Health presents a challenge for all nations; in a study by the Pew Research Center, a median of 85% of respondents believe it was a problem in their country. Effective public health systems are essential for providing care for the sick, and for instituting measures that promote wellness and prevent disease. Tobacco, for instance, is one of the greatest scourges we face. In working to combat diseases such as lung cancer and heart disease, we have to fight the causes; there’s a clear need for educational campaigns and other mechanisms to discourage people from smoking in the first place. If the plan to improve health in a nation is to simply build a few more hospitals, that won’t solve the problem.

For developed economies, ageing populations place a heavy strain on healthcare networks. In developing nations, a lack of resources or inadequate infrastructure present separate challenges. Currently, NIH is wrestling with the Ebola crisis in West Africa. When you see the devastation this disease has wrought upon the region, it’s clear that healthcare systems in this part of the world were totally unprepared for the enormous challenge. In many lower and middle-income countries, infectious diseases are our major focus. HIV/AIDS,
tuberculosis, and malaria take a huge toll, both in loss of life and reducing the workforce. The World Bank reports that 50% of the economic growth differentials between developing and developed nations are attributed to poor health and low life expectancy. The healthier the citizens of a country, the more effective the workforce; the better the health of their children, the fewer births, and hence the fewer dependents. Vaccinations and preventative strategies for childhood diseases are of key importance.

That said, non-communicable diseases in developing countries are growing. These are diseases we typically associate with wealthier countries – cancer, hypertension, diabetes and heart disease. We’re going to have to pay more attention to these diseases, and to their appearance in countries where we traditionally thought infection was the primary concern.

Fortunately, technology makes it easier to prevent, detect and treat these conditions. With the development of electronic health records, remote treatment, and the ability to share data online, we have an array of new healthcare solutions available, even in low-income settings. The use of mobile technologies to collect and distribute information has helped significantly with the prevention and treatment of disease. I recently had a chance to speak with Chen Zhu, the former Health Minister for China. His country has looked at the evidence on the health-productivity link and is voting with its pocketbook in a dramatic way. China is increasing spending on healthcare delivery and has been steadily upping biomedical research by between 20% and 25% per year. At this rate, China will soon be spending more in this area than the US – and that’s spending in absolute dollars, not just as a percentage of GDP. The Chinese believe that improving their research capacity is a wonderful way to build their economy, and I think they’re right.

China is undertaking a grand experiment, and not every country has the resources to do so. But for national leaders who have a vision, and who are thinking ahead – not just this year, but 10 or 20 years from now – paying attention to the Chinese example would be worthwhile. Investing in the health of a nation’s citizens is one of the smartest things a leader can do.

**Containing Ebola**

The situation in the United States should not be cause for panic – there is zero chance of a major unchecked outbreak in the US, given the existence of a public health system that can do contact tracing and isolation of those exposed. But the situation in West Africa is increasingly dire, with thousands of deaths already. The world needs to focus all of its resources in getting this outbreak under control, or hundreds of thousands may die.

The immediate need to address Ebola in West Africa is to identify infected individuals, get them into treatment centres, and track down contacts to keep the disease from spreading. It’s also crucial to make sure those who have died of the disease are not touched or washed by others without protective equipment, as the risks of infection are very high.

Worldwide resources are being assembled; the US is making the outbreak a major priority, including sending in the military to set up much-needed emergency treatment centres. At the National Institutes for Health in the US, we are working with the Food and Drug Administration to break records in getting a promising vaccine into clinical trials, and speeding up the effort to test new therapies. But speed is crucial. We need all hands on deck.

**What are the major causes of death among income groups around the world?**

<table>
<thead>
<tr>
<th>Disease</th>
<th>High Income</th>
<th>Upper Middle</th>
<th>Lower Middle</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>34%</td>
<td>42%</td>
<td>25%</td>
<td>14%</td>
</tr>
<tr>
<td>Cancer</td>
<td>27%</td>
<td>19%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Out of total deaths of the income level
How much is spent on healthcare around the world?

Health expenditure as a percentage of total GDP, 2009-2013

Total health expenditure is the sum of public and private health expenditure.
Source: The World Bank, Health Expenditure

How is global healthcare spending expected to grow by 2040?

Health expenditure as share of GDP (%)