# Towards a more robust investment framework for health

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On the 20th anniversary of the 1993 World Development Report (WDR),[1] the report of the *Lancet* Commission on Investing in Health reaffirms that investing in health is a strategic investment with enormous economic returns.[2] In recognition of the intrinsic value of health, the Commission used a "full income" approach to demonstrate an even higher total return from health investments than previously calculated. Measuring economic and intrinsic values together clearly shows that investments in health are investments in human development—in enlarging people's choices, freedoms, and capabilities to lead lives they value. That is why improving health is a cornerstone of the current Millennium Development Goals (MDGs) and must feature prominently in the future post-2015 development agenda.

The Commission's report identifies the health priorities that increasingly feature in dialogue around the post-2015 agenda: accelerating action on the unfinished health MDGs, addressing emerging challenges such as non-communicable diseases (NCDs), and achieving universal health coverage. These priorities are also highlighted in a recent report by the United Nations Secretary-General, *A Life of Dignity for All,* which sets out a transformative agenda for the post-2015 world.[3]

Although the *Lancet* Commission on Investing in Health recognises that tackling the social determinants of health is central to achieving health gains, especially in the long term, it elects to focus on improvements that could be achieved by the health sector alone. This approach, however, paints an incomplete picture. Action on social determinants is necessary to help investments within the health sector realise their potential and for disparities in health to be eliminated. In Uganda, for example, stigma, poverty, and poor health-sector governance often prevent women from accessing breast cancer diagnostics and treatment.[4-6]

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Excluded groups experience barriers to accessing health care, even when these services are universally available and free. In the UK, for example, with decades of experience in universal health coverage and where free HIV care is provided through dedicated HIV clinics, large numbers of men who have sex with men are unaware of their HIV status.[7] Investments in the health sector matter, but decades of experience from the HIV response show that people—especially those who are vulnerable and excluded—will not reap as many benefits from health sector investments if discrimination, bad laws, and other social determinants are not also addressed.

The *Lancet* Commission explains this omission by noting that the benefits of action on social determinants are often not realised for a long time. The returns from addressing social determinants of health, however, are not all long term. A recent study in Malawi, for example, showed that cash transfers contributed to a 64% reduction in HIV prevalence among adolescent girls within 18 months.[8] The intervention included adolescent girls from poor rural areas, precisely the areas where the Commission calls for greater investments in health.

A balance is needed between short-term and long-term investments in health. If, at the turn of the millennium, the world had invested in the most common antiretroviral medicines, which cost at that time US$10 439 per person per year, without also investing in policy reform to lower prices, then the impressive expansion of life-saving treatment to reach 10 million people could not have been achieved.[9] Strategic investments in the creation of enabling legal and policy environments have contributed to making treatment more sustainable. Such investments can also have spillover effects on medicines and diagnostics for other

health conditions. This is critical as countries grapple with scaling up multisectoral responses to NCDs.[10]

The Commission argues that entrenched political obstacles to action exist on some social determinants. Yet the involvement of multiple sectors on social determinants can create win-win scenarios by engaging more constituencies in supporting policies and programmes that yield multiple health and development benefits. For example, ministries of health, finance, and trade working together can ensure that tariff and taxation systems do not create or sustain policy environments that help to promote obesogenic foods and drinks.[11] Taxation features prominently in the Commission's report as part of an essential package of population-based interventions for tackling NCDs, and the built environment is recognised as crucial to injury prevention.

Moreover, synergistic action on social determinants can create opportunities to finance substantial improvements in health without further straining health sector budgets. Many cash transfer and microfinance programmes, for example, are already operating at scale, and maximising their health benefits might not require substantial new investments. Bringing health and other sectors together can yield opportunities that make these sorts of development synergies cost effective; examples could include subsidies on fuel-efficient stoves, housing legislation that requires mosquito-proofing features such as ceiling boards, and cash transfers that contribute to HIV prevention.[12–14]

The time has come for a robust investment approach to health. To achieve the goal of improving health, however, an appropriate balance needs to be found between investments in health services and action on social determinants, between prevention and treatment, and between initiatives requiring short-term and long-term time horizons. Investments inside and outside the health sector can work in synergy to deliver a more effective investment framework for health which ensures that all people can access health services, and helps to promote health and development objectives simultaneously.

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I am the Administrator of UNDP. I declare that I have no conflicts of interest.

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