebo, PhD, [David Satterthwaite](#), PhD, Yen-Fu Chen, PhD, Robert Ndagwa, PhD, Jo Sartori, BA, Blessing Mberu, PhD, G J Melendez-Tores, PhD, Tilahun Haregu, PhD, Samuel I Watson, PhD, Prof Waleska Calaffa, PhD, Prof Anthony Capon, PhD, Prof Richard J Lilford, DSc

Published: 16 October 2016

[PlumX Metrics](#)

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Summary

Previous

Articles

[Use of MRI in the diagnosis of fetal brain abnormalities in utero \(MERIDIAN\): a multicentre, prospective cohort study](#)

Some major features of cities in many low-income and middle-income first in a Series of two papers, we discuss why slums are unhealthy places with infection and injury. We show that children are especially vulnerable, and that nutrition and recurrent diarrhoea leads to stunted growth and longer-term elopment. We find that the scientific literature on slum health is parison to urban health, and poverty and health. This shortcoming is

important because health is affected by factors arising from the shared physical and social environment, which have effects beyond those of poverty alone. In the second paper we will consider what can be done to improve health and make recommendations for the development of slum health as a field of study.

DONNE



HIV prevalence in young pregnant women in rural Vulindlela, South Africa (2005-2008)

Age Group (Years)	HIV Prevalence (N=1237)
≤16	10.6%
17-18	21.3%
19-20	33.0%
21-22	44.3%
23-24	51.1%



- 10 The State Council of China. National mental health work plan (2015-2020). http://www.gov.cn/jzhengce/content/2015-06/18/content_9860.htm (accessed March 21, 2016).
- 11 Sinha SK, Kaur J. National mental health programme: Man power development scheme of eleventh five-year plan. *Indian J Psychiatry* 2011; 53: 261-65.

- 12 Liu J, Ma H, Yan-Ling H, et al. Mental health system in China: history, recent service reform and future challenges. *World Psychiatry* 2011; 10: 210-16.

Transgender health: an opportunity for global health equity

Published Online
June 17, 2016
[http://dx.doi.org/10.1016/S0140-6736\(16\)30675-4](http://dx.doi.org/10.1016/S0140-6736(16)30675-4)

See [Comment](#) page 318
See [Perspectives](#) page 327
See [Series](#) pages 390, 401, and 412

"It takes courage to grow up and be who you really are."

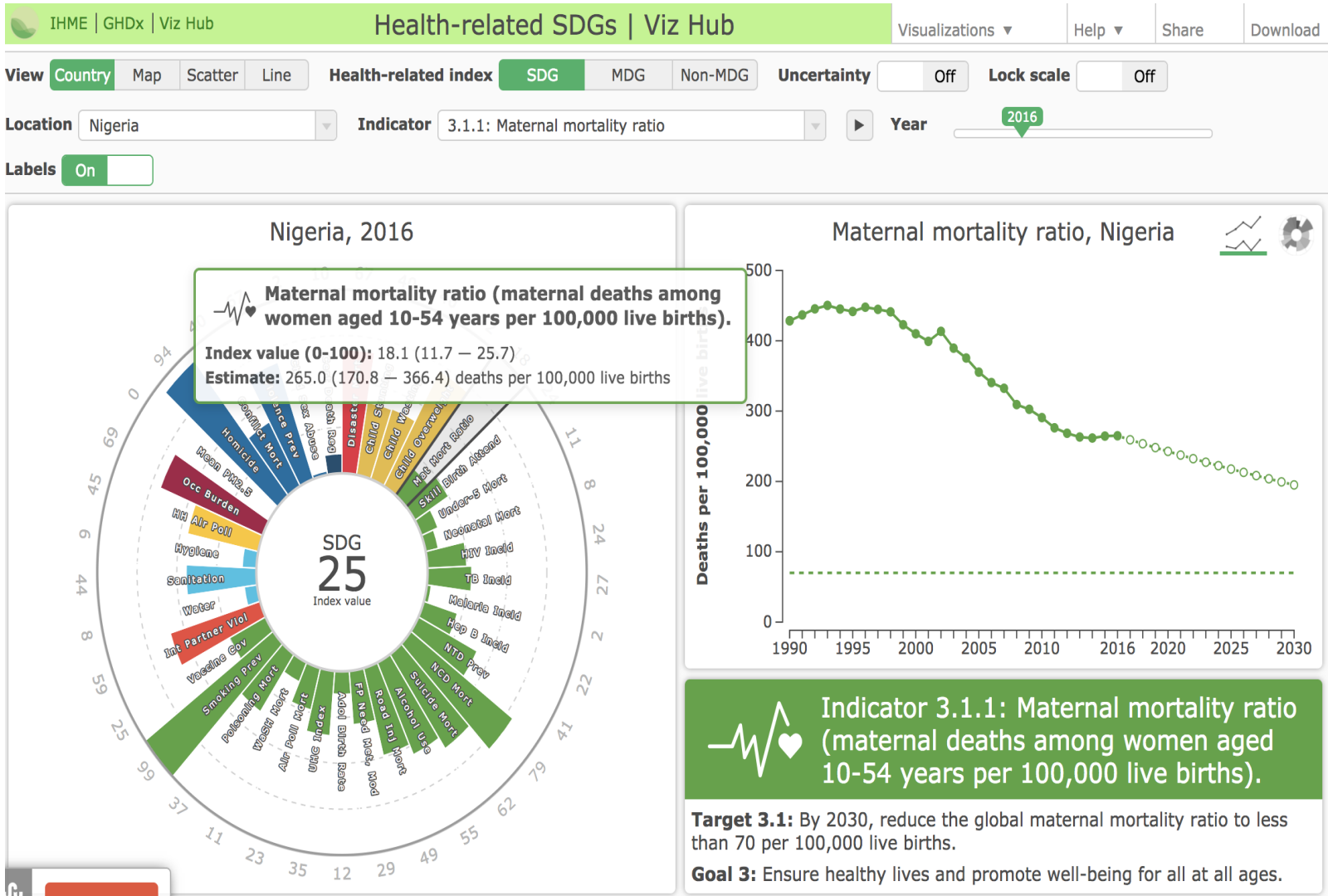
EE Cummings

The Lancet is publishing its first Series on transgender health.¹⁻³ Transgender people live in all countries, but their acceptance by communities and freedom to live with their chosen gender identity or expression varies according to culture and society. This Series, led by

researcher, or policy maker so uninformed about the needs of transgender individuals? The answers lie in insufficient awareness about transgender issues and a lack of acceptance of transgender people. This Series is an effort to further understand, and provide a framework to improve, the health and lives of transgender people globally.

The Lancet Counting Births and Deaths Series in 2015

DONNE



Health-related SDGs | Viz Hub

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View **Country** Map Scatter Line **Health-related index** **SDG** MDG Non-MDG **Uncertainty** Off **Lock scale** Off

Location **Nigeria** Indicator **3.2.1: Under-5 mortality rate** Year **2016**

Labels **On**

Nigeria, 2016

Under-5 mortality rate (probability of dying before the age of 5 years per 1,000 live births).

Index value (0-100): 10.8 (7.4 – 14.2)

Estimate: 108.7 (93.0 – 126.2) deaths per 1,000 live births

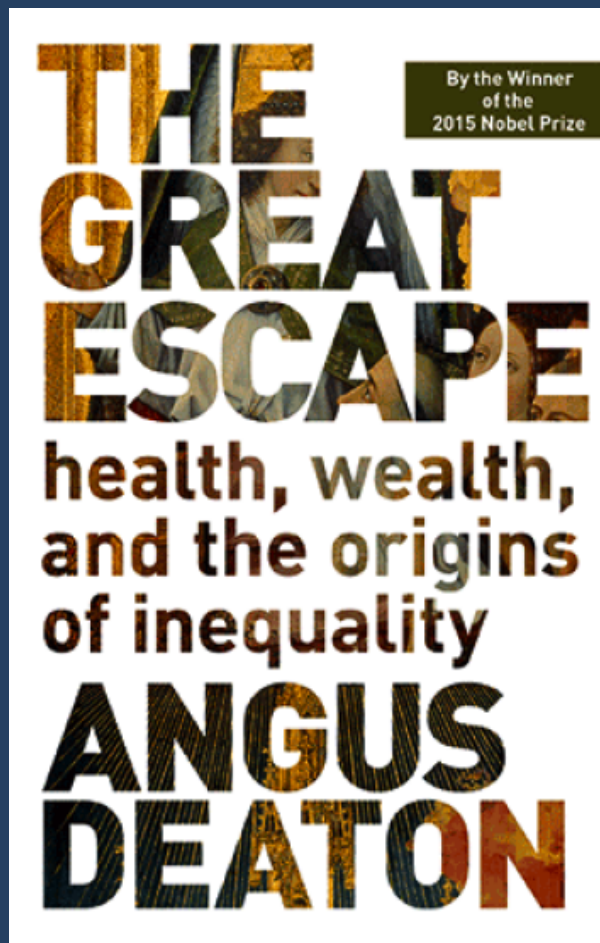
SDG 25
Index value

Under-5 mortality rate, Nigeria

Indicator 3.2.1: Under-5 mortality rate (probability of dying before the age of 5 years per 1,000 live births).

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Goal 3: Ensure healthy lives and promote well-being for all at all ages.



THE GREAT ESCAPE is a movie about men escaping from a prisoner-of-war camp in World War II. The Great Escape of this book is the story of mankind's escaping from deprivation and early death, of how people have managed to make their lives better, and led the way for others to follow.

E allora...

...spesso si fugge, volontariamente, in
cerca di una vita migliore....

...o forzatamente, lontano da guerre,
violenze, disastri naturali...