

A PERSPECTIVE

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The Center for Global Health and Economic Development is a collaborative initiative between the Mailman School of Public Health and the Earth Institute. Dean Rosenfield feels that global health issues are at the core of economic development. Do we sometimes fail to make that connection?

Initially, I didn't make it in my own work. Economics training has traditionally underemphasized this linkage. The strong role of health in economic development became clear to me only after years of experience in poor, disease-ridden countries. My subsequent scholarly research has repeatedly confirmed these linkages, as did the report on "Macroeconomics and Health" that I chaired for the World Health Organization. Today, we can say that the great disease pandemics in low-income countries, especially in Africa, are among the greatest barriers to successful economic development.

You see it in South Africa, where the AIDS epidemic has impacted the number of teachers, as well as security forces, in the country. Villages in Southern Africa that used to be at least self-sustaining entities are now desperate and hungry orphanages, for all intents and purposes, with grandmothers looking after their orphaned grandchildren. This year, the effects of El Niño-related droughts have come on top of that, so there's a combination of crop failures, disease, and social dislocation to an extent that is virtually unimaginable to any of us who have not seen it directly.

How will the Center make a difference?

It will be one of the pivotal places in the world that is going to focus on these issues, understand the connections between disease and economic crisis, and prompt a satisfactory response from the international community. Links among scientists, economists, and policy specialists are absolutely essential. We're going to be engaged directly, advising governments, working with the United Nations system, advocating better policies, and explaining what's needed to our own politicians as well. Part of what's needed is simply a matter of dollars and cents. For a number of years, I and many of my colleagues at the Center have been urging greater international financing of public health in poor countries. We're starting to see results, both with the new Global Fund to Fight AIDS, TB, and Malaria, and with the new Bush Administration initiative on AIDS, two initiatives in which I've been extensively involved as an advocate, analyst, and advisor. Part of our job will be to ensure the high-quality follow through to these promising developments.

Some might say, well, the pie is just so big...

We're talking about the need for donor resources of around \$25 billion a year for global public health for the poorest countries. That number sounds very large, but it's only one thousandth of the annual \$25 trillion income of the richest countries, or just 10 cents for every \$100 of income. With that amount we could avert eight million deaths a year.

Others, including government officials, might feel that these problems are just intractable.

That's because they don't understand how effective public health interventions can be. They have to go back and understand the amazing triumphs of immunization programs, of the control of African River Blindness, and of the tremendous significance of family planning and reproductive health service programs of the last 30 years, which have done so much to reduce fertility rates voluntarily and thereby help spur economic development in many parts of the world. You can't simply take the point of view of many politicians, who just throw up their hands and believe it's hopeless.

Is that because they don't see the problems firsthand? Remember how former Treasury Secretary Paul O'Neill changed after he went to Africa?

It's really hard to fully grasp these things without seeing them. I've found that throughout my career. That's why I've always believed in the mix of academic practice on campus and direct observation at work in the field.

How do you get the public behind all of this, to make a difference?

What we do as educators, researchers, and scientists is to demonstrate the facts, and bring them to the public's attention. The public has tremendous reason to rally to this cause: humanitarian concern, religious and ethical motivation, and our national security.

We talk about this time as being a turning point in public health. How do you see it?

The situation was allowed to drift disastrously for a generation. The AIDS pandemic was allowed to spread out of control. Malaria and tuberculosis were allowed to resurge. The coverage of immunization was allowed to collapse in many places. The results became so shocking and harrowing, so dangerous for everybody, that finally the international community is waking up.

Interview by Ponchitta Pierce