

Millions Saved: Proven Successes in Global Health

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Ruth Levine and the What Works Working Group, *Millions Saved: Proven Successes in Global Health*. Washington: Center for Global Development, 2004 180 pp. in paper cover (available at www.cdgeev.org).

"AIDS, malaria, and tuberculosis kill 6 million people each year in developing countries, and another 7 million children die of infectious diseases that have long been forgotten in the rich world... Does anything really work to solve profound health problems that face poor countries? Does development assistance from rich countries make any difference at all?" So asks Nancy Birdsall, the President of the Center for Global Development, in her preface to *Millions Saved: Proven Successes in Global Health*. The answer, 17 times over, is a resounding, yes.

Millions Saved chronicles 17 successful public health initiatives from all over the globe. The book, a publication from the Center for Global Development, is authored by Ruth Levine and the "What Works Working Group" (a panel of 15 experts in global health, public policy and development economics). While each chapter tells a compelling story, equally compelling is the work and intellectual capital of the "What Works Working Group." This book and their work holds promise for political leaders, policy-makers, practitioners, and millions of people's lives all over the globe.

To find these large-scale successes in international health, the CGD collaborated with the Disease Control Priorities Project at the National Institutes of Health. The programs selected for inclusion met the following criteria: they had to be ambitious in scale nationwide or larger; they had to have had a major positive impact on health; the improvement clearly had to be due to the public-health intervention; they had to produce strong results for at least 5 years; and they had to be cost-effective.

Levine and her colleagues present each case study in a separate chapter but they also tease out the common threads of success. Each study also provides a "behind the scenes" glimpse at the players, personalities, and complexities of these large scale, mostly multipartner initiatives.

Fittingly, the book launches with the story of the eradication of small pox - arguably one of the greatest achievements of humankind and public health. The scope of the 17 studies range from preventing river blindness in n countries in sub-Saharan Africa, to controlling trachoma in Morocco, to reducing fertility in Bangladesh, to the almost complete elimination of measles in southern Africa.

A government sponsored "100% Condom Program" in Thailand, targeting commercial sex workers is one of the book's many innovative programs. This effort prevented the spread of HIV/AIDS relatively early in the course of the epidemic. Thailand had 80 percent fewer new cases of HIV in 2001 than in 1991 and has averted nearly 200,000 new cases. An epidemiologist in Thailand's Ratchaburi province, Dr. Wiwat Rojanapithayakorn, devised the program. "It was not possible to stop people from having sex with sex workers, so the most important thing was to make sure that sex is safe."

Other studies highlighted in the book include: controlling tuberculosis in China; eliminating polio in Latin America and the Caribbean; preventing infant deaths from diarrheal disease in Egypt; improving health in Mexico; reducing guinea worm disease in Africa and Asia; and curbing tobacco use in Poland. This last program started in the early 1990s when the transition to a more open society paved the way for health advocates to implement strong tobacco controls in Poland, which had the highest rates of tobacco consumption in the world. Poland's lung-cancer rate among men is down 30 percent, preventing some 10,000 tobacco-linked deaths a year and adding 4 years to the life expectancy of Polish men.

Each chapter tells a particular story - the health conditions addressed and interventions used are very different and particular to time and place. While there emerges no single recipe for success, a consistent list of ingredients contribute to success - political leadership and champions; technological innovation; expert consensus around the approach; effective use of information by management; strong management on the ground; and adequate and sustained funding.

If any is read in isolation - "100 percent condom program" in Thailand or reducing fertility in Bangladesh - the successful threads seem germane to that particular project: extraordinary individuals, passionate policy makers, and innovative politicians. Read together, these threads merge into recurring patterns - successful components of success - reinforced 17 times over.

The book counteracts criticisms of large-scale public health initiatives. From the outset the authors challenge a prevailing notion that nothing works and that global health challenges are insurmountable. They counteract the widely held belief that international public health programs are a waste of money; the

prevailing scientific wisdom that programs cannot be scaled up effectively. In reflecting on this difficulty, renowned social policy analyst in 1996, Lisbeth Schorr, noted "...we have learned to create the small exceptions that can change the lives of hundreds. But we have not learned how to make the exceptions the rule, to change the lives of millions." Millions Saved does just that.

Successful, innovative projects, both small-and large scale, are often treated as a one-time curiosity based on a particular leader's charisma, or special funding, or special interest. The analysis of recurring patterns and the complexities of successful interventions, are often missing, as they cannot be conveyed in a sentence or a sound bite.

The promise of Millions Saved is that it clearly delineates the factors that need to coalesce to produce sustained success in prevention and controlling disease. The book clearly shows us that well-trained, committed, persevering but otherwise ordinary people can achieve these goals.

So what works? Six "wows" as they call them, emerge from these case studies. These are:

- * Major health interventions can work even in the poorest of countries: Success is possible in the world's most underdeveloped, remote regions. Communities in central and east Africa successfully reduced the prevalence of river blindness through management of local delivery of the antibiotic ivermectin. In sub-Saharan Africa, a campaign to eradicate guinea worm disease reached thousands of remote villages previously outside the national public health infrastructure and reduced the disease prevalence by 99%.

- * Governments can get the job done: The public sector was often integral to the successful delivery of services at scale. In South America, the ministries of health collaborated across their borders to reduce the threat of Chagas disease, and in Southern Africa, the measles vaccination campaign was funded by very poor countries.

- * Effective use of technology coupled with behavior change: A new technology - drug, vaccine, pesticide - that combined with effective management and affordable costs, often led to the reported success. Basic behavior change, however, also emerged as a very prominent feature - from families learning to filter water in the control of guinea worm in Africa to mixing a salt-and-sugar solution to combat deaths from dehydration and diarrheal disease in Bangladesh.

- * Partnership and Collaboration is integral: The power of collaboration among diverse partners-

governments, NGOs, private companies, drug companies, and donors, around a common purpose-increased the chance of success. Onchocerciasis control has depended on the long-term involvement of the World Bank, WHO, UNDP, 19 African governments, 27 donor countries, more than 30 NGOs, Merck, and over 80,000 rural African communities.

* Health impact is directly attributable to the specific public health efforts: Scientific evidence showed that the health impact was due to the specific health efforts rather than to broad economic and social improvements.

* Successful programs come in many shapes: Many different approaches and programs work. The most well-known, "vertical" programs - centrally managed, disease-specific initiatives that are isolated from broader health systems - are highlighted in the guinea worm and river blindness case examples. Sri Lanka's improved delivery of maternal health care, however, highlights the effectiveness of initiatives that strengthen and improve health systems. Curbing tobacco use in Poland used legal and regulatory reforms. Polio eradication in Latin America highlights the success that came with breaking down the boundary between a vertical approach and efforts to strengthen health systems.

The working group does not claim that these successful elements are statistically significant, alone or in combination - rather these aggregated success stories provide valuable clues about ways to design, intervene, fund, and execute large scale health initiatives that will have the necessary components to increase the likelihood of success.

This book provides an essential checklist for success. A compelling, accessible read, the book can reach beyond the public health community to lawmakers, donors, and policy analysts. Each chapter's layout provides enough highlighted material for readers who may want just the facts, as well as providing resources and references for those who wish to delve further.

Today's global public health challenges often seem insurmountable. Learning how to succeed is urgent in the face of the challenges ahead. The growing burden of cardiovascular disease in developing countries presents a difficult challenge. As a cardiologist and the director of ProCOR - a global program engaged in the exchange of information and ideas to prevent cardiovascular disease in developing countries - I find this book both timely and vital. In 2003 it was estimated that one third of all deaths globally were due to cardiovascular disease. Poorer regions of the world account for 75% of these deaths. We know that most heart disease and stroke is preventable.

Millions Saved, provides hope, sound, evidence-based research, and technical assistance in aligning the elements, and I have no doubt that we need this help in our efforts to prevent the emerging epidemic of cardiovascular disease in the developing world. What Millions Saved reiterates, 17 times over, is that success is possible; life-saving success is possible; world-changing success is possible. A must read for policy-makers and practitioners alike.

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