



POLICY BRIEF #1: ACHIEVING A GRAND CONVERGENCE IN GLOBAL HEALTH

Despite dramatic improvements in global health in recent years, most preventable deaths still occur in low- and lower-middle-income countries. *Global Health 2035: A World Converging within a Generation* calls for the world to begin closing the global health gap through a “grand convergence”—a bold new strategy to bring infectious, maternal and child deaths down to universally low levels within a generation.

The precedent for convergence

History shows that even poor countries can achieve rapid declines in death rates by investing in health. Global Health 2035 points to the “4C countries”—Chile, China, Costa Rica and Cuba—which started off at similar levels of income and mortality as today’s low-income countries, but all sharply reduced their preventable deaths by 2011 and are now among the best-performing middle-income countries.

Global Health 2035 outlines a path for today’s low- and lower-middle-income countries to achieve similar rates of dramatic progress, reaching levels of mortality seen today in the 4C countries, and averting about 10 million deaths in 2035. The 2035 convergence goals are summarised as “16-8-4”—reducing under-5 mortality to 16 per 1,000 livebirths (see figure 1) reducing annual AIDS deaths to 8 per 100,000 population and reducing annual tuberculosis (TB) deaths to 4 per 100,000 population.

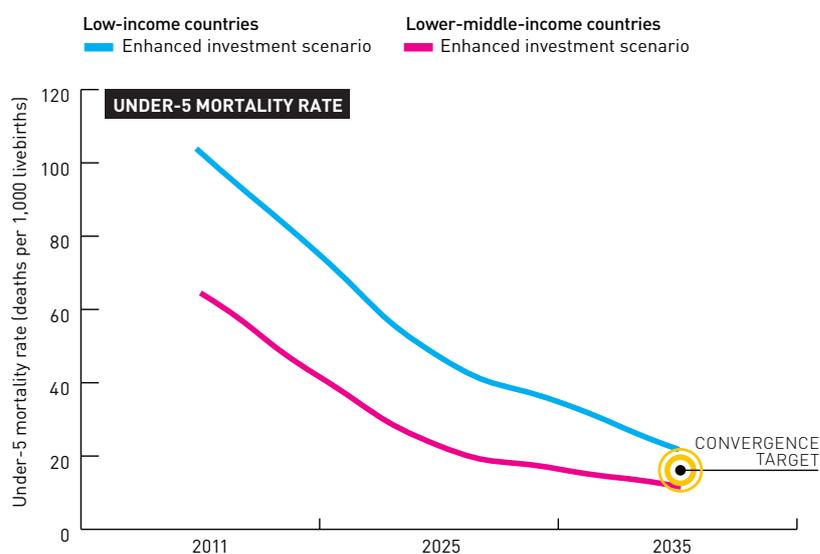


Figure 1: Impact of enhanced health investments on under-five mortality rate in low- and lower-middle-income countries

Global Health 2035: A Call to Action

With the right investments in strengthening health systems and developing new tools and technologies—especially potentially game-changing vaccines, diagnostics and drugs—nearly all countries could reduce their infectious, maternal and child death rates to low levels by 2035. Global Health 2035 lays out a new integrated investment framework for national governments and the international community to achieve these goals within a generation.

Opportunities for national governments

- Aggressively scale-up disease control tools.** The governments of low- and middle-income countries have a tremendous opportunity to achieve the “16-8-4” convergence goal by scaling up existing and new 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 rather than in low-income countries. Achieving convergence therefore demands action that goes beyond low-income countries to also focus on poor, rural sub-populations of middle-income countries.
- **Increase domestic spending on health.** The expected economic growth of middle-income countries will easily allow these countries to finance convergence entirely from domestic sources. While low-income countries will require some external assistance, they should be able to finance most of the incremental cost of achieving convergence themselves. Box 1 projects two possible scenarios for the growth in domestic spending on health in low-income countries—a “realistic scenario” in which countries increase health spending from current levels (2% of GDP) to 3% of GDP by 2035; and an “optimistic scenario” in which countries increase health spending to 4% of GDP by 2035. 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.

The incremental costs of achieving convergence are high—for example, in low-income countries, convergence would require an additional US \$23 billion/year from 2016-2025 and an additional US \$27 billion/year from 2026-2035. However, 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. This benefit cost ratio makes the investment highly attractive.

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

Opportunities for the international community

- **Finance global public goods (GPGs), particularly research and development (R&D), and control of externalities.** Today’s health tools, which are mostly based on R&D that occurred many decades ago, will not be sufficient to achieve convergence. The international community should direct a major portion of its health aid toward discovery, development and delivery of new tools to tackle infections and child and maternal health conditions. Funding for such R&D should be doubled from current levels (US \$3 billion/year) to US \$6 billion/year by 2020, with half the additional funding coming from middle-income countries. Such support should include funding rigorous evaluations of which delivery approaches are successful and which are not in the real world (“learning by doing”). The international community should also support efforts to mitigate the threat of pandemic influenza and to tackle the global crisis of antibiotic resistance.
- **Provide transitional financing to selected countries.** Some low-income and lower-middle-income countries will continue to require external financial assistance to scale up tools for achieving convergence. Eliminating malaria and combating drug-resistant TB and the threat of drug-resistant malaria will, in some cases, require assistance to middle-income countries.
- **Support capacity building within international institutions.** Global Health 2035 argues forcefully for the international health community to return to supporting its “core functions”—providing GPGs, managing cross-border externalities, and providing technical leadership and stewardship. International institutions will require additional financing, and in some cases restructuring, if they are to refocus their attention toward these functions.

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.lancet.com.