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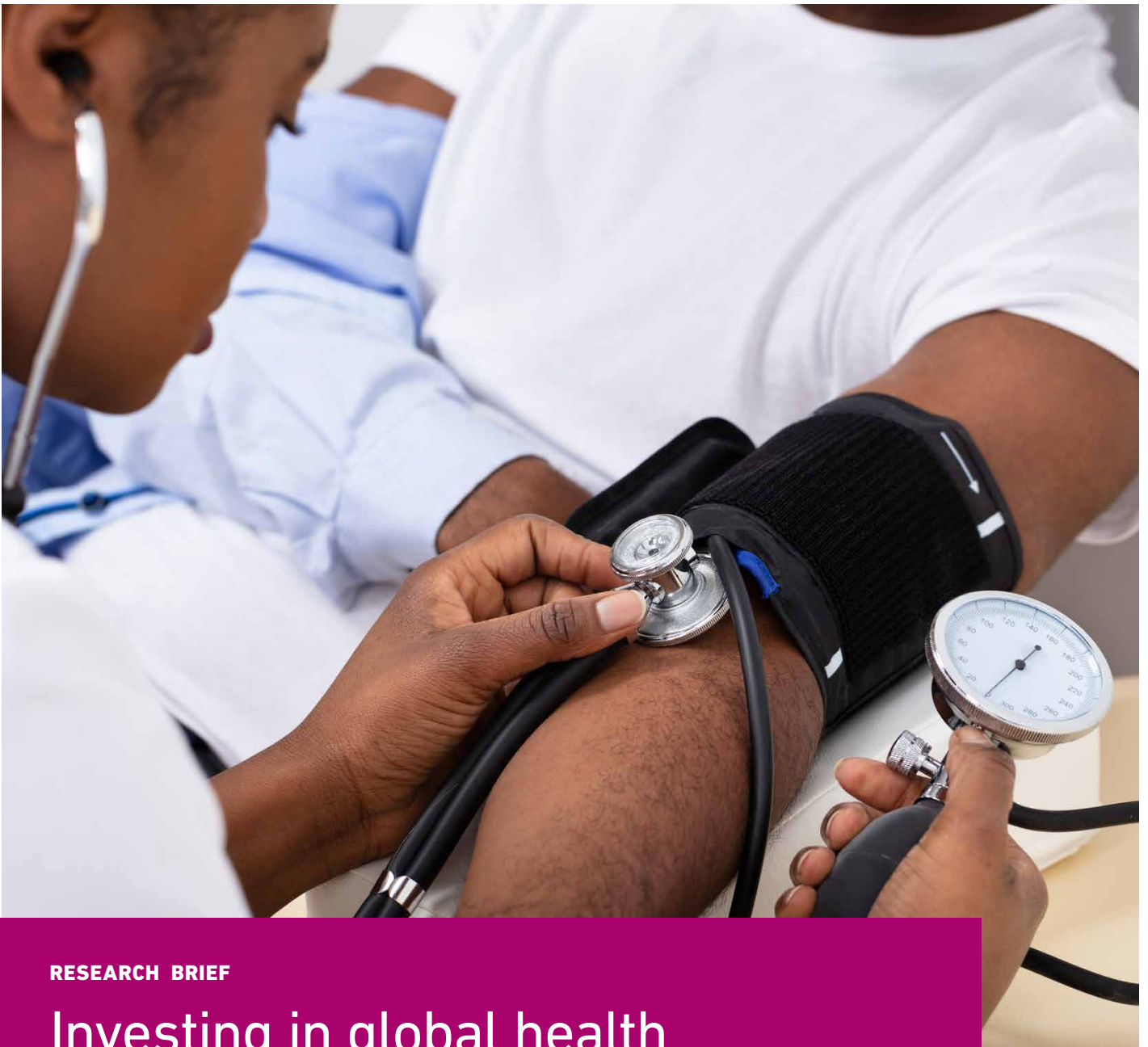
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**RESEARCH BRIEF**

Investing in global health programmes saves lives

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Research shows that there are very effective approaches to saving lives through development cooperation. In this report, we focus on investing in the health of people in low-income countries. Achieving the Sustainable Development Goals requires increased public investment in global cooperation — and in global health in particular. The cost-effectiveness of various interventions in global health is backed by research. Public investment through international cooperation on global health programmes also protects Switzerland and the global community from global health threats.

Ensuring the health of the population plays a central role in sustainable development. Good health promotes education, economic productivity, and social development, all of which contribute to poverty reduction in the long term. The COVID-19 pandemic has shown how important it is to strengthen healthcare systems worldwide. Investing in global health can help to prevent future pandemics or to be better prepared for them.

The third of the Sustainable Development Goals (SDGs) adopted in 2015 calls for ensuring 'a healthy life for all at all ages'. This includes access to basic health services, safe, effective, high-quality, and affordable medicines and vaccines, as well as protection against financial risks arising from illness. This is an ambitious goal for many poor countries given the current reality. Even before the COVID-19 pandemic, the World Health Organisation (WHO) estimated that low- and middle-income countries would have to significantly increase their health spending in order to achieve the health-related SDGs (WHO, 2021). Recently, a variety of additional factors have increased the need for additional resources to realise universal health coverage. These include disruptions to health services due to conflict, the effects of climate change, and economic instability (World Bank, 2022).

Progress in combating global poverty and improving health

Worldwide, we have seen massive progress in the fight against poverty and for improved global health. Until 1950, one in five children worldwide died before their fifth birthday. Today, that number is one in 25 children. Maternal mortality has also been reduced in the last 25 years, from 385 down to 216 women dying from complications out of every 100,000 live births (Our World in Data, 2023). Extreme poverty, measured against the international poverty line of USD 2.15 per day, has halved in the same period (World Bank, 2023). Life expectancy has also increased significantly in many countries: in Ethiopia, from 34 years in 1950 to 65 years in 2015; and in China, from 43 years in 1960 to 76 years in 2015. Investments in vaccination campaigns over the last 25 years, for example, have contributed greatly to this historic progress (Vanderslott and Roser, 2022).

Major differences between rich and poor countries remain

Despite considerable progress, global disparities remain immense. In low-income countries, the infant mortality rate is around ten times higher than in high-income countries. In sub-Saharan Africa, the maternal mortality rate is still 546 maternal deaths per 100,000 live births, compared to 10 in Western

Europe—a 50-fold difference (World Bank, 2023). One of the main reasons for these inequalities is the lack of financial resources available to those living in poverty. In addition, healthcare systems in low-income countries face a double financial burden: the high rate of non-communicable diseases and—in particular—road traffic accidents, alongside continued high morbidity and mortality due to infectious diseases (Maher et al., 2010). Worldwide, the most common causes of death among adults are now non-communicable diseases, such as cardiovascular diseases, cancer, and diabetes, whereas in low-income countries, infectious diseases such as tuberculosis, HIV/AIDS and malaria continue to be among the main causes of death alongside pregnancy complications. Among populations living in poverty, however, the two most common causes of death are diarrhoeal diseases and respiratory infections, both of which could be completely avoided if the people affected did not have to struggle with extreme poverty (WHO, 2023).

Development cooperation as a cornerstone for global health

In 2018, the health sector accounted for 13% of bilateral and multilateral development cooperation (Development Initiatives, 2020). Currently, around 30% of spending in the health sector in low-income countries is financed by external resources such as official development cooperation (WHO, 2021). Development cooperation is therefore an important cornerstone of the health sector in many low-income countries. At the same time, citizens bear a large proportion of healthcare costs themselves. The so-called 'out-of-pocket' share of the costs for the treatment of illnesses paid by individuals in low- and middle-income countries is almost 40%, while in high-income countries it is only around 10%.

Support for development cooperation from the public sector is high

There is majority support among the Swiss population for the expansion of official development cooperation. In 2021, NADEL conducted the first nationwide survey on the attitudes and commitment of the Swiss population to development cooperation with the aim of understanding Swiss perception international cooperation. Around 55% of respondents stated that Switzerland's development cooperation should be increased (NADEL, 2021). The 'Security 2023' study, also conducted by ETH Zurich, confirms this finding, with as many as 65% of respondents believing that Switzerland should provide more development aid (Szvircsev Tresch et al., 2023).

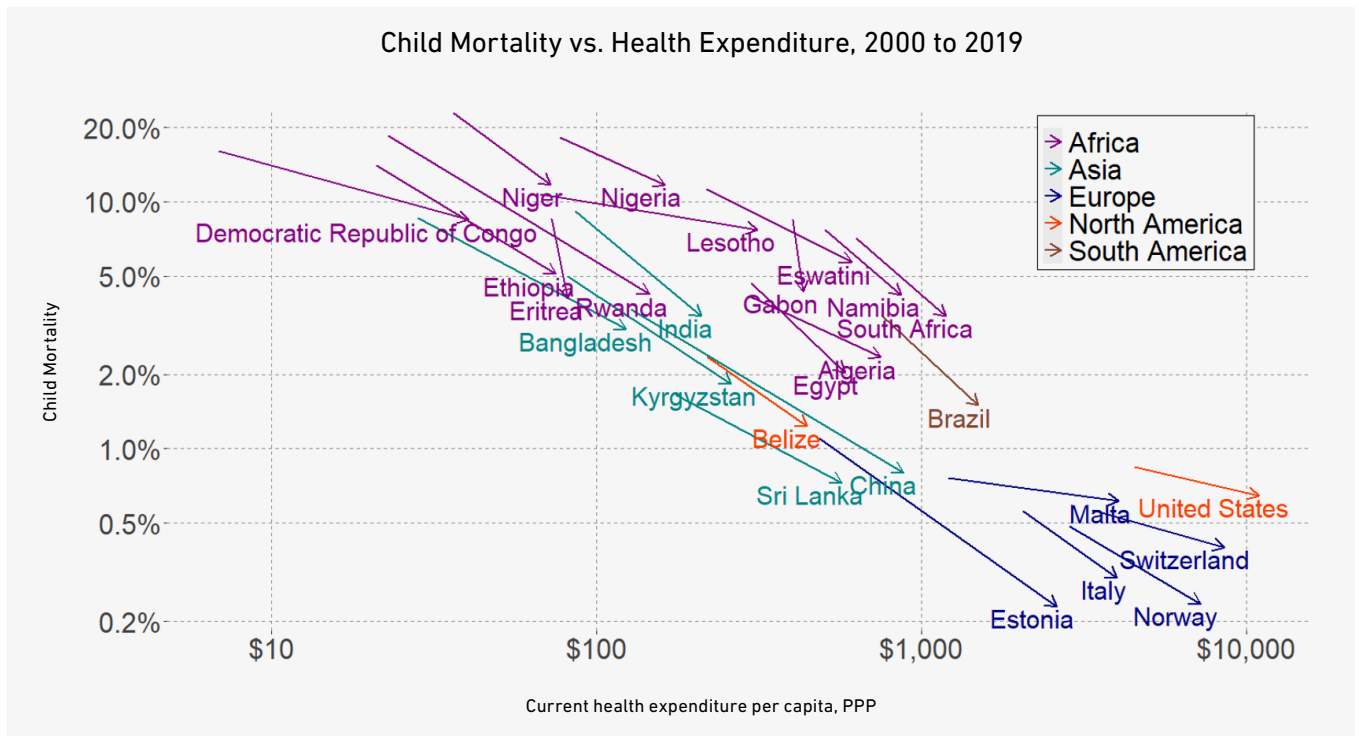


Figure 1: Healthcare expenditure per capita is measured in current international-\$, which adjusts for price differences between countries. Under-five mortality is the share of newborns who die before reaching the age of five. Logarithmic scales were used for both the x and y axes.

Data source: United Nations Inter-agency Group for Child Mortality Estimation (2023); World Health Organization (via World Bank).

Countries with higher healthcare expenditure have lower infant mortality rates

There is a close relationship between public spending on health and a country’s health situation (Figure 1). The visualisation makes it clear that higher healthcare expenditure correlates with lower infant mortality, and that there remain considerable differences in health spending across geographies. In Niger, only 73 international dollars per capita were spent on health in 2019, while 8,532 international dollars were spent in Switzerland. The ratio between these two countries is 1 to 117. As can be seen in the visualisation, this inequality remains relatively constant over time.

New research methods show that international cooperation saves lives

New research methods such as impact studies and randomised controlled trials (RCTs) make it much easier to measure and assess the impact of certain international cooperation programmes. These approaches to impact measurement were also honoured with the Nobel Prize in Economics in 2019. Their re-

sults make it clear that various interventions in the area of global poverty are extremely cost-effective and save lives.

Example: Mosquito nets against malaria

Significant successes have been achieved in the fight against malaria in recent years. Between 2000 and 2015, the number of malaria deaths fell by more than 40%. However, despite this progress, around 500,000 people still die from malaria every year (WHO, 2021a). Mosquito nets can massively reduce the risk of infection. Studies show that investing in the distribution of mosquito nets has a significant impact in the fight against malaria. For example, a study published in *Nature* in 2015 estimates that between 2000 and 2015, around 68% of the reduction in malaria cases can be attributed to insecticide-treated mosquito nets (Bhatt et al., 2015). The authors of the study estimate that 663 million cases of malaria were prevented over the 15-year period. The importance of global efforts to provide free mosquito nets is supported by studies showing that the demand for nets is up to 60% greater when they are provided free of charge, and that usage of free nets remains the same as that of paid nets (Cohen and Dupas, 2010). Exact calculations of the cost per life saved from using mosquito nets against malaria depend on various factors, and range from several hundred francs (Cohen and Dupas, 2010) to several thousand francs (Akhavan et al., 1999).

Even given this range, the cost is extremely low compared to healthcare cost per life saved in high income countries.

Example: Vaccination campaigns

The global community has helped to save millions of lives and increase life expectancy in many parts of the world through vaccination campaigns. It is estimated that between 2010 and 2019, measles vaccinations alone prevented 25 million deaths (Patel et al., 2020). Another example is smallpox, which killed hundreds of millions of people over the course of recorded human history and has now been eradicated thanks to vaccination. Various studies also show that to maximise uptake of vaccinations, it is often worthwhile to supplement vaccination offers with text-message reminders for vaccination appointments as well as incentives such as lenses or cash transfers (e.g., Eze, Lwani & Acharya, 2021; IDinsight, 2020).

However, although immunisation rates have improved massively in recent decades, more than 20 million children still have not received basic vaccinations as of 2022.¹ Almost 60% of these children live in just 10 countries in Africa, Asia and South America (WHO, 2023a). Additional public investment is therefore urgently needed to close these gaps. It is also important to invest in the development of new vaccines that help people in poor countries in particular. As the research of Nobel Prize winner Prof Michael Kremer shows 'Advanced Market Commitments' can play an important role here (WHO, 2023a).

Strong synergies exist between different development goals using the example of health and education

Alongside health is central to quality of life and productivity at an individual level and to human capital at a societal level, and is therefore crucial to a country's development. The development goals of education and health can be successfully combined through targeted programmes. School lunch programmes not only ensure better nutrition, they also make school attendance more attractive, which leads to regular attendance. Another example is deworming programmes, which improve children's food intake and strengthen their immune systems. When a programme in Kenya offered free anti-worm medication in schools, the number of children who did not attend school fell by 25% (Miguel and Kremer, 2004). Deworming treatments cost around US\$0.50 per child and are therefore a cost-effective measure to improve children's health and at the same time increase participation in lessons and school performance (Muralidharan, 2017).

Increased investment in health is needed to achieve the SDGs

A study published in *The Lancet* concludes that with the right interventions, premature deaths in low- and middle-income

countries can be reduced by an estimated 4.2 million per year by 2030 (Jamison et al., 2018). The exact number of lives that can be saved by investing in global health depends on various factors, including the level of investment, the type of programmes and the specific health problems addressed. It is also difficult to give an exact figure as health programmes often have long-term effects that are difficult to predict. Nevertheless, the estimated total cost of needed health measures turns out to be significant: around 9.1% of (current) gross national income (GNI) in low-income countries and 5.2% of GNI in lower-middle-income countries. According to the authors, increased investment or sustainable intersectoral measures are therefore required to fully realise the SDG health goals (Jamison et al., 2018).

While public spending remains the main source of health financing, many low- and middle-income countries are likely to struggle to raise the necessary funds. It is therefore likely that expanded international cooperation is necessary to achieve the ambitious SDGs. At the same time, the global economy and many national budgets are under pressure, which has an impact on development cooperation.

Many investments in global health programmes are not only cost-effective, but also serve the self-interest of high-income countries such as Switzerland and the global community, particularly in terms of pandemic prevention. They contribute to improving the quality of life of millions of people and simultaneously help to minimise global health risks. The promotion of global health programmes supports the World Health Organisation's goal of 'Health for All', helps to reduce inequalities in healthcare, and improves access to healthcare in disadvantaged communities.

Recommendations

- In order to achieve the Sustainable Development Goals, public investment in global health programmes must be increased.
- In order to tackle existing global health problems, effective programmes should be continued and expanded, especially in the poorest countries. Research provides indications as to which programmes are particularly effective.
- Since low-income countries cannot solve the health problem on their own, international cooperation is needed.

¹ Refers to vaccination against diphtheria (D), tetanus (T) and whooping cough (P).

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