Global Health 2035: Report of the Lancet Commission on Investing in Health

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Presentation at U.S. Agency for International Development, April 7, 2014

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Dean T. Jamison, Lawrence H. Summers, et al
December 3, 2013

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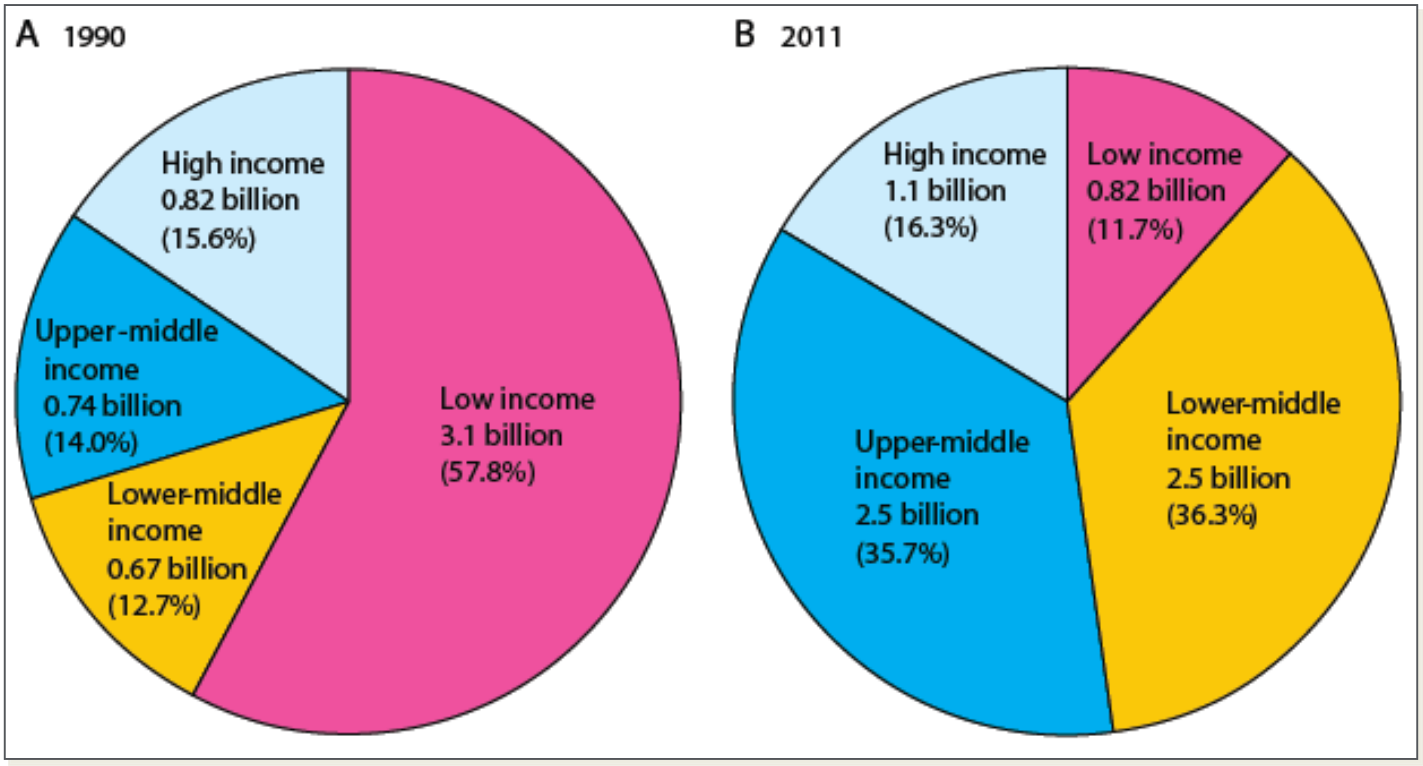
1993-2013: Extraordinary Health & Economic Progress



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

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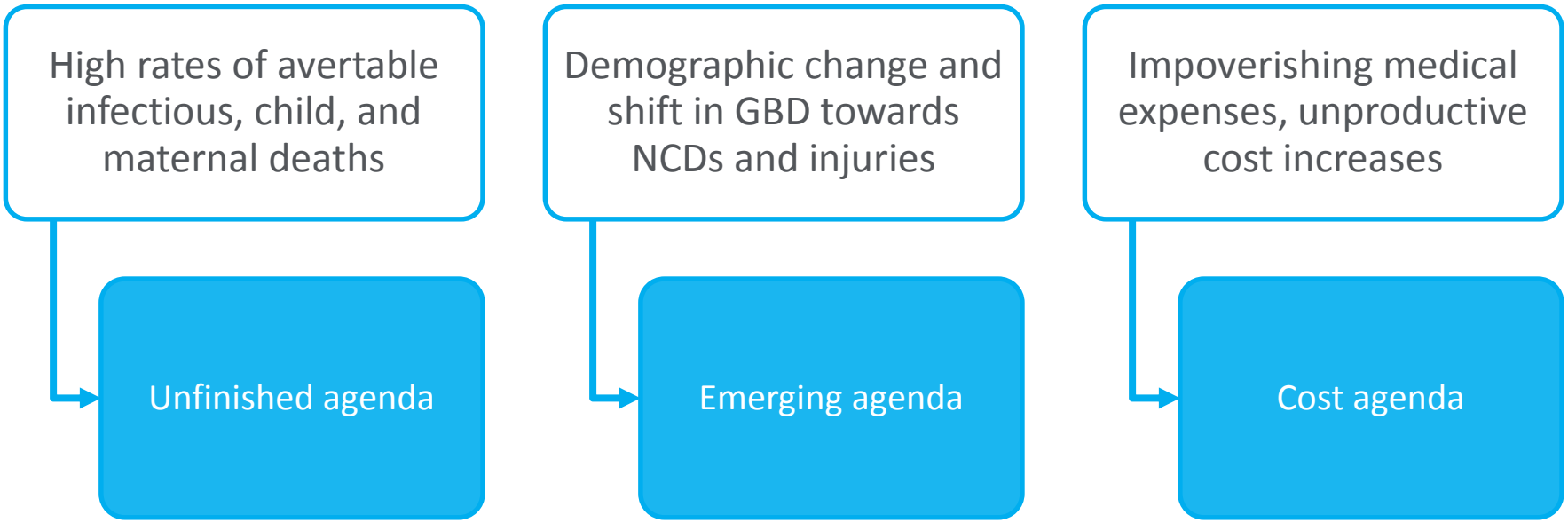
2015-2035: Three Domains of Health Challenges



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Global Health 2035: 4 Key Messages

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

The **returns from investing in health** are extremely impressive

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

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

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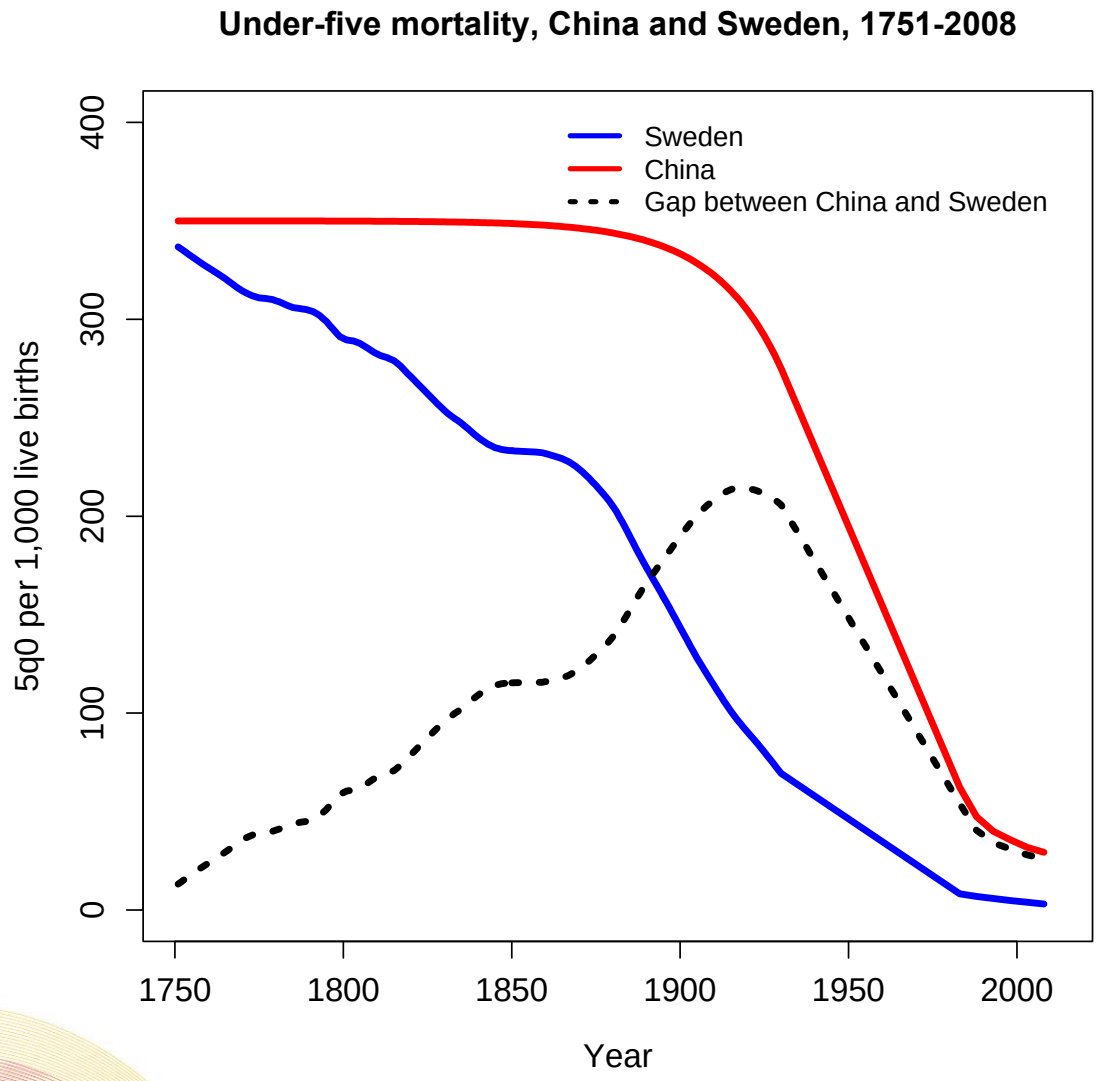
Two Centuries of Divergence; '4C Countries' Then Converged



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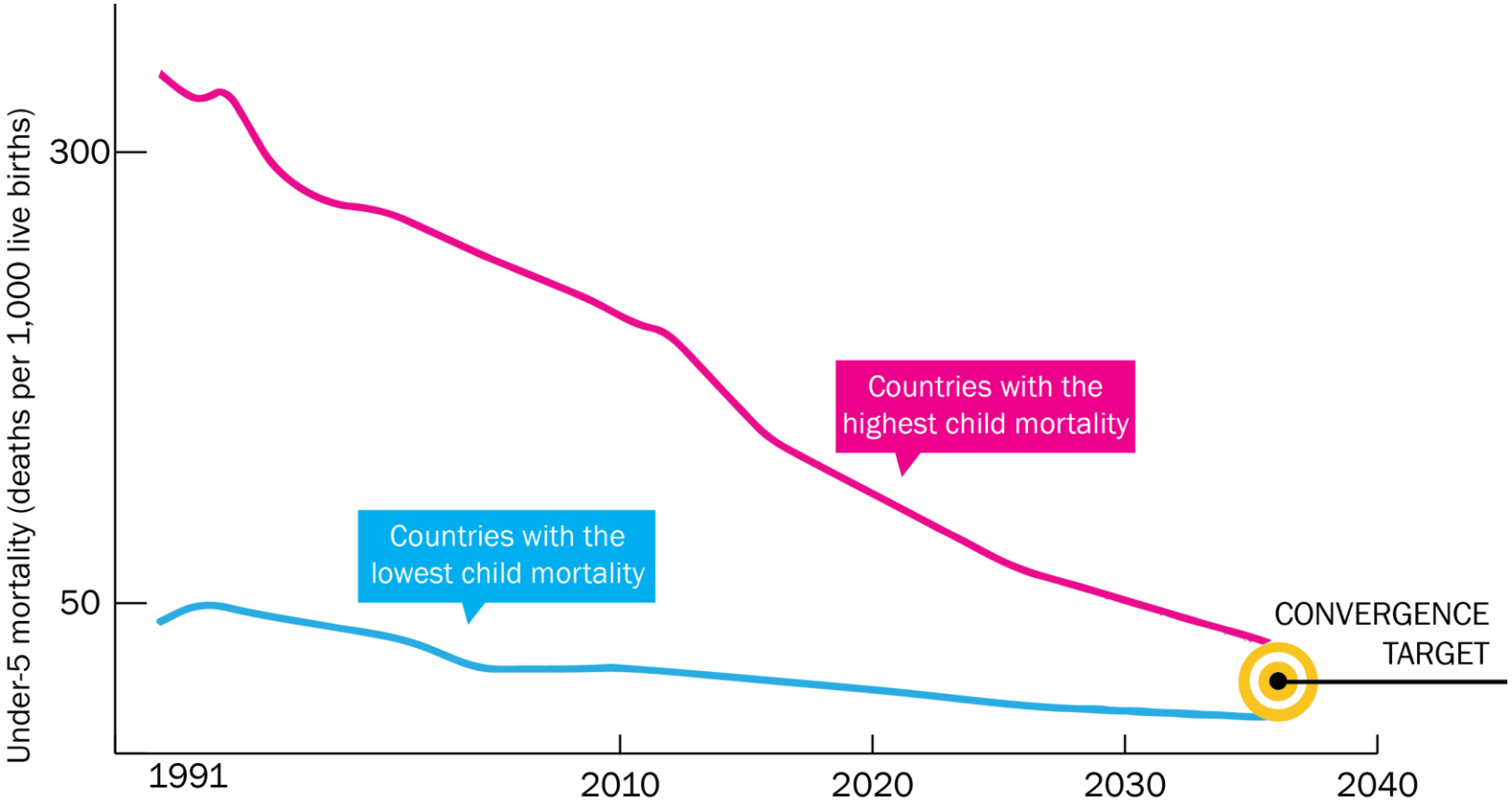
Now on Cusp of a Historical Achievement: *Nearly All Countries* Could Converge by 2035



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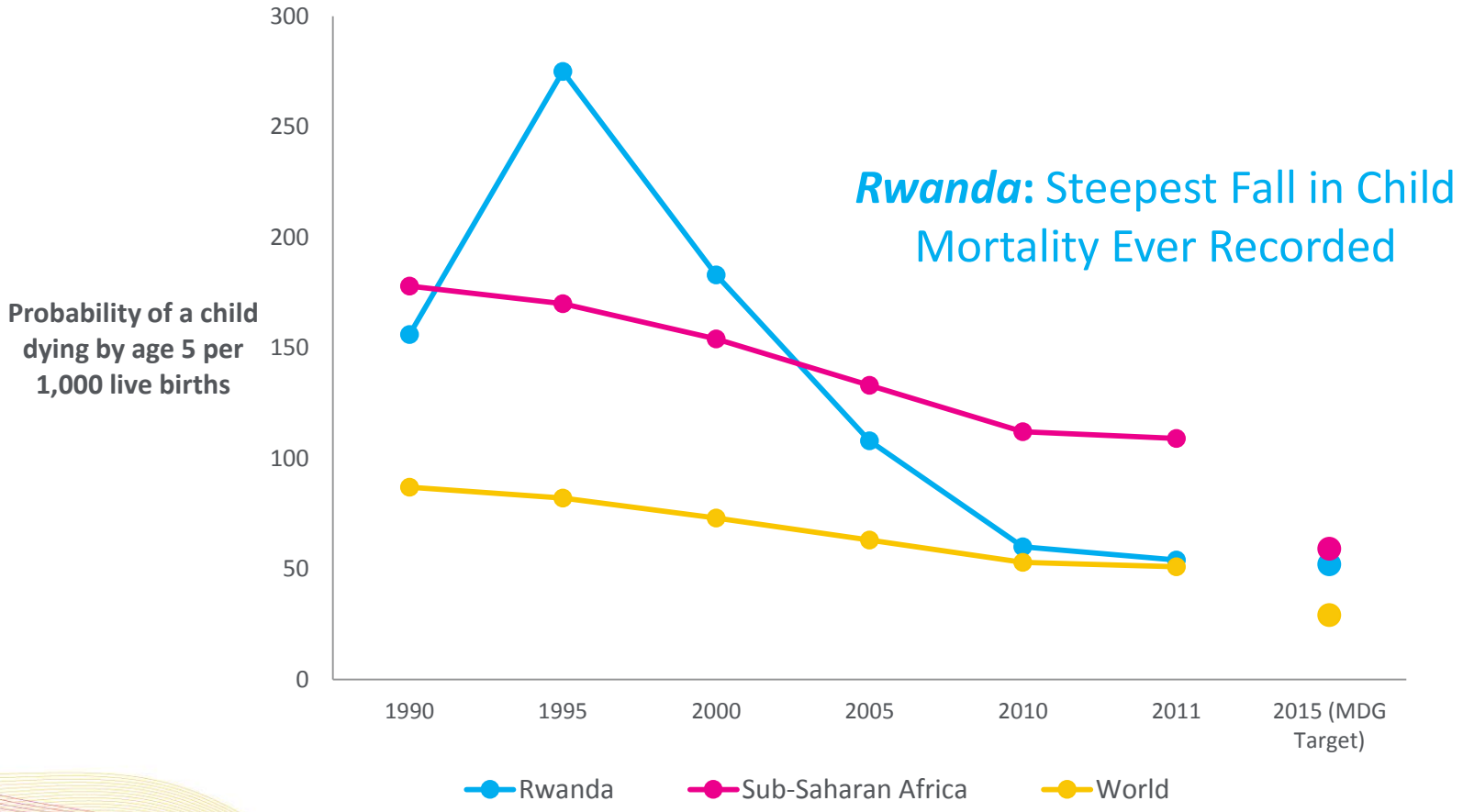
Investment ($70B/year) is Not a High Risk Venture: Rapid Mortality Decline Is Possible



Farmer P, et al. *BMJ 2013; 346:* f65

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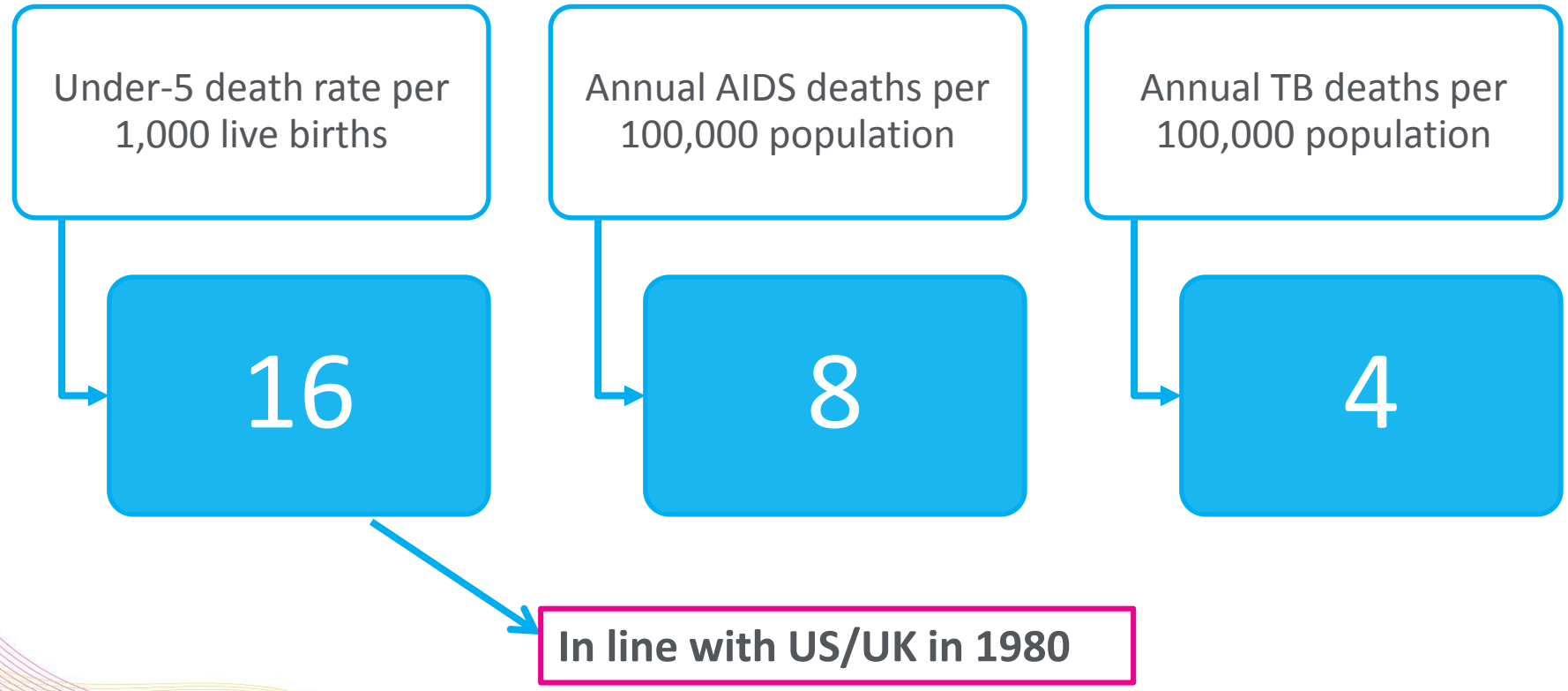
2035 Grand Convergence Targets are Achievable: “16-8-4”



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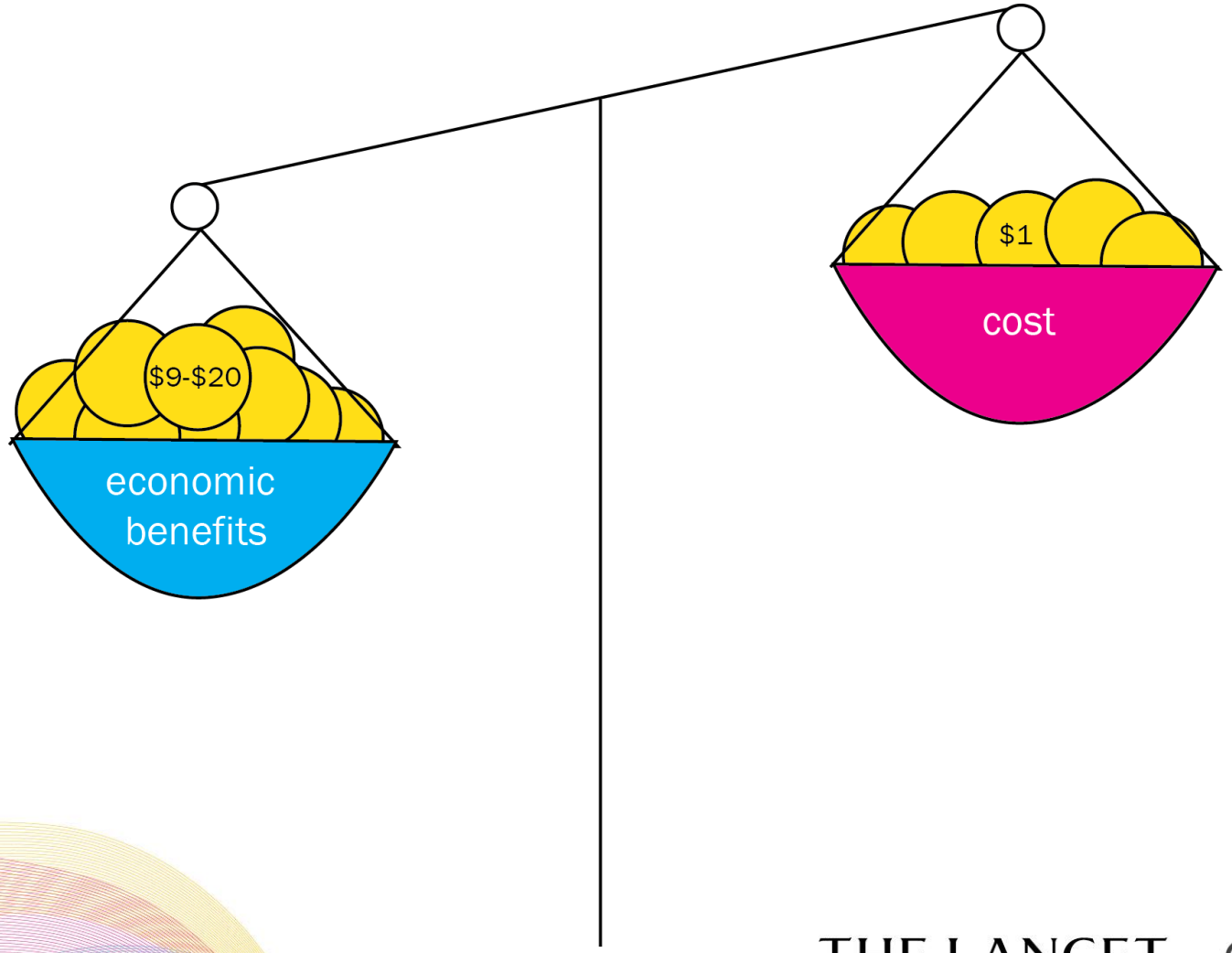
Impact and Cost of Convergence

Low-income countries	Lower middle-income countries
Annual deaths averted from 2035 onwards	
4.5 million	5.8 million
Approximate incremental cost per year, 2016-2035	
$25 billion	$45 billion
Proportion of costs devoted to structural investments in health system	
60-70%	30-40%
Proportion of health gap closed by existing tools (rest closed by R&D)	
2/3	4/5

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

Between 2000 and 2011, about a quarter of the growth in full income in low-income and middle-income countries resulted from VLYs gained

With Full Income Approach, Convergence Has Impressive Benefit: Cost Ratio



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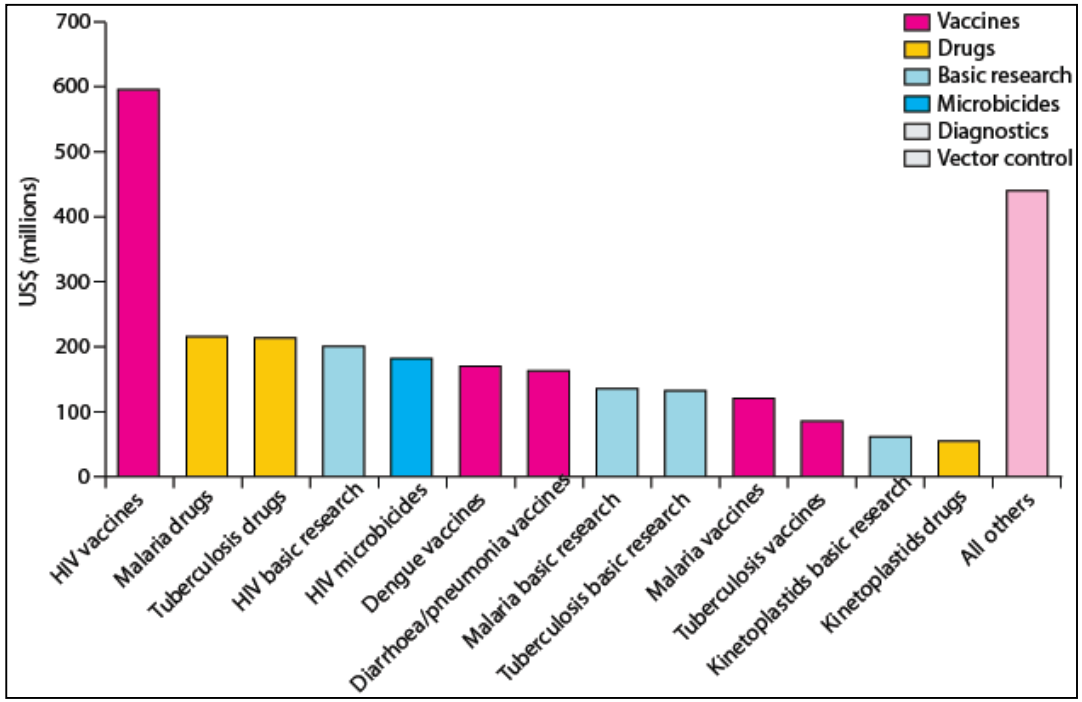
Sources of Income to Fund Convergence

Economic growth	Mobilization of domestic resources	Inter-sectoral reallocations and efficiency gains	Development assistance for health
• IMF estimates $9.6 trillion/y from 2015-2035 in low- and lower middle-income countries • **Cost of convergence ($70 billion/y) is less than 1% of anticipated growth**	• Taxation of tobacco, alcohol, sugar, extractive industries	• Removal of fossil fuel subsidies, health sector efficiency • Subsidies account for an 3.5% of GDP on a post-tax basis	• Will still be crucial for achieving convergence

Crucial Role for International Collective Action: Global Public Goods & Managing Externalities

Best way to support convergence is funding **R&D for diseases disproportionately affecting LICs and LMICs and managing externalities e.g. flu pandemic**

Current R&D ($3B/y) should be doubled, with half the increment funded by MICs



Current global spending on R&D for 'convergence conditions'
Total: $3B/y

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Global Public Goods: Important or Game-Changing Products

Likely to be available before 2020:

	Diagnostics	Drugs	Vaccines	Devices
Important	Point-of-care diagnostics for HIV, TB, malaria	New malaria and TB co-formulations; long-acting contraceptives; new influenza drugs	Efficacious malaria vaccine; heat-stable vaccines	Self-injected vaccines
Game-changing		Single dose cure for vivax and falciparum malaria		

Likely to be available before 2030:

	Diagnostics	Drugs	Vaccines	Devices
Important		Antibiotics based on new mechanism of action	Combined diarrhea vaccine (rotavirus, E.coli, typhoid, shigella)	
Game-changing		New classes of antiviral drugs	HIV vaccine, TB vaccine, universal flu vaccine	

Managing Cross-Border Externalities

Tackling global crisis of antibiotic resistance

Ending the global crisis of counterfeit drugs

Preparing for the next influenza pandemic

Preparing for the Next Influenza Pandemic

- Growing concern about a new pandemic similar to 1918 pandemic, which killed 50 million people in era before mass international transit
- WHO's influenza budget was just $7.7 million in 2013, less than a third of what one city, NYC, devotes to public health preparedness
- International community must support development of a universal influenza vaccine and of surveillance and response systems
- Must develop adequate production capacity for flu drugs and vaccines and an IP regime that ensures universal access

Single Greatest Opportunity To Curb NCDs is Tobacco Taxation

50% rise in tobacco price from tax increases in China

- prevents 20 million deaths + generates extra $20 billion/y in next 50 y
- additional tax revenue would fall over time **but** would be higher than current levels even after 50 y
- largest share of life-years gained is in bottom income quintile

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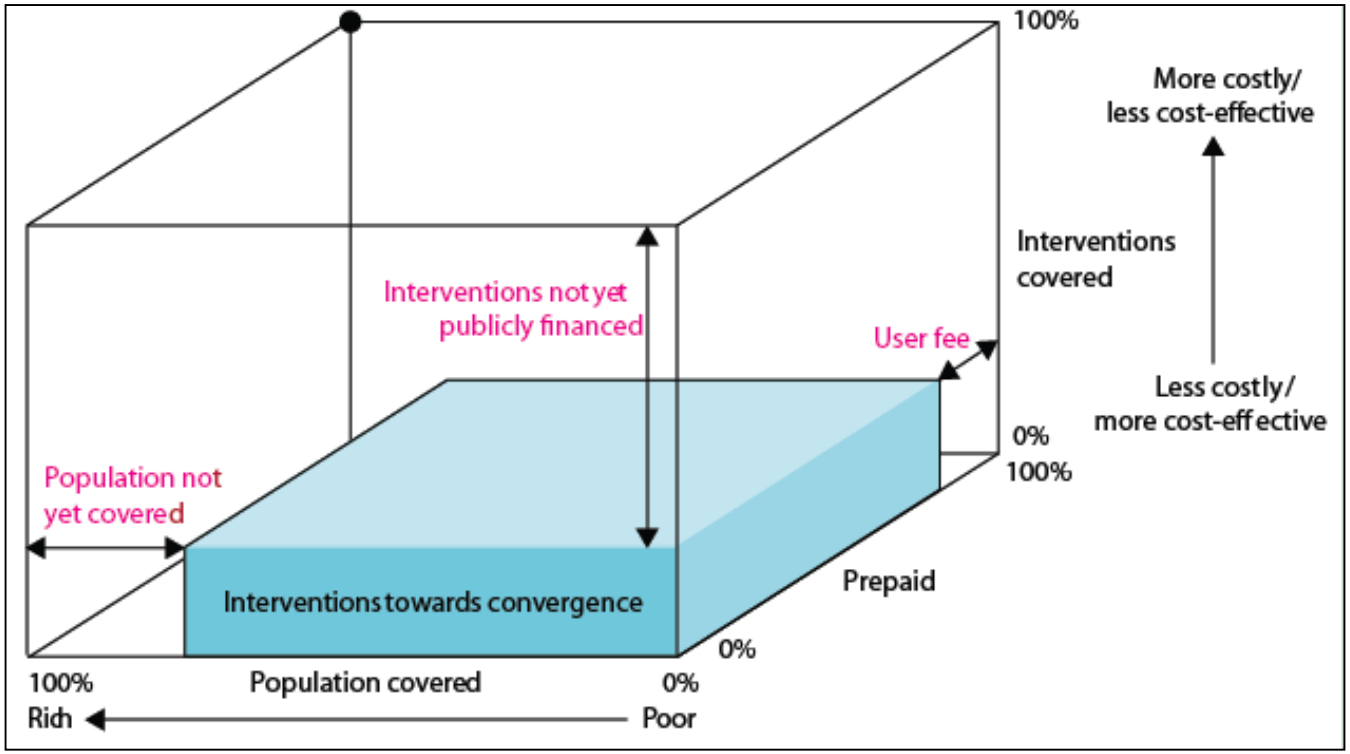
We Argue for Taxes on Sugar and Sugar-Sweetened Sodas

- Taxing empty calories, e.g. sugary sodas, can reduce prevalence of obesity and raise significant public revenue
- Taxes need to be large (20% or more) to change behavior
- These taxes do not hurt the poor: main dietary problem in low-income groups is *poor dietary quality* and not energy insufficiency

Our Recommendation on Universal Health Coverage: Progressive Universalism (Blue Shading)



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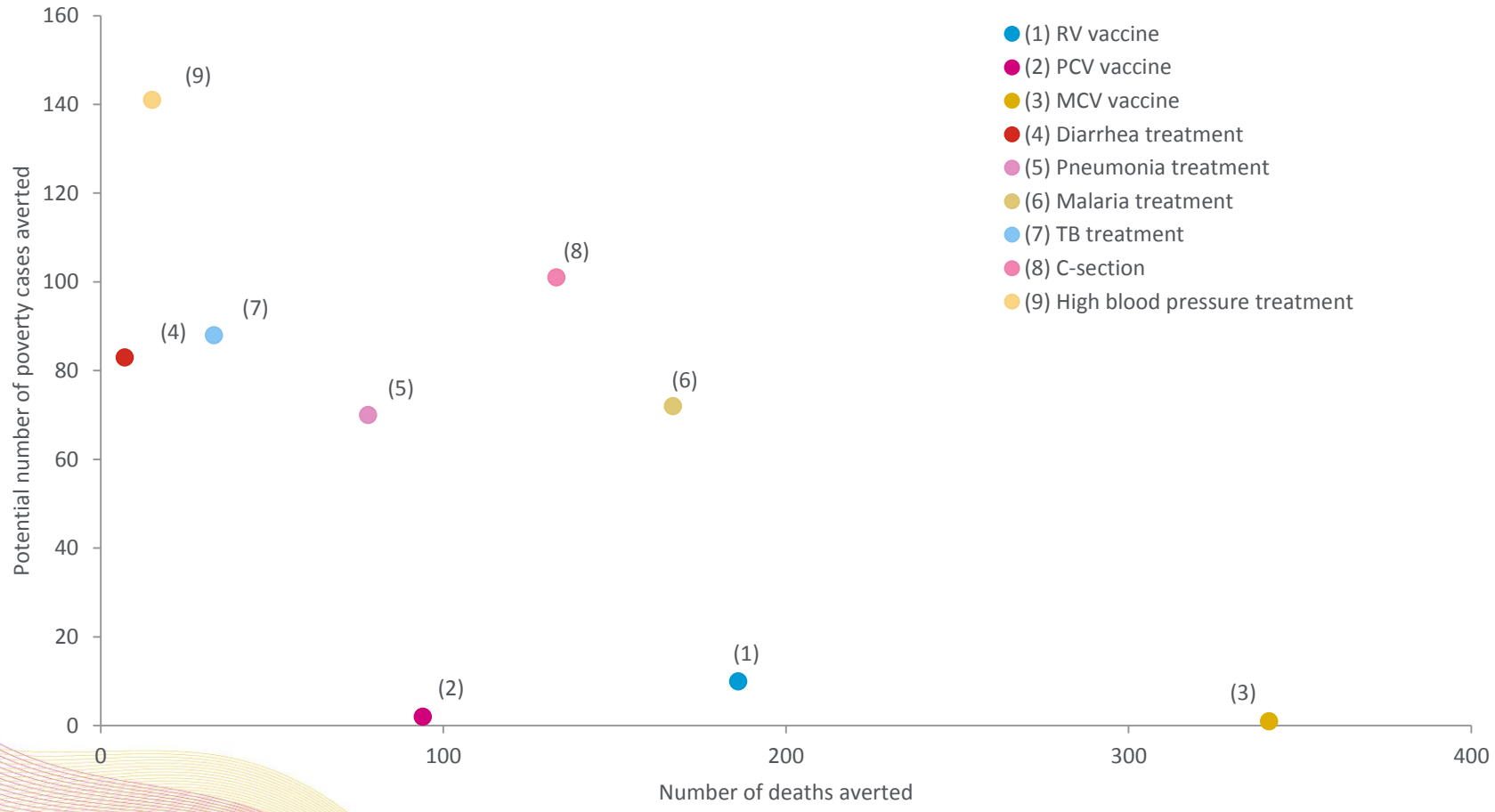
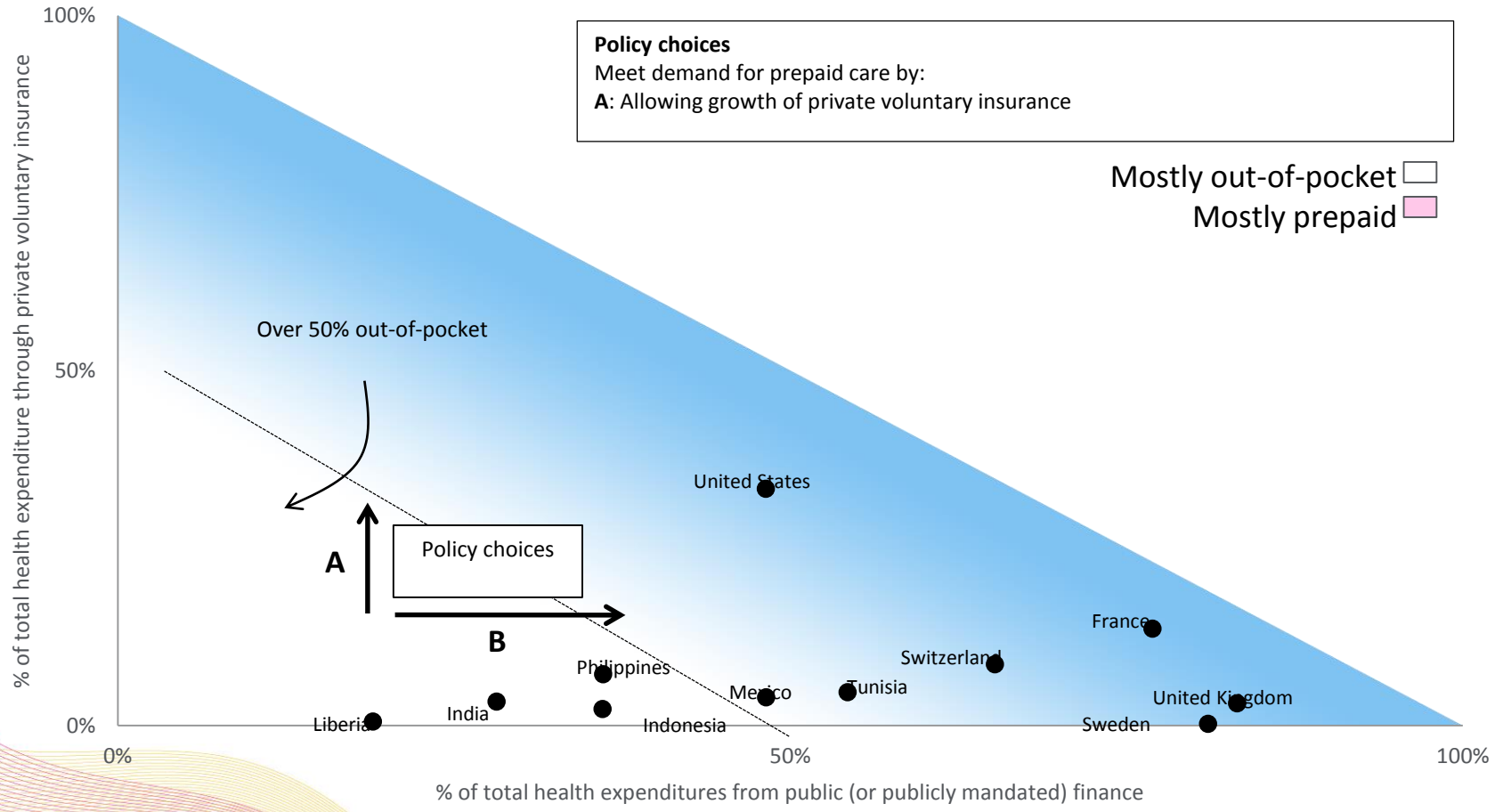
Health and financial risk protection benefits afforded in selected interventions, Ethiopia, 2012



Prepaid health services: the roles of private voluntary insurance and public finance



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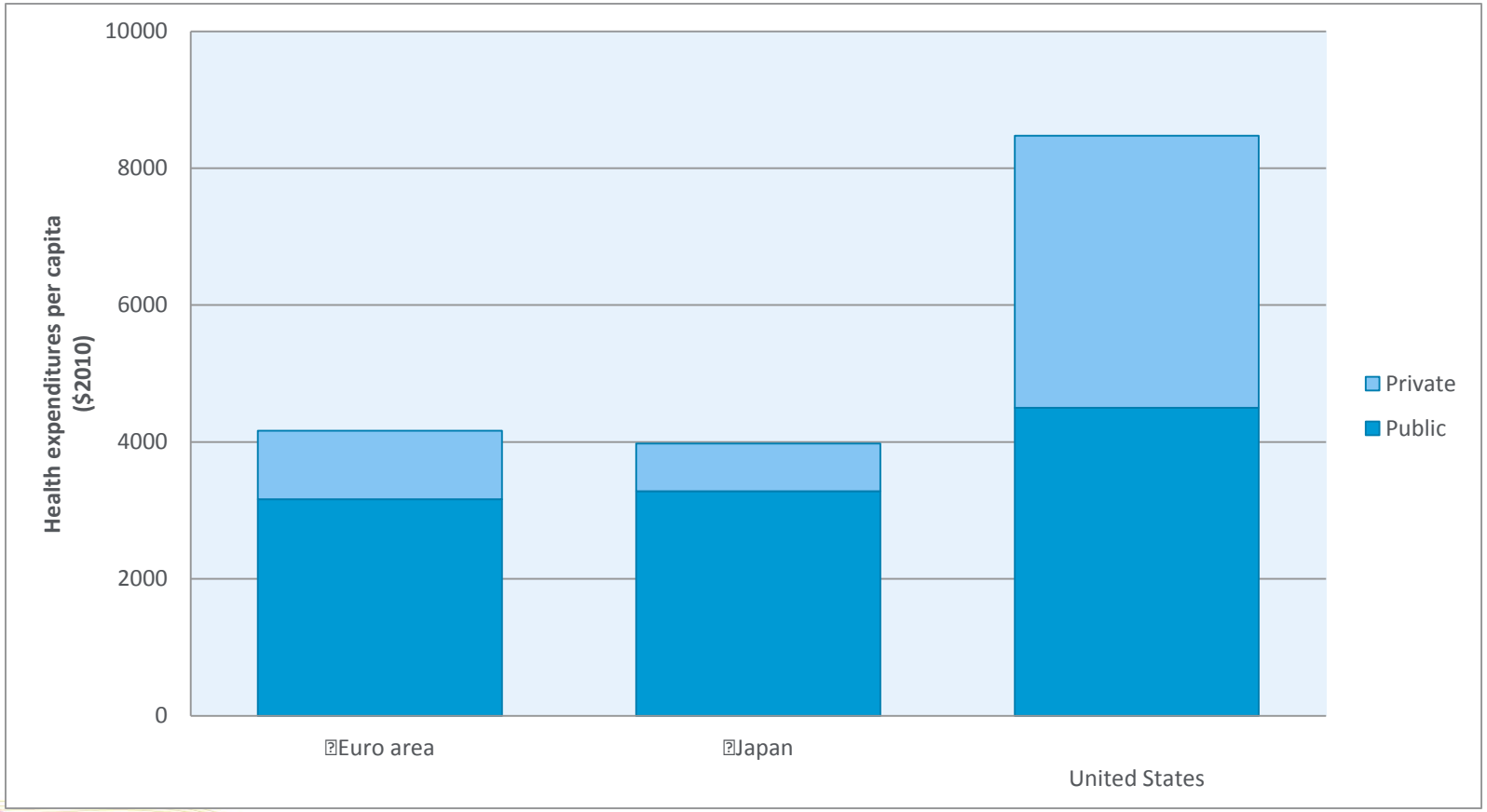
Health expenditures per capita in selected high-income regions, 2010



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Five potential pathways to universal health coverage

Pathway	Initial pathway through cube			Efficiency in producing	
	% of population covered with publically financed interventions	Initial fraction of interventions covered with public financing	Copayments or premiums	Health	FRP
1. Progressive universalism (initially targets poor by choice of interventions)	100%	+	No	++	+++
2. Progressive universalism (initially targets poor by exempting them from insurance premiums and co-pays)	100%	++	Yes (poor exempt)	+++	++
3. Balanced pathway to UHC	Depends on size and use of public finance	++	Yes	++	+
4. Private voluntary insurance (with some public finance)	Depends on size and use of public finance	+	Yes	+	+
5. Public finance of catastrophic coverage	Depends on size and use of public finance	+	Depends on design	+	++

Four essential functions of international collective action

Function	Examples
Leadership and stewardship (core function)	▪ Convening for negotiation and consensus building ▪ Consensus building on policy ▪ Cross-sectoral advocacy (e.g., on trade and health) ▪ Agency for the dispossessed ▪ Advocating for sustainability and the environment
Ensuring provision of global public goods (core function)	▪ Discovery, development, and delivery of new health tools ▪ Implementation research, extended cost effective analyses, research priority setting tools, survey methodologies ▪ Knowledge generation and sharing ▪ Sharing intellectual property (e.g. medicines patent pools, technology transfer) ▪ Harmonized norms, standards, and guidelines (e.g. quality assurance of medicines, WHO's vaccine position papers) ▪ Market shaping (e.g. pooled procurement to reduce drug prices)
Managing externalities (core function)	▪ Responding to global threats (e.g. pandemic influenza, antibiotic resistance, fake drugs) ▪ Surveillance and information sharing
Direct country assistance (supportive function)	▪ Technical cooperation at country level ▪ Development assistance for health ▪ Emergency humanitarian assistance

Thank you

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