

From: **JASAREVIC, Tarik**

Subject: FW: Media query Quotidiano Sanità

This is what I got from our team

we don't have the actual number being checked 6.5

With regard to the general question of inputs in relation to life expectancy, There are 2 possible interpretations of inputs: either health expenditures or "costs" or future spending

For health expenditures, we have a standard policy brief with graphs on health (life expectancy), wealth (GDP) and health expenditure. This is in <http://www.who.int/health-accounts/Highlight4.pdf?ua=1>.

For costing, we had a recent publication September 2017 which also looks at health expectancy. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30263-2/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30263-2/fulltext), and I quote from the abstract:

Findings:

We estimate that an additional \$274 billion spending on health is needed per year by 2030 to make progress towards the SDG 3 targets (progress scenario), whereas US\$371 billion would be needed to reach health system targets in the ambitious scenario—the equivalent of an additional \$41 (range 15–102) or \$58 (22–167) per person, respectively, by the final years of scale-up. In the ambitious scenario, total health-care spending would increase to a population-weighted mean of \$271 per person (range 74–984) across country contexts, and **the share of gross domestic product spent on health would increase to a mean of 7.5% (2.1–20.5)**. Around 75% of costs are for health systems, with health workforce and infrastructure (including medical equipment) as the main cost drivers. Despite projected increases in health spending, a financing gap of \$20–54 billion per year is projected. Should funds be made available and used as planned, the ambitious scenario would save 97 million lives **and significantly increase life expectancy by 3.1–8.4 years, depending on the country profile.**

We don't capture the exact number that is being quoted as coming from WHO, but this is the closest that we can get.

Tarik Jašarević
Media Relations
World Health Organization

