Chapter 8

The Way Forward: A Blueprint for Action

Vast progress is needed in health, and vast progress is possible. *DCP2* recounts substantial successes that have been achieved in human health during the course of the past century. Public health interventions have reduced infant deaths, prevented epidemics, and managed chronic illnesses. From studies that look at historical trends to those that analyze particular cases, *DCP2* makes clear that these achievements are largely the consequence of technical progress, understood broadly to include not only innovative medical interventions but also public health initiatives, improvements in organizing and financing the delivery of care, and beneficial changes in other sectors. Waiting for economic growth to improve health would be a mistake when developing and applying knowledge can achieve so much.

Appreciating past success, however, should not hinder recognition of the extent and gravity of the challenges that still lie ahead. Many of these challenges involve infectious diseases that are disproportionately concentrated among the poor. HIV/AIDS is prominent in terms of the social disruption it has caused in countries with high prevalence and the urgent need for multipronged actions to prevent and treat it. The disease burden of malaria is obstinately high despite decades of work to reduce it, and the emergence of drug-resistant strains makes controlling infectious diseases like malaria and TB a continually moving target.

Some challenges direct attention directly to the weaknesses of health systems. *DCP2* points out that the gap between high- and low-income countries in the risk of death during childbirth is 500 to 1—the most extreme contrast among all health indicators—and reducing maternal mortality requires that a continuum of services be available to address risk factors and complications. The challenge of reducing infant

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mortality, particularly during the neonatal period, also depends strongly on public action to assure that a range of good quality, basic health care services be made available equitably.

The developed and developing countries share much of the burden of noncommunicable diseases, such as the high burden of CVD and diabetes. Responding to the resultant challenges requires collaborative efforts to learn the best ways to prevent and treat such diseases. Low- and middle-income countries can also anticipate trends that high-income countries have already experienced, such as rising mortality from traffic injuries or environmental contaminants, and need to take cost-effective actions today to avoid unnecessary deaths tomorrow.

Ultimately, the uneven application of knowledge and resources results in unjustifiable health gaps between rich and poor, whether within or between countries. Assuring that the benefits of scientific and technical progress are shared quickly and effectively on a global scale is perhaps the biggest challenge of all.

Even though the selection and design of interventions is not something that can be characterized in a single universal plan, some common features do emerge from *DCP2:*

- Assuring that cost-effective interventions to address the major burdens of disease are delivered and available to everyone is the only way to close the health gap between the haves and the have-nots.
- Having adequate public financing is a critical ingredient for successful public health interventions.
- Bridging the current large gaps in health requires increased and more effective international financial and technical assistance.
- Improving health often requires collaboration with other sectors, such as transportation, education, agriculture, law enforcement, and finance.
- Strengthening health systems multiplies the effect of expenditures by making health interventions more cost-effective and permitting greater integration of services.
- Building knowledge in basic sciences, applied sciences, and management is necessary for research and product development that will feed progress in the future.

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Thus the research and analysis in *DCP2* yields two overarching messages. First, more resources are needed for effective health interventions in low-income countries if the glaring inequities in health are to

be narrowed. With more resources, highly cost-effective interventions—such as basic vaccines, deworming drugs, and ORT—that improve health can be brought to places that lack them. With more resources, coverage of basic health care services can be extended and become more equitable. More resources can also be channeled into research, with the priorities being diseases for which cost-effective interventions are not yet available and obstacles to effective health care delivery where existing institutions are failing.

The second message is that much more could be done to improve health with existing resources if knowledge of cost-effective interventions were applied more fully. *DCP2* demonstrates that current resources can yield substantial health gains when knowledge of cost-effective interventions is acted upon. Resources are wasted when the wrong interventions are selected or low-quality care becomes an accepted norm. By documenting the scale of the disease burden, the cost-effectiveness of different interventions, and the practical solutions available to assure implementation, *DCP2* provides blueprints for doing better, even under trying circumstances.

Applying the information, analysis, and strategies set out in *DCP2* requires a careful assessment of the local situation, including patterns of disease, institutional capacity, and resources. Combining insights from *DCP2* and knowledge of their local situation, actors at many levels—from parliamentarians and health ministers to hospital administrators, health care workers, and concerned citizens—will be able to set priorities, select appropriate interventions, devise better means of delivery, improve management, and be more effective in mobilizing resources. In this manner, the benefits of technical progress in improving health can be extended and shared by all.

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