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.

Jim Yong Kim
The World Bank Group, Washington, DC 20433, USA
president@worldbank.org

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

accelerate work on the health-related Millennium Development Goals and finish the job.[4] The concept of convergence proposed by the *Lancet* Commission is helpful—the idea that with scaled-up investments in health technologies and systems, infectious, child, and maternal mortality rates in most low-income and middle-income countries could fall to those presently seen in the best-performing middle-income countries.[2] This "grand convergence" in health suggests a trajectory against which to track future progress, a feasible endpoint to aim for, as well as an estimate of costs and benefits.

The Commission has clearly reflected the changing geography of poverty, whereby a focus on the poor no longer equates to a focus on the poorest countries. The Commission highlights particularly the health needs of the rural poor in large middle-income countries. Although the resources needed to meet the health needs of the poor can be met by national budgets, this does not necessarily mean that they will be. In an environment where official development assistance for health might increasingly be focused on a smaller group of the poorest and most fragile nations, we need to reflect on what other forms of international collective action are likely to be effective in addressing this challenge.

The Commission's conclusions on non-communicable diseases (NCDs) are most welcome, particularly the need for policy responses across government. A wide range of inter-related social, economic, and environmental determinants are implicated in NCDs, which include environmental exposure to harmful toxins, diet, tobacco use, excess salt and alcohol consumption, and sedentary lifestyles.[5] However, these factors exist within wider domains that encompass income, housing, employment, transport, agriculture, and education, among others.[5] Although it is possible to identify policy levers in relation to all of these individual factors, orchestrating a coherent response across societies remains a key challenge in global health governance.[5]

WDR 1993 aimed to help governments and their partners in the development community make choices in how best to allocate scarce resources. Its prescience in areas such as tobacco taxation and the need for better measurement systems has been hugely influential.

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By contrast, one of the most radical forms of change in global health resulted from the unprecedented increase in access to antiretroviral drugs in low-income countries—a change based initially on an outright rejection of cost–benefit considerations in favour of access to care and treatment as a fundamental right.[6] As we look to the future, in societies increasingly empowered by new social media, it is important not to underestimate the power of social activism to bring about change.

Margaret Chan
World Health Organization, CH-1211 Geneva 27, Switzerland
porria@who.int

I am Director-General of WHO. I declare that I have no conflicts of interest.

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