Increasing Investments in Health Outcomes for the Poor

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Mobilization of Domestic and Donor Resources for Health: A viewpoint

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World Health Organization
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The state of health in the world’s poorest countries is more than a human tragedy. It is an economic catastrophe. Millions of impoverished people die every year of conditions that can be readily prevented or treated with existing technologies. These tragic deaths—and the enormous economic and social costs associated with them—reflect the basic fact that essential life-saving health services are out of reach of hundreds of millions of the world’s poor. Without extending these life-saving interventions, poverty is likely to be exacerbated and to be passed to the next generation, with enormous and pervasive economic costs.

In graduate school I was taught that poor people live "on the edge of survival." This is not exactly right. Poor people are not living on the edge of survival; they are falling right over the edge, and by the millions. We're living in a world where millions of people are dying every year because they are too poor to stay alive, in the midst of the greatest affluence and technological capacity in the history of the world. The premature mass deaths of the poorest of the poor are absolutely unnecessary, absolutely avoidable.

To address this global tragedy, the Commission of Macroeconomics and Health (CMH) was launched in 2000 by the World Health Organization to analyze the impact of health on development and to examine ways in which health-related investments could address the crisis of mass premature death and thereby spur economic development. The Commission focused its work on the world’s poorest people, in the world’s poorest countries, to develop specific recommendations that would save lives, reduce poverty, and spur economic growth through a scaling up of investments in the health sector of these countries.

The findings of the Commission are both stark and encouraging. First, it will take a lot of money and much more political and organizational effort than has been seen in the past generation to accomplish the tasks at hand. Second, the Commission called for greater policy efforts in the low-income countries, from which, with the needed political leadership, budgetary resources for public health might rise by perhaps 1% to 2% of GNP during the period to 2015. For a poor country at US$ 300 per capita, that would US$ 6 per person per year in health spending, important but far from enough to ensure widespread access to essential health services. This suggests that donor funding will indeed be needed to close the gap. The Commission found that donor support should rise from the current level of around $3 billion per year for health in low-income countries to around $27 billion by 2007.

This added donor funding needs to be put in perspective. $27 billion amounts to around 0.1% of donor GNP—one penny for every $10 of income. This modest
sum, if matched by the increase within the low-income countries themselves, we provide enough financing to avert around 8 million deaths per year by the end of this decade. The reduction in human suffering would be enormous. The economic gains would also be striking, around the order of US$ 360 billion per year during the period 2015-2020, several times the costs of scaling up the health interventions themselves.

The message, in essence, is that today, for the first time in history, the world has the capacity to end the suffering and death of millions every year, suffering and death that are the consequence of absolute poverty. Ministries of health, international organizations, and leaders in the cause of global health will be in the front lines in overcoming these health crises, fighting a lack of attention and political will, and the lack of adequate financial commitment from the rich world. Many people think it naive to believe in the possibility of seriously addressing absolute poverty in our generation. But it can be done. The CMH put the price tag on what it would cost to meet these health challenges, and demonstrated rigorously and shockingly how little it would take to overcome the current crisis and despair.

The future depends wholly on our choices. Whether we are able to appreciate the extent of our wealth and its ability to solve problems, whether we are able to recognize our common stakes, whether we are able to bring to bear our vast scientific knowledge and whether, therefore, we are able to get the job done. This is a question of human choice, not simply a matter to forecast. We will need all hands to succeed.

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