

Offline: America—a country facing two futures



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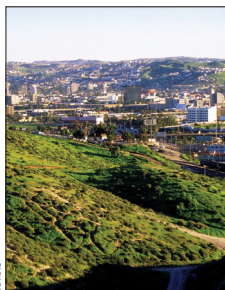
The best of the United States of America was on display last week at the launch of the UCLA Center for World Health. Held in the magnificent IM Pei designed Ronald Reagan UCLA Medical Center—whose principal objective Pei defines as “to create an environment for healing”—this new venture is led by Professor Thomas Coates. His vision is one that illustrates why our universities are such core institutions in society. The Center is founded on values that are of supreme importance not only to UCLA but also to the future wellbeing of our species—solidarity, equity, diversity, freedom, human rights, inclusivity, and sustainability. These words are not meaningless mission statements. Tom Coates chose the recent *Lancet* Commission on Investing in Health as a catalyst to promote discussion about how the Center’s values can inform its future work. Dean Jamison, the main architect of our “Global Health 2035” report, set out common challenges facing all nations today: high rates of avertable infectious, child, and maternal deaths; demographic change and a shift towards non-communicable diseases and injuries; and impoverishing medical expenses, together with unproductive cost increases. Despite these dangers, the opportunities before us are remarkable. A grand convergence in health is achievable within our lifetime. The returns on investing in health are extremely impressive. Fiscal policies are an underused lever for curbing NCDs. And progressive pathways to universal health coverage are an efficient way to achieve health and financial protection. Delivering this vision within one generation is feasible.



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Victoria Fan (US Center for Global Development) identified three ways to achieve these ambitious objectives. First, countries should consider investing in best-buy clinical interventions and, importantly, policy interventions (such as tobacco taxes). Second, countries should review ways to implement progressive universalism—the provision of essential, low-cost, highly cost-effective packages of care for the poorest. And third, country partners should invest more in global public goods, especially knowledge for research and development, policy, and implementation. The obvious obstacle facing each of these proposals is weak country capacity. Do countries have the institutions to set priorities, to allocate resources effectively and



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efficiently, and to verify performance? Too often, the answer is no. Eric Goosby, a former Director of PEPFAR, America’s signature global health initiative, explained one way to bridge the gap between the aspirations of Global Health 2035 and the realities within countries. His idea is to use health diplomacy, underpinned by science and advocacy, as an instrument for change. Diplomatic tools are important because they represent formal agreements between countries to decide health priorities and implementation strategies. PEPFAR is proof. “We know it works”, concluded Ambassador Goosby. So what is stopping us?

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In one word, politics. Here is where America has reached a historic fork in the road. One path leads to a resilient future. It is exemplified by the leadership, values, ideas, and achievements of those who work at institutions such as UCLA. Another path takes us to the paralysis, self-interest, failure, and often the sheer venality of the US Congress. Take one of the biggest issues facing world health—the damage we are doing to our planet through human-induced climate change. Just days before UCLA’s gathering, the Intergovernmental Panel on Climate Change pointed to politics as the main impediment to tackling this largest of our planetary predicaments. The reality is that over a 20-year period, because of the deep relationships between politicians and fossil fuel industries, efforts to achieve bipartisan support for action have stalled. The best and the worst of any nation is not an abstract calculus. It is played out in the lives of real people in desperate situations. The launch of UCLA’s Center for World Health ended with *Science* magazine’s Jon Cohen giving a powerful description of the lives of people living with AIDS just 45 min from his home in San Diego. There, in Tijuana, Mexico, men and women die, degraded by inequality, exclusion, and hate. Should one be pessimistic? I don’t think so. I left Los Angeles believing that UCLA’s extraordinary commitment, if amplified and multiplied across a nation, could ignite a citizen-led movement for political change. My worry is that there is only a very short time before America loses this unique opportunity to choose its future.

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