

Saturday 12 November 2005

**BMJ**

## Are cost effective interventions enough to achieve the millennium development goals?

*Money, infrastructure, and information are also vital*

**A**t a high level forum in Paris this month policy makers are meeting to discuss the financial sustainability and coordination of activities essential for achieving the millennium development goals. Building on other targets set in the 1990s, such as those at the 1990 UN children's summit, these ambitious goals agreed by 189 countries aim to markedly reduce poverty and hunger and improve education and health throughout the world by 2015. But many less developed countries, especially in sub-Saharan Africa and south Asia, are falling short of the target to reduce child mortality by 4.4% a year, the rate required to cut deaths among children less than 5 years old by two thirds (from the 1990 level) by 2015.<sup>1</sup>

To invest effectively in achieving the goals policy makers need robust evidence. Here, in a series of articles in the *BMJ*, David Evans and colleagues provide that evidence.<sup>2 w1-w7</sup> Along with other work,<sup>3</sup> these papers clearly show that important cost effective interventions, such as the integrated management of childhood illness (IMCI), are not being implemented adequately.<sup>4 5</sup>

To ensure that the millennium development goals will not end up as just another unfinished programme, the World Health Organization, UNAIDS (the joint UN programme on HIV/AIDS), the United Nations Development Programme, the World Bank, and other development partners—as well as the governments of less developed countries—must work to strengthen inadequate health systems and must ensure that global initiatives work synergistically in health development in each needy country. This will mean tackling three main challenges in addition to choosing cost effective interventions.

The first challenge is overall financial support. The requirement for resources to achieve the goals is huge.<sup>2</sup> Even a doubling of current government spending could not meet the goals because spending on health is so low in poor countries.<sup>6</sup> Donors already provide substantial resources, but too much of this funding goes to technical support and too little to activities related to the goals. Recent initiatives such as the Global Alliance on Vaccine and Immunization; the Global Fund to fight AIDS, Tuberculosis, and Malaria; and the President's Emergency Plan for AIDS Relief play a huge role, especially in financing programmes for combating HIV/AIDS. In all, 56% of the \$1.6bn

(£0.9bn, €1.4bn) disbursed to date through the global fund, and \$2.8bn of the 2005 budget for the president's fund were for HIV/AIDS.<sup>7</sup> Neither the Abuja target for African countries to allocate 15% of their public spending to health care nor the target for donor countries to allocate 0.7% of gross national product to official development assistance has been met, except among Scandinavian countries (see figure on [bmj.com](http://bmj.com)).<sup>8</sup> Moreover, few less developed countries have the capacity to coordinate donors' contributions effectively to achieve the millennium development goals.

Heavy reliance on resources from donors raises serious concerns about the financial sustainability of the goals in the long term. This dependence on limited grants also raises ethical concerns about the possibility of interrupting lifesaving, long term antiretroviral treatment and the supply of pentavalent vaccines against diphtheria, tetanus, pertussis, hepatitis B, and *Haemophilus influenzae*. Sustainable achievement will require adequate local resources, which will, in turn, depend on sustained peace and economic growth. Thailand, for example, has shifted 30% of its national budget since 1985 towards social development, including health, and away from investment in national security and paying public debt. Thailand's health budget rose from less than 5% to more than 8% of national public spending during this period.<sup>9</sup>

Fairer international trade practices will also contribute to supporting economic growth in developing countries. High subsidies for agriculture in developed countries have greatly reduced economic growth in less developed countries, particularly among poor farmers. Furthermore, the World Trade Organization's agreement on trade related aspects of intellectual property rights (TRIPS) and the movements to go beyond TRIPS (the so called TRIPS Plus) are reducing the accessibility of essential drugs and creating important obstacles to reaching the millennium development goals for health.<sup>10</sup>

The second challenge is the flood of financial aid only into specific vertical health programmes in poor countries, posing a serious strain on fragile health infrastructures and distorting national priorities for health care. Limited and poorly motivated health