**Economic growth and better health: the UK’s surprising progress**

Many assume that further health improvements will be difficult for countries that have entered an era of chronic non-communicable diseases and life expectancies that are already above 70 years. If life expectancy is lower, it is possible to make gigantic strides given modest resources. For example, between 1961 and 1971, China’s life expectancy gained 20 years while it experienced a rate of growth of gross domestic product (GDP) per head of only 3.5%. The belief in ceiling effects makes many think that countries with more room for progress in health, such as India and China, will have an advantage in transforming their amazing economic fortunes into better health.

We did a simple four-country comparison to identify top performers by decade from 1960 to 2009. We used as a metric the percentage change in life expectancy divided by percentage change in GDP per capita. This metric is called the “income elasticity of life expectancy”. Our unexpected results indicate the need for some revisions to popular impressions.

China did not maintain its lead in transforming wealth into health. India (1970s, 1980s, and 1990s) and most recently the UK (2000s) have been top producers of health relative to economic fortunes. Although India’s overall level of life expectancy has been disappointing relative to its income, the slope of ascent had been relatively high until 2000 (table).1–4

Between 2000 and 2009, the USA and the UK outperformed both Asian countries. Surprisingly, these two Anglophone countries with radically different health systems were able to achieve growth in already high life expectancies. The vast differences in medical care spending per head between the UK and USA suggest that the explanation for progress might not be medical care resources. We conjecture that public health and social investments in the control of tobacco, injury, and other non-communicable diseases might be playing a part. The USA and the UK have maintained systems for public health policy making to manage the social determinants of chronic, non-communicable diseases that might be outperforming those in Asia. Richer countries might also have fitness advantages accruing to an ageing population that was born and raised in hygienic conditions rather than achieving hygiene in mid-life, as would be the case in Asia.

At least for now, countries looking for lessons in success at improving health in an era of non-communicable diseases would do well to look to the exemplary performance of the UK and study its public health playbook.

We declare that we have no conflicts of interest.

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**Table: Income elasticity of life expectancy at birth, China, India, UK, and USA, 1960–2009**

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<tbody>
<tr>
<td>China¹</td>
<td>2.078*</td>
<td>0.090</td>
<td>0.059</td>
<td>0.013</td>
<td>0.009</td>
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<tr>
<td>India¹</td>
<td>0.482</td>
<td>0.091*</td>
<td>0.137*</td>
<td>0.263*</td>
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<td>0.019</td>
<td>0.007</td>
<td>0.036</td>
<td>0.059</td>
<td>0.074*</td>
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<tr>
<td>USA²</td>
<td>0.020</td>
<td>0.028</td>
<td>0.024</td>
<td>0.036</td>
<td>0.062</td>
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Income elasticity of life expectancy=(percentage change in life expectancy)/(percentage change in gross domestic product per capita). *Top performers that decade.

**Benchmarking in organ donation after brain death in Spain**

Spain is widely known to be the only example of a large country (47 million inhabitants) that has seen a continuous increase in deceased organ donation over 20 years (from 14.3 donors per million population in 1989 to 33–35 donors per million population since 1999).¹ and a parallel increase in the number of solid organ transplantations (from 1300 per year in 1989 to more than 4200 per year in 2011).¹ The sustained increase in deceased donation follows the implementation of a set of measures, mainly of an organisational nature, internationally known as the Spanish model.²

Despite this outstanding activity, our country is still far from satisfying transplant needs. Additionally, the potential for donation after brain death is decreasing owing to a reduction in mortality relevant to organ donation and to changes in patterns of neurocritical care. Moreover, the co-existence of different cultures has set a new challenge for family liaison in deceased donation. These common trends in developed countries necessitate a comprehensive strategy to maintain or increase organ availability.

**Correspondence**

Correspondence

Figure: Monthly evolution of interannual absolute number of deceased organ donors in Spain after implementation of good practice guidelines
Interannual absolute number of deceased organ donors=number of deceased organ donors within past 12 months at a given date.1

The actions implemented over recent years in Spain have included a project to identify, disseminate, and foster the implementation of crucial success factors in the process of donation after brain death, through the application of benchmarking.2 This approach entails two phases: (1) quantitative benchmarking, based on the comparison of performance indicators to identify those with the best results; and (2) qualitative benchmarking, aimed at identifying and describing excellence-determining factors.

As a result of this initiative, a set of good practice guidelines have been developed,3 which focus on the practices, protocols, and particular skills and professional profiles regarded as crucial for success at best-performer hospitals. Targeted to our coordination network and with the final aim of optimising donation after brain death in Spain, 51 recommendations are provided on the phases of identification and referral of possible donors, management of possible donors within critical care units, and obtaining donation consent. Since the implementation of this strategy back in January, 2011, a consistent increase in the interannual number of deceased donors has been noted, from 1502 donors at Dec 31, 2010, to 1718 at March 31, 2012 (figure), which means an increase from 32.1 to 36.4 donors per million population, and with a parallel 11.6% increase in solid organ transplantation.

These results suggest that this new strategy can lead to significant increases in deceased donation even in Spain—a country with persistently high levels of organ donation. We declare that we have no conflicts of interest.

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