



### POLICY BRIEF #4: OPPORTUNITIES FOR LOW- AND MIDDLE-INCOME COUNTRIES

*Global Health 2035: A World Converging within a Generation* lays out a roadmap to achieving dramatic gains in global health through a grand convergence around infectious, maternal and child mortality; major reductions in the incidence and consequences of non-communicable diseases (NCDs) and injuries; and the promise of universal health coverage (UHC).

Global Health 2035 is a global vision, but it will ultimately be realized at the national level—through programs and policies implemented in low- and middle-income countries. Global Health 2035 outlines a detailed investment framework for national governments to meet these goals within a generation.

#### Global Health 2035: A Call to Action for National Governments

##### Achieving a grand convergence in global health

Global Health 2035 outlines a path for low- and lower-middle-income countries to rapidly reduce mortality rates to universally low levels within a generation (a “grand convergence” in global health). Achieving such convergence would avert about 10 million deaths in the year 2035 alone. The 2035 convergence goals are summarised as “16-8-4”—reducing under-5 mortality to 16 per 1,000 livebirths, reducing annual AIDS deaths to 8 per 100,000 population and reducing annual tuberculosis (TB) deaths to 4 per 100,000 population. National governments can make progress towards meeting these targets through the following steps:

- Aggressively scale-up disease control tools.** Achieving convergence will require scaling up new and existing tools to tackle HIV/AIDS, TB, malaria, neglected tropical diseases and maternal and child health conditions. Early investment in scaling up family planning and vaccines will have a strong cascade effect, helping to quickly offset costs by yielding significant savings. Countries would also see a cascade effect from early investment in HIV prevention and treatment, which would in turn reduce TB infections and deaths. Scale-up of health tools will best be achieved through a “diagonal” approach—that is, strengthening health systems in ways that specifically improve capacity to tackle the highest burden health challenges.
- Focus on high-burden settings.** About two-thirds of child deaths, AIDS deaths and TB deaths now occur in middle-income countries. Achieving convergence therefore demands action that goes beyond low-income countries to also focus on poor, rural populations of middle-income countries.

LOW-INCOME COUNTRIES	LOWER MIDDLE-INCOME COUNTRIES
<b>Deaths averted in 2035</b>	
about 4.4 million	about 5.7 million
<b>Approximate incremental cost per year</b>	
First 10 years: US \$23 billion	US \$38 billion
Second 10 years: US \$27 billion	US \$53 billion
Per capita cost in 2035: US \$24	US \$20
<b>Proportion of incremental costs devoted to health systems improvements</b>	
First 10 years: 70%	40%
Second 10 years: 60%	30%
<b>Proportion of health gap closed from scale-up of existing tools</b>	
2/3	4/5
<b>Benefit to cost ratio of the enhanced investment scenario, using full income approach (2015-2035)</b>	
9	20

**Table 1:** Impacts and costs of achieving convergence by 2035

- Increase domestic spending on health.** Though the incremental costs of achieving convergence are high (Table 1), Global Health 2035 estimates that the benefits will exceed costs by a factor of about 9 in low-income countries and around 20 in lower-middle income countries, making the investment very attractive. Projected economic growth in middle-income countries will allow these governments to finance convergence entirely from domestic sources. While low-income countries will require some external assistance, they will be able to finance most of the incremental cost of achieving convergence domestically (see Table 2 for two possible scenarios for the growth in domestic spending on health in low-

income countries). In addition to economic growth, other sources of domestic financing for convergence include taxation of tobacco, removal of subsidies on fossil fuels and efficiency gains within the health sector.

### Curbing non-communicable diseases and injuries

	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

**Table 2:** Financing convergence in low-income countries under two different scenarios of rising domestic health spending

As low- and middle-income countries reduce deaths from infections and maternal and child health conditions, they then accelerate the shift in their disease burden to NCDs and injuries in adults and older people. Global Health 2035 lays out steps that low- and middle-income countries can take today to delay the onset of NCDs and thus reduce premature illness and deaths.

- **Tax tobacco, alcohol and other harmful substances.** Over 100 studies, many conducted in low- and middle-income countries, have shown that taxation has a major impact on rates of smoking, one of the world’s most important NCD risk factors. There is also increasing evidence of the benefits of taxing other harmful substances, such as alcohol and sugar-sweetened beverages. Such taxes can be a significant source of government revenue. Taxes and price increases need to be substantial in order to achieve the desired fall in consumption. These taxes are pro-poor in the sense that the poorest sector of the population experiences the largest share of health benefits and increased longevity.
- **Enact legislation and regulation.** Legislation and regulation can also play an important role in curbing NCDs and injuries. Bans on tobacco and alcohol advertising, elimination of trans fats in the diet, designation of smoke-free public places, restrictions on access to retail alcohol and the establishment and enforcement of drink-driving laws are important elements of comprehensive efforts to reduce the risks from tobacco smoking and alcohol use.
- **Reduce subsidies on fossil fuels.** In many low- and middle-income countries, cutting fuel subsidies could reduce air pollutants that contribute to NCDs, and free up public resources that could be directed towards health. In Bangladesh, Indonesia, and Pakistan, energy subsidies are currently higher than public spending on health and education.
- **Scale up low-cost packages of interventions and invest in the health system.** The burden of illness and deaths from NCDs and injuries can be reduced substantially by increasing the availability of drugs, technologies and clinical procedures to address NCDs, reduce preventable injuries, and manage their impact. In countries with weak infrastructure for delivery of clinical tools, scale-up should start with highly effective interventions that are cost effective, such as drugs for treating or preventing cardiovascular disease.

### Achieving universal health coverage

Access to essential, life-saving health interventions can be enhanced—and progress towards Global Health 2035 can be accelerated—through UHC. Global Health 2035 recommends that national governments take one of two progressive pathways toward UHC which commit to covering the poor from the outset (“progressive universalism”). In the first, publicly financed insurance would cover essential health-care interventions to achieve convergence and tackle NCDs and injuries. This pathway would directly benefit the poor, since they are disproportionately affected by these problems. The second pathway provides a larger benefit package, funded through a range of financing mechanisms (e.g. payroll taxes, insurance premiums, copayments), with poor people exempted from all payments.

**Global Health 2035: A World Converging within a Generation** was written by *The Lancet* Commission on Investing in Health – an international multi-disciplinary group of 25 commissioners, chaired by Lawrence H. Summers and co-chaired by Dean Jamison.

The full report was published in *The Lancet* on 3 December 2013 and can be found at [www.globalhealth2035.org](http://www.globalhealth2035.org).