We must value and safeguard human health if we are to have a sustainable future

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Do policy makers value human health? Although the immediate answer may be “yes,” reflection indicates a more nuanced response is warranted. During the covid-19 pandemic, many policy makers presented preservation of health and economic growth as opposing choices. There have also been troubling displays of vaccine nationalism from leaders seemingly unable to comprehend that no one is safe until everyone is protected. Meanwhile, around the world, cultures and religions, supported by legislation, continue to obstruct efforts to improve reproductive health by barring access to contraception and abortion. Earlier this year, the United States, in an extraordinary reversal of societal progress, has overturned the landmark Roe versus Wade ruling and severely restricted access to safe abortion (1).

In richer countries, people die principally from preventable physical and mental health conditions, while in poorer countries they still die in enormous numbers from treatable diseases as well. Human health affects quality of life, productivity, the wellbeing of successive generations and ultimately the economy, but policy does not reflect these realities sufficiently, nor has the aim of securing “health in all policies” gained sufficient traction.

Life expectancy in many parts of the UK and the US is declining and the gap between the most and the least affluent is widening (2, 3). Before the covid-19 pandemic, awareness was growing of the rising prevalence of chronic non-communicable physical and mental diseases around the world, debilitating conditions now responsible for 71% (41 million) of annual global deaths (4). The pandemic also highlighted health interrelationships because individuals with non-communicable diseases were more likely to die or suffer adverse effects from covid infection. Equally, conditions during the pandemic resulted in a worsening of child obesity, with 25.5% of children in year 6 in the UK now obese (5). Overweight and obesity in late adolescence or early adulthood, even in apparently healthy individuals, accounts for approximately 60% of the incidence of type 2 diabetes before the age of 40, and a decrease in life expectancy by as much as 20 years (6). Estimates of the global cost of non-communicable diseases from 2011 to 2025 in terms of lost productivity are in the region of US$47 trillion (7). In comparison, the global costs of climate change in
developing countries have been placed at around US$1.4 trillion over an equivalent period (8).

Governments cling to growth in Gross Domestic Product (GDP) as the ultimate measure of success, despite widespread and increasing acceptance that this is a flawed measure with serious limitations. (9, 10). GDP is a measure of products, outputs and services that have monetary value even if they damage health, and does not assign monetary value to activities that improve health. Additionally, GDP does not recognise health as human capital with a valuable future yield. These factors perpetuate the invisibility of activities that contribute to health and wellbeing, and impede efforts to make health a policy focus. Though many economists accept the need for a new framework, reliance on GDP persists. Previously, population health improved as countries became wealthier. Wealth led to more stable food supplies, cleaner water, better housing and education, and therefore to less infant mortality, infection, starvation, and longer lifespans. However, the tight relationship between health and wealth has weakened. The United States is one of the wealthiest countries in the world, but stands towards the bottom of the league table for health (11). One reason for this is the view that wealth drives health through ability to purchase healthcare. However, current estimates suggest that overall, healthcare explains only around 10-20% of the variance in health in high income settings and about 50% in low and middle-income countries (12, 13). The wide acceptance of “universal healthcare” as a commodity with a cost and a primary solution to the world’s health problems has distracted from investment in health capital. In addition, the use of the words “cost-effective” and “best-buy” by the World Health Organisation to describe approaches to combat non-communicable diseases (14) is a marker of the prevalence of the commodification of health. Reversing the decline in human health from non-communicable diseases, as well as improving the health of left-behind populations that remain disadvantaged by poor nutrition, sanitation, low vaccination rates, and the toll of childbearing requires a clear focus on prevention. It means rejecting the cries of those who promote healthcare as the principal solution, in what is all too often a self-serving activity because they stand to benefit from the commodification of healthcare. It also means incentivising activities such as parenting
and caring, which improve health, but all too often impose a financial penalty on the parent or carer. The world needs a framework to safeguard human health by according it value, recognising the long-term benefits for individuals, and society. This means replacing GDP with a more nuanced metric, or accepting additional metrics when making policy decisions.

Mark Carney, the former Governor of the Bank of England, acknowledges a need to measure “value” (15), the WHO Council on the Economics of Health for All, led by economist Marianna Mazzucato, calls for rejection of “the pathological obsession with GDP” (16), and the British Medical Association highlights the need to recognise the value of health (17). Now, as the world struggles to recover from covid, and faces new challenges with the cost of conflict and the cost of living crisis, and the continued spectre of climate change, would be a good moment to make the case for valuing health.

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