When health systems scientist Margaret E. Kruk, MD, MPH, started her research in sub-Saharan Africa almost a decade ago, she encountered small Tanzanian health clinics in disrepair. No privacy screens shielded patients from one another. Beds lacked sheets. Health workers struggled to provide the best care possible—despite minimal training, broken equipment, and no running water. Many pregnant women avoided the clinics altogether and instead gave birth at home. Today, women in Tanzania are 15 times
more likely than their counterparts in the United States to die of preventable causes related to pregnancy and childbirth.

Tanzania is not alone in its dire public health situation. Throughout the developing world, preventable deaths—from causes including childbirth complications and infectious diseases—prevail, even as wealthy countries enjoy increasingly extraordinary advances in longevity and quality of life.

**Preventable Death**

These preventable deaths—and the vast health gap between rich and poor—could be drastically reduced, according to the report “Global Health 2035: A World Converging Within a Generation,” published by *The Lancet* in December 2013. Authored by 25 global health experts and economists—including Kruk—the report makes a case for investing in health and furnishes a road map. By 2035, the authors argue, as many as 10 million premature deaths could be averted every year in low-income and lower-middle-income nations.

“We’re at a turning point,” says Kruk, an associate professor of Health Policy and Management. “Countries are growing economically, and many have made big gains over the past decade. But now the questions are, What’s next? How do we translate the gains we’ve made into better health?”

**Broad Investments**

The answer, in part, lies with health policies and systems implemented at the national level, says Kruk, whose research has also taken her to Ghana, Mozambique, and Uganda, among other countries. Broad
investments, including improved primary care and better hospital services such as surgery and obstetrics, are high priorities. “We need to invest in robust health systems and health insurance,” says Kruk. “All people need to be able to access appropriate services when needed and not face bankruptcy as a result.”

But the prospect of launching universal healthcare is daunting in any country just beginning to chip away at staggering infant and maternal mortality, infectious diseases, and other health problems. To pursue universal healthcare, Kruk and her coauthors endorse the theory of progressive universalism.

“It starts with the poor,” says Kruk, “by including their health needs in the benefit package and by extending them health insurance ahead of wealthier groups.” When countries cannot afford health coverage for everyone, they must begin by offering services to the poor and most vulnerable. Those services should specifically target life-threatening problems, such as diarrhea and malaria, experienced disproportionately by impoverished people. And the services must be free, because even the smallest payments discourage access. Without this type of “pro-poor” approach, says Kruk, the benefits of health investments often flow disproportionately to wealthy consumers.

Progressive universalism will be costly: in the first decade, between $23 billion and $38 billion worldwide. But Kruk says that every country offers some sort of insurance—often to civil servants—and can begin by expanding that coverage to the most vulnerable members of society. Chile and Costa Rica have already expanded services as funds became available and have experienced significant health gains as a result. Additional funding sources include fossil fuel
subsidies and taxes on harmful products like tobacco. “No matter how poor the country,” Kruk says, “now is the time to get started on universal healthcare.” According to the *Lancet* report’s authors, the logic is sound. Previous estimates attributed 11 percent of recent economic growth in developing countries to reductions in mortality. Analyses that incorporate quality of life and good health show even greater returns—as much as $20 for every dollar invested.

If countries do invest in healthcare, the authors suggest, preventable deaths from childbirth complications and infectious diseases could plummet by 2035. Rwanda proves the point. Between 1992 and 2012, the country experienced the steepest decline in mortality of young children in recorded history, from 156 deaths per 1,000 children annually to just 54. Such examples, say the authors, prove that major gains are possible.

**GLOBAL POLICY**

But just what steps will be most effective? How should countries design their health systems? What do health clinics need to succeed? How do (or don’t) people use insured services? What are the main reasons for out-of-pocket costs in countries with universal coverage? Providing relevant answers to such questions for global policymakers is a primary goal of the Mailman School’s Better Health Systems Initiative, announced in February at a panel discussion of the *Lancet* report. The core faculty of the initiative, led by Kruk, includes Professor of Population and Family Health Lynn P. Freedman, JD, MPH ’90, and Abdulrahman El-Sayed, MD, PhD, an assistant professor of Epidemiology. El-Sayed plans to use global data sets to identify what health coverage is available in various countries, examine how that coverage is offered and to whom, and determine the implications for health outcomes. One approach will deploy simulations to compare countries within a region to reveal what reductions in mortality and improvements in quality of life might have been achieved had health investments been made. “It’s important,” El-Sayed says, “to think deeply about the questions we’re asking and then answer them in ways that are real and lasting.”

After seeing the Tanzanian health clinics in disrepair, says Kruk, she understood why women avoided them: All people demand quality, relevance, and responsiveness in their healthcare. With National Institutes of Health funding and the collaboration of the Tanzanian Ifakara Health Institute, she’s testing interventions in maternal and newborn health for their effect on the quality of care and analyzing whether they lead women to better utilize the nation’s health system and realize better outcomes for themselves and their children.

Drawing on her own scholarship and that of her *Lancet* report co-authors, Kruk has also taught a series of seminars for the U.N., the World Bank, UNICEF, and the Rockefeller Foundation on universal health coverage, tactics to curb noncommunicable diseases, and approaches to enhance policymaking around health issues. “The report offers key steps toward reducing avoidable deaths in low-income countries,” says Kruk. “It is a matter of global justice that we apply known technologies to solvable problems.”

Throughout sub-Saharan Africa, preventable deaths due to childbirth complications and HIV could be reduced.