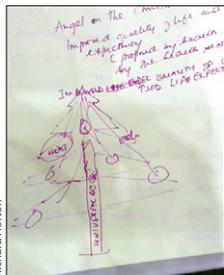


Offline: A rainbow on my desolate land

The phrase “a rainbow on my desolate land” comes from a poem by Botswana poet, Benson Phutego, which he performed at the opening of the Botswana dialogue. The rainbow refers to the Millennium Development Goals.



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Obsolete. A word used by one UN head of agency to describe the world’s current approach to global health. He made an arresting speech, signalling that the future for health was turbulent, and that global institutions were unprepared for the coming storm. The Millennium Development Goals (MDGs) have 1000 days left. They will be superseded by...we don’t yet know quite what. 50 individuals gathered in Gaborone, Botswana’s capital, last week to write two pages for a High-Level Panel, chaired by three heads of state (Liberia, Indonesia, and the UK), which meets later this month in Bali. The prelude to Botswana had been marked by disagreement. How many goals should the health community ask for? And what should it (or they) be? The risk of disagreement was real. Another UN head of agency pleaded for “compromise”. A third issued “warnings”. In the event, the Botswana dialogue was not only surprisingly harmonious. It was radically productive.

Difference had prepared participants for convergence. And ambition too. Health is at the heart of human development. We need to say so (uncompromisingly). Health and wellbeing are measures of success not only for health, but also for the economy, environment, inequalities, population, education, conflict, governance, food security, water, and energy (the ten additional thematic areas being considered by the High-Level Panel). Health is ahead of all these other dimensions of development. No other sector has achieved the successes health has seen. They make the case convincingly for health’s central focus post-2015. A script for action was agreed. Sustainability is the big idea. It replaces, although it encompasses too, poverty reduction. Sustainability means a healthy planet and healthy lives. It means maximising human capability across the lifecourse. It means being clear about what each of us owes to one another, in our generation and in future generations. It means recognising that the idea of development in an era of sustainability is utterly different from that which has governed the MDG era. Currently, we see health contributing to maximum economic growth, and maximum economic growth contributing to better health (a macroeconomic argument for health). Sustainable development is different. It is not about maximising growth. It means

conserving the resources that create health and well-being. Maximum economic development and sustainable development are different ideas, with different outcomes and implications for development policy.

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The umbrella goal for health post-2015 should be universal health coverage: it is the only proposal that embraces the whole health system and puts rights and equity at the centre of its vision. But there are nuances. First, we should emphasise universal health access to comprehensive, high-quality prevention, treatment, and care. Coverage is a weaker concept than access, and access is a more compelling idea to citizens and politicians (one lesson of the AIDS movement). Second, beneath universal health access there must be clear, specific, and concrete health goals—accelerating progress on the unfinished MDG agenda and incorporating all that was missing (such as NCDs). Third, it might be useful to consider targets and indicators specific to each part of the lifecourse—for children, adolescents, and so on. We should also consider the enabling environment for universal health access. Governance is a critical enabler that should be given the highest priority. The global community must commit to health information as an indispensable part of the governance of sustainable development. Only with reliable and transparent data can full and participatory independent accountability (a further enabler) be realised. Communication is important too. Communicating the vision for the post-2015 era cannot be an afterthought. To sustain public commitment to development demands serious attention to how we make the case for health.

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This was the outcome of the Botswana dialogue. One speaker concluded that the meeting made tangible “the democratisation of development”. He was right. As an observer, I can only say that the leadership of Anders Nordström, Joy Phumaphi, and the UN task team that guided this process has produced the possibility for an extraordinary epoch. Can this dialogue now be translated into action?

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