

CONCLUSION

The global economic crisis has, thus far, had little more than a slowing effect on the growth of development assistance for health (DAH) and country spending on health. Most DAH donors increased funding modestly since the Institute for Health Metrics and Evaluation (IHME) published *Financing Global Health 2010*. Country governments, similarly, continued to spend more of their own resources in the most recent years captured in the available data.

When examined over the full two decades covered by this report, DAH appears to be returning to the single-digit growth rates that were seen throughout the 1990s. Global health advocates became accustomed to the huge increases in funding that began in 2002, with annual increases in DAH of over 10% through 2008.

Within developing countries, governments continued to show a growing commitment to health. Between 2006 and 2009, country spending has grown at a rate higher than 10% every year, while DAH spending has only increased at a double-digit rate twice during that span.

The trend in countries shifting their own health spending to other priorities when receiving large sums of DAH invites further scrutiny. Reports by IHME and others show that most countries are not on track to reach the Millennium Development Goals (MDGs) for reducing child and maternal mortality by 2015.² There are, however, signs that reductions in child mortality and maternal mortality are accelerating. To take advantage of that momentum, countries need to ascertain the right balance of donor and domestic funds.

Looking ahead, policymakers in donor countries and in developing countries need to plan wisely for a future of more moderate funding growth as well as the possibility of a delayed effect from the economic crisis causing funds to drop.

With the possibility of a more austere future in mind, identifying how best to target limited resources will require both better data gathering and more thorough impact evaluations.

First, the paucity of data continues to hinder efforts to measure health challenges globally. When speaking at the Bill & Melinda Gates Foundation's Malaria Forum in October 2011, World Health Organization (WHO) Director-General Margaret Chan lamented the small number of countries that have full vital registration systems to track births, deaths, and causes of death. "Good malaria surveillance means knowing where the enemy lies," she told the audience.¹²⁴

Creating full vital registration systems throughout the world should be part of the agenda for health sector support, and as can be seen in this report, the funding for this sector has remained low for most of the past two decades. Part of the solution can be found in the emerging consensus around verbal autopsy (VA) methods to assign cause of death in regions without vital registration systems.

In February 2011, IHME, the University of Queensland School of Population Health, and the journal *Population Health Metrics* co-hosted the Global Congress on Verbal Autopsy: State of the Science.¹²⁵ The conference brought together researchers and those who work with VA data to discuss instrument design, analysis methods, and the use of VA in national health information systems. Those discussions led to *Population Health Metrics* publishing a thematic series dedicated to VA in September 2011 that explored new VA tools that are more reliable, more cost-effective and, perhaps most important, faster than those previously used.¹²⁶

Developing countries urgently need these new tools to better evaluate and address the ongoing burden of infectious diseases, such as HIV, malaria, and tuberculosis, and the increasing burden of noncommunicable diseases (NCDs). In September 2011, WHO and the World Economic Forum proposed that countries address the burden of NCDs by introducing "a core set of NCD 'best buy' intervention strategies" that include counseling and drug therapy for cardiovascular disease, measures to prevent cervical cancer, and prevention programs for tobacco use and obesity. "On

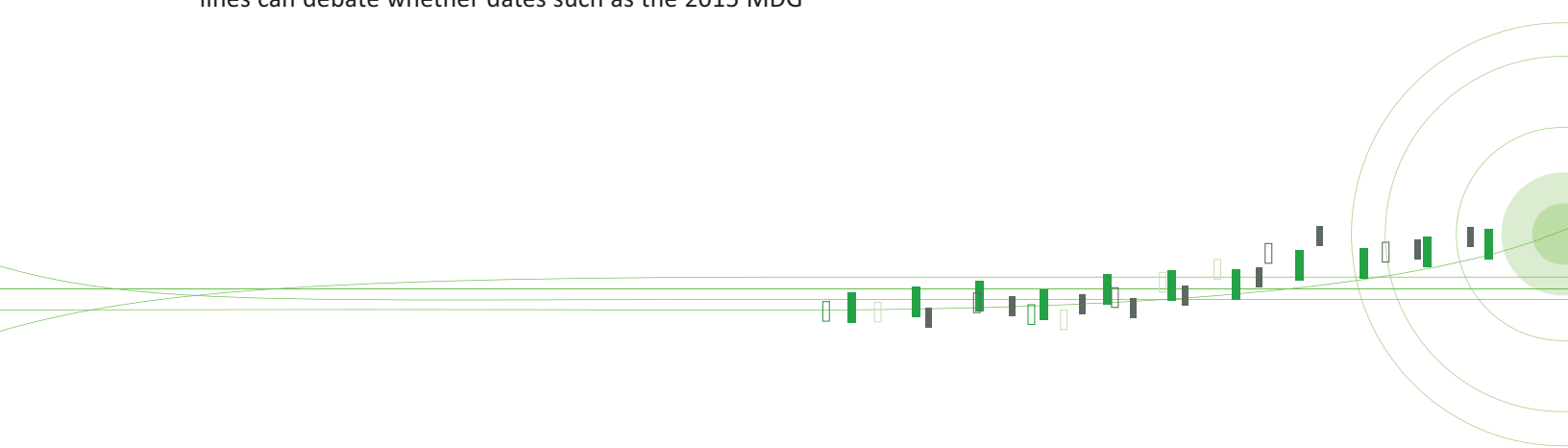
a per-person basis, the annual investment ranges from under US\$1 in low-income countries to US\$3 in upper middle-income countries,” the report said.⁵

While an investment of that magnitude seems quite low, it can quickly climb into the billions in countries with significant disease burdens, such as India and China. The evidence for some intervention strategies, such as prevention programs for HIV/AIDS in certain settings, is strong, but there remains much work to be done to evaluate the impact and cost effectiveness of a range of programs.⁵⁴

Countries will have a new opportunity to assess national and subnational health priorities in the coming years with the series of publications and events planned around the Global Burden of Diseases (GBD), Injuries, and Risk Factors Study 2010. This will be the first systematic assessment of all health burden data using a unified and replicable method since the GBD study published in 1996. It will generate comprehensive and comparable estimates of the burden of diseases, injuries, and risk factors for the years 1990, 2005, and 2010 for 21 regions in the world, and is expected to cover more than 400 diseases, risk factors, and nonfatal health consequences. Led by IHME in collaboration with Harvard University, Johns Hopkins University, the University of Queensland, and WHO, the GBD Study 2010 brings together experts and leaders in health research from around the world.¹²⁷

With new GBD estimates, new VA tools, and continued strength in DAH and country spending, policymakers, global health advocates, and concerned citizens in all countries have a new window to push for progress toward international health targets. Those on the sidelines can debate whether dates such as the 2015 MDG

deadline are realistic when countries have such large variation in their disease burdens and economic capacities. To make the world a healthier place for all, we need to put our energies into identifying the programs that are having the strongest impact. We need to develop the innovations that have the potential for significant health improvements. Finally, we need to carefully measure both health challenges and health solutions to keep existing programs and future interventions on track.



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