



Offline: Why we must learn to love economists



Richard Horton

George Bernard Shaw once remarked that, “If all economists were laid end to end, they’d never reach a conclusion.” Since the global financial crisis of 2007–08, economists have suffered a sharp loss of intellectual confidence. Some critics have rejoiced. Yet the fact remains that economics is the discipline that orders our world. Its locus of influence is the national Treasury. It is finance ministers who have the most decisive say about a country’s priorities. For health advocates, we have two choices. We can rail against the injustice of money being the chief determinant of our futures. This strategy will make us feel virtuous, pure, and good. And we will fail. Or we can seek to forge common cause with economists. This approach will demand negotiation, compromise, and even a little betrayal. But we will make progress. An alliance between economists and health activists was the principle underpinning *The Lancet’s* 2013 Commission on Investing in Health, led by two economists—Larry Summers (a former US Treasury Secretary) and Dean Jamison (the foremost health economist of his generation). The result was an outstanding statement of opportunity and possibility.



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Global Health 2035 offered four propositions. First, there is an enormous (and underestimated) pay-off from investing in health. Second, a “grand convergence” in health is achievable within a generation. Third, fiscal policies are a powerful and underused lever for curbing non-communicable diseases and injuries. And finally, progressive universalism is an efficient pathway to achieve universal health coverage. The Commission provided an indisputable economic case for taking investments in health more seriously. It described an optimistic grand historical narrative for nation states. The idea of ending preventable mortality within a generation was especially motivating. The notion of convergence—mortality rates in low-income countries falling to those of the best-performing middle-income countries—spawned a vigorous new research endeavour to investigate what was possible for progress in health. The Commission showed that domestic financing was sufficient to deliver convergence for most countries. It made a compelling argument for the importance of chronic diseases at a time of widespread scepticism in the development

community. It provided evidence for the continued importance of targeted international aid. It showed that a new focus for that aid should be global public goods, such as health technologies, implementation science, knowledge sharing, and market shaping. It presented policy options for political decision makers. And it showed that economists and health specialists working together produced a bigger impact than either discipline struggling alone. These messages are still important today. But it is 5 years since the Commission completed its work. The world has changed. The era of sustainable development has radically expanded the aspirations of international development and has resituated health in a deeply threatened environmental context. Countries that were once champions of global health—most importantly, the US and UK—have turned inwards, preoccupied by their own domestic political crises. There are new leaders in global health, leaders who are searching for fresh ideas and solutions. Financing for health is a lower priority than it once was. And new issues are redefining the meaning of global health, such as migration, populism, and xenophobia. The economic case for health needs to be remade.

Last week, several members of the Commission reconvened in Boston. The agenda for the Commission’s continued work was rewritten to include the increased importance of chronic non-communicable diseases, pandemic preparedness, and multimorbidity. The validity of convergence will be re-examined. And the recent contributions of the Disease Control Priorities Project and Global Burden of Disease will be embraced. The Commission on Investing in Health 2.0 comes at a propitious moment. Last week, Michael Bloomberg and Larry Summers announced the launch of a new Task Force on Fiscal Policy for Health. As Summers wrote, “The world is going through a huge health transition, where the problems of the 6 billion people who live in emerging markets are increasingly the problems of the 1 billion people who live in rich countries.” Our revived Commission aims to offer decision makers new hope for advancing both economic development and health.

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