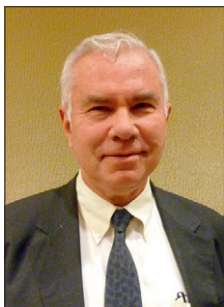


Offline: 2013, an anniversary, and a time to take stock



“The past is something best forgotten; only in theory is it the father of the present. In practice, it is only a wildly unrelated dream, a chamber of horrors.” So concluded Tom Rath in Sloan Wilson’s classic modern novel, *The Man in the Gray Flannel Suit*. It’s a harsh judgment—as befits a book that seeks to expose the futility of the corporate rat-race—but nevertheless reminds us that rarely are the predicaments of today simply, or linearly, connected to events of the past. 2013 is the 20th anniversary of one of the most celebrated—and vilified—reports in the history of health. The *World Development Report 1993* (entitled, benignly, *Investing in Health*) is not a “chamber of horrors”. There is much in it that one would wish now to celebrate as visionary. A resolute concern with using the fruits of economic growth to benefit the poor. An emphasis on investing in education, especially for girls. Promoting and protecting the political and economic rights of women. Shifting spending on health away from tertiary facilities and more towards primary care and public health. Ensuring the delivery of cost-effective packages of care. And strengthening the administration of health services. Many contemporary concerns in global health—making pregnancy safer, tobacco control, and aid effectiveness—are all prefigured in this most important of World Bank reports, written by a team led by Dean Jamison. But there is a but.



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The report also made recommendations that reinforced the views of those who saw the Bank as an organisation hell bent on introducing markets where they had no place, enabling the private sector to flourish at the expense of the public sector, and backing user fees when the rest of the world was turning against them. It is certainly true that *WDR1993* wanted to expand the part played by the private sector in health. Two key recommendations were to “Encourage private sector finance and provision of insurance for all discretionary clinical services” and to “Encourage private sector delivery of clinical services, including those that are publicly financed”. For some critics, this enthusiasm for the private sector renders the report fatally flawed. One WHO colleague and friend, who works in a country struggling to achieve universal health coverage, described *WDR1993* in this way: “Utter nonsense which excluded millions from effective care.



Worth revisiting and trashing.” He argued that the authors of the report should retract all those parts promoting private health financing. Why? Because, he said, we have learned that countries should publicly, not privately, finance their health systems. But if one puts ideological differences to one side, even the strongest critic would surely have to agree that *WDR1993* succeeded in making health an issue of supreme political importance. Jamison’s work, completed under the oversight of the Bank’s then Chief Economist, Larry Summers, laid the groundwork for Jeff Sachs’s Commission on Macroeconomics and Health. It provided the intellectual impetus for health to occupy a central position in the Millennium Development Goals. And it created the opportunity for Chris Murray to launch the Global Burden of Disease, a study that radically changed perceptions about the relative importance of certain diseases and disabilities. It also, so the legend goes, stimulated Bill Gates to dedicate his philanthropic billions to global health. *WDR1993* has been a decisive influence in shaping the future of health policymaking worldwide.

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All of which might make returning to write a new *WDR1993* in 2013 either a hubristic or reckless exercise. It was Dean Jamison who suggested *The Lancet* might wish to revisit *WDR1993* in its 20th anniversary year. Whatever the controversies of the past, it’s the right time to do so. The era of the Millennium Development Goals is ending. The concept of sustainability has emerged as the defining idea for at least the next decade. Health is no longer the dominant concern of policymakers, as it once was. Climate change, the environment, economic growth, employment—these issues have now assumed a much greater share of political attention than they did 10 or 20 years ago. It seems right to ask what place health has in this more complex and perhaps more fragile vision for the future. But what will it say? In opening the Commission on Investing in Health, to be launched later this year, Larry Summers, its Chair, urged commissioners to remember that if they said nothing that anyone could disagree with, it was likely they were saying nothing at all. And with that injunction, they began their work.

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