Improving Global Health in the Developing World
An Interview with Jeffrey Sachs

Brown Journal of World Affairs: Given that we’re now halfway to the target date of 2015 for the Millennium Development Goals (MDGs), which is obviously a large focus of your work, how likely is it that the international community is going to meet its commitments, especially in the field of health?

Jeffrey Sachs: The international community is falling far short of their commitment to achieve the MDGs, and as a result, the poor countries are falling far short of the targets, especially the poorest countries. Simply put, aid levels remain disastrously low compared to where they need to be, and compared to the amounts the rich countries have repeatedly promised to deliver.

In the area of health, there have been significant initiatives since the beginning of this decade, starting with the establishment of the Global Fund to fight AIDS, Tuberculosis, and Malaria. There was the WHO’s 3-by-5 Initiative, which aimed to expand access to anti-retrovirals to fight HIV/AIDS to at least 3 million people by 2005. Though the effort fell short, it still made a very positive contribution. There have been a number of programs on Neglected Tropical Diseases (NTDs), especially the worm infections. There has been a major effort on immunizations with many big successes, such as the reduction of measles mortality by more than 90 percent in Africa since 2000, and the enormous cut in polio deaths and disability. On 25 April 2008, the United Nations Secretary General Ban Ki-moon unveiled a powerful initiative to achieve universal access to comprehensive malaria control across Africa by the end of 2010, with a donor financial commitment of roughly $3 billion a year.

What has been lacking is adequate funding for building and operating primary health systems, including the training of personnel, ongoing support for salaries, and the construction of clinics and logistics systems. The need to support health systems, in addition to specific disease control programs, was a core recommendation of the WHO Commission on Macroeconomics and Health which I chaired. The world still needs to act in that area. The powerful message is that investing in health produces rapid and dramatic progress. I often point to the successes in the health sector to encourage similar scaling up in agriculture, in infrastructure, and in other areas.

Journal: Many environmentalists have lauded biofuels as a source of alternative energy, but they’ve also been implicated in the rising food prices, which have set off unrest around the world. What are your thoughts on this occurrence?

Sachs: Most importantly, there should have been more international effort to help farmers in low-income countries to be more productive. Africa’s grain yields, measured as tons per hectare, are roughly one-third of what they ought to be. The shortfall in yields (roughly 1 ton per hectare, rather than 3 tons or more per hectare which can be achieved) occurs because farmers don’t have access to—and can’t finance by themselves—the fertilizer, high-yield seed, small-scale irrigation equipment, and other inputs that they

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1 This is the transcript of an interview carried out with Jeffrey Sachs, Director of the Earth Institute at Columbia University
need to achieve greater production. We ought to have a Global Fund for Smallholder Agriculture (focused on farms of two hectares or smaller) in the same way that we have a Global Fund for AIDS, Tuberculosis, and Malaria. Such a fund, which would help farmers gain access to vital inputs, would produce tremendous results at low cost and would avoid suffering, famine, and the need for much more expensive food aid. The donor community has not agreed to this yet, although I’ve been advocating this for a number of years. I think an agreement might just come soon.

Biofuels is another problem—not the main problem—but definitely an aggravating factor in the crisis. The main source of the problem is that global demand for food is rising, supply is not rising as fast, and there are also a number of climate shocks around the world each year affecting global food production. One aggravating factor has been the large-scale diversion of U.S. corn (maize) into ethanol and the diversion of Europe’s grain-producing lands into rapeseed for biodiesel. Both of these are adding to the upward pressure on food right now. In general, we should avoid biofuels which compete with food or which threaten local biodiversity. The appropriate scale of biofuels, therefore, should remain very modest, at least with today’s technologies.

**Journal:** One of the great debates surrounding food aid is whether assistance should be given in kind or in the form of some kind of financial assistance. As a major food donor, how should the United States approach this issue?

**Sachs:** I don’t think we should be a major food donor unless there’s an immediate and urgent crisis where there’s a large physical shortage of food. However, the reason why we keep being a food donor is because we’re not helping poor countries to grow more food themselves, which is far more cost effective and far better in terms of helping those impoverished places escape from the poverty and hunger trap once and for all. It is exactly the old proverb of “Give a man a fish and he eats for a day, give him a fishing rod and he eats for a lifetime.” We’re doing precisely the former rather than the latter, and it’s a huge and obvious mistake. It is also obviously a reflection of the farm lobby, but additionally a reflection of the lack of foresight on the part of our government. We are not solving problems, and that hurts our country badly in the long run, as well as inflicting much unnecessary suffering on the poorest of the poor.

**Journal:** With regards to HIV/AIDS, tuberculosis, and malaria, what role should the newly elected president and his government play in these battles?

**Sachs:** Most importantly, I think the U.S. government should be committed visibly and operationally to support the Millennium Development Goals in their entirety, and in partnership with the rest of the world. The Bush administration has tremendously weakened the global effort on the MDGs, by the overall low level of aid from the U.S., and the unilateralism in aid delivery. The one signature program of the Bush administration has been PEPFAR (President’s Emergency Plan for AIDS Relief), which has been effective in spreading the access to anti-retroviral medicines—but not agriculture, education, infrastructure or access to safe drinking water, not maternal or child health. Overall the level of our official development assistance is only sixteen cents
per $100 of national income. Just sixteen cents. For Africa, the aid is only about four cents per $100 of national income. In 2002, the United States and all other donor countries promised to make concrete efforts to reach seventy cents per $100 on aid (0.7% of GNP). We have hardly discussed the Millennium Development Goals in U.S. politics. President Bush has mentioned them only one time in a speech, as far as I know. I would like the new administration to join a global effort, indeed become a leader in it, and fulfill the commitments that we’ve made. These are areas where U.S. foreign policy and security would be tremendously enhanced.

Journal: PEPFAR has recently been re-approved by Congress, although it’s faced a lot of criticism from many groups advocating for stronger policies about generic anti-retroviral drugs. What do you feel needs to be done to achieve PEPFAR’s goals?

Sachs: The main contribution of PEPFAR has been to expand access to anti-retrovirals. The main weakness has been a highly politicized abstinence-only policy on prevention, which is contrary to the scientific evidence and is generally ineffective. I hope the next administration rectifies this error and gets back to a science-based, effective prevention program. In general, we need to increase our overall financing of health in the context of the Millennium Development Goals. Our contribution to health, like the rest of the rich world, should be on the order of about $15 billion a year—one-tenth of 1 percent of our national income, or ten cents per $100 devoted to help the poorest of the poor. My studies and others’ have shown that if this is done, the U.S. and other donors together would help to save up to eight million lives per year, a remarkable contribution for a mere ten cents per $100 of national income.

Journal: Many individuals have emphasized the importance of NGOs over larger international organizations in achieving sustainable development. As someone who has worked as Special Advisor to the Secretary General of the United Nations, you clearly have some confidence in the power of these larger bodies. Where do you see a balance? Are there some more concrete ways that civil society and international organizations can work together for the benefit of public health and development?

Sachs: Absolutely. We need global organizations like the Global Fund to fight tuberculosis, AIDS, and malaria, while at the same time we need local NGOs to help deliver the very commodities that the Global Fund is financing. We often need small organizations to innovate and create new models of delivery and large international organizations to take those to scale. Global efforts have been vital for massively increasing access to vaccinations. Take, for example, UNICEF’s leadership on the measles campaign. At the same time, civil society organizations have been vital in scaling up the fight against polio. So success depends on a large number of stakeholders—the public sector, the private sector, and civil society—all interacting to get the job done. In my book Common Wealth: Economics for a Crowded Planet (Penguin, 2008), I describe some of the “division of labor” and complementarity among these different kinds of institutions: who can be more innovative, who can do more at scale, who can be early demonstrators of technology, and who can play a role in broad public awareness, education and consensus-building. I see a role for this wide variety of
institutions. Each of these organizations must ask themselves the question of how they can most effectively contribute to our shared international goals and formal commitments.

**Journal:** One question that’s often asked is whether health is a product of development, or whether health is a necessary step towards development. It’s described as a cycle, but where do you see the need to start most dramatically?

**Sachs:** Both. We can invest in health and human development ahead of economic developments. There’s no reason why poor people have to die in large numbers of diseases that are preventable and treatable. There’s also no question that as economic development proceeds, it becomes easier to improve health; as incomes rise, nutrition tends to improve, the physical safety of the surroundings tends to improve, indoor air pollution from wood burning cooking stoves decreases, safety from mosquitoes increases, access to safe water improves, and access to clinical health services improves. This is a two-way causation, in which health improves economic performance, and economic performance improves health. Whenever you have that kind of two-way causation you also have the possibility of a trap, where disease prolongs and deepens poverty, and poverty deepens the vulnerability to disease, each reinforcing the negative trends. I believe that when you have a disease-poverty trap, it’s important to invest in health not only to improve health, of course, but also to help break the poverty trap.

**Journal:** Another aspect of development and improving on the poverty trap that you’ve advocated is debt reduction. What would the impact be for the developing world, broadly speaking, if debt reduction were taken seriously by the G8?

**Sachs:** If debt reduction is done properly, there can be an agreement on both sides in which the creditors agree to cancel most or all of the debt and the debtor countries agree to use the cash-flow savings in targeted ways to achieve sustainable development. The actual results have been very good with this process of “conditional” debt cancellation. One of the main things that specific debt relief has helped to achieve is to allow low-income countries to cancel school fees. As a result there have been major increases in school attendance in many countries that have received debt cancellation. Such positive results have not only been hypothetical but they’ve also been proved in practice. In sum, it is possible to design debt relief that directly translates into the major poverty reduction achievements.