

Item 2: Evidence for action: Pathways to better health in 2050

Commission for Investing in Health (CIH3): benefits of investing in women, children and adolescents

Gavin Yamey, Duke University; Member of Lancet Commission on Investing in Health 3 and Co-Chair of PMNCH Economics and Financing Workstream

PMNCH Board Meeting, 27 & 28 November 2023



The Commission on Investing in Health 1.0 - 2013



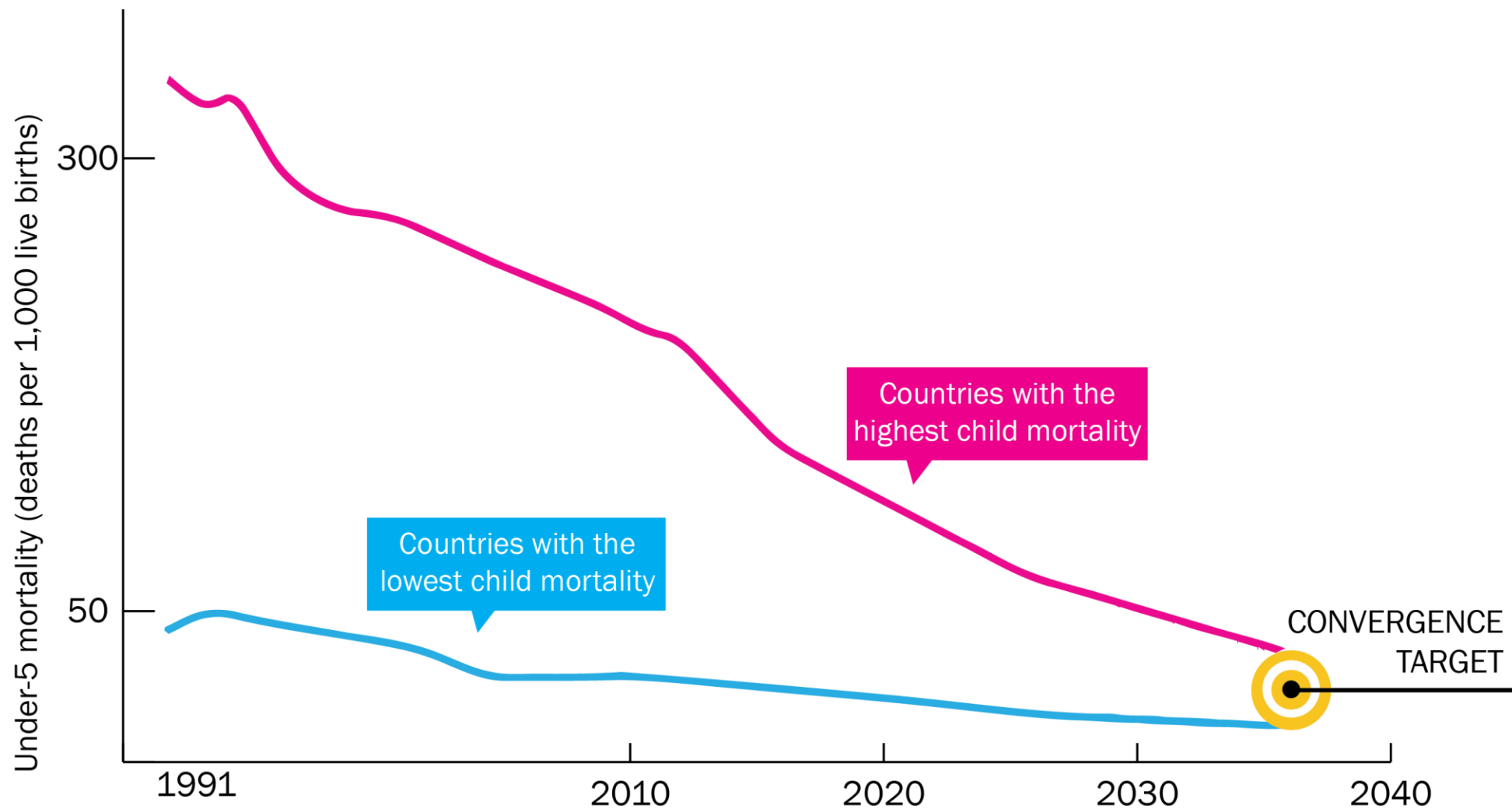
THE LANCET

Global health 2035: a world converging within a generation

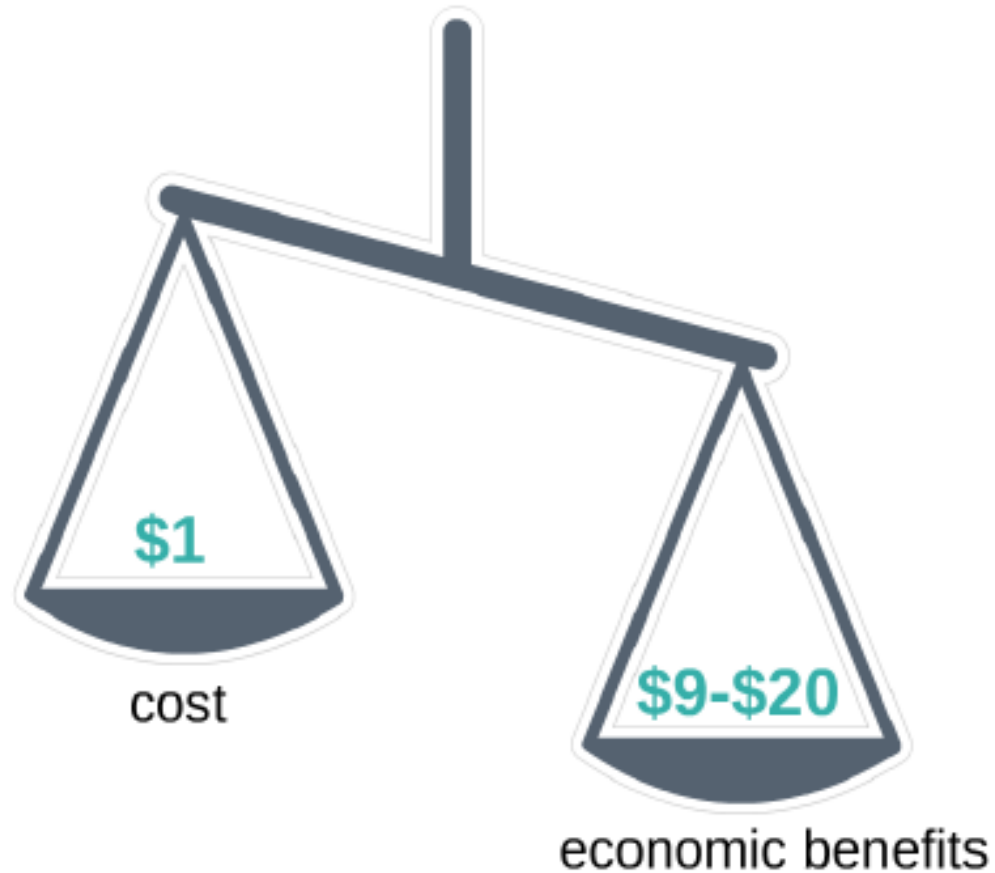
Dean T Jamison, Lawrence H Summers*, George Alleyne, Kenneth J Arrow, Seth Berkley, Agnes Binagwaho, Flavia Bustreo, David Evans, Richard G A Feachem, Julio Frenk, Gargee Ghosh, Sue J Goldie, Yan Guo, Sanjeev Gupta, Richard Horton, Margaret E Kruk, Adel Mahmoud, Linah K Mohohlo, Mthuli Ncube, Ariel Pablos-Mendez, K Srinath Reddy, Helen Saxenian, Agnes Soucat, Karen H Ulltveit-Moe, Gavin Yamey*



Technical & Financial Feasibility of Convergence



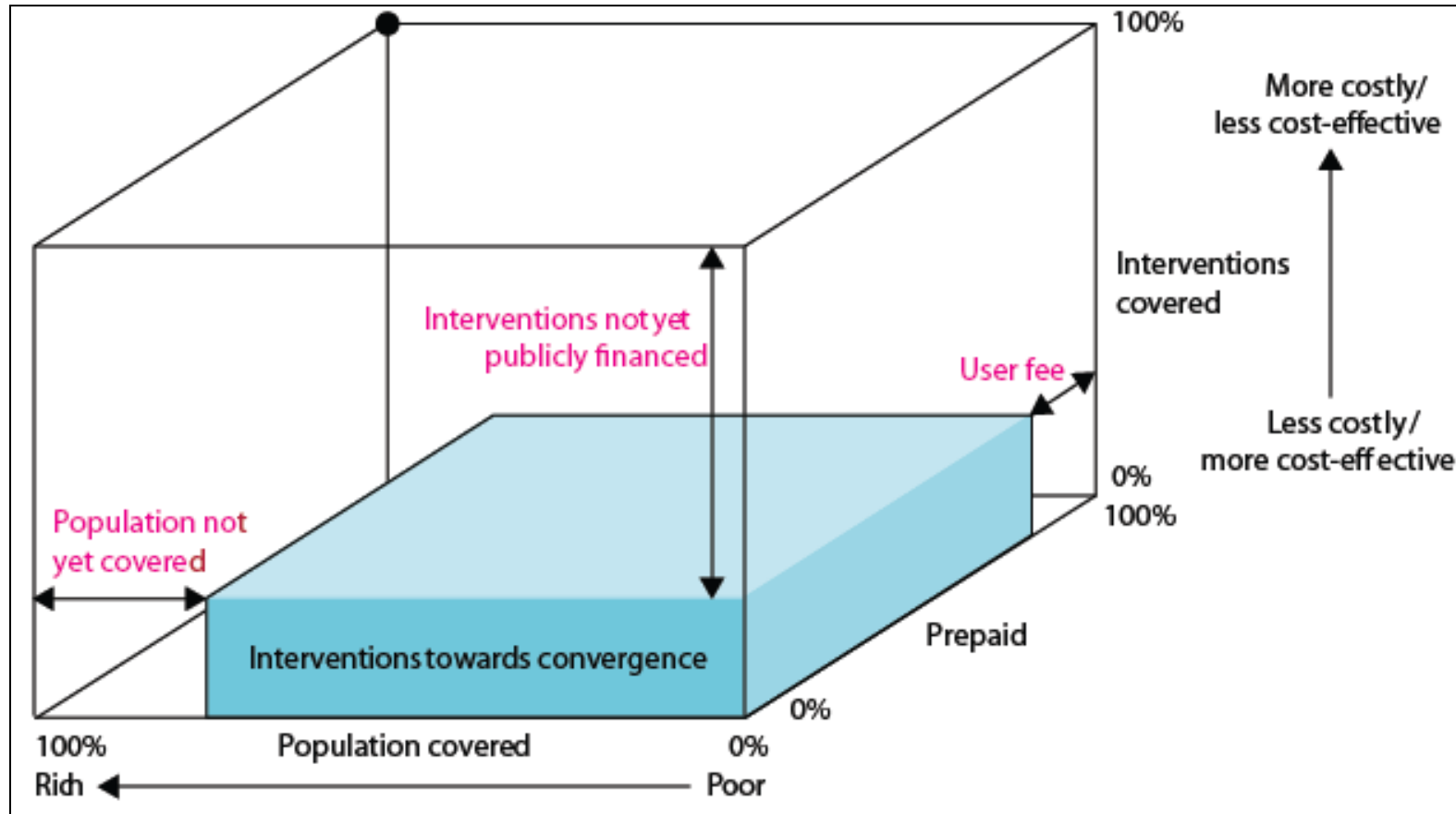
Impressive Returns from Investing in Grand Convergence



A GLOBAL INVESTMENT FRAMEWORK FOR WOMEN'S AND CHILDREN'S HEALTH

Preventable women's and children's deaths have been nearly halved since 1990. Despite this progress, many countries will fall short of achieving the Millennium Development Goals (MDGs) 4 (on child mortality) and 5 (on maternal mortality, with targets on reproductive health), and progress on MDG 6 (HIV/AIDS, TB and other diseases), which is inextricably linked, is slower than it needs to be. Accelerating evidence based and cost effective health investments will ensure that women and children receive the care and services that they deserve and can radically reduce millions of these deaths annually. Accelerating investments is not only affordable (US\$5 per annum, per capita, additionally, on top of current investments), but contributes to social and economic development, with an up to nine times rate of return. This investment is critical to achieving global health and development goals beyond 2015, and allows women and children to achieve that most basic of rights, the right to life.

Pro-Poor Universalism



The Commission on Investing in Health 2.0 - 2018

The Lancet Commissions



Alma-Ata at 40 years: reflections from the Lancet Commission on Investing in Health

David A Watkins, Gavin Yamey*, Marco Schäferhoff, Olusoji Adeyi, George Alleyne, Ala Alwan, Seth Berkley, Richard Feachem, Julio Frenk, Gargee Ghosh, Sue J Goldie, Yan Guo, Sanjeev Gupta, Felicia Knaul, Margaret Kruk, Rachel Nugent, Osondu Ogbuoji, Jinyuan Qi, Srinath Reddy, Helen Saxenian, Agnès Soucat, Dean T Jamison†, Lawrence H Summers†*



The Commission on Investing in Health 2.0 - 2018

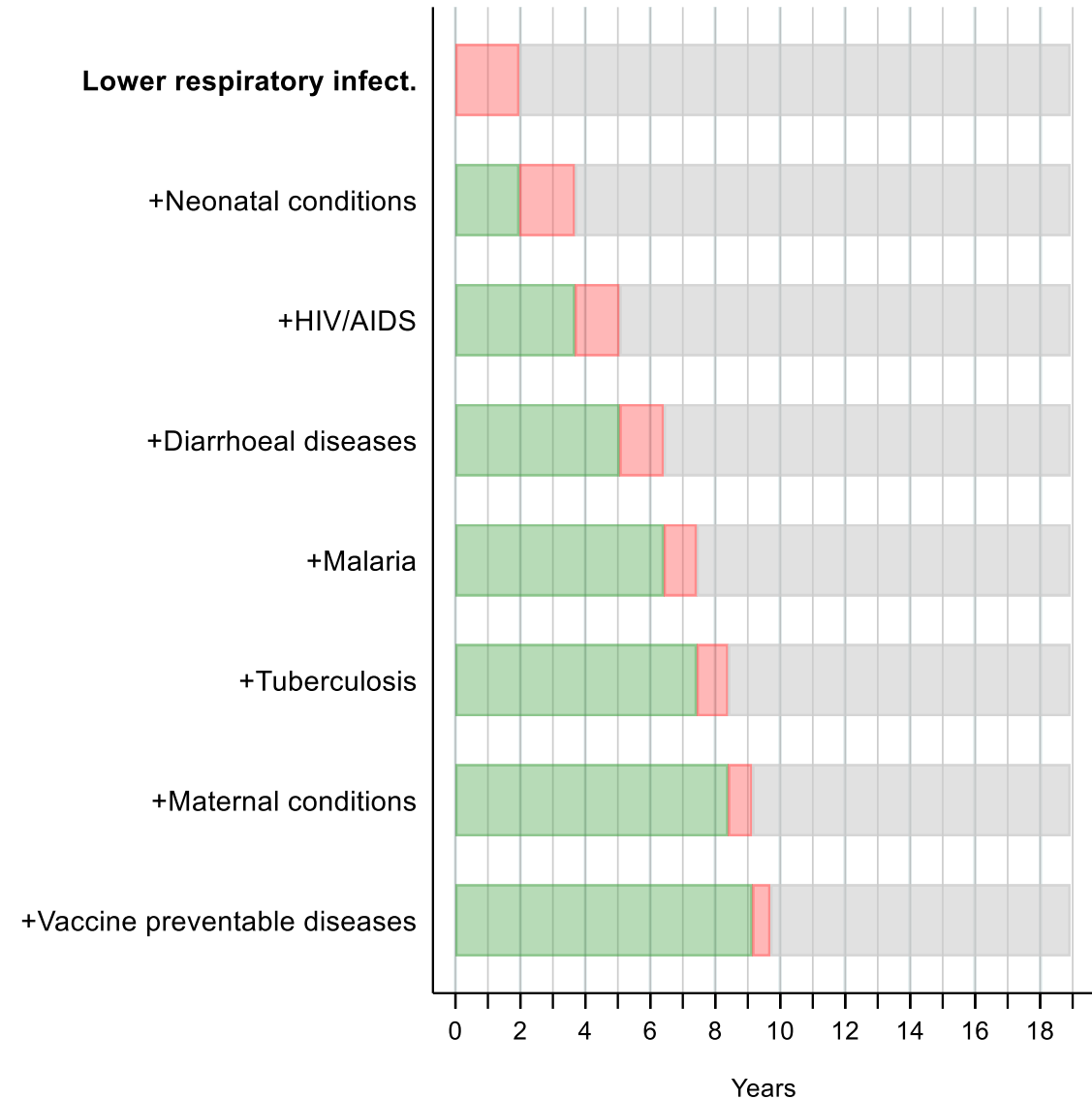
- **Reviewed progress toward grand convergence:** substantial vs. HIV and child mortality, less promising vs. TB and maternal mortality
 - Factors associated with progress: scale-up of existing evidence-based health interventions, roll-out of new health technologies (e.g., new ARV regimens)
- **Proposed a “concrete notion of UHC”:** an explicitly defined, guaranteed, publicly financed set of essential health interventions
 - Defined and costed 2 benefits packages: *essential UHC package* (218 interventions, of which 198 could be delivered via primary care platforms), *highest priority package* (subset of 108 interventions)
- **Priority package grounded in 6 pillars:** under-5 mortality, maternal mortality, prevention and treatment of neglected tropical diseases, family planning; water, sanitation, and hygiene measures; and adolescent-friendly health services



Convergence Remains Critical and RMNCH is at the Heart

Difference in female life expectancy between Sub-Saharan Africa and W Europe attributable to specific causes, 2019

Life expectancy difference is 19 years, over half due to convergence conditions



The Commission on Investing in Health 3.0 - 2024

CIH3 will assess:

- **Health financing:** Domestic financing for health and ODA in the post-COVID era: current trends, future investment opportunities
- **Progress:** Progress over the last 10 years in tackling AIDS, TB, malaria, maternal and neonatal mortality, and child mortality
- **Targets:** “Convergence” targets proposed in GH2035, and the technical feasibility, costs, and financing sources required
- **Threats:** Magnitude of pandemic risk and associated economic costs



Highlights:

- Feasibility of achieving “50 by 50,” i.e. a 50% reduction in premature deaths from the 2019 death rates by 2050 in each country
- Show how health gains contribute to economic welfare
- Quantify mortality and economic consequences of COVID-19, climate crisis, debt crisis, and ongoing conflicts

Towards 2050

Significant and impressive progress in the last decade in reducing child and maternal mortality and mortality from infectious diseases

CHI 3.0:

Will lay out pathways for *all countries* to achieve better health by 2050:

- Examining interventions, costs and financing sources
- Lessons will be drawn from the 20 best-performing and 20 worst-performing countries

PMNCH:

- Coordinating and uniting partners for knowledge uptake and evidence-based advocacy for WCAH investments
- Leveraging CHI3 evidence to inform multi-stakeholder dialogues and advance financial accountability
- Supporting and building capacities of stakeholders at global, regional and country levels, to support advocacy for more and better WCAH financing



Thank You!

