



## The Taskforce on Innovative International Financing for Health Systems

13 March 2009

### **\$30 billion needed to save 10 million women and children's lives in the world's poorest countries**

#### **Independent Working Group sends health warning to Taskforce led by UK PM Gordon Brown and World Bank President Robert Zoellick**

LONDON: [Friday 13 March 2009] More mothers and children will die of preventable diseases this year than in 2008 as the financial crisis derails improvements that poorer countries are making in their healthcare systems. Unless donors and developing countries meet international targets for increasing support to health care are achieved, the funding gap will be an estimated \$30 billion a year by 2015. This money is needed to make rapid progress towards strengthening health systems in the world's poorest countries and ensuring basic healthcare services are made available to all – the poor as well as the better off. Unless more resources are found, the health-related Millennium Development Goals (MDGs) will not be met.

This warning comes in a report to the Taskforce on Innovative International Financing for Health Systems, chaired by UK PM Gordon Brown and World Bank President Robert Zoellick. The report stresses that even if poorer countries themselves and aid donors meet existing commitments, including all donors achieving 0.7% GNI for ODA and developing country governments investing 15% expenditure in healthcare, there will still be a funding gap of \$7 billion a year.

The Taskforce, which is focused on strengthening health systems in the poorest countries in the world, was launched by Gordon Brown and Robert Zoellick at the UN Millennium Development Summit in September 2008. They are joined on the Taskforce by world leaders from Australia, Ethiopia, France, Germany, Italy, Liberia, Mozambique and Norway as well as the World Health Organisation and the UN.



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At the moment, low-income countries spend \$24 a head on healthcare. This compares to the \$4,000 a head that rich countries typically spend on healthcare. While better healthcare systems have led to a fall in HIV AIDS infections and wider availability of malaria and TB vaccines, there is an urgent need to invest more in the fabric of developing country health systems; especially training and employing more health workers.

The Taskforce is also discussing a companion report published today containing initial proposals for new ways of financing healthcare to meet the gap in addition to aid. The report reviews a number of innovative options to raise and use additional money more effectively. It highlights the case for frontloading expenditure, using market mechanisms to stimulate health investments, and encouraging greater contributions from the public and the private sector. Further, it sets out that international external and domestic financing must increase simultaneously and be managed cohesively. The Working Group will report its recommendations before the G8 Summit in Italy.

The World Bank estimates that, if the current economic crisis persists, between 200,000 and 400,000 more children will die every year – between 1.4 and 2.8 million children before 2015. Any reduction in investment in healthcare will have devastating consequences for the sick and untreated, and has the potential to plunge new groups and nations into poverty.

### **The Facts – why funds are needed now:**

- Halfway to 2015, numerous countries are lagging behind in reaching the health MDGs.



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- Worldwide a child dies every three seconds, a mother dies in pregnancy or childbirth every minute and 7,000 people are infected with HIV AIDS every day.
- More than half a million women die from preventable complications in pregnancy and childbirth every year.
- Without this level of health expenditure over five million children and babies will continue to lose their lives, 56 million women will continue to lack access to skilled care at birth and over one million people will become infected with HIV AIDS.

The Working Group report recognises that the challenges facing the international community in terms of improving people's health in developing countries is not just one of funding; it is also an organisational and efficiency challenge. It is vital these concerns are met proactively by the members of the Taskforce. The issues and concerns of the Taskforce are not localised to the regions of the globe which are the poorest. If health systems collapse further and poverty increases, nations will be ill-equipped to build proper infrastructure and greater pressure will be felt by the world's wealthiest nations as a global financial crisis teeters dangerously on the edge of becoming a humanitarian disaster.

**For more information on the Taskforce and interviews with spokespeople:**  
[colleen@harrisprivate.com](mailto:colleen@harrisprivate.com) or call +44(0)7802 296 737 or +44(0)20 7223 4512

**-ENDS-**

About the Taskforce:

In September 2008 world leaders came together in New York, convened by the UN, to renew commitments to achieving the MDGs. 10 million lives are now at risk as the drive towards the health MDGs lags as a result of urgently needed financing.

The prevailing global economic crisis is putting further pressure on the MDGs and urgent financing is required to achieve the three health goals of cutting child mortality, improving maternal health and combating HIV/AIDS, malaria and other



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diseases. To date more than 50% of health aid provided directly to countries has supported the communicable disease MDGs, leaving just \$2.25 per capita for the remaining health goals. Better use of both domestic and international resources is urgently needed to maximize the impact of current and forthcoming investments in health, and \$30bn of additional financial support is required per annum by 2015.

The Taskforce will:

1. Make recommendations on the mix of innovative international financing mechanisms needed to deliver the extra resources required;
2. Promote international support for these recommendations to ensure they are implemented.

Two independent Working Groups were established to advise the Taskforce on the constraints and costs of the funding gap and the mechanisms for raising and channelling the funds.

Working Group I co-chairs: Julio Frenk (Dean, Harvard School of Public Health)  
Anne Mills (Head, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine)

Working Group II chair: Anders Nordstrom (Director General, Swedish International Development Co-operation Agency)

Taskforce members:

1. Prime Minister Gordon Brown (United Kingdom) (co-chair)
2. Robert Zoellick (President of the World Bank) (co-chair)
3. President Ellen Johnson-Sirleaf (Liberia)
4. Prime Minister Jens Stoltenberg (Norway)
5. Tedros Adhanom Ghebreyesus (Health Minister, Ethiopia)
6. Bernard Kouchner (Foreign Minister, France)
7. Giulio Tremonti (Finance Minister, Italy)
8. Heidemarie Wiecek-Zeul (UNSG Special Envoy for Finance for Development Conference & Development Minister, Germany)
9. Stephen Smith (Foreign Affairs Minister, Australia)
10. Margaret Chan (Director-General of the World Health Organization)
11. Graça Machel (President and Founder, Foundation for Community Development, Mozambique)

Phillippe Douste-Blazy the UN Secretary-General Special Envoy on Innovative Financing serves as Special Envoy to the Taskforce.



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For more information on the work of the Taskforce and copies of the Working Group reports please visit [www.internationalhealthpartnership.net/taskforce.html](http://www.internationalhealthpartnership.net/taskforce.html)