



THE LANCET

GLOBAL
HEALTH 2035

A World Converging within a Generation

#GH2035

Global Health 2035: The World Development Report 1993 at 20 Years

The World Bank's World Development Report 1993

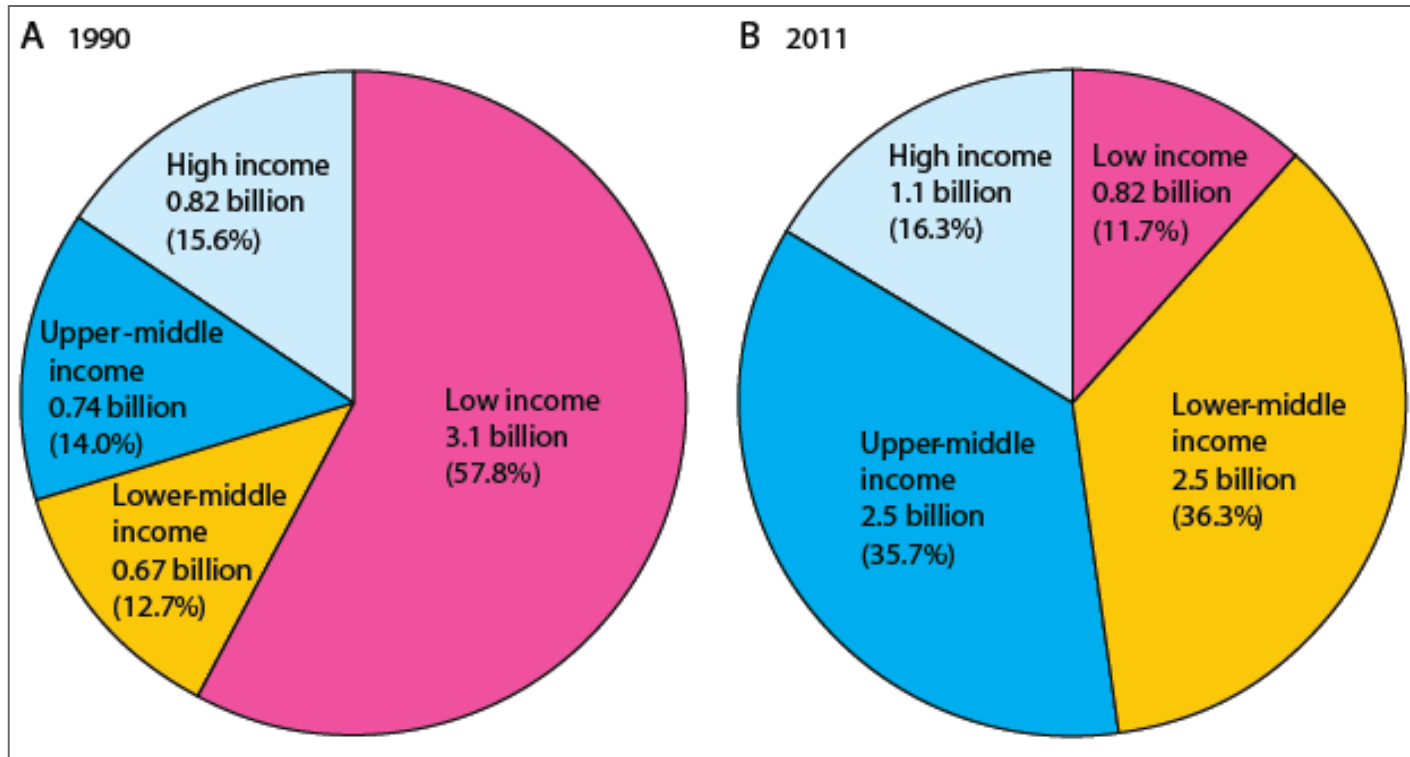
- Demonstrated that evidence-based health expenditures are an investment not only in health, but in economic prosperity
- Argued for additional resources for cost-effective interventions to address high-burden diseases



The Lancet Commission on Investing in Health

- 25 economists and global health experts re-examined the case for investing in health, chaired by Lawrence H. Summers, former Chief Economist at the World Bank and Undersecretary for International Affairs of the U.S. Department of Treasury
- Proposes a health investment framework for low- and middle-income countries
- Provides a roadmap to achieving gains in global health through a 'grand convergence'

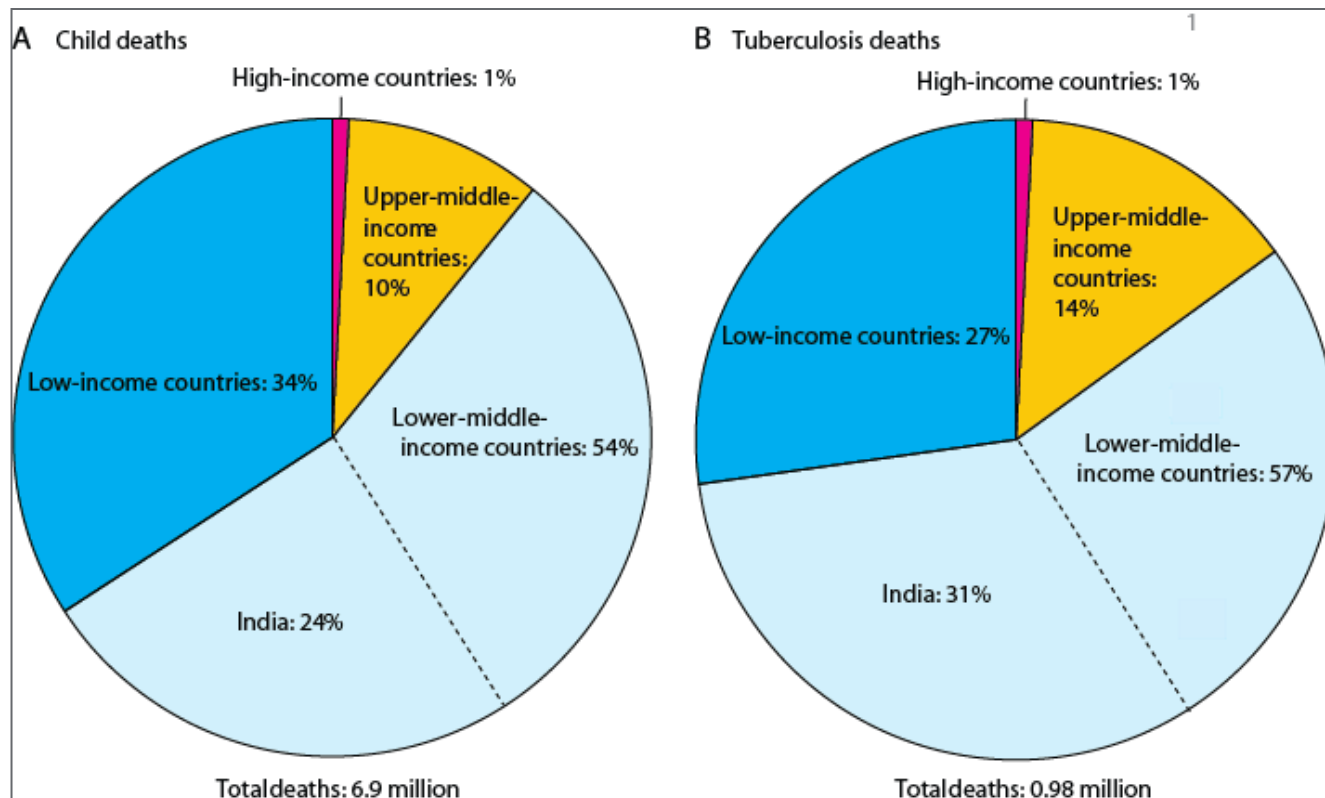
1993-2013: Extraordinary Economic Progress



Movement of populations from low income to higher income between 1990 and 2011

2013-2035: Global Health Challenges

Child deaths and infectious diseases by country income level, 2011



Worldwide distribution of child deaths and TB deaths by country income level

Global Health 2035: Key Messages

There is an enormous payoff from **improvements in health.**

A '**grand convergence**' in health is achievable within our lifetime.

Fiscal policies are a powerful and underused lever for curbing of non-communicable diseases and injuries.

Progressive pathways to **universal health coverage** are an efficient way to achieve health and financial protection.

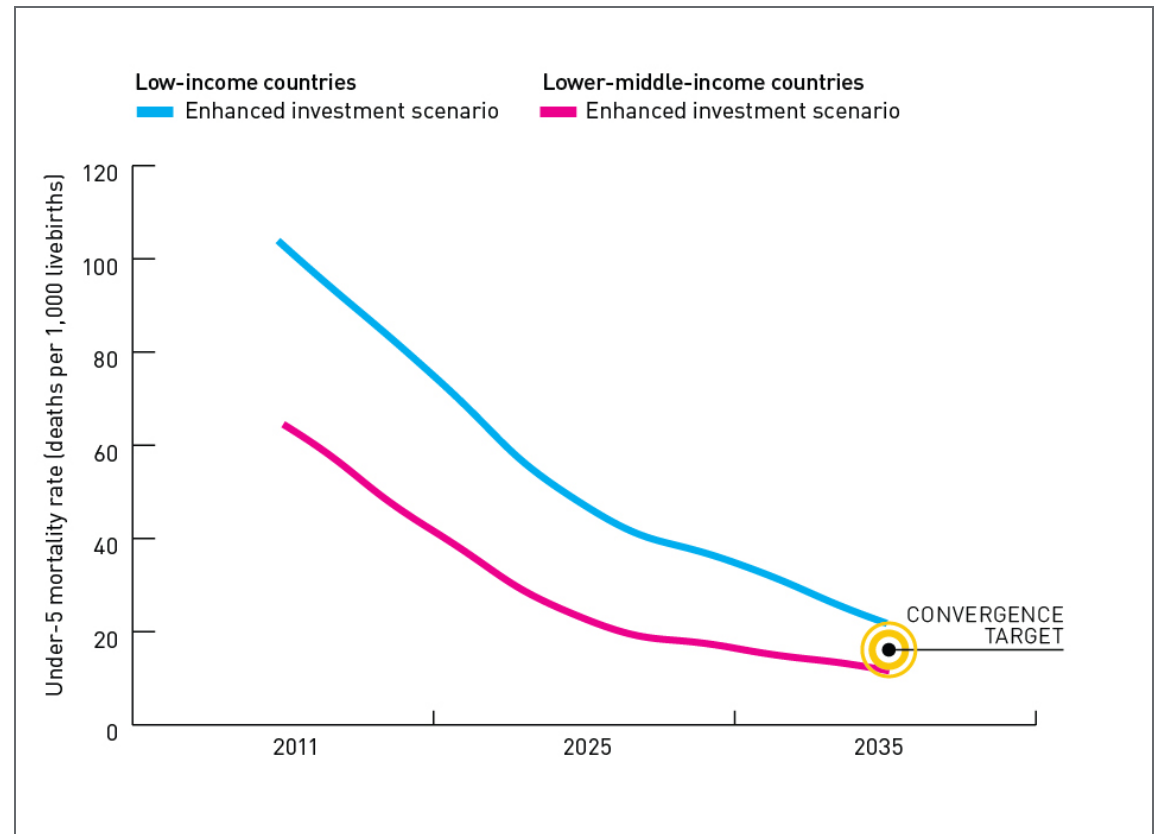
Full Income: A Better Way to Measure the Returns from Investing in Health



- Across LICs and LMICs, health contributed to **annual growth in full income by about 1.2% per year** of the initial value of GDP for the period 1990–2000 and **1.8% per year** in the period 2000–2011.
- The **economic benefits of convergence** would exceed costs by a factor of about 9 in LICs and around 20 in LMICs.

A Grand Convergence is Achievable by 2035

With enhanced investment, we could achieve a **grand convergence** in global health in the next generation – bringing deaths from infections and RMNCH conditions in LICs and MICs down to rates in the best-performing MICs.



Interventions Included in Convergence Model

RMNCH

Pregnancy related interventions;
Abortion & complications;
Family planning; Diarrhoea
management; Pneumonia
treatment; Immunisation;
Nutrition

HIV

Prevention activities;
Management of opportunistic
infections; Care and treatment;
Collaborative tuberculosis-HIV
treatment

Malaria

Treatment with appropriate
drugs; Long-lasting insecticidal
bed nets; Intermittent
presumptive treatment in
pregnancy

Tuberculosis

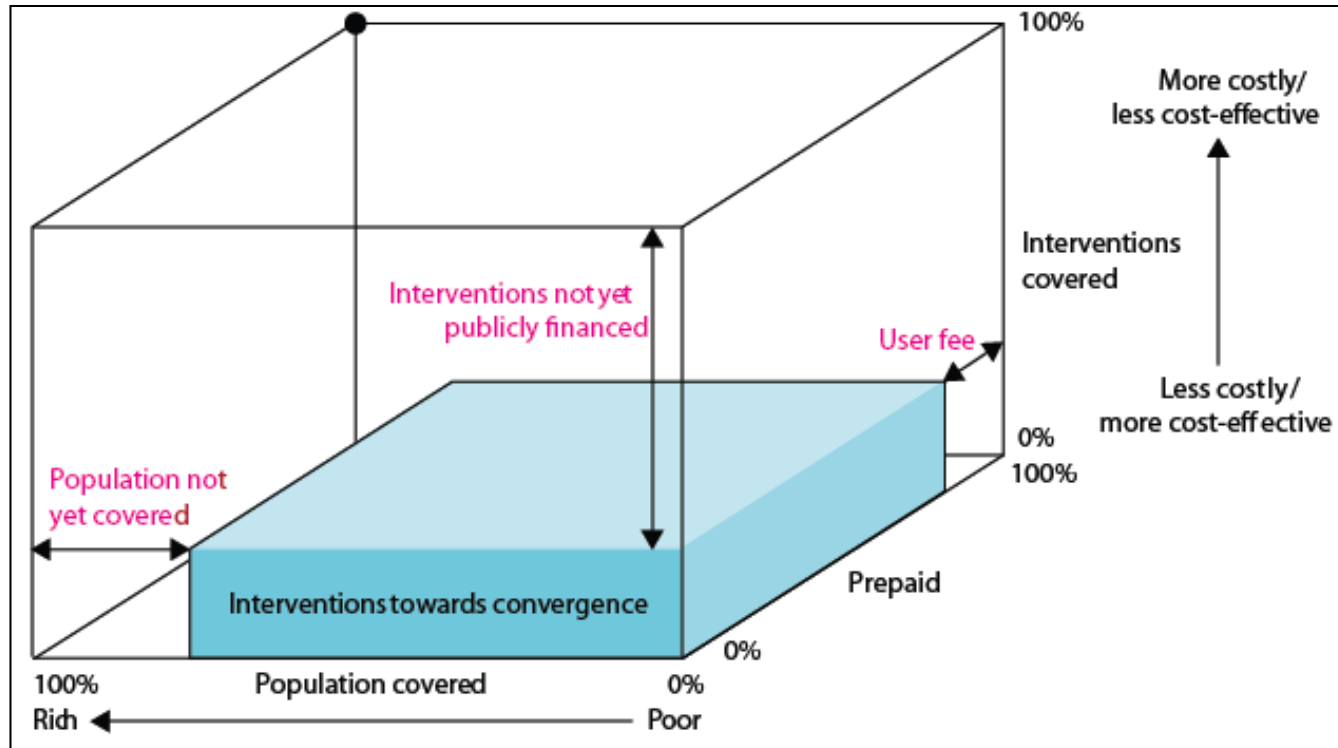
Diagnosis, care and treatment of
drug-sensitive TB; Diagnosis,
care and treatment of
multidrug-resistant TB

Neglected Tropical Diseases

Interventions to control:
lymphatic filariasis,
onchocerciasis, schistosomiasis,
trachoma, soil-transmitted
helminths

Progressive Universalist Pathways to UHC

Protect the Poor from the Outset



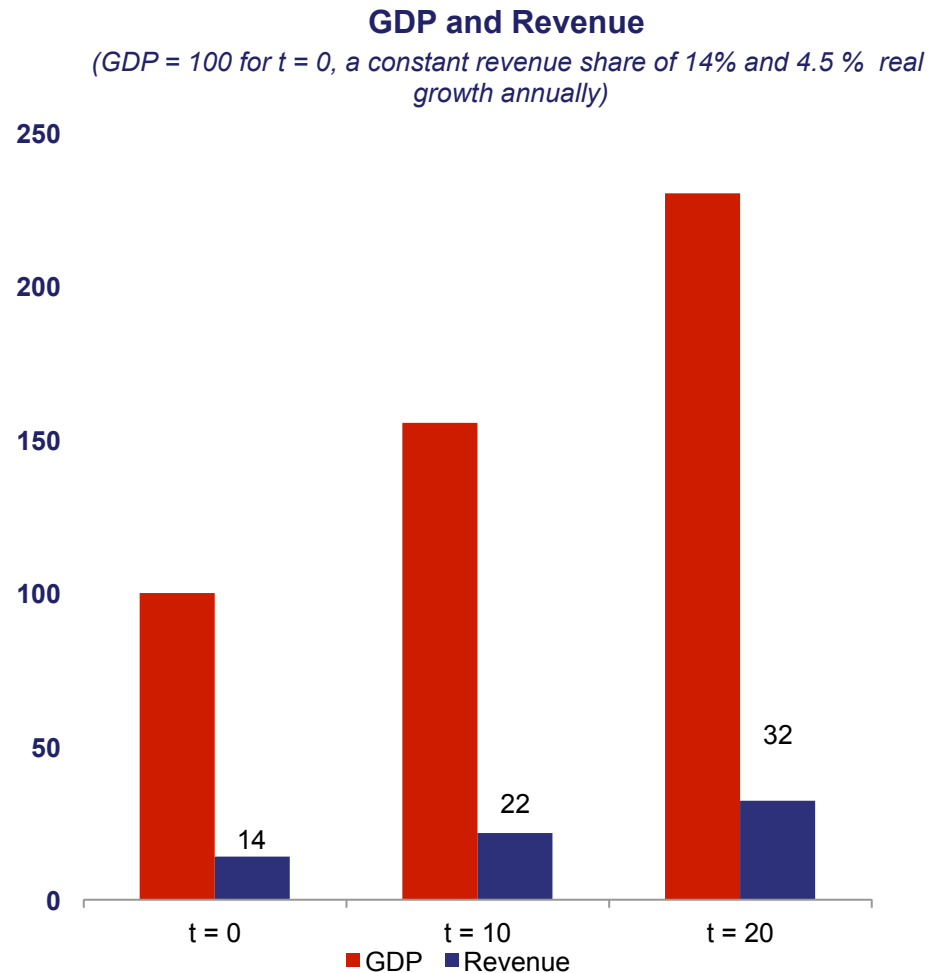
Pathways toward universal universal health coverage

Financing Convergence

	Scenario 1 (realistic scenario)	Scenario 2 (optimistic scenario)
Growth in domestic health spending from now to 2035, as a proportion of GDP	2% → 3%	2% → 4%
Allocation of this increase to the convergence agenda	2/3	2/3
Incremental cost of convergence in the year 2035	US \$30 billion	US \$30 billion
Contribution of domestic versus external financing in the year 2035	Domestic: US \$21 billion External: US \$9 billion	Domestic: US \$30 billion External: US \$0

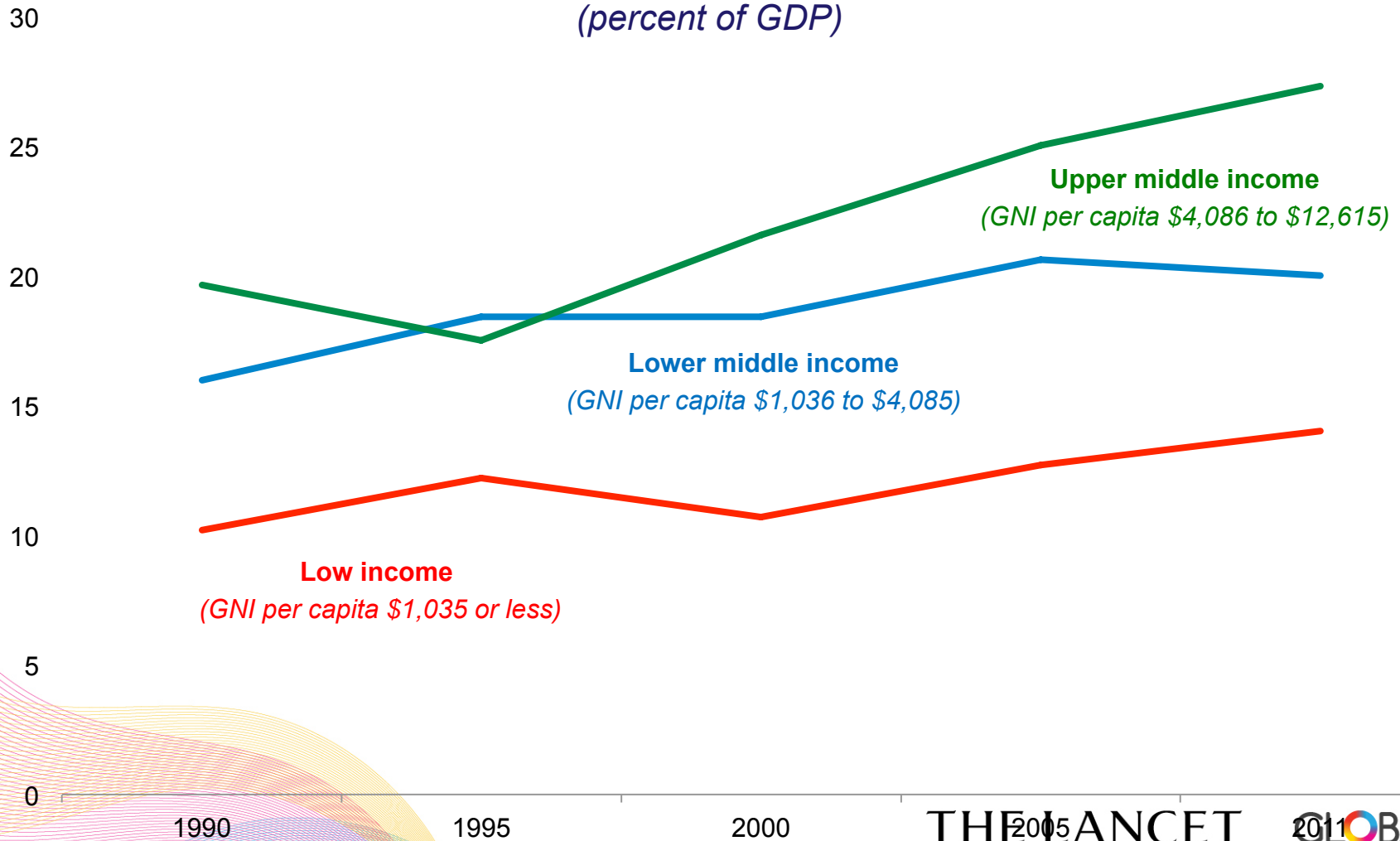
Economic Growth

- During 1990 to 2011, economic growth averaged between 3.9% and 5.1% for different country groups
- Going forward, growth above 4% is forecast. At 4.5% growth, there is more than a doubling of revenues in 20 years



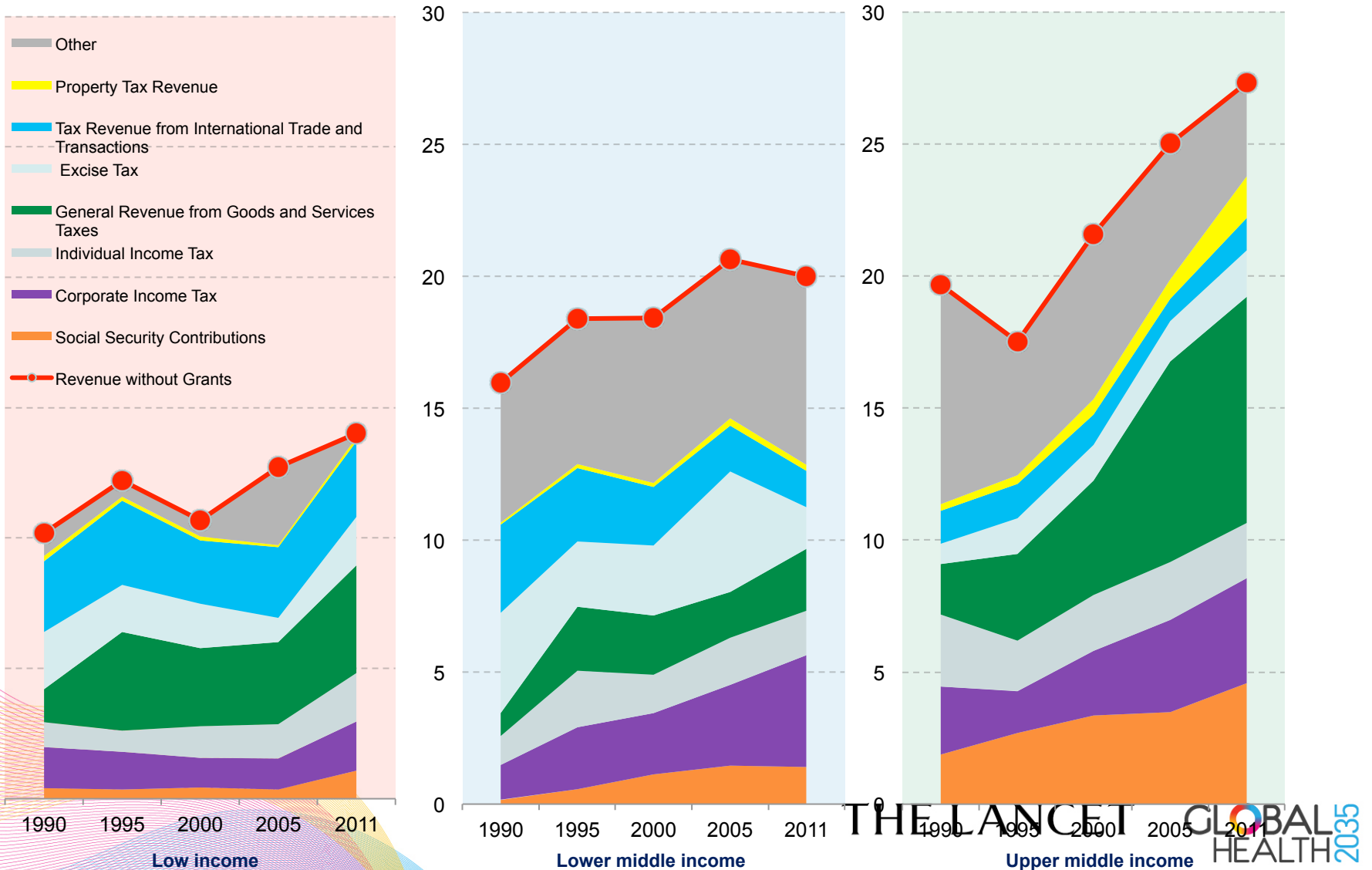
Mobilization of Domestic Resources

Government Revenue (without grants) by Country Group* 1990-2011
(percent of GDP)



*The World Bank Country Classification

Government Revenue Composition 1990-2011 (percent of GDP)



Budgetary Reallocations and Efficiency Gains

- Reallocate fiscal resources from unproductive to productive/high-priority spending, including health
 - Large energy subsidies on air-polluting fuels (e.g.,3.5 % of GDP in sub-Saharan Africa; governments there spend more on subsidies than on health)
- Scope for efficiency gains within health sector
 - Some potential for increasing efficiency in the sector; this could free resources for expanding critical health services, thus improving health outcomes

External Resources

- Need for external resources to finance convergence will depend on the increase in health spending from current levels
- Two scenarios: public health spending rises to 3% of GDP or 4% of GDP
 - Only under 3% scenario would LICs need external support. In lower-middle-income countries, domestic resources and non-concessional loans from World Bank and regional development banks are likely to suffice

Conclusions

- UHC is technically possible
- UHC is financially possible
- Even in LICs.. not an aid agenda
- Institutions, Incentives and Politics

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1958-2015

