UK health, science, and overseas aid: not what they seem

On Oct 20, the UK's coalition Government released its spending review for the next 4 years with the aim of achieving long-term fiscal stability. The cuts to public spending set out in the review are the deepest in living memory, but the Chancellor George Osborne confirmed that spending on health and overseas aid would be ring-fenced. The coalition Government also shelved previous plans to take an axe to funding for scientific research. Taken at face value, the stay of execution granted to medicine, science, and development aid should be reassuring. But perhaps judgment should be reserved.

First, look at health. The Comprehensive Spending Review has already been welcomed by the Organisation of Economic Cooperation and Development's Secretary-General Angel Gurria: "The measures are tough, necessary and courageous. Acting decisively now is the best way to secure better public finances and bolster future growth." However, Gurria also pointed out that further efficiency savings would be needed in health-care services.

A real challenge faces the National Health Service (NHS) in England. Although the health budget will increase by £10 billion to a total of £114 billion over the next 4 years—equivalent to a 0·1% rise per year in real terms—in recent years health spending has risen annually by over 4% in real terms. Many factors could lead to increased health-care costs, including the ageing population, a rising prevalence of obesity, the price of new medicines, the promised cancer drugs fund of £200 million, and the £1 billion a year needed to support social care that overlaps with the NHS (for example, rehabilitation care).

According to the White Paper, *Equity and excellence: liberating the NHS*, general practitioners (GPs) are to assume control of £80 billion of the NHS budget, which means that 151 Primary Care Trusts and ten Strategic Health Authorities are to be replaced by GP consortia. Most GPs have trained as doctors, not managers or accountants. Private sector health-care companies expect 60 or so consortia nationwide to turn to them for commissioning responsibilities. Liberal–Conservative health reforms will outsource the NHS to the likes of UnitedHealthcare, Humana, and Tribal. Most doctors' leaders have preferred to ignore this uncomfortable truth.

What of medical research? The UK has a tradition of excellence in science and medicine—this year Robert Edwards was awarded a Nobel prize for medicine, and David Weatherall won a Lasker Award. The UK is also the most productive research nation per head in the G8, producing 14% of the most highly-cited papers and 9% of total research publications, despite making up just 1% of the world's population. The Government has listened to the scientific community's argument that continued investment in science is vital to the UK's future success, and over £700 million a year on research and development from the Department of Health will be protected in real terms. Also, the spending review promises a real-term increase in the Medical Research Council's budget. "It is vital that we retain a good science budget and invest in our science base", said Prime Minister David Cameron. The research community must now ensure that it delivers on this vote of confidence. New research is too often wasteful because of insufficient attention to important elements of study design or conduct. Imprecise scientific questions might be asked, and inadequate research methods used. Action to minimise waste in the conduct of medical research is needed because it has serious ethical and economic consequences.

Finally, aid. The amount that the UK's Department for International Development (DfID) spends on overseas aid is to rise from £7 billion to £11·5 billion over the next 4 years, and by 2013 the UK should meet its UN commitment to spend 0·7% of national income on overseas development. The money spent on countries in conflict will increase to £3·8 billion, with a larger proportion going to Afghanistan at the expense of peaceful but equally impoverished African nations. Not unreasonably, the government wants more focus on measurable results. However, just because one can measure something does not mean that it is important. Often the most important elements of effective aid (such as governance) are unmeasurable in straightforward terms.

Although the budget for the NHS, scientific research, and international aid has been protected, each dimension of health expenditure is not as protected or as safe as it seems. The NHS and DfID will undergo radical change, with further uncertainty on the horizon. Now is a vital moment for doctors and health researchers to pause and make sure that money devoted to health care, medical research, and overseas aid is used to deliver the greatest rewards in the most important areas. Relief should not give way to complacency. ■ *The Lancet*

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For more on **NHS reforming** see **Comment** *Lancet* 2010; **376:** 1373–75

For more on **avoidable waste in the production and reporting of research evidence** see **Viewpoint** page 1510

GAVI's challenges: funding and leadership

Corbis

See **Editorial** *Lancet* 2010; **372:** 2, and *Lancet* 2010; **374:** 1393

See **Correspondence** *Lancet* 2010; **375:** 638, *Lancet* 2010; **374:** 1595–96, and *Lancet* 2010; **373:** 209

See **World Report** *Lancet* 2010; **375:** 791

Since its launch in 2000, the mission of the GAVI Alliance has been to fund vaccination programmes in low-income countries with an annual domestic gross product below US$1000 per head. The Alliance so far has provided access to immunisation for more than 250 million children worldwide, contributed to an estimated 5·4 million saved lives, and protected many more against disabilities.

The Alliance's accomplishment has been the result of a unique public–private partnership that has pioneered and supported innovative and performance-based financing and programming-based approaches to global health. By bringing together developing countries, donor governments, research and technical institutes, civil society organisations, vaccine producers, and private philanthropists, the dynamics of the global vaccine market have changed through sustainable supply, research, competition, and price reduction.

The current 5-year goal of GAVI is to expand by 2015 its vaccination programmes to include combined vaccine against diphtheria, tetanus, pertussis, hepatitis B, and *Haemophilus influenzae* type B, together with pneumococcal and rotavirus vaccines. This initiative needs $7 billion in funding. So far, only $2·7 billion has been secured. The funding shortfall of $4·3 billion must be solved by June, 2011, during GAVI's pledging conference if more than 4 million child deaths are to be prevented.

The Alliance's future will depend on its soon to be appointed new leader, who must be an excellent fundraiser. GAVI depends too heavily on one foundation and the changing priorities of core donor countries. The new leader must be a strong global advocate to endorse vaccination as one of the most cost-effective health and developmental interventions, and one that is crucial for achieving the Millennium Development Goals. The individual must also be a passionate campaigner in promoting children's immunisation as a global public good and a shared responsibility of the world community—by being the voice of millions of children threatened by a preventable illness. Immunisation is far overdue to become a right rather than a privilege. ■ *The Lancet*

The UK's continued shameful neglect of migrants' health

The printed journal includes an image merely for illustration

Press Association Images

While all eyes are on the death of Jimmy Mubenga at the hands of a private firm contracted by the Home Office, another practice with potential fatal outcome by the UK Borders Agency continues quietly and unnoticed. In the context of a recent court case, it has come to light that people removed to countries where yellow fever vaccination is mandatory for entry are not given the vaccine. How does the Home Office get round this requirement?

A woman and her child who was born in the UK were removed to Cameroon last May without the child being vaccinated. Their appeal was rejected based on a letter from the Border Agency that states that there is no facility or obligation at the Yarl's Wood detention centre to provide yellow fever vaccine, and that "the Healthcare Manager at Yarl's Wood has confirmed that the vaccine can be given on arrival in the Cameroon and would be effective straightaway". This statement reveals either an astonishing level of incompetence or blatant dishonesty. All travellers are clearly advised to obtain yellow fever vaccination 10 days before travel to achieve adequate levels of immunity. In fact, vaccination certificates will only become valid 10 days after immunisation. So, when this woman and her child were entering Cameroon, were there special arrangements locally or between governments? One can only speculate.

Clearly, this is a further example of shocking indifference and double standards in providing preventive or medical care to those in immigration detention or without a valid UK visa. 2 years ago, we described the case of a woman on dialysis sent back to Ghana as atrocious barbarism. Last month, the charity Medical Justice summarised its findings on mistreatment of children in detention centres in its report *'State Sponsored Cruelty': Children in immigration detention*. Among 50 children facing removal, there was inadequate immunisation or administration of incorrect prophylactic drugs.

Any country that purports to uphold human rights and look after its vulnerable people has a duty to ensure that required prevention and treatment is given to all. Cutting corners in the treatment of asylum seekers and their children is simply disgraceful. ■ *The Lancet*

For the **Medical Justice report** see http://www.medicaljustice.org.uk/images/stories/reports/sscfullreport.pdf

For the **previous *Lancet* Editorial** see *Lancet* 2008; **371:** 178

Increased resources for the Global Fund, but pledges fall short of expected demand

The Global Fund to Fight AIDS, Tuberculosis and Malaria replenishes its resources by asking donors to make financial commitments every 3 years. At the pledging conference of the Third Voluntary Replenishment of the Global Fund in New York on Oct 4–5, chaired by UN Secretary-General Ban Ki-moon, donors committed US$11·7 billion for 2011–13.[1] This sum includes pledges and conservative projections of financing from countries, the private sector, and innovative funding sources that were unable to pledge at the meeting. While the result is a strong vote of confidence in the Global Fund, it falls short of demand estimates presented to donors earlier this year.[2]

The amount pledged in New York is the largest sum ever mobilised for global health, and an increase of more than 20% over the $9·4 billion contributed by donors for 2007–10 and the $6·2 billion contributed in 2005–07 (figure). The replenishment result is a remarkable achievement by donors when the economic outlook remains uncertain and the deficits of several major contributors to the Global Fund have more than quadrupled since 2007.[3] The increased financial support for the Fund comes 3 weeks after world leaders from both north and south acknowledged at the Summit on the Millennium Development Goals (MDGs) that health is the area of development in which investments to date have achieved impressive results and should remain a priority.

The Global Fund finances countries with a performance-based model that measures achievements against agreed targets, holding countries to high standards of accountability. It promotes broad-based country ownership of programmes through a partnership that includes governments, civil society, and the private sector. The fact that the Fund has now raised more than $30 billion since it was established in 2002 shows strong donor confidence in this model—now widely regarded as the approach to emulate in development financing.

Some striking examples of leadership were shown in this replenishment. The USA pledged a record $4 billion, its first multiyear commitment to the Fund, showing that the Obama Administration will pursue a strong multilateral effort within its Global Health Initiative. President Sarkozy of France and Prime Minister Kan of Japan announced increased contributions to the Fund of $1·48 billion and $800 million, respectively, at the MDG Summit. Australia, Canada, the European Commission, Finland, and Norway were among the other donors to announce substantially increased commitments.

The G8 has reaffirmed its leadership role in global health, with four G8 countries increasing their commitments to the Fund compared with 2007, Russia becoming a net donor to the Fund with its pledge of $60 million, and the UK is expected to make a large pledge in the near future. It remains unclear whether Italy will renew its commitment. The G8 countries and the European Commission together account for three-quarters of the resources pledged in New York. By contrast, despite some encouraging signals received in the lead-up to the replenishment, several members of the G20 group—including the major emerging economies—do not yet seem ready to make substantial contributions to multilateral health efforts. The same can be said of most of the Gulf states.

Nine new donors were among the 40 present at the pledging conference. Because expressions of global solidarity are so essential in the fight against global epidemics, the addition of Côte d'Ivoire, Namibia, Pakistan, and Tunisia to the group of implementing countries that are also donors to the Global Fund carries strong political significance. Chevron Corporation continues to play a leading role on behalf of the private sector, having increased its total contribution to $55 million. Encouragingly, a $3 million pledge by Gift from Africa, a consortium of companies led by Access

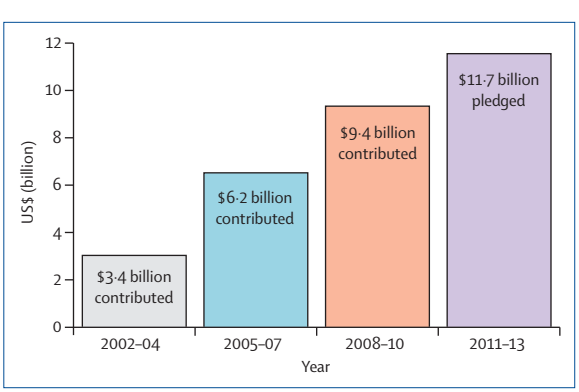

Figure: **Donor financing for the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2002–13**

Bank of South Africa, shows that the private sector in the developing world has also begun to mobilise. And a $28 million pledge by United Methodist Church—the first faith-based organisation to contribute—further expands the Fund's diverse donor base.

Up to $8·8 billion of the $11·7 billion pledged will provide for the continuation of programmes already approved by the Global Fund's Board for 2011–13. This sum means far more than maintaining programmes at their current scale. Rather, it will support the further significant expansion of health services in many countries. The second phase of the HIV grant in the Democratic Republic of Congo, for example, will enable an additional 33 000 people to receive antiretroviral treatment, on top of the 35 000 patients already receiving it with the Fund's support. Funding to continue the malaria grant in Southern Sudan will double the cumulative number of insecticide-treated bednets distributed there by 2013. And continuation of Global Fund grants for tuberculosis will help the national tuberculosis programme in India move closer to its goal of registering more than 30 000 multidrug-resistant cases of tuberculosis for treatment annually by the end of 2013.

Because of this replenishment, programmes that have already been approved will be able to place at least a million additional people on antiretroviral therapy, distribute 300 million more bednets, and provide prophylactic drugs to prevent vertical transmission of HIV to an additional 2 million women by 2013, among other interventions. At least $2·9 billion from this replenishment will be available to fund entirely new programmes in the next 3 years. This figure will increase when savings and efficiencies are achieved in the current portfolio, additional donor contributions are received, and/or the Board considers policy adjustments that alter the portfolio's balance between new investments and the funding of existing programmes. Global Fund disbursements to countries are anticipated to increase from around $8 billion in 2007–10 to almost $13 billion in 2011–13. Contrary to the pessimistic assessments of this replenishment result,[4] the Fund will be helping countries to save many additional lives in the next 3 years.

Nevertheless, the total amount pledged falls short of the lowest estimate of demand provided to donors by the Global Fund Secretariat at The Hague in March ($13 billion). This shortfall means that, if the replenishment result were to be the last word from donors until 2013, the Fund's Board will face challenging decisions about which new programmes to support, and the rate of scale-up of new programmes will be substantially slower than in the preceding 3 years. This potential loss of momentum in the response to the three pandemics is of serious concern to the global health community, and could place beyond reach some of the targets that until now had seemed achievable (notably universal coverage of bednets in Africa and the elimination of vertical transmission of HIV by 2015).

The Global Fund will make every possible effort to raise the additional resources that we expect countries to request in the years ahead. This effort will include continued advocacy with donors that are yet to announce contributions, an intensified effort to recruit new donors, and innovative financing approaches. I am encouraged by clear statements from several donors that they would welcome additional pledging opportunities before 2013 as the economic outlook improves and the Global Fund shows increased effectiveness, efficiency, and value for money. The French Government will be in a strong position to help galvanise additional support for the Fund when it assumes the Presidencies of the G8 and G20 next year. Ultimately it is essential that implementing countries continue to submit high-quality and ambitious proposals to the Global Fund so that donors appreciate the sustained level of demand for resources.

I am confident that—with continued strong performance, results, high-quality proposals to the Fund, and appropriate levels of financing—the Global Fund will remain a leading platform for achieving ambitious goals in global health and generating hope around the world.

Michel D Kazatchkine
Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Vernier 1214, Switzerland
michel.kazatchkine@theglobalfund.org

I declare that I have no conflicts of interest.

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