Health: time for the big push

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New technologies hold out the promise of dramatic health improvements in developing countries – if political will is backed by hard cash

2005 has become a turning point for global development.

The UN Secretary General’s report on the Millennium Development Goals has shown that with only ten years to go, 2005 is our last opportunity to make the investment needed to achieve the task of halving poverty by 2015 as well as all the other goals that need to be reached.

The Commission for Africa has made clear the grave consequences for the population of an entire continent if we don’t take joint action now to stop the bleeding of resources from Africa, help resolve conflicts, arrest the AIDS epidemic and other devastating diseases and foster democracy. The Commission has made clear, concrete and realistic recommendations for how we can do all this.

Lessons from the past four years have shown how a world with extreme inequalities is an insecure world and that stability, peace and sustainable development can only be secured through a more just and equitable world order. The United Kingdom and France have presented several detailed, solidly thought-through and realistic proposals for how we can drastically increase our investment in effective development assistance now so we can save money later. All these proposals are based on the commitment provided by nearly all industrialised nations to increase development assistance to a level of 0.7 per cent of gross national income by 2015. Through its presidency of the G8 this year, the United Kingdom has placed these development issues firmly at the centre of the G8’s – and therefore also the global – agenda.

Together, these developments have come together in a perfect storm. This kind of momentum for a fundamental change in the relationship between developed and developing nations – between the rich and the poor – which aims to create a truly global world where we are all responsible for the welfare of all others will not happen again for many years, even decades. It needs to be grasped now. If we succeed in providing the resources needed to turn around epidemics, cut child mortality, provide universal primary education and slow environmental degradation, the world will be more radically changed than it was with the fall of communism or even after the last World War.

Sceptics criticise this optimism as naïve. They point to decades of failed aid, corruption and seemingly irresolvable conflicts in the poorest part of the world as proof that more resources will not help.

We can make the difference

Yet, the evidence of failure is based on what in reality is only a job half done. Take health. Annual health expenditures per capita in rich countries range between US$2,000 and US$4,500. The poorest countries spend US$5 - US$15 per person on health per year. For the past decades, development aid may have increased these spending levels by perhaps US$5 or US$10. Does it make sense to then claim that because disease still persists, development assistance doesn’t work? Health economists have shown that unless a country spends
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at least US$40 per person per year, there will be little or no impact in a population’s health. The same is true for education.

As in nuclear physics, real change will only happen once spending has reached critical mass. Investments short of such a level will mostly be wasted because the problems will run away from the solution.

Malaria: a battle worth fighting
Malaria is a prime example. Today, the world spends around US$300 million on malaria control – to no avail. Deaths from malaria are increasing every year and the parasite is spreading to ever-new areas. Yet, over the past couple of years, new technologies have appeared that have cut malaria deaths by as much as 80 per cent in some areas. If these technologies could be rolled out across Africa, malaria deaths could be cut by half within less than a decade. To achieve this, however, we need to invest US$3 billion to fight malaria each year from 2007 onwards.

Expensive? Not compared to the potential gain in productivity and investments: economists have calculated that the benefits for African economies from such malaria control would be as much as US$12 billion each year.

Over the past decade, the global community has worked hard to learn from past mistakes – and best practices – on how best to transfer development assistance to poor countries in a way that provides lasting results. Relations with recipient countries have matured, and increasingly, recipient countries can better direct the aid they receive, based on their own needs and priorities. Fewer conditions are set on aid in exchange for more clearly defined targets for results. Donors are making increasing efforts to co-ordinate their assistance to each country.

Leveraging new initiatives
In addition to what will hopefully be improved bilateral development assistance, the world community has come together to create a small number of new initiatives to make development assistance as effective and responsive as possible. Due to a growing realisation that health is a prerequisite for all development, and perhaps also because health provides an easily quantifiable way of measuring results (through lives saved and morbidity reduced), it is the health sector which has seen most of these innovative initiatives.

The Global Alliance for Vaccines and Immunization (GAVI) has, over the past five years, supplied large amounts of new vaccines and additional resources to developing countries to increase immunisation rates worldwide. GAVI provides grants against agreed targets for immunisation coverage and ceases funding where results are not forthcoming, ensuring that scarce resources are not wasted.

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to provide large additional resources to the fight against the three diseases which together kill six million people every year and impede social and economic development. It has already provided US$3.6 billion to health programmes in 130 countries and is set greatly to expand this funding in the years to come. Although most grants are just over a year old, support from the Global Fund has provided more than a million people with treatment for one of the three diseases, and tens of millions more have received information or tools to protect themselves from infection. The Global Fund also provides grants based on agreed targets, and disburses money based on progress towards such targets. By providing half the funding through non-governmental institutions, the Global Fund helps increase the capacity of developing countries to absorb the new resources being made available.

A number of private foundations and public-private partnerships are channelling hundreds of millions of dollars towards developing new drugs and vaccines which are needed to fight disease in developing countries, which on their own could not afford these new products. Together, increased bilateral and multilateral aid, the new funding mechanisms, and the many private initiatives are bringing a revolution to the field of global health.

For the first time in 30 years, there is a historic shift towards the future of our children and our planet.

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