# Time for even greater ambition in global health

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Every so often, significant global trends can be traced back to a source. The 1993 World Development Report (WDR)[1] was such a catalyst in global health and development policy, demonstrating to finance ministers, economists, and philanthropists that health is an investment with positive economic returns—and not simply a drain on scarce resources. The report helped set the stage for a major scale-up of health investments at global, regional, and national levels.

Now, 20 years later, thanks to the conceptual clarity, empirical robustness, and ambitious recommendations of the *Lancet* Commission on Investing in Health,[2] we have further proof that improvements in human survival have economic value well beyond their direct links to gross domestic product (GDP). A fitting complement to the landmark WDR 1993, the new report by this *Lancet* Commission reinforces the case that investing in health is central to development and to achievement of the global goals to end extreme poverty by 2030 and boost shared prosperity.

At this moment of opportunity, when global health and development goals are at last within reach, the conclusion that investing in health is key to growth and prosperity is perhaps even more important for policy makers today than in 1993. Today, as a result of rapid growth, the health sector has become a major source of jobs, and is responsible for about 10% of global GDP.[3] Yet this growth has also resulted in tremendous inefficiencies in the use of health-care resources that, as the Commission notes, can and should be addressed to realise significant savings and stem health-care inflation. The growth of the health sector has also come at the expense of the most vulnerable: more than a quarter of a million people are pushed into poverty every day as a result of paying for health care.

Indeed, the case for investing in health is not just about economic growth—it's also about equity. The report of the *Lancet* Commission rightly focuses on the benefits of universal health coverage (UHC) and recommends progressive realisation of UHC with a focus on the poorest populations. Inherent in UHC is the right to health, and in many developing countries this right is being realised through constitutional and health reforms. Countries as diverse as Mexico, Thailand, and Turkey are showing how UHC programmes can improve the health and welfare of their citizens and lay the foundation for inclusive growth. The *Lancet* Commission correctly argues that, although country pathways to UHC will differ, all should place special emphasis on the poorest people.

The Commission's report envisions a grand convergence by 2035, when the mortality rates of mothers and children in low-income and middle-income countries will dip to the levels seen in high-performing middle-income countries. I believe it's time for the global community to be even more ambitious, and to set time-bound targets to measure progress. In my speech to the 2013 World Health Assembly, I set out a vision for global health by 2030: no one should fall into poverty or be kept in poverty as a result of health-care expenses, and everyone should have access to affordable, quality health services.

Achieving these goals will require further growth in the health sector. The Commission's report recommends scaling up government health financing


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from the current level of less than 2% to 3–4%. Governments must lead the way, but governments cannot do it alone: the private sector, international organisations, foundations, and civil society all have key parts to play. Policy makers need to harness the resources and the innovative approaches of these multiple actors, working in concert with a vibrant public sector.

We also must look for solutions beyond the health sector. The *Lancet* Commission recognises, but chooses not to focus on, the multisectoral or social determinants of health because "complex and entrenched political obstacles exist to addressing them and…the effect will not be realised for a long period".[2] Yet one of the most successful interventions to improve child health has involved putting money in the hands of poor mothers in Mexico via conditional cash transfers.[4] The Commission's report also could have given greater prominence to its recommendations to tackle risk factors for non-communicable diseases through interventions such as tobacco taxation and road and air quality improvements that form the foundations of healthy societies.[5]

Lastly, the Commission's messages on the "what" of health-service delivery could have greater impact with more attention to the "how". This was also a critique of WDR 1993, and it contributed to a shift in the World Bank Group towards investing in knowledge for better health-systems performance. Why, for example, are some countries able to achieve better maternal and child health outcomes than others with the same level of resources? We need to document, evaluate, and share these lessons across countries, both to save lives and to demonstrate value for money. That's why at the World Bank Group we are placing a priority on delivery science, bringing the data and evidence on what works and what doesn't to help countries deliver the most cost-effective interventions at scale.

WDR 1993 helped jump-start a generation of investments that produced dramatic achievements in global health. The report of this *Lancet* Commission reminds us it's time to finish the job in this generation, and ensure that everyone in the world has access to the affordable, quality care they need to lead healthy, productive lives.

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I am President of the World Bank Group. I declare that I have no conflicts of interest.

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# Investing in health: progress but hard choices remain

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The world has changed radically since the World Development Report (WDR) *Investing in Health*[1] was published 20 years ago, so it is valuable and timely to look ahead once again. The *Lancet* Commission's optimistic report on investing in health[2] confirms my view that the best times for public health are still ahead of us.

As we debate the place of health in a new generation of development goals, we must frame our case in terms that will resonate convincingly with ministries of finance and heads of government. This means showing how the sum of all investments committed to improving people's health pays both economic and political dividends. The findings of this *Lancet* Commission, which emphasise the need to quantify the value attached to extending healthy life, strengthen the economic case for investment in health. The work of this Commission complements WHO's support for the intrinsic value attached to health and to universal health coverage.[3] People value the assurance that when they face ill health, the services they need will be available and that they will not be financially ruined by their cost.

In discussions on the post-2015 health agenda, a widely held view is that we must not let the debate about the future undermine current efforts to