

Offline: Can one turn an aspiration into reality?

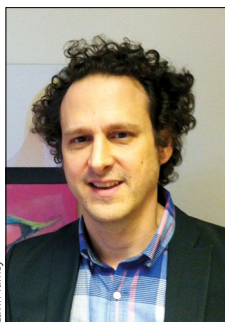


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The idea of a “grand convergence” in health, achievable within our lifetimes, might seem a naive idea. Chronic conflicts, unpredictable humanitarian disasters, and the persistent fragility of some nation states makes the notion of ending preventable mortality within a generation little more than a pipe-dream. But these ambitious goals have inspired wide support for the core message of the Commission on Investing in Health, known also as *Global Health 2035* (published in *The Lancet* in December, 2013). Why has the central argument of the Commission, despite its utopian implications, been so warmly embraced? It is important to put these headline messages into context, since three further conclusions were drawn by Lawrence Summers and Dean Jamison, who led the Commission. First, there is an enormous and neglected payoff from investing in health. A more comprehensive understanding of the value of health should motivate political leaders to take health more seriously as an instrument for economic growth. Second, fiscal policies are a powerful and underused lever for curbing non-communicable diseases and injuries. While the prospect of ending preventable mortality among women and children, and from infectious diseases, is real, the present dangers of chronic disease must also be tackled now if convergence is to be achieved. And finally, progressive universalism, a pathway to universal health coverage, is an efficient way to achieve health and financial protection. A pro-poor approach to universal health coverage would yield great benefits since it is the poor who suffer disproportionately from infectious, maternal, and child mortality. For those who struggle with how science can be used to inform policy making, there might be lessons from the experience of *Global Health 2035* for others to draw on.



Dean Jamison



Gavin Yamey

The Commission was based on original technical work. In research papers published shortly after the Commission’s report was released, statements about preventable mortality were translated into concrete and usable numbers—the perfectly real possibility of avoiding 40% of premature deaths between 2010 and 2030. This quantitative target for a Sustainable Development Goal (SDG) for health post-2015 was broken down by cause of death: two-thirds of child, maternal, and infectious

disease deaths averted, together with one-third of premature deaths from non-communicable diseases and injuries. The Commission team also invested time in a series of launches in the UK, USA, and South Africa, together with briefings within the UN and at events, such as the World Economic Forum in Davos. Commissioners have reached out to national Presidents, government ministers, country ambassadors, heads of international organisations (such as the International Monetary Fund, the World Bank, and WHO), and advocacy groups. Some *Lancet* Commissions end there. The *Global Health 2035* team took a different approach. Led by Gavin Yamey, and supported by Larry Summers, Dean Jamison, and the Bill & Melinda Gates Foundation, the Commission intensified its efforts to reach policy makers. Through opinion pieces and editorials in newspapers and online media, the messages of the Commission were popularised and widely diffused and discussed. Three further streams of work were developed—on the future role of health aid, on domestic financing for convergence, and on the value of policy and implementation research. That work is now complete and will be launched very soon. The Commission acted as a technical resource to countries (eg, Sweden) to enable planning for future national aid programmes. And a further new phase of work will take advantage of a unique opportunity to influence the SDG writing process. A Steering Committee (full disclosure: *The Lancet* is a member of this committee) is guiding the future strategy and implementation of the Commission’s work.

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What about next steps? The Commission has identified three future targets: the SDGs (to ensure a sound technical basis to the goals), donors (to inform their investments in health), and low-income and middle-income countries (to support decision making about domestic health spending). Commissioners are being deployed to develop each area of this work, and new members of the team have been recruited. The journey of using science to advance health does not travel along a straight line. But the experience of *Global Health 2035* might offer some clues about how to make it less haphazard.

Richard Horton
richard.horton@lancet.com



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