



Health and Global Development: Trends and Uncertainties; Challenges and Responses

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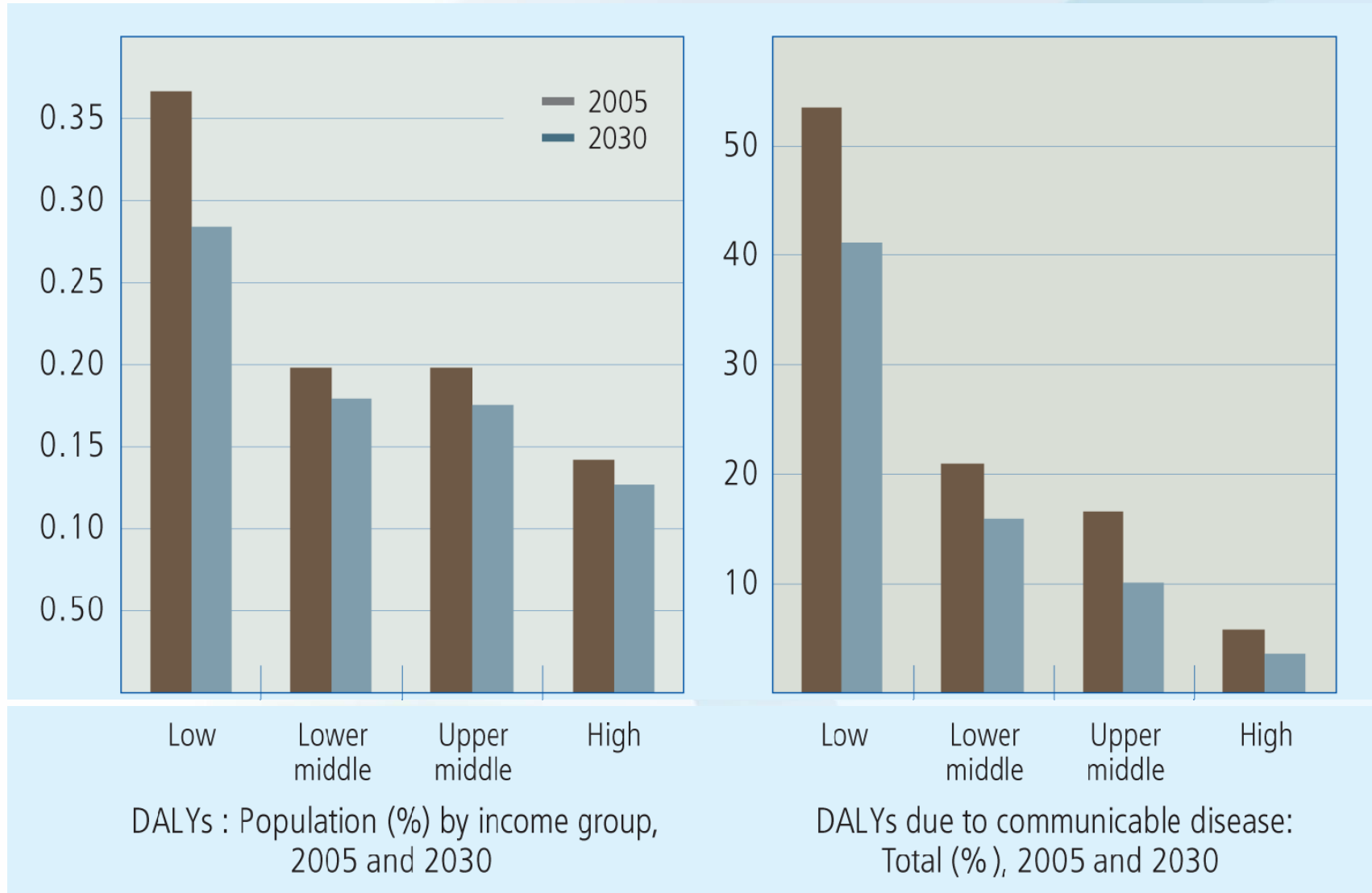
Global Development: Science and Policies for the Future

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Trends

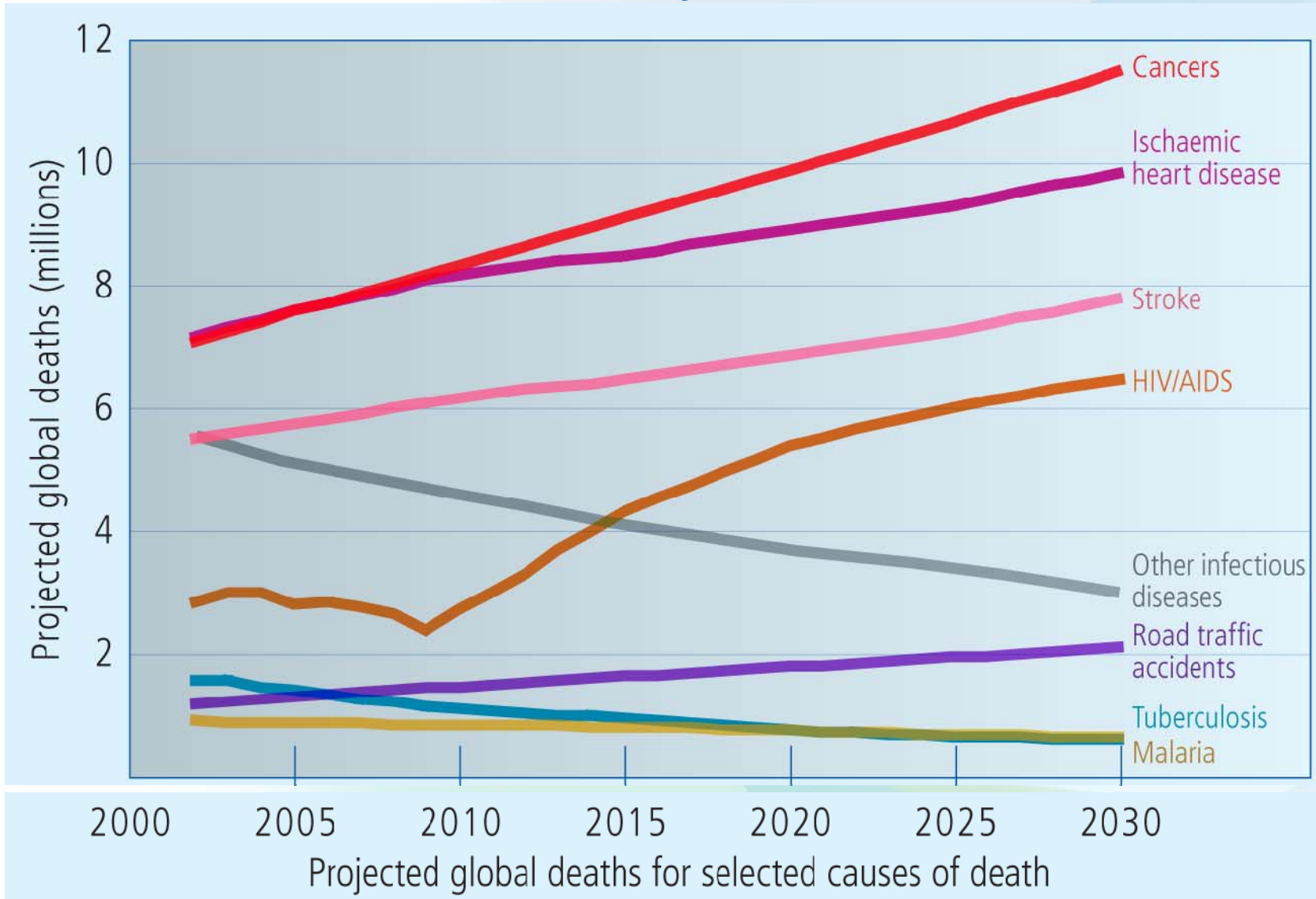
“Business as usual”

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Deaths by cause

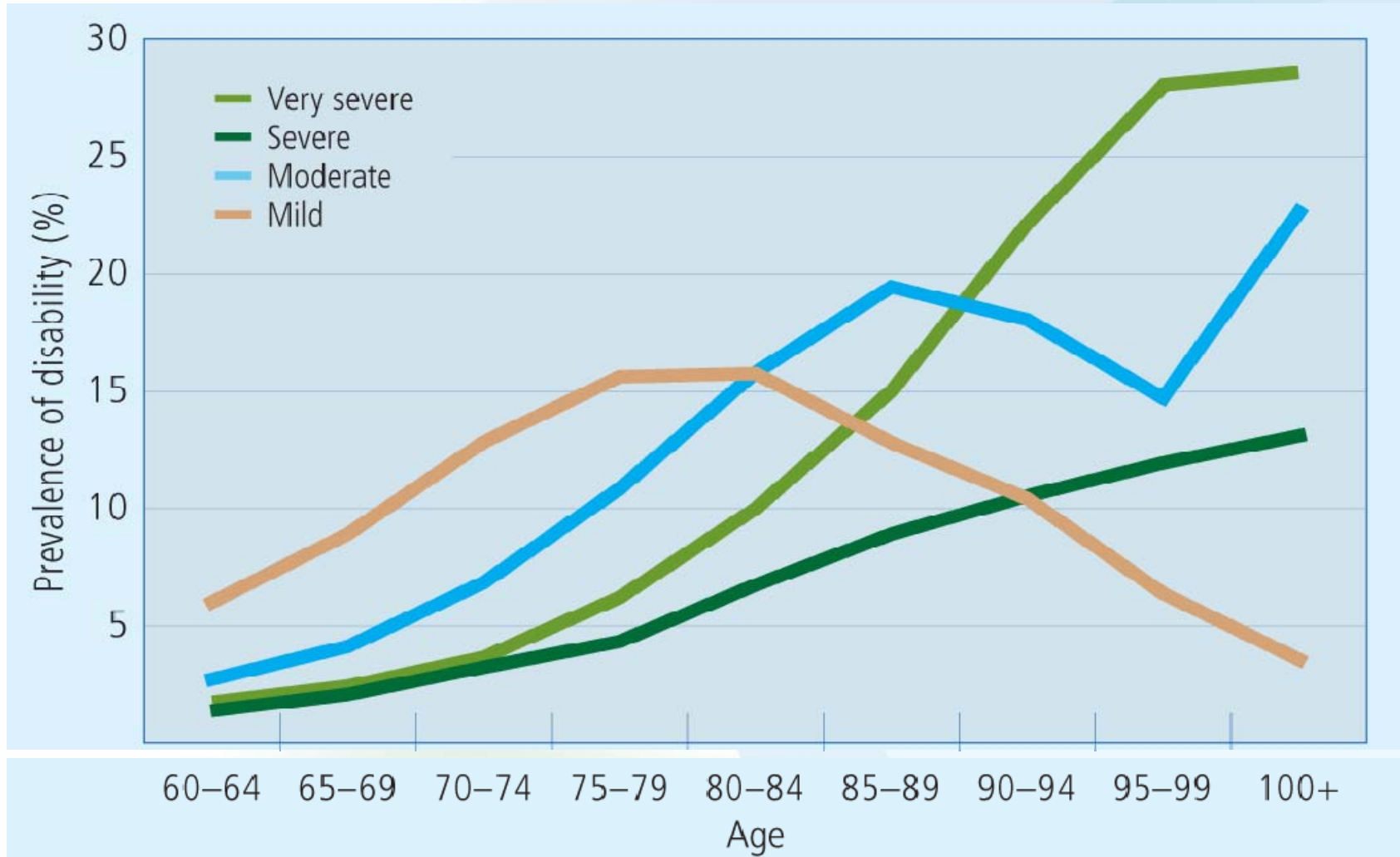
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Source: WHO

Disabilities requiring care will be on the rise

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Age and severity-specific disability rates: China 2006

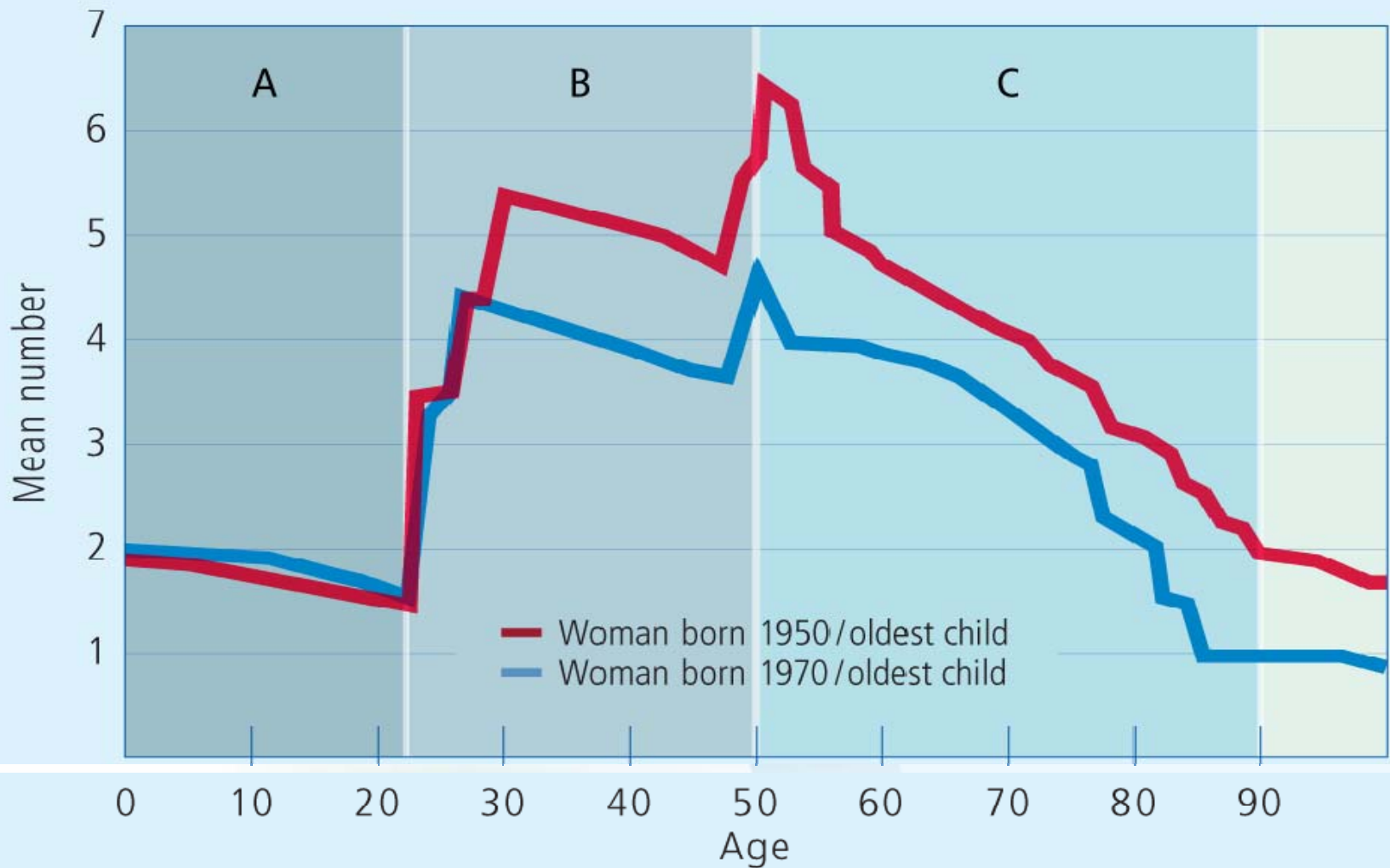
Source: Institute for Population Research, Peking University

Relationship between population ageing and health spending is complicated ...

- Acute care costs \sim Deaths \times cost per death
- Disability-related costs = Disabled persons \times cost per disability-year
- Long-term care costs = Persons in LTC \times cost per LTC-year

Social institutions will be affected

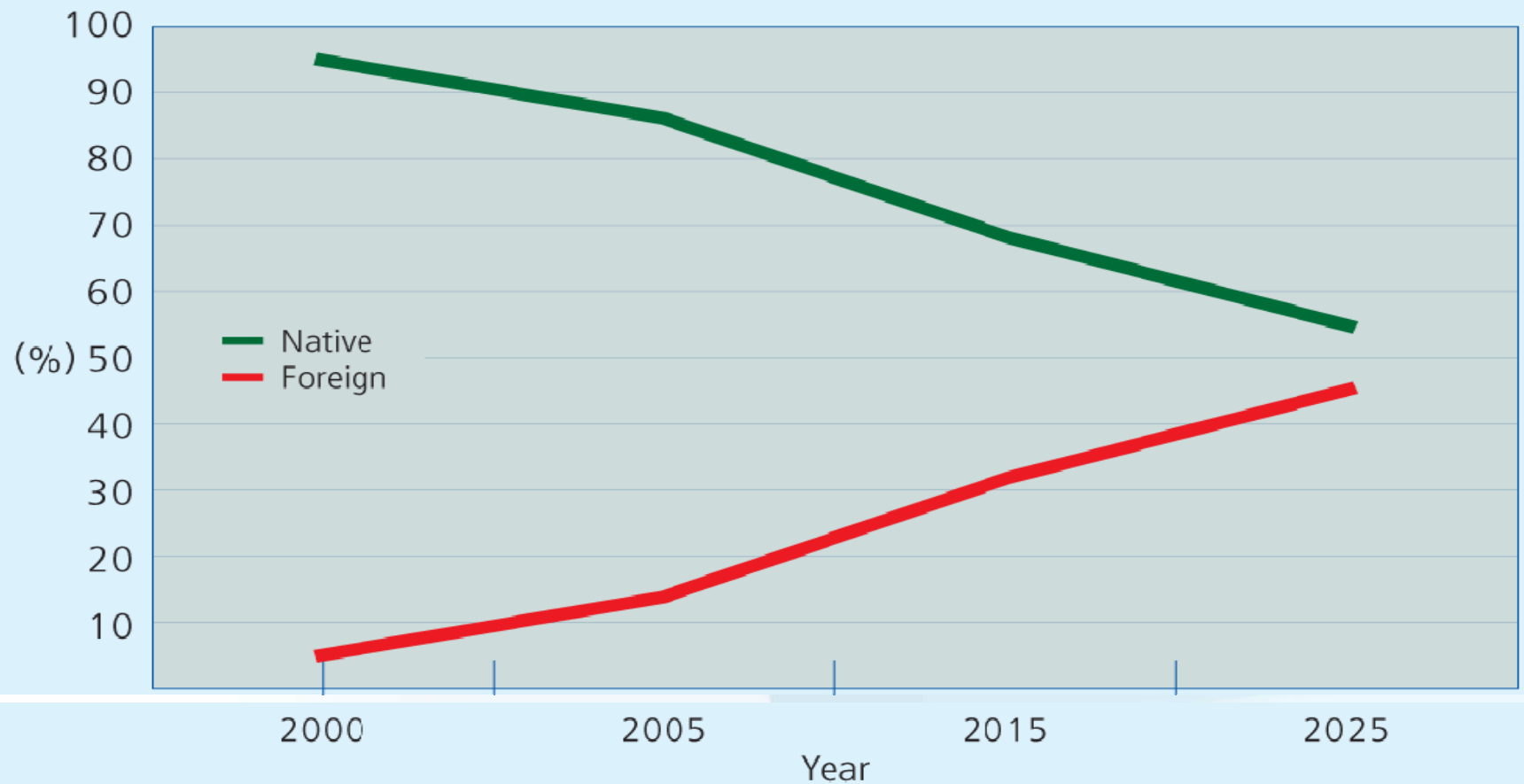
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Number of caregivers available to a Japanese woman born in 1950 and one born in 1970.

Source: Mayhew, 2001

Human resources will be scarce



Composition of UK nurse workforce

Source: Davenport and MacKellar, 2006



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Uncertainties

Climate Change

- Direct impacts
 - Heat stress
 - Shifting incidence of malaria
 - Availability of clean water
 - Catastrophe-related health emergencies
- Probably less significant than indirect ones due to “crowding out” of needed health expenditure

Emergent infectious disease

- Zoonoses (e.g. SARS)
 - Avian / pandemic influenza
- Closely related issue -- emergent antibiotic resistance

Scientific advances not matched by political / institutional ones

- Weak epidemiological surveillance and reporting
- Weak disease control measures
- Fragmented public health responses
- Lack of a global enforcement mechanism
- Failure to address global allocation issues



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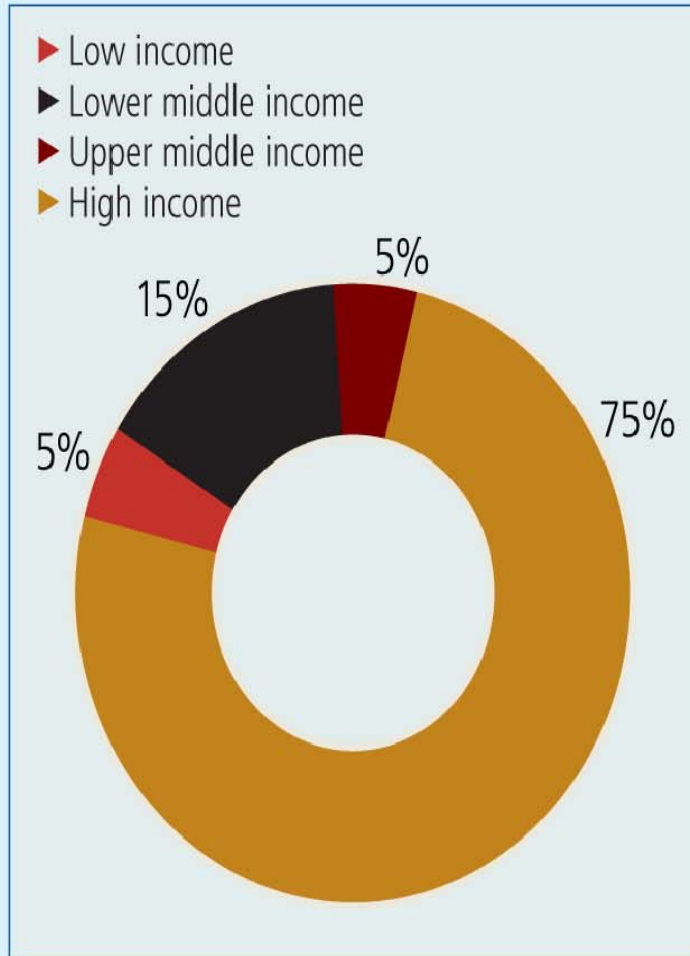
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Challenges

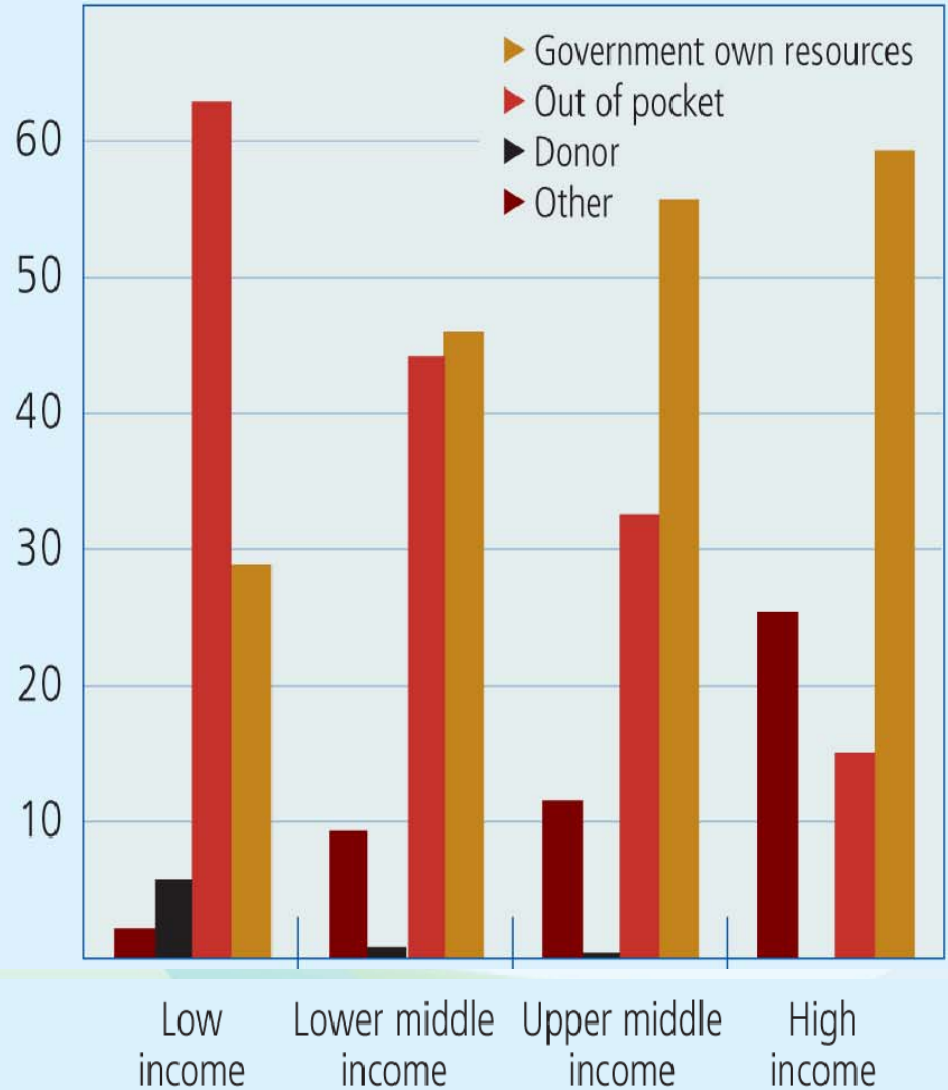


Global public good logic needs to be mobilized more effectively

The global health dollar: where it goes



The global health dollar: where it comes from



Source: Author's calculations, WHOSIS database

- Middle income countries can grow their way to levels of health spending now prevalent in high-income countries ...
- ...but we cannot wait for low-income countries to grow their way to levels of health spending now prevalent in middle-income countries.



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Responses



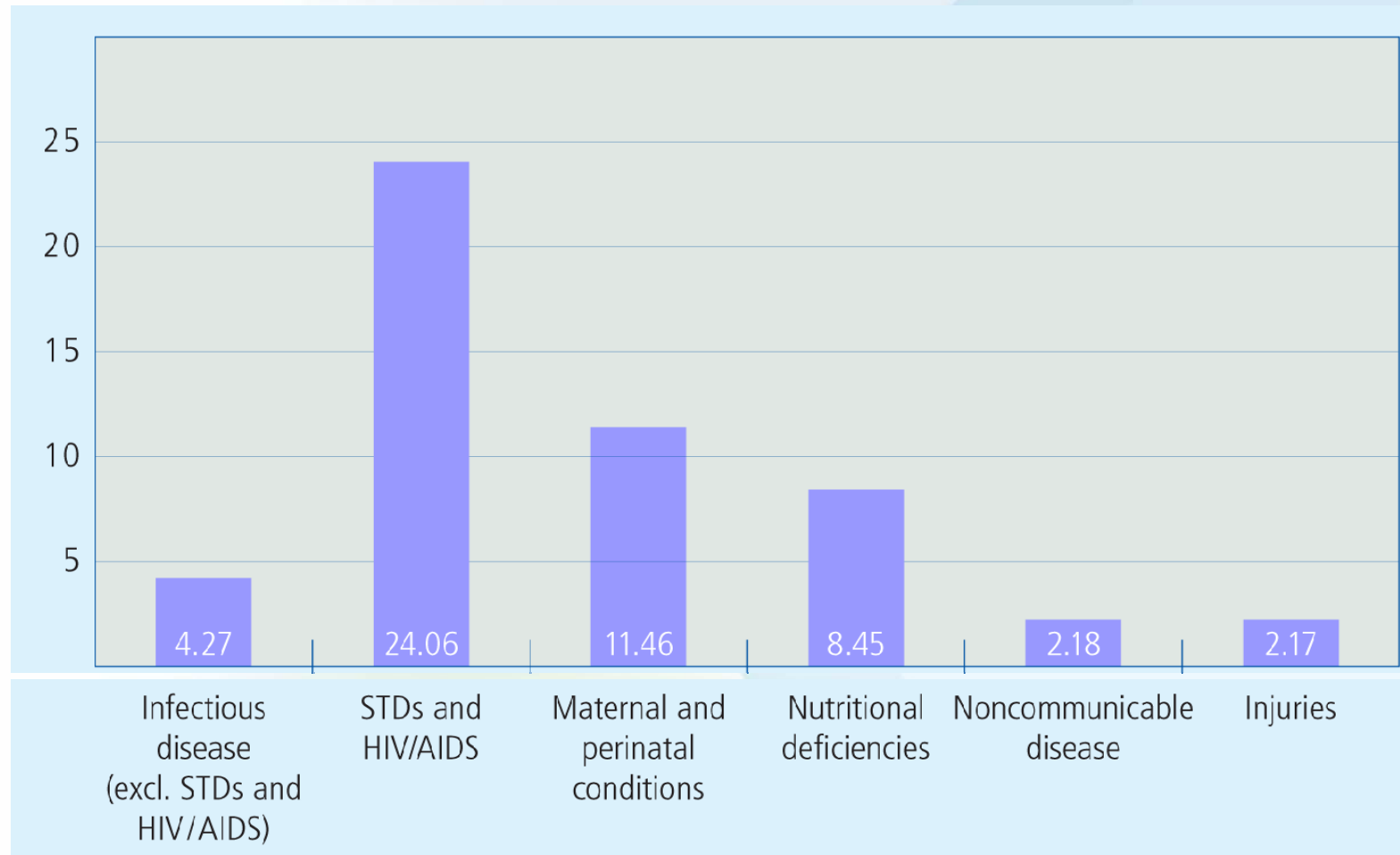
International donor assistance for health has increased...

- 2001 needs estimated at \$27 billion; actual \$6 billion
- 2006 actual perhaps \$12+ billion
- Increase largely attributable to HIV/AIDS
 - Much of this is for treatment



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Development assistance per disability-adjusted life year, 2003 (\$)



Source: MacKellar, 2005



The controversy is now as much how to spend what is available as it is about how to raise more...

- Disease-specific interventions vs. general health sector strengthening
- Projects versus general budget support



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