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Desk

HEADLINE: Health Aid for Poor Countries

BODY:

On the list of factors keeping poor countries poor -- bad governance, war, natural disasters -- a prominent place must go to disease. By the most conservative estimates, malaria robs sub-Saharan Africa of 6 percent of its economic strength, and the actual figure could be even higher than 50 percent. As AIDS spreads, the situation will be even more devastating. Disease cuts the lifespan of workers and reduces productivity. High infant mortality compels families to have many children; the families are thus able to spend less on the health and education of each child, and mothers are kept from joining the work force. Disease discourages tourism and investment.

The health of the world's poorest nations is normally and properly measured in lives. Now, a new study commissioned by the World Health Organization puts a dollar figure on the rewards of improving health among the globe's poor. It makes a compelling argument that a dramatic increase in health spending by both rich and poor nations would produce huge economic and human benefits. The Commission on Macroeconomics and Health, led by Prof. Jeffrey Sachs of Harvard, asks rich countries to spend an extra one-tenth of 1 percent of their economies on the health of the poor. In Washington's case, this would mean doubling current health aid, an extra \$10 billion a year. If all wealthy countries cooperated, it would add \$38 billion a year to health spending by 2015. The commission argues that if that money went to poor nations that also spent more and improved their health care systems, these countries would see at least \$360 billion a year in economic gains, lifting millions of people out of poverty. And not incidentally, eight million lives a year would be saved.

The study has been well received in Europe, where several prominent leaders have called for a sharp increase in health spending. In Washington, the response has been skeptical. Mr. Sachs and his co-

authors, including Harold Varmus, formerly the head of the National Institutes of Health, say that one of the biggest obstacles to reaching the study's goals is changing the American view of foreign aid. Here, help for the third world is dismissed as waste, and Washington finds foreign aid money in the scraps left over after tax cuts and multibillion-dollar increases elsewhere.

It is hard to imagine anything less wasteful than the health spending recommended, in terms of the good it does and its cost-effectiveness. While foreign aid has often failed to produce results, health improvements are actually the easiest to deliver. We know how to cure a case of tuberculosis for \$15, but many poor countries cannot afford even that for TB victims. The world knows how to administer childhood vaccines, a simple and cheap measure that saves three million lives a year. But in many nations vaccine coverage is dropping because the money is not there. In the world's 60 poorest nations, the average per capita health spending every year is \$13. The W.H.O. report recommends that as a minimum, this should rise to \$34. In the United States the figure is \$4,500.

Improving the health of poor countries would be an investment with payoffs for America as well. A more prosperous and stable third world would experience fewer conflicts and disasters, and would eventually spend more money buying American exports. But Washington does not need self-interest to increase its health aid. The chance to save lives and reduce poverty should be incentive enough.