

Investing in Global Health Systems

Sustaining Gains, Transforming Lives

Health and life expectancy in poor countries have improved rapidly over a short time, contributing to a more prosperous, stable, and productive world. The United States has been a part of this success and therefore has an interest in protecting the health gains of the past few decades. In addition, the recent Ebola outbreak in West Africa has drawn attention to the consequences of neglecting health systems development, as a strong health system allows for prompt response to pandemic threats by drawing on the same skills and infrastructure that support routine health care. Vulnerabilities in this system pose financial, political, and health risks to developing countries and, in a larger sense, to the world.

The Institute of Medicine (IOM) convened a committee of experts to respond to a request from the United States Agency for International Development (USAID) Bureau for Global Health to explain how health systems improvements can lead to better health, reduce poverty, and make donor investment in health sustainable. The committee's report stresses the importance of the health system in making transformative investments that support health in developing countries.

The Imperative to Invest Well

The U.S. government has long recognized the importance of health to promoting global stability. Over the years, the United States has invested heavily in global health, mostly in targeted—or vertical—programs aimed primarily at a specific condition or patient population. The President's Emergency Plan for AIDS Relief (PEPFAR), the government's flagship program in global health, is one of the most successful examples of such a targeted program, and this success alone compels thoughtful appraisal of the U.S. government's future investments in global health. The report says that if any of the gains of PEPFAR were to be lost now, there could be a reputational loss to the United States. Such loss is possible if weaknesses in recipient countries' health systems prevent their taking effective ownership of the program.

Effective management of health programming is becoming a more prominent topic in global development, as many former aid-recipient countries are becoming able to finance basic health services from domestic sources. This transition changes the relationship between donor and recipient countries and puts an onus on donors to identify ways to make the best use of their proportionately smaller contribution of health spending. The challenge for donors is to identify transformative investments that promise to improve health for the poorest and most marginalized people.

Reaching the poor with development assistance is an increasingly complicated task. The majority of the roughly 1 billion people living in dire poverty are in middle-income countries, where foreign assistance is not necessarily needed or welcome. Many of the rest live in fragile states, where political volatility and weak infrastructure make it difficult to use aid effectively. The poorest people in the world are also the sickest; they are most exposed to disease vectors and infection. Nevertheless, they are less likely to access health services. Improving their lot means removing the systemic barriers that keep the most vulnerable people from gaining such access.



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A Broad Donor Strategy

The committee outlined a broad donor strategy that can make effective use of the United States' comparative advantage in science and technology to improve health for the world's most vulnerable people.

The committee recommends that Congress respond to the social, economic, and epidemiological changes in developing countries by directing more health aid to health systems building. The three crucial components of this strategy are as follows:

1. Future programming should emphasize technical cooperation and country ownership in health systems, making investments over a long time period, and giving more attention to measuring the outcomes—rather than the inputs—of their contributions to health.
2. The United States should make good use of its comparative advantage in science and technology by investing more in global health research and professional training for students in developing countries.
3. The United States also should invest in monitoring and management, and require rigorous, external impact evaluations for U.S. government global health projects that involve technical innovation or new models for service delivery.

Conclusion

Foreign policy decisions are always shaped in part by the current social and political climate, but they are also partially predetermined by the trajectory of commitments already made. Attention to health systems in low- and middle-income countries is a priority by either calculation. Prompt and judicious investment in the management, financing, and infrastructure that support health could have a transformative effect on the lives of the world's billion poorest people and build a more stable world for everyone. 

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