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We must value and safeguard human health for a sustainable future

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Do policy makers value human health? Although the immediate answer may be "yes," reflection suggests a more nuanced response. During the covid-19 pandemic many policy makers have presented the preservation of health and economic growth as opposing choices. And there have been troubling displays of vaccine nationalism from leaders seemingly unable to comprehend that no one is safe until everyone is protected.

Meanwhile, cultures and religions around the world, 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, overturned the landmark Roe *v* Wade ruling and severely restricted access to safe abortion.[1]

In richer countries people die mainly from preventable physical and mental health conditions, while in poorer countries enormous numbers still also die from treatable diseases. Human health affects quality of life, productivity, the wellbeing of successive generations, and ultimately the economy—but policy does not adequately reflect these realities, and the aim of securing "health in all policies" has not gained sufficient traction.

Life expectancy in many parts of the UK and the US is declining, while 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, with debilitating conditions now responsible for 71% (41 million) of global deaths each year.[4] The pandemic also highlighted health inter-relations, as people with non-communicable diseases were more likely to die or experience adverse effects from covid infection.

Equally, conditions during the pandemic resulted in worsening child obesity, as 25.5% of children in school year 6 in the UK are now obese.[5] Overweight and obesity in late adolescence or early adulthood, even in apparently healthy people, account for about 60% of the incidence of type 2 diabetes before age 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 $47tn (£41tn; €46.7tn).[7] In comparison, the global cost of climate change in developing countries has been placed at around $1.4tn over an equivalent period.[8]

Health as human capital

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 it 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 they impede efforts to make health a policy focus. Although many economists accept the need for a new framework, the 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 less infant mortality, infection, and starvation, with longer lifespans. However, the close link between health and wealth has weakened. The US is one of the wealthiest countries in the world, but it sits near the bottom of the league table for health.[11]

One reason given for this is that wealth drives health through people's ability to purchase healthcare. However, current estimates suggest that, overall, healthcare explains only 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 World Health Organization's use of the terms "cost effective" and "best buy" 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 who 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 for society. This means replacing GDP with a more nuanced metric, or accepting additional metrics, when making policy decisions.

Mark Carney, former governor of the Bank of England, has acknowledged a need to measure "value"[15]; the WHO Council on the Economics of Health for All, led by the economist Mariana Mazzucato, has called for rejection of "the pathological obsession with GDP"[16]; and the BMA has highlighted the need to recognise the value of health.[17] As the world struggles to recover

from covid and faces new challenges with the cost of conflict, the cost of living, and the continued spectre of climate change, now would be a good moment to make the case for valuing health.

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