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MAKING A DIFFERENCE

A century of remarkable progress has revolutionized the health conditions of most of humanity. Among high income countries, life expectancy increased by 30 to 40 years in this period. Most of today's low and middle income countries have experienced even more dramatic gains, gains that have transformed quality of life and contributed to economic growth.

Yet, as this report has documented, over a billion people will enter the 21st century without having shared in these gains: their lives remain short and scarred by disease. Many others fail to realize their full potential for better health because health systems allocate resources to interventions of low quality or of low efficacy related to cost. Increasing numbers of people forego or defer essential care or suffer huge financial burdens resulting from an unexpected need for expensive services. The continuing challenges to health ministries and to countries thus remain enormous. Meeting those challenges will make a major difference in the quality of life worldwide. And the difference for the poor will not only be in improving their quality of life, but also, through increasing their productivity, in addressing one of the root causes of poverty.

Global leadership and advocacy for health remain critical missing ingredients in the formula for progress. The heart of both Roll Back Malaria and the Tobacco Free Initiative is global leadership. Advocacy, a function of leadership, is required to convey evidence to prime ministers and finance ministers on how investments in the health of the poor can enhance growth and reduce poverty.

With successful leadership the world could end the first decade of the 21st century with notable accomplishments. Most of the world's poor would no longer suffer today's burden of premature death and excessive disability, and poverty itself would be much reduced. Healthy life expectancy would increase for all. Smoking and other risks to health would fade in significance. The financial risks of unexpected medical needs would be more fairly shared, leaving no household exposed to economic ruin as a result of health expenditure. And health systems would respond with greater compassion, quality and efficiency to the increasingly diverse demands they face. Progress in the 20th century points to the feasibility of reaching these goals. Compressing the time required to accomplish these results is the challenge to leadership in the 21st century.

The potential is there. This report has argued that the tools exist, despite the scale of the challenges before us, to achieve great progress within the first decade of the coming century. What, specifically, are the main challenges?

- First and foremost, *there is a need to reduce greatly the burden of excess mortality and morbidity suffered by the poor.* The OECD's Development Assistance Committee has established the target of halving the number of people living in absolute poverty by the year 2015. This goal is attainable but it will require major shifts in the way that governments all over the world use their resources. It will mean focusing more on interventions that can achieve the greatest health gain possible within prevailing resource limits. It will mean giving renewed attention to diseases like tuberculosis, which disproportionately affect poor people, as well as malaria and HIV/AIDS, which are major constraints to economic growth.

Women and children suffer poverty more than men; there is therefore a need for greater investments in reducing maternal mortality – and finding ways of improving maternal and childhood nutrition. Reducing the burden of excess mortality and morbidity also means revitalizing and extending the coverage of immunization programmes – still one of the most powerful and cost-effective technologies available. The eradication of poliomyelitis in the Americas in the past decade, and great progress in control elsewhere, hold out the promise that poliomyelitis will join smallpox as a disease known only to history.

- Second, *health systems must proactively counter potential threats to health* resulting from economic crises, unhealthy environments or risky behaviour. Tobacco addiction is perhaps the single most important of these threats. A global commitment to tobacco control – the goal of the Tobacco Free Initiative – can potentially avert scores of millions of premature deaths in the next half century, and its success can point the way for effective control of other threats. Preparing effective responses to emerging infections and countering the spread of resistance to antimicrobials will help insure against the prospect of a significantly increased infectious disease threat. Beyond countering specific threats, promotion of healthy lifestyles underpins a proactive strategy for risk reduction: cleaner air and water, adequate sanitation, healthy diets and safer transportation – all are important. And all are facilitated by stable economic growth and by ensuring that females as well as males have opportunities to increase their educational attainment.
- Third, *there is a need to develop more effective health systems.* In many parts of the world, health systems are ill-equipped to cope with present demands, let alone those they will face in the future. The institutional problems which limit health sector performance are often common to all public services in a country. But despite their importance, they have been relatively neglected by governments and development agencies alike. Dealing with issues such as pay and incentives in the public sector, priority setting and rationing, and unregulated growth in the private sector constitute some of the most challenging items on the international health agenda.

Limits exist on what governments can finance and on their capacity to deliver services. Hence the need for public policies that recognize these limits. Governments should retain responsibility for setting broad policy directions, for creating an appropriate regulatory environment, and for finance. At the same time they should seek both to diversify the sources of service provision and to select interventions that, for the resources each country chooses to commit, will provide the maximum gains in health levels and their most equitable distribution.

- Finally, *there is a need to invest in expanding the knowledge base* that made the 20th century revolution in health possible, and that will provide the tools for continued gains in the 21st century. Governments of high income countries and large, research-oriented pharmaceutical companies now invest – and will continue to invest – massive resources in research and development oriented to the needs of the more affluent. Much of this investment benefits all humanity, but at least two critical gaps remain. One concerns research and development relevant to the infectious diseases that overwhelmingly afflict the poor. The other concerns the systematic generation of an information base that countries can use in shaping the future of their own health systems.

These challenges provide a sense of direction – for national governments, for members of the international community and for WHO as well. Each of these diverse actors will have its own specific needs, values and capacities; and each may find some of the challenges of little relevance to its own circumstances. What is important for each, however, is to focus its resources where they can make a difference.

The financial resources for health lie overwhelmingly *within* countries. Responsibility for success (or failure) thus lies ultimately with governments. Only a tiny fraction of resources for health in low and middle income countries originates in the international system – development banks, bilateral development assistance agencies, international nongovernmental organizations, foundations and WHO. Health spending in low and middle income countries in 1994 totalled about \$250 billion, of which only \$2 or 3 billion was from development assistance (1,2). For WHO to make a difference it must therefore focus its country work where the health gains will be highest. Two general guidelines will assist in achieving that focus.

First, concentrating technical assistance on countries with a shared strategic vision will enhance impact. Outsiders should avoid imposing their own perspectives but, rather, support projects and policies to which governments are committed. Concentrating resources on poor countries or vulnerable groups without alternative sources of finance will also amplify impact. A World Bank review of what works in development assistance – and of what fails – found strong support for these principles (3). When development assistance was used to support governments with sound policies it contributed significantly to economic growth and poverty reduction, particularly in poorer countries. But when external actors pushed against the grain of weak national policies they failed. The World Bank further concluded that far too much development assistance has indeed been wasted for just this reason. If WHO is to make a difference the implication is clear: concentrate country-specific technical assistance for health on countries whose policies reflect a shared vision of reaching the poor and of efficiency in health system development.

Second, the international community should avoid using its resources for what individual countries can do for themselves. International resources should, instead, concentrate on functions where international collective action is required (4). These tasks include:

- global leadership and advocacy for health;
- generating and disseminating an evidence and information base for all countries to use;
- catalyzing effective global disease surveillance (as is currently done with influenza, to take an important example);
- setting norms and standards;
- targeting specific global or regional health problems where the concerted action of countries is required (for example, eradication of poliomyelitis);

- helping to provide a voice for those whose health is neglected within their own country or who are stateless;
- ensuring that critical research and development for the poor receives finance.

Making a difference for countries entails – for WHO as for others – focusing the agenda on where the return is highest. This will sometimes be country-specific technical assistance but, more often, working *with* countries on an agenda of common interest will make a greater difference.

REFERENCES

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