

Global health
& development in context
through a DFID lens....

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- MDG framework and progress
- Health financing
- Aid effectiveness
- Aid architecture
- Lobbies
- Looking forward

Millennium Development Goals

- 1. Eradicate extreme poverty and hunger
- 2. Achieve universal primary education
- 3. Promote gender equality and empower women
- 4. Reduce child mortality
- 5. Improve maternal & reproductive health
- 6. Combat HIV/AIDS, malaria and other diseases
- 7. Ensure environmental sustainability
sanitation, water
- 8. Develop a global partnership for development

MDGs at the halfway point

- 1. malnutrition –contributes to 50% CMR
- 2. 72 m kids still out of school; quality poor
- 3. Gender
- 4. Child mortality- 10 m deaths annually, 40% neonatal
- 5. Maternal health –No change since 1990
- 6. Major diseases-AIDS, TB, malaria investment but what about the rest? More new HIV infections than new treatments
- 7. On track to reach sanitation target by **2076**

Changing health environment

- **Progress** -polio, measles, malaria, TB, AIDS treatment but less on prevention
- **Unfinished agendas-** malnutrition, fertility, hygiene/sanitation/water
- **New challenges-** Avian Flu, drug resistant TB, non-communicable diseases, health impacts of climate change
- **Changing health architecture**
100 Global Health Initiatives, UN and World Bank role less clear, Gates Foundation > budget than WHO,

Minimal health spend in low income countries

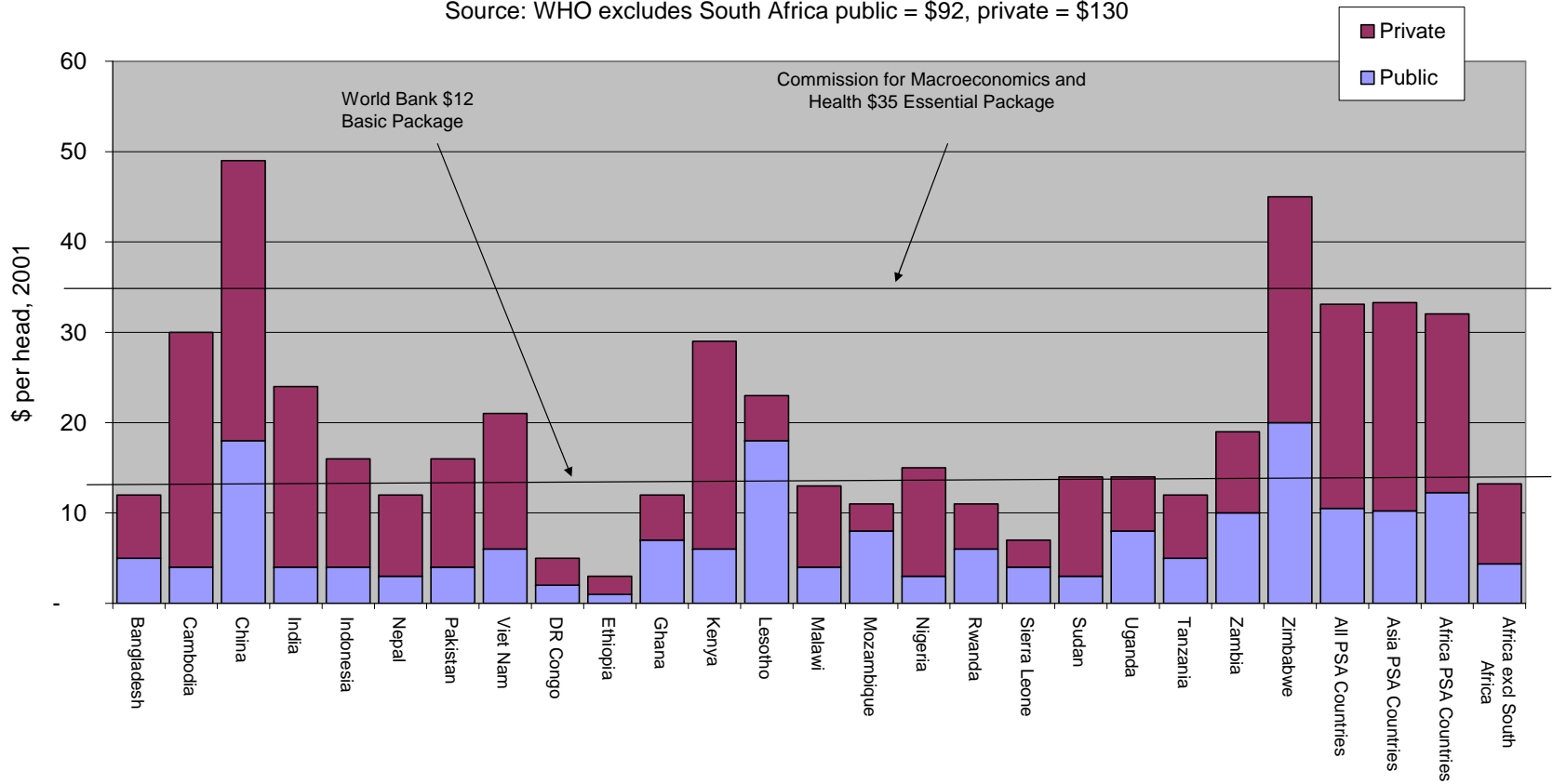
- CMH \$34 pc but if factor in scale of ARV, NCDs, inefficiencies in system then \$100+ more appropriate?
- 75% health spend from domestic sources
- WHO 2005 data
 - 58 states <\$50 pc
 - 33 states <\$25 pc
 - 11 states <\$10 pc

Renewed interest in social health insurance

Who pays?

Per Capita Expenditure on Health in 2001 by Source

Source: WHO excludes South Africa public = \$92, private = \$130



- Increasing aid for health -\$6-\$14bn annually (2000-2005)
- But most targets AIDS, TB, malaria ,child vaccination
- Can bring rapid results: can distort and undermine wider health services

- Much aid remains *off plan*-not funding national priorities-and *off budget*
- Volatility of aid flows
- Much aid flows through parallel systems
- Large transaction costs for governments - Vietnam 791 donor missions in 2005
- *“The result is limited reach and effectiveness of much aid” (World Bank & AU health strategies)*

Active lobbies

- Malaria
- Health workforce
- Health financing
- Maternal Health
- AIDS and TB
- Polio Eradication
- Nutrition
- Non communicable diseases-diabetes, cancer +
- Mental health
- Neglected Tropical Diseases –US
- NHS Links

On a positive note

- Polio, measles, malaria
- Greater attention to health systems/
integrated approaches
- Making vertical and horizontal
approaches complementary
- Recognition of private sector role
- MNCH Continuum accepted –MDGs 4&5
- International Health Partnership