

Time to stop instrumentalizing health for economic growth

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Editorial

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This week BMJ casts a [spotlight](#) on climate change. The journal provides a nice collection of articles with the latest news, state of the art research and viewpoints on the enormous political challenge. Some articles explore how a low carbon economy can boost people's health, whether [contraction and convergence](#) is the way forward, etc. Suffice it to say: recommended reading.

You can tell people are getting downright desperate, if ideas are being floated like [Tom Burke](#)'s: *"My own very strong feeling is that what it's really going to take politically to solve this problem is an insurgency of those under 40 against those over 40."* If only it were that simple. This is anything but a generation issue (full disclosure: I turn forty in October). Last time I checked, greed was still in all of us, young and old. Adjusting incentive structures of decision makers and [CEOs](#) seems inevitable and part of the solution. However, in this short piece I'd like to focus on the popular claim that health professionals are *"uniquely placed to guide the climate change conversation towards better policies that are good for the planet and for people."* They are, indeed, and pointing out that a low carbon economy would also be great news for our health is an excellent example of this. Publications like the New Economics Foundation's ['The great transition'](#) are very much in line with this kind of thinking.

However, if a 2°C rise in global average temperatures marks the boundary between manageable and unmanageable (aka *"runaway"*) climate change, and global carbon emissions must peak within the period 2015-20 to remain within this boundary condition, then it's about time that the global health community gets its act together. For instance: we probably have to think hard and deep before claiming in this era that *"universal health coverage is necessary to maintain the growth rate"* in countries (as Julio Frenk did recently in [India](#)). This has been a global health evergreen, of course - for an overview see the Montreux [background paper](#) on the political economy of global UHC by our colleague Gorik Ooms. It's obviously also a nice carrot to hold in front of the Davos crowd and decision makers everywhere, and it's a point often raised to counter the opposite claim – that we can't afford UHC if our economies are to remain competitive.

However, linking explicitly health and economic growth is something we can't afford anymore in this era. At the very least, if we still want to stress that universal health care is good for growth (and I'm the first to acknowledge that developing countries and emerging countries like India still need growth), we should probably immediately add something like 'the growth we want', inclusive growth, or sustainable development. In a recent piece, Yanzhong Huang [is on the right track](#) noticing *"Despite decades of robust economic growth, China and India did not seriously consider UHC until it became clear that economic development does not trickle down."*

To complicate matters: the jury is still out on whether 'sustainable growth' actually exists. I, for one, wouldn't bet on it. As we are probably witnessing the 'end of the generous decade' for global health, this is perhaps a good moment for the global health community to reach out to some of the fringe

ecological economists who are contemplating zero-growth, a steady state economy, or even de-growth. That might not be a popular thing to say in the current global environment, but the developed world is exactly in this kind of mess because our economies need growth to be viable and produce jobs. If growth falters, we're in trouble (see [Tim Jackson](#) on this). Right now policy makers are trying to 'sustain the unsustainable', as some people have called it. Particularly in the EU.

It's not just the "[UHC tribe](#)" though, that fancies linking health and economic growth. In general, instrumentalizing health for economic growth is still a popular pastime in global health quarters, see for example the all too familiar NCD [discourse](#): *'If nothing is done, this will cost the world economy X trillion over a few decades'*. Global health people might think this will appeal to World Economic Forum participants who care about the bottomline and love to hear talk about cost-effectiveness. And it makes for good headlines in our economy-obsessed press. But it's terribly short sighted.

There's nothing wrong with doing this sort of research, obviously, it's essential research. However, the global health community as a whole should probably refrain from the desire to frame everything in economic terms when it addresses the common public and decision makers. Not just because it's the right thing to do – people suffering from NCDs want a decent quality of life, first and foremost, rather than "contributing productively to the world economy" – but also because it seems increasingly vital if we indeed want to guide the climate change conversation towards a better future for this planet and its people. Public health people can play a major role in the conversation around indicators that go beyond GDP, for example. We know resources are limited, and that's why scientists are all the time quantifying issues, but the truth is: they are to a large extent limited because humanity doesn't get its priorities right.

The global health community should close ranks and be firmly on the side of the people who think another future is possible. In short, they should be on the side of the dreamers. The key battle ahead of us is this one: how do we convince a critical mass of people that this world can be a different place. A battle for the hearts and minds, yes.

Right now we're losing that battle. So perhaps we should stop playing by the enemy's rules.