

# Global Health 2050

## Health system and financing strategies

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Oct 15, 2024

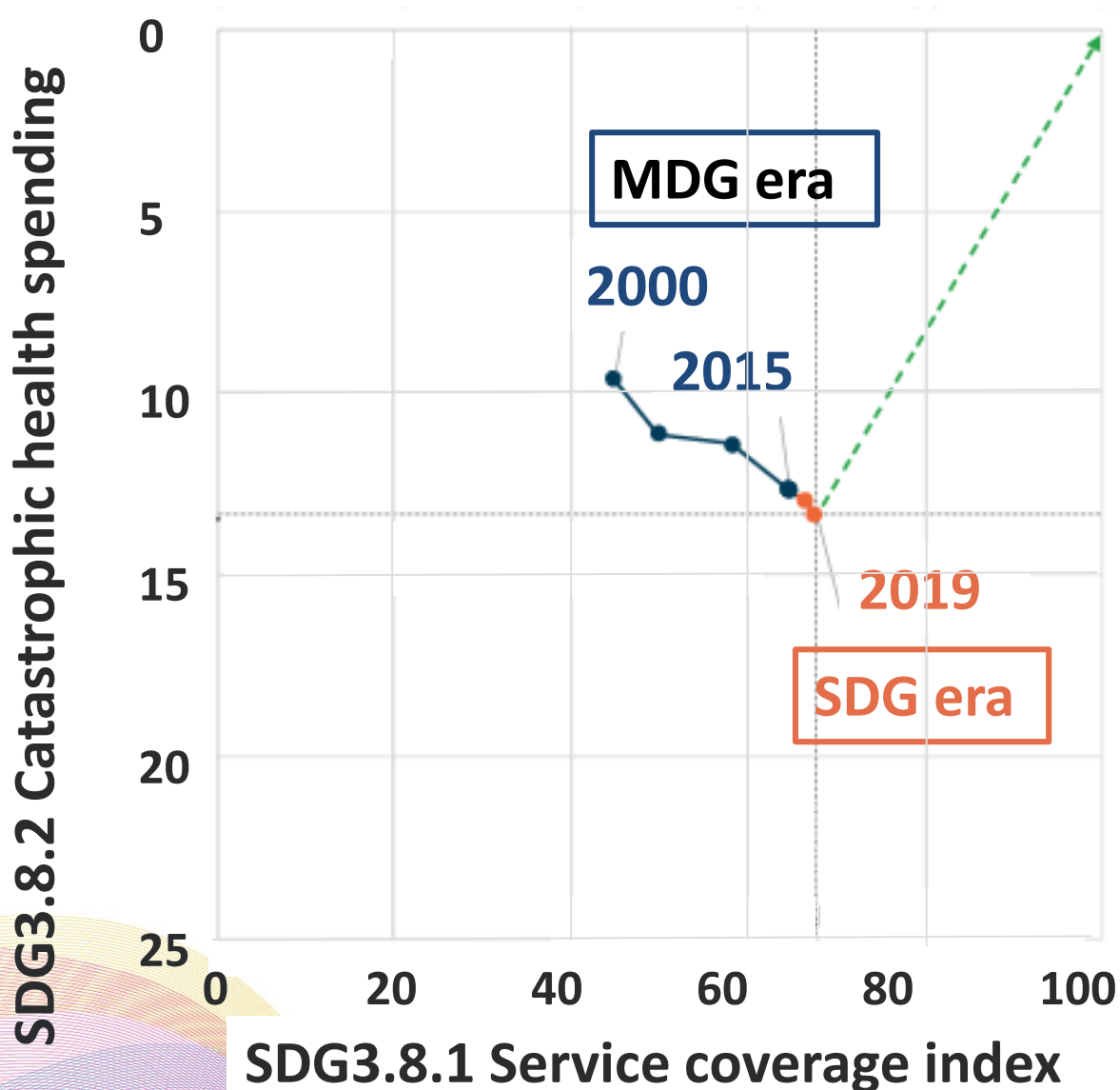


THE LANCET

GLOBAL  
HEALTH 2050

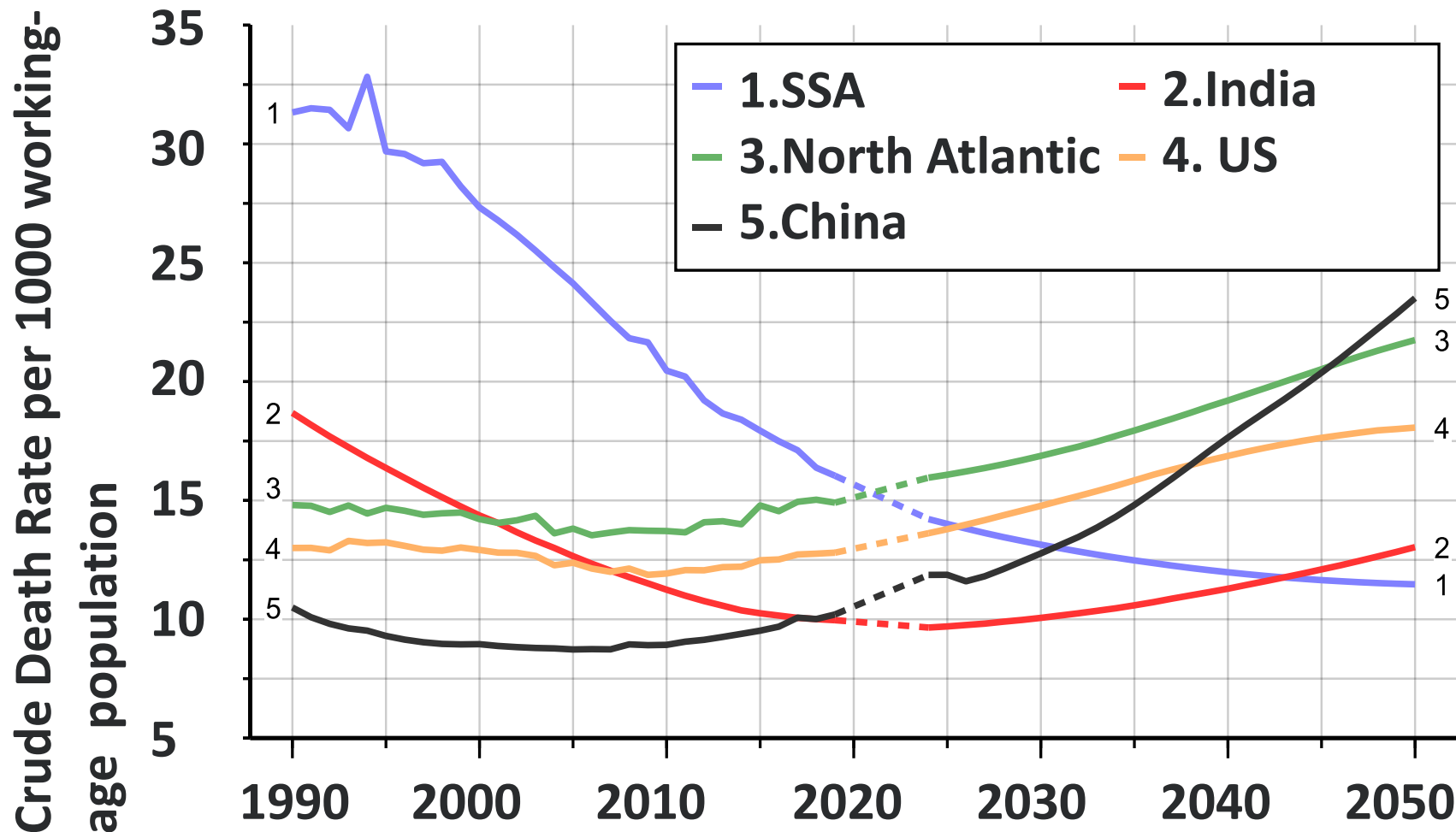
# Growing health expenditure but...

## Little progress in service coverage and financial risk protection



The direction needs to take

# Long term demographic headwinds



# A modular approach

Local context such as epidemiology, health system, preferences

## Stage 1

“Priority condition modules”

Routine immunization

Cancer care

...

Health systems interventions

Family planning

Public health functions

...

## Stage 2

Optimize the intervention mix & value for money within each module

# Cost implications of the modular approach

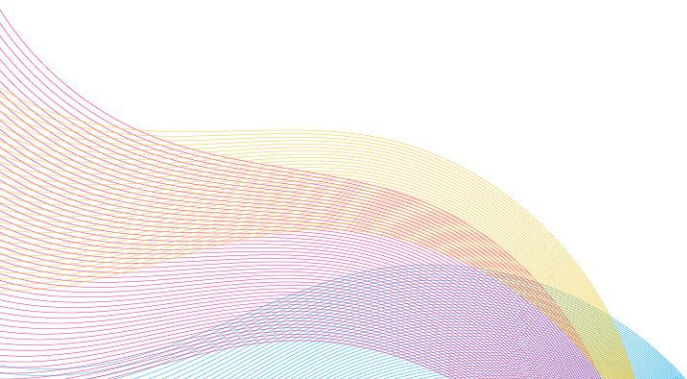
**50 by 50**  
**Public finance, full population coverage and prepayment**



**Double** government health expenditure



**Priority conditions**



# Domestic financing of drugs

|            | % of drug expenditure paid by domestic private health expenditure |
|------------|---|
| Canada     | 60%   |
| Costa Rica | >90%  |
| Egypt      | >90%  |
| India      | >90%  |
| Malaysia   | >90%  |
| Mexico     | >90%  |
| Nepal      | >90%  |
| Sri Lanka  | >90%  |
| Uzbekistan | >90%  |

# The Arrow mechanism

1. Redirect general budget transfers to MOH to line-item budget for specific **priority drugs**
2. Pooled purchasing, quality assurance, and a long-term commitment to manufacturers to ensure a **steady supply**
3. Procurement in sufficient quantities to **ensure availability**
4. Use and strengthen of existing **supply chains**, both public and private

# Take home message

## FOCUS !!!

- **Modular approach**
- **Arrow mechanism**