Macroeconomics and Health: Investing in Health for Economic Development

"...let me say that I hope we keep our voice clear and strong on the central task of raising the health of the poor. I can be 'realistic' and 'cynical' with the best of them—giving all the reasons why things are too hard to change. We must dream a bit, not beyond the feasible but to the limits of the feasible, so that we inspire. I think that we are an important voice speaking on behalf of the world's most voiceless people today—the sick and dying among the poorest of the poor. The stakes are high. Let's therefore speak boldly so that we can feel confident that we have fulfilled our task as well as possible."

Taken by the editor from emailed correspondence from Jeffrey Sachs to the Commissioners and others working on this effort.

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Macroeconomics and Health: Investing in Health for Economic Development

Report of the Commission on Macroeconomics and Health ${\it Chaired\ by\ Jeffrey\ D.\ Sachs}$

Presented to Gro Harlem Brundtland,
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Macroeconomics and Health: Investing in Health for Economic Development

The Commission on Macroeconomics and Health (CMH) was established by World Health Organization Director-General Gro Harlem Brundtland in January 2000 to assess the place of health in global economic development. Although health is widely understood to be both a central goal and an important outcome of development, the importance of investing in health to promote economic development and poverty reduction has been much less appreciated. We have found that extending the coverage of crucial health services, including a relatively small number of specific interventions, to the world's poor could save millions of lives each year, reduce poverty, spur economic development, and promote global security.

This report offers a new strategy for investing in health for economic development, especially in the world's poorest countries, based upon a new global partnership of the developing and developed countries. Timely and bold action could save at least 8 million lives each year by the end of this decade, extending the life spans, productivity and economic wellbeing of the poor. Such an effort would require two important initiatives: a significant scaling up of the resources currently spent in the health sector by poor countries and donors alike; and tackling the non-financial obstacles that have limited the capacity of poor countries to deliver health services. We believe that the additional investments in health—requiring of donors roughly one-tenth of one percent of their national income would be repaid many times over in millions of lives saved each year, enhanced economic development, and strengthened global security. Indeed, without such a concerted effort, the world's commitments to improving the lives of the poor embodied in the Millennium Development Goals (MDGs) cannot be met.

In many respects, the magnitude of the scaled-up effort reflects the extremely low levels of income in the countries concerned, the resulting paltry current levels of spending on health in those countries, and the costs required for even a minimally adequate level of spending on health.

Because such an ambitious effort cannot be undertaken in the health sector alone, this Report underscores the importance of an expanded aid effort to the world's poorest countries more generally. This appears to us of the greatest importance at this time, when there has been an enhanced awareness of the need to address the strains and inequities of globalization.

We call upon the world community to take heed of the opportunities for action during the coming year, by beginning the process of dramatically scaling up the access of the world's poor to essential health services. With bold decisions in 2002, the world could initiate a partnership of rich and poor of unrivaled significance, offering the gift of life itself to millions of the world's dispossessed and proving to all doubters that globalization can indeed work to the benefit of all humankind.

November 2001 Jeffrey D. Sachs, Chair

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