

Ten Steps to Health for All in the Poorest Countries

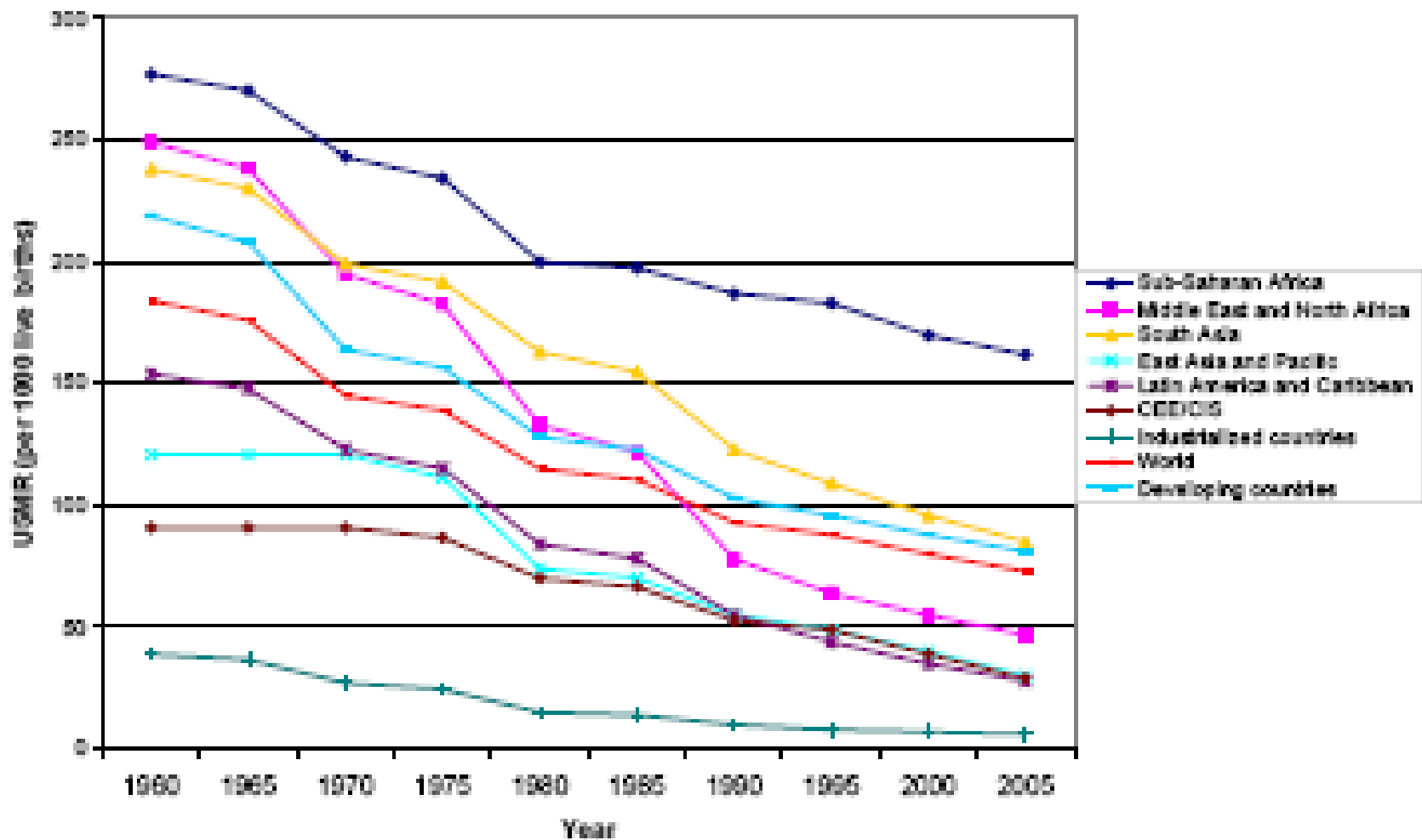
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International Union Against TB and Lung Disease

The 1948 Constitution of the **World Health Organization** declares the highest attainable standard of health to be a fundamental human right “without distinction of race, religion, political belief, economic or social condition.” The **Universal Declaration of Human Rights** of the same year declares the right to security in the event of sickness. The **Alma Ata Declaration** of 1978 called for “Health for All by 2000” through access to primary health facilities. The **Millennium Development Goals** adopted in 2000 call for a reduction of child mortality of two-thirds, maternal mortality by three-fourths, and the control of AIDS, malaria, and other diseases, by 2015 compared with a 1990 baseline.

On the coming 30th anniversary of the Alma Ata Declaration in 2008, and the mid-way point of the Millennium Development Goals, the world should re-commit to the basic human right and shared goal of Health for All, through **10 specific measures directed at science-based interventions and fulfillment of global commitments.**

Under-five mortality rates (UEMR) have declined during the period 1980-2005
Trends in the probability of dying before the age 5 by regions, 1960-2005

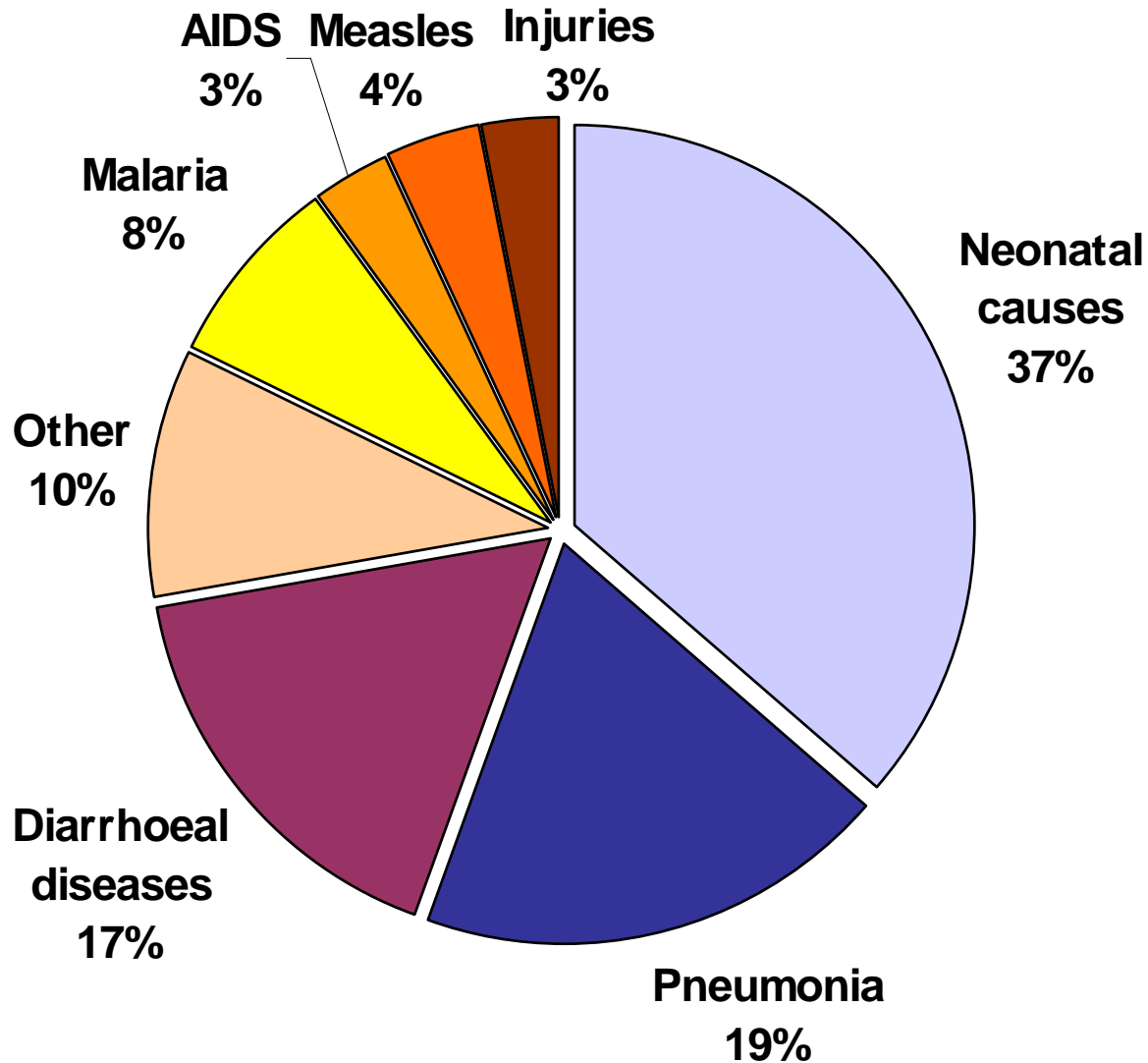


	Under 5 mortality rate		
	1970	1990	2006
UNICEF's Regions			
Sub-Saharan Africa	243	187	160
Eastern and Southern Africa	220	165	131
West and Central Africa	264	208	186
Middle East and North Africa	195	78	46
South Asia	199	123	83
East Asia and Pacific	121	55	29
Latin America and Caribbean	123	55	27
CBE/CIS*	91	53	27
Industrialized countries	27	10	6
Developing countries	164	103	79
Least developed countries	244	180	142
World	145	93	72
	Under 5 deaths [in millions]		
	1970	1990	2006
Sub-Saharan Africa	3.2	4.1	4.8
Eastern and Southern Africa	1.5	1.8	1.9
West and Central Africa	1.7	2.4	2.9
Middle East and North Africa	1.3	0.8	0.4
South Asia	5.6	4.7	3.1
East Asia and Pacific	4.9	2.0	0.9
Latin America and Caribbean	1.3	0.6	0.3
CBE/CIS*	0.6	0.4	0.1
Industrialized countries	0.4	0.1	0.1
Developing countries	16.7	12.5	9.6
Least developed countries	3.6	4.0	4.1
World	17.3	12.7	9.7

* Central and Eastern Europe and the Commonwealth of Independent States

Global distribution of under-five deaths by cause

% distribution of deaths among children under age five, by cause, 2000-03



There are, of course, long-proven protocols for each of these killer conditions, long established as feasible even in the settings of extreme poverty

The same is true for TB, maternal deaths, and other life-taking conditions among the poor

Recent successes have been demonstrated at national scale in:

Measles

Malaria

Polio

NTDs

TB (in some regions)

and countless other conditions below national scale in many low-income countries

1. Rich countries should devote 0.1 percent of GNP (\$35 billion per year as of 2006) to health assistance for poor countries

This, combined with national efforts, will ensure Access for All to primary health services, which should be free of charge at point of delivery

2. Half of that should be channeled through the Global Fund to Fight AIDS, TB, and Malaria

HIV/AIDS	\$8
TB	\$2
Malaria	\$2
NTDs	\$0.5
Health System Strengthening	\$5
Total through the Global Fund	\$17.5

3. Low-income countries should fulfill the Abuja Commitment of allocating at least 15 percent of domestic revenues to the health sector. Total spending (domestic and external funding) should be greater than \$50 per person per year in order to ensure basic health services.

4. The world should adopt a plan for comprehensive malaria control by 2010, with an end of malaria mortality by 2012 (estimated cost \$3 billion per year)

5. The G-8 should fulfill the commitment to universal access to ARVs by 2010

6. The world should fulfill the Global Plan to Stop TB, including closing the financing gap of at least \$1 billion per year and rising.

The Global Plan envisages cutting by half the prevalence and deaths due to TB by the year 2010 compared with 1990, treatment of MDR-TB and XDR-TB, Detection rates of at least 70% and cure rates of at least 85%

7. The world should fulfill the funding for access to Sexual and Reproductive Health Services, including emergency obstetrical care and contraception, by the year 2015

8. The Global Fund should establish a window for 7 neglected tropical diseases which can be controlled by mass chemotherapy: hookworm, ascariasis, trichuriasis, onchocerciasis, schistosomiasis, lymphatic filariasis, and trachoma

9. The Global Fund should establish a window for health systems, including mass training of community health workers

The Community Health Worker model, with strong links between trained health workers and the health facilities, is vital to success

10. The world should introduce primary health care (mass prevention and treatment) of non-communicable diseases, including: oral health, eye care, mental health, cardiovascular disease, and metabolic disorders, including measures on lifestyle (smoking, trans-fats, urban design for a healthy environment), surveillance, and clinical care.

Health for All of course depends on much more than the Health system, and includes:

Economic development

Adequate nutrition

Safe water and sanitation

Safe home environment (e.g. cookstoves)

Access to emergency services

Telecommunications and transport

These can be introduced in a holistic manner, as in the

MILLENNIUM VILLAGES PROJECT