

A grand convergence and a historic opportunity

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See [Comment](#) pages 1859, 1861, e33, e34, and e36

See [The Lancet Commissions](#) page 1898

The 1993 World Development Report (WDR)¹ was a landmark publication: it put health squarely on the radar as a mainstream development opportunity. WDR 1993 made the important linkage between health gains and economic development, and it did so with arguments, metrics, and an audience that would have a substantial impact on how the world's decision makers prioritised and financed health.

It is timely and appropriate that now, 20 years later, we take stock and revisit the trends, opportunities, and investment case. Building on the unprecedented progress in health over the past 20 years, the *Lancet* Commission on Investing in Health² lays out the opportunity and components of a “grand convergence”: to reduce infections and child and maternal mortality to low rates universally, and to tackle non-communicable diseases (NCDs) and the impoverishing effects of health expenditures within a generation.

In the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria, we see a similar historic opportunity, as the confluence of scientific advancement, epidemiological intelligence, and experience from more than a decade of implementation comes together to offer the plausible goal of ending HIV, tuberculosis, and malaria as public health threats, while expanding the human family, strengthening health systems, and promoting partnerships. And, indeed,

we must capitalise on this historic opportunity now; it is imperative that we curb the costs and casualties of these still potent diseases, which—as this Commission notes—will continue to impose a heavy burden over the coming years, even as we begin to see a shift in the global disease burden towards NCDs.

From our efforts to date on infectious diseases, there are significant capacities, infrastructures, and lessons that we should strategically leverage and apply as we prepare for the shift towards NCDs, such as in the linkages between HIV and cervical cancer. Our collective work in HIV has furthermore been the first time we have tackled a chronic disease at national scale in developing countries, from prevention and diagnosis to effective treatment and care. This should serve as a useful starting point for lessons learned and, where possible, a platform for the growing needs related to the management of NCDs.

The Commission rightly points out that much of the incremental costs of achieving convergence can be covered from domestic sources, given the expected continued economic growth of low-income and middle-income countries. Without doubt, the health gains of the next 20 years will need to be financed increasingly through domestic funds. There is increasing recognition by countries themselves of the need to commit more domestic resources to health, for example when African heads of state recently called for the need to “look inwards for innovative mechanisms and solutions in health financing” at the recent AIDS Watch Africa Meeting in Addis Ababa, Ethiopia. Countries will need to follow through with these pledges and step up their domestic investments in health; this will serve to improve their own health and economic wellbeing and maintain external resource commitments.

But we must also be mindful that categories such as middle income capture a broad range of economic means, and we will, therefore, need to manage expectations about how much of the necessary funds will realistically come from implementing countries themselves. Similarly, although we have made excellent progress in increasing access to essential health products through discounted pricing for low-income countries, we will increasingly also need to work on calibrated pricing terms to increase access to the over 70% of the world's poor who now live in middle-income countries.



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The Commission highlights China's growing role as a donor in global health. The role of China—alongside other emerging powers such as South Africa, Mexico, Brazil, Russia, India, South Korea, Indonesia, Saudi Arabia, and Turkey—in providing financial and technical support for health will be an important development to watch. These emerging powers are well positioned to have an enormous impact on the countries surrounding them, by supporting regional growth, sharing regionally relevant experience and expertise, and helping to build a new and complementary alternative to the existing development assistance order.

WDR 1993 argued for the expansion of education for girls and women, and the promotion of women's rights and status, as a strategy for improving health outcomes. Our successes and failures in health over the past 20 years have proven just how important the protection and promotion of girls and women, as well as equity of access for all groups, are to achieving our health goals. Working strategically to improve health requires implementing effective interventions for the most-at-risk and hardest-to-reach populations, and leveraging the capacities that are best positioned to do so. This means thinking outside the box as we support and build the health systems that will deliver essential services, partnering effectively with civil society, and putting human rights and equity at the centre of our strategies

and programmes. In doing so, we can achieve an even grander convergence of strong economic development, bold health gains, and a more equal society.

Publication of the report of this *Lancet* Commission coincides with the Global Fund's Fourth Replenishment Conference in Washington, DC, USA. There, we will convene key donors and other partners to review progress and discuss the funds to be invested for countries' health programmes through the Global Fund. It is perhaps no coincidence that our replenishment themes are uncannily aligned with the key messages of the Commission's report: that with shared responsibility and mutual accountability, we can seize this historic moment to defeat HIV, tuberculosis, and malaria by embracing the most vulnerable as part of the human family and leveraging investments in these three diseases for the broader health of individuals, families, communities, and nations.

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I am Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. I declare that I have no conflicts of interest.

- 1 The World Bank. World development report 1993: investing in health. Washington, DC: World Bank and Oxford University Press, 1993.
- 2 Jamison DT, Summers LH, Alleyne G, et al. Global health 2035: a world converging within a generation. *Lancet* 2013; published online Dec 3. [http://dx.doi.org/10.1016/S0140-6736\(13\)62105-4](http://dx.doi.org/10.1016/S0140-6736(13)62105-4).