Improving Global Health in the Devloping World

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***Brown Journal of World Affairs*:** Given that we are now halfway to the target date of 2013 for the Millennium Development Goals (MDGs), which is obviously a large focus of your work, how likely is it that the international community is going to meet its commitments, especially in the field of health?

Jeffrey Sachs: Well, health is an area in which there is a relatively good fulfillment of commitments in general, but the international community is falling far short of its commitment to achieve the MDGs. Poor countries are falling far short of the targets, especially in poorest countries. Simply put, aid levels remain disastrously low compared to where they need to be and compared to the amount the rich countries promised to help.

In the area of health, there have been significant initiatives since the beginning of this decade, starting with the UN's and WHO's Global Fund to fight AIDS, Tuberculosis, and Malaria. There will be the WHO's 3 by 5 Initiative, which will expand access to anti-retrovirals. There also have been a number of programs on neglected tropical diseases. There has been a major effort on immunization resulting in big successes,

such as the reduction of measles mortality by more than 90 percent in Africa since the year 2000. On 25 April 2008, the secretary general unveiled a strong initiative to realize comprehensive malaria control across Africa by the end of 2010, with a financial commitment of roughly $3 billion a year. I'd say that there's quite good progress. What there hasn't been on the health side is adequate funding for health systems, training of personnel, salaries, and the building of clinics and logistics systems. This was an early recommendation that the WHO's Commission of Macroeconomics of Health and I had both made that has not been adequately followed through. So, health is an area where when you make the investments, you see the progress, and a great deal can be accomplished quickly. We've done more than was done at the beginning of the decade, and there is some evidence of a significant scaling up. I often point to the health sector to help to encourage similar scaling up in agriculture, in infrastructure, and in other areas.

***Journal*:** Many environmentalists have lauded biofuels as a source of alternative energy, but they've also been implicated in the rising food prices, which have caused unrest around the world. What are your thoughts on this occurrence?

Sachs: Most importantly, there should have been more international effort to help farmers in low-income countries to be more productive. It's almost a telltale sign of extreme poverty that they have low food productivity. For example, a measure of the number of tons of grain produced for each hectare of farmland reveals that in Africa, the yields are roughly one-third of what they ought to be. The deficit occurs because the farmers don't have access to—and can't finance—the fertilizer, the high-yield seed, and other inputs that they need for production. We ought to have a global fund for smallholder food production (production on farms of two hectares or less) in the same way that we have a global fund for AIDS, tuberculosis, and malaria. This would produce a tremendous result at a low cost and avoid a lot of suffering, a lot of famine, and a lot of the need for much more expensive food aid. We haven't done this yet, although I've been advocating it for a number of years. The donor community has been very slow to act and has not comprehended the real nature of the problem very well. Maybe this crisis will be a wake-up call for them. Biofuels is another problem—not the main problem—but definitely an aggravating factor in the crisis. The main source of the problem is that global demand for food is rising, supply is not rising as fast, and there are a number of climate shocks affecting food production. One more aggravating factor is the diversion of our corn into ethanol and the diversion of Europe's grain-producing lands into grape seed for bio-vehicles. Both of these are definitely adding to the upward pressure on food right now.

***Journal*:** One of the great debates surrounding food aid is whether assistance should be given in kind or in the form of some kind of financial assistance. As a major food donor, how should the United States approach this issue?

Sachs: I don't think we should be a major food donor unless there's an immediate crisis where there's a physical shortage of food. However, the reason why we keep being a food donor is that we're not giving the help to poor countries to grow the food themselves, which is far more cost effective and far better in terms of helping those impoverished places escape from the poverty trap. It is exactly the old proverb: "Give a man a fish and he eats for a day, give him a fishing rod and he eats for a lifetime." We're doing precisely the former rather than the latter, and it's a huge continuing mistake. It is obviously a reflection of the farm lobby, but it is also a reflection of the lack of foresight on the part of our government, because I don't think it's really overwhelmingly the farm lobby that's stopping this more sensible policy. Rather, it's the lack of focus of the government on a problem like this. It involves the poorest of the poor who don't have much of a voice or much of a vote—and as a result of that, it is overlooked in our politics.

***Journal*:** With regards to HIV/AIDS, tuberculosis, and malaria, what role should the newly elected president and his government play in these battles?

Sachs: I think that most importantly, the U.S. government should be committed very visibly and very operationally to support the Millennium Development Goals. The Bush administration has been mainly away from the table on this, and it's tremendously weakened the global effort. The one signature program of the Bush administration has been PEPFAR (President's Emergency Plan for AIDS Relief), which has been effective in spreading the access to anti-retroviral medicines—but not agriculture, not education, not infrastructure or access to safe drinking water, not maternal health, not child health. For those things other than the AIDS program, the administration has really done very little. Recently it's also gotten interested in malaria and that's a good thing, but overall the level of our spending is only 16 cents per $100 on aid. For Africa, that's only about four cents per $100, whereas we promised in 2002 that we would make concrete efforts to reach 70 cents per $100 on aid. We have not done that, and we've hardly discussed the MDGs in U.S. politics. President Bush has mentioned them one time as far as I know. I would like the new administration to join a global effort, indeed become a leader in it, and fulfill the commitments that we've made. These are areas where U.S. foreign policy would be tremendously enhanced, U.S. security would be tremendously enhanced, and the regard of the rest of the world in cooperating with us would also be tremendously enhanced.

***Journal*:** PEPFAR has recently been re-approved by Congress, although it's faced a lot of criticism from many groups advocating for stronger policies about generic anti-retroviral drugs. What do you feel needs to be done to achieve PEPFAR's goals?

Sachs: Well, the main contribution of PEPFAR has been to expand access to antiretrovirals. The main weakness has been a highly politicized abstinence-only policy on prevention, which is contrary to the scientific evidence and generally ineffective. The administration did one thing quite well, which was to expand access for treatment, but it did another thing quite badly, which was to politicize the crucial challenge of prevention. I hope the next administration rectifies this error and gets back to a science-based, effective prevention program. In general, we need to increase our overall financing of health in the context of the MDGs. I think our contribution to health, like the rest of the rich world, should be on the order of about $15 billion a year—one-tenth of one percent of our national income, or 10 cents per $100 devoted to the help of the poorest of the poor. My studies and others' have shown that if this is done, the United States would save up to eight million lives per year, a remarkable constitution for a mere 10 cents per $100 at minimum.

***Journal*:** Many individuals have emphasized the importance of NGOs over larger international organizations in achieving sustainable development. As someone who has worked as a special advisor for the Secretary General of the United Nations, you clearly have some confidence in the power of these larger bodies. Where do you see a balance? Are there some more concrete ways that civil society and international organizations can work together for the benefit of public health and development?

Sachs: Absolutely. This is like ecology or like a community of organizations rather than one way or another. We need global organizations like the Global Fund to fight tuberculosis, AIDS, and malaria, while at the same time we need local NGOs to help deliver the very commodities that the global fund is financing. We often need small organizations to innovate and create new models of delivery and large international organizations to take those to scale. Global efforts have been vital for massively increasing access to vaccinations. Take, for example, UNICEF's leadership on the measles campaign. At the same time, civil society organizations have been vital in scaling up the fight against polio. So this is not a matter of one or the other. This is a matter of a large number of stakeholders—the public sector, the private sector, and civil society—all interacting in a truthful way to get the job done. In the book *Common Wealth: Economics for a Crowded Planet*, I describe some of the division of labor between these different kinds of institutions: who can be more innovative, who can do more at scale, who can be early demonstrators of technology, who can play a role in broad public

awareness and education and consensus-building. I see a role for this wide variety of institutions, but how do you make them coordinate? In my view, the essence is to keep our eye on the goals. Then each of these organizations must ask themselves the question of how they can most effectively contribute to our shared international goals and formal commitments.

***Journal*:** One question that's often asked is whether health is a product of development, or whether health is a necessary step towards development. It's described as a cycle, but where do you see the need to start most dramatically?

Sachs: Well it's obviously both. We can invest in health and human development ahead of economic developments. There's no reason why poor people have to die in large numbers of diseases that are preventable and treatable. There's also no question that as economic development proceeds, it becomes easier to improve health; as incomes rise, nutrition tends to improve, the physical safety of the surroundings tends to improve, indoor air pollution from wood burning cook stoves decreases, safety from mosquitoes increases, access to safe water improves, access to clinical health services improves. This really is a two-way causation, in which health improves economic performance, and economic performance improves health. At the same time, whenever you have that kind of two-way causation you have at least the possibility of a trap, where disease prolongs and deepens poverty, and poverty deepens the vulnerability to disease. I see both of those factors operating. I believe that when you have a disease-poverty trap, it's possible to invest in the health sector and health improvement not only to improve health but also to help break the poverty trap.

***Journal*:** Another aspect of development and improving on the poverty trap that you've advocated is debt reduction. What would the impact be for the developing world, broadly speaking, if debt reduction were taken seriously by the G8?

Sachs: Well, there's been a fair bit of debt reduction, but there's still a lot to go. What has been observed is that if the debt reduction is done properly, there can be an agreement on both sides in which the creditors agree to cancel most or all of the debt and the debtor countries agree to use the cash-flow savings. In other words, there is some repayment on the debt, effectively towards increasing high-priority property-reduction spending. The results have been very good with this. One of the main things that specific debt relief helps to do is to allow the low-income countries to cancel school fees. As a result there has been a major increase in school attendance. The results have not only been hypothetical but they've also been proved in practice. It is possible to design debt relief that directly translates into the major poverty reduction objectives. WA