Between 1984 and 1987, Dr Gro Harlem Brundtland, the then Prime Minister of Norway, chaired the World Commission on Environment and Development, also known as the Brundtland Commission. The work of this Commission, and of the UN Conference on Environment and Development, held in Rio de Janeiro in 1992, moved environmental concerns to centre stage in debates concerning macroeconomic policy and development. On becoming Director-General of WHO in 1998, Dr Brundtland was inspired to do for health what she had previously helped to achieve for the environment, and in January 2000 set up the Commission on Macroeconomics and Health. It had a two-year mandate to debate, research, and reach conclusions about the role of health in economic development. Its report, published on 20 December 2001, has received much attention in the media and is now being widely circulated (1).

The Commission consisted of eighteen commissioners, four of whom, including myself, came from the health sector and were relatively unimportant — unimportant, because our views on the importance of health and its close relationship to economic well-being and stability are already well known. We are seen as “special pleaders” for greater investment in health. The excitement and the power of the Commission derives instead from the other fourteen Commissioners — individuals who are prominent in economics, finance, development, trade, and political leadership. Their views on the essential links between health investment and economic growth cannot therefore be discarded lightly. They have immense experience in economic planning and prioritization in low-income, middle-income, and wealthy countries. They are well aware of the difficult trade-offs and choices that ministers of finance must make.

Nevertheless, they have reached striking conclusions about the central position of health in economic development and the need for far greater investments in human health if countries are to enjoy sustainable development and steady improvements in human welfare. I recommend the full report of the Commission to all readers of the Bulletin.

This special issue of the Bulletin taps into the mine of supportive work carried out on behalf of the Commission by the six Working Groups that it established. Published in this issue are shortened versions of ten of the working papers commissioned by the Working Groups, together with a round table discussion on the work of the Commission, and an interview with the Commission Chair, Professor Jeffrey Sachs.

We hope that the richness and the diversity of this material will be stimulating and useful to Bulletin readers.

We are also very pleased to publish in this issue a guest editorial by Dr Julio Frenk and Dr Felicia Knaul. Dr Frenk is the Minister of Health of Mexico. He was previously a senior official at WHO and it was his vision, alongside that of Dr Brundtland, that launched the Commission on Macroeconomics and Health. We are delighted that he is now able to comment on the work of the Commission from the perspective of his leadership of the health sector in an influential and reformist middle-income country.

Two coincidences make the findings of the Commission especially relevant and timely. First, this month marks the launch of the new Global Fund to Fight AIDS, Tuberculosis, and Malaria. The thinking behind this Fund, which has flowed from the leadership and advocacy of UN Secretary-General Kofi Annan and the deliberations of the last several G8 Summits, is precisely the need to greatly increase effective investment in health in poorer countries. The work of the Commission provides much supporting evidence and guidance that will assist the early years of the work of the new Global Fund.

Second, the events of 11 September last year have reminded us of the linkage between global security and global health. As the Economist pointed out in an editorial on 22 December 2001, “there is a correlation between sickness and political instability”. We must hope that this wisdom is heeded in the capital cities of wealthy countries. Winning peace is far more difficult than winning wars and requires massive and sustained assistance for poor countries to improve the health and education status of their populations, particularly of girls and women.


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1 Editor-in-Chief, Bulletin.

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