Critique of the WHO Sachs Report

THE SACHS REPORT: *INVESTING IN HEALTH FOR ECONOMIC DEVELOPMENT*—OR INCREASING THE SIZE OF THE CRUMBS FROM THE RICH MAN'S TABLE? Part II

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The Commission on Macroeconomics and Health report (Sachs report of 2001) has been heralded as inspiring and groundbreaking and is being adopted as the blueprint for global health policymaking. This article argues that the report is deeply conservative and unoriginal. It encourages medico-technical solutions to public health problems; it ignores macroeconomic determinants and other root causes of both poor health and poverty; it reverses public health logic and history; it is based on a set of flawed assumptions; it reflects one particular economic perspective to the exclusion of all others; and it recommends greater amounts of charity while preserving the status quo of a deeply unjust and irrational international economic order. Wishful thinking and ideology are presented as established facts to legitimize globalization, and health is conceived primarily as an input to productivity rather than as a human right. The benefits that would result from simple, macroeconomic measures directed toward social justice and the meeting of basic needs are incomparably greater than those that would result from following CMH recommendations in terms of sustainable improvements in both health and economic well-being. The ultimate source of poor health status and miserable living conditions is the extreme concentration of power, nationally and internationally, in the hands of the few.

CENTRAL THESIS AND KEY RECOMMENDATION

The central thesis of the Sachs report, the Commission on Macroeconomics and Health (CMH) report of December 2001 (1), is that "improvements in health translate into higher incomes, higher economic growth and reduced

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population growth." The main recommendation is "to scale up access of the world's poor to essential health services, including a focus on specific interventions." The plan is predicated on "donor financing [which] creates the financial reality for a greatly scaled up, more effective health system" (pp. 3–4).

Part I of this article (in the last *Journal* issue) examined the assumptions that underpin the CMH report—in which health is conceived as an input to productivity and economic growth. It proposed an alternative set of assumptions that are critical to a social justice and human rights approach to health and to the goal of long-term, reliable improvements in health and material well-being.

The four underlying assumptions examined in Part I are as follows: economic growth is the aim; health is achieved through interventions delivered through health services; international aid, with conditionalities to enforce certain policies, is the only way to finance health; and democracy is alive and well in the developed world and is the model for the developing world. I proposed a set of alternative assumptions: fair distribution and sustainable use of resources is the aim; health is what you get from meeting basic needs; sovereign and solvent states must provide for their people's basic needs without outside interference; democracy is in crisis everywhere; and self-determination of nation states and a rules-based system of international governance are urgently required.

Part II of the article summarizes the main findings, recommendations, and "messages" of the report, and identifies what is genuinely positive and (some of) what is misleading, biased, or plain wrong. Above all, it points to the disproportion between the benefits that would result from following the CMH recommendations and those that would result from simple, macroeconomic measures directed toward social and economic justice.

WHAT IS POSITIVE AND ORIGINAL IN THE CMH REPORT?

A number of statements and recommendations in the report are welcome and are genuinely positive in the sense that they unambiguously support principles underlying Health for All. These include statements on the following:

- Universal coverage for priority interventions (p. 6)[1]
- Guarantees by the state for financing of services (p. 7)
- Significant scaling up of financing for global research and development (R&D) on the heavy disease burden of the poor (p. 8)

[1] In this article, "CMH report" and page numbers refer to *Investing in Health for Economic Development: The Report of the Commission on Macroeconomics and Health,* WHO, 2001, which presents a summary of the reports of the six working groups.

- The fact that "it is no accident that millions of people die unnecessarily each year" (p. 13)
- The fact that "user fees end up excluding the poor from essential health services while at the same time recovering only a tiny fraction of the costs" (p. 61)

Taken alone, these are useful advocacy statements, and indeed, if the key message transmitted by the Sachs report is that medical care is affordable and that funds can be found, that is of value—though not new. Development charities and activists for social justice have made it widely known for decades that only a minute proportion of resources devoted to military spending or speculative activities would be required to meet the basic needs of the world's population for health services and indeed for food, clean water, education, and social services. However, this is a very small part of the key advocacy statements that need to be transmitted in relation to macroeconomics and health. As discussed in Part I of this article, health interventions are but one small factor determining population health status, and reliance on donor funds is highly restrictive and of dubious value—if the aim is long-term, significant, and reliable improvements.

Among the ten "findings" resulting from the CMH's two years of work, it is hard to find a single piece of information that could be described as original—let alone as "bold or inspired," in the words of the chairman himself. Readers will judge the originality of the set of ten findings (pp. 16–17) for themselves. Did the international health community not know until the end of 2001 that "a few health conditions are responsible for a high proportion of the health deficits," or that "the HIV/AIDS pandemic is an unparalleled catastrophe," or that "the level of health spending in poor countries is insufficient to address the health challenges they face"?

WISHFUL THINKING, IDEOLOGY, AND UNTRUTHS

The stated aim of the CMH report is to legitimize globalization (p. 29). This has the merit of being transparent. Unfortunately, most explicitly political positions promoted in the report are presented as neutral and established facts. Only a fine line divides wishful thinking from ideology and ideology from untruth, as the following examples show. At the very least, Sachs and his commissioners should have acknowledged that alternative positions exist. In the interests of fairness and objectivity, these positions should have been presented.

There are dozens of examples of ideology disguised as fact in the CMH report, but just three are briefly discussed here: pharmaceutical research and development in relation to access to medicines; trade in services, including health services; and the heavily indebted poor country (HIPC) initiative.

Pharmaceutical R&D and Access to Essential Medicines

Finding number ten states, "Coordinated actions by the pharmaceutical industry, governments of low income countries, donors and international agencies are needed to ensure that the world's low income countries have reliable access to essential medicines" (p. 17). Sachs and others may wish to believe that all these actors are devoted to universal access to medicines, but even a superficial glance at the literature would have revealed quite another perspective—and one that surely deserves mention.

The critical role of nongovernmental organizations (NGOs) and political activists in increasing access to medicines is omitted from Sachs's statement, as is the fact that pharmaceutical industries in particular, some international institutions (the World Trade Organization (WTO)), and some governments (the Quad: United States, Canada, European Union, and Japan) have actively promoted policies and legislation that decrease access (2)—not because they wish poor people to be deprived of medicines but because the pursuit of profit is the raison d'être of the powers directing them, and the pursuit of profit is rarely compatible with the pursuit of universal access or any other manifestation of equity.

Sachs reproduces the pharmaceutical industry's own justification of its outsize profit margins (more than 18 percent, compared with around 7 percent on average in other industries; pharmaceutical executive quoted in 3) in terms of its R&D needs. Yet, this myth was debunked between 15 and 20 years ago (4). The proportion of profits devoted to R&D is far lower than that devoted to marketing of pharmaceutical products—11 percent versus 27 percent (5). Furthermore, the amount devoted to basic research (the R part) is much lower than the amount devoted to development (the D part), which itself has always had far more to do with marketing than with research (6). This is because the majority of "new" products are in fact close copies of competitors' best sellers—just one molecule apart, in order to obtain patent protection.

Rarely mentioned either is the fact that much basic research is publicly funded, with the pharmaceutical industry leaping onto the bandwagon to develop the drug (or rather its market niche) when success looks likely. Most AIDS drugs, for example, were produced through public financing (even through clinical trial stages), and 85 percent of the basic and applied research for the five top-selling drugs on the market was produced through taxpayer funding (7, 8). So much for the corporate contribution to bold, "leap-in-the-dark" scientific endeavor.

Sachs is equally uncritical of current arrangements for pharmaceutical product development. He laments the near total failure to develop drugs for diseases of the poor, but fails to make the connection between this spectacular inefficiency and the fact that the research agenda is largely determined by multinational corporations, which have a legal obligation to make a profit for shareholders. The notion that greater efficiency might be achieved if R&D for essential drugs were to be placed in the public domain, in order to respond to people's needs, is not

considered. It should be noted that the Global Health Research Fund, as currently constituted and organized, is *not* what is required for publicly funded and directed research for the diseases of poverty. It is highly likely to encounter the same funding problems as the Global Fund and to be donor driven and/or unduly influenced by its "benefactors" and corporate interests.

Trade in Services

Trade in services also receives uncritical mention, as if this were an entirely uncontroversial development arising out of democratic debate. On the contrary, the General Agreement on Trade in Services (GATS) may represent the most serious threat to welfare provision over the past 50 years (9), and like many WTO operations, it is being negotiated mostly behind closed doors (10). Knowledge about, and therefore opposition to, GATS is negligble—even among public sector workers—though its implications are huge (for detailed reviews, see 11, 12).

Trade in services requires first that services be privatized. Conveniently, the ground has been prepared in developing countries through making their deregulation and privatization an SAP (structural adjustment program) conditionality (13). Trade in services will disproportionately benefit the European Union and the United States. As the U.S. Coalition of Service Industries states, "Any increase in consumption of services anywhere in the world effectively means an increase in consumption of U.S. services" (14).

Private provision of services to meet basic needs—whether these be for health, education, water, energy, or transport—invariably results in escalating costs and inequitable access. "Virtually every credible study ever done has shown that private, for profit health care is more expensive, less efficient and of lower quality than public health care" (15). As Sen (16) reports, "In the USA, administrative costs are high, choices are limited and quality is not assured since health need is determined by cost and profit margins for shareholders. In Cuba on the other hand, the per capita costs are much lower and although the choices for the type of care available are limited, the system delivers universal coverage with among the best health indicators in the world." Cuba achieves this with one-sixth the GDP of the United States (17) and with a particularly strict, cruel (and illegal) embargo, but the macroeconomic miracle that this represents receives no mention in the CMH report.

"A market based approach to health not only drives up the costs of health care but it can also lead to disinterest in the factors that make people ill. A consumer society promises—falsely—that medical technology can fix diseased individuals, and that good health can be bought and sold in the marketplace rather than being something to promote or work for" (G. Rayner, quoted in 18). In short, private provision of health services sacrifices the public health goals of prevention of disease and promotion of health.

Heavily Indebted Poor Countries Initiative

There is no indication whatsoever in the CMH report that the HIPC initiative has failed. The myth that developing-country debt is at last being fairly and constructively addressed is reproduced here. This is a serious omission, because debt is the only macroeconomic factor of significance that is mentioned in the report. Between 1996 (when the HIPC initiative started) and 1999, debt service in the HIPC countries increased by 25 percent, according to World Bank figures (19). It should be noted also that the HIPC initiative concerns only 9 percent of third world debt. Twenty of the most heavily indebted countries are excluded from the initiative. The combined debt of the 22 HIPC countries that were accepted by the initiative will be reduced from U.S.$53 billion to $20 billion (20).

The explicit purpose of the initiative is to make the debt *sustainable.* In the opinion of a member of the Paris Club, it is "to protect the financial integrity of the International Financial Institutions [IFIs]" (19, p. 41). For many analysts, it is clearly an instrument to keep up pressure on countries to adopt neoliberal reforms that are favorable to the interests of their "creditors." People's Tribunals and World Social Forums insist on immediate cancellation followed by reparation, and they bring ample evidence to support this position (21, 22).

JUSTIFYING THE REVERSAL OF LOGIC

As mentioned in Part I of this article, there is a curious reversal of logic in recent literature on health and economic development, in which it is asserted that attention to a few diseases will create prosperity. As this is the raison d'être and the central thesis of the CMH report, it is important to examine the arguments presented to justify the assertion. Let us start, though, with some commonsense observations:

- Individuals and families in poor communities, even when they are healthy, are not rich and are not going to become rich.
- Their poverty is very likely to make them ill repeatedly. And the chances are quite high that it will kill them prematurely.
- When people are in good health (and under miserable living conditions this is usually a temporary situation), they are able to make the best of their immediate environment—however unfavorable—which has, of course, a real value.

In short, health might *rhyme* with wealth but unfortunately, *it is not wealth.* Once again, this reasoning may sound obvious, but it needs stating because the CMH report, despite its title, ignores all the major macroeconomic factors that determine poverty and "underdevelopment." Quotation marks are used because in the logic of globalized capitalism, the poor countries have been developed

precisely as intended, as cheap sources of primary materials and labor for the rich countries. In our environment-conscious age, the materials are now frequently returned for disposal to their original owners in the form of toxic waste products.

With the exception of debt relief—which is dealt with in one sentence as something that should be "deepened"—the report fails to mention a single element of significance to the international economic order (such as those discussed in the next section). These are the root causes of miserable living conditions in poor countries, and unless they are tackled, their people will struggle as best they can through bouts of frequent avoidable illness, sometimes ending in premature death.

The CMH report makes a quite unjustified extrapolation from the level of the individual and household to the level of the national economy: "As with the economic well being of individual households, good population health is a critical input into poverty reduction, economic growth and long term economic development at the scale of whole societies" (p. 21).

Individuals and families may be thrown into destitution by illness in many countries, including the United States; this does not happen, of course, in countries where health care is socialized. As already discussed at length, the state of countries' economies is determined by macroeconomic factors of the larger international financial architecture, operating way beyond the arena of people's health. In difficult circumstances, health permits survival and, conversely, an episode of illness may tip already deprived people into destitution, but neither health nor illness make countries rich or poor, respectively.

On closer inspection, the examples cited to back up Sachs's health-to-wealth argument appear to support the opposite thesis. For example, malaria was controlled in southern Europe (p. 39) as it was in the United States—prior to the introduction of DDT—through "environmental cleansing," public health engineering in water management to canalize rivers and remove the breeding grounds for mosquitoes (23). Europeans would not have been satisfied with bednets, drugs, and insecticides at that juncture. By that time, European citizens benefited from sovereign and solvent states and a degree of democracy allowing them to insist on substantial state intervention for the greater good of all. This, of course, is what citizens of the developing countries still lack and continue to be denied, not least by the international economic and political order.

Sachs's explanation of "Africa's chronic poor performance" (p. 24) compared with the high growth countries of East Asia is at odds with that of other experts—Stiglitz (24), for example—who attribute the "miracle" to the fact that these countries stubbornly ignored all IFI prescriptions and instead implemented policies very similar to those used by today's rich countries to establish a productive base to their economy: a strong state role, particularly in provision of public services and protection of national production and control over financial flows. A careful reading of international history and politics reveals Africa's *outstanding performance* in merely surviving the onslaught of centuries of brutal oppression and exploitation.

The CMH report would have us believe that the recommended health interventions will "jump start" the economies of poor countries and that in 20 years time, they will all have achieved development. This is equivalent to refilling a bucket that has holes in it rather than repairing the holes or buying a new bucket. The report offers no sustainable solutions to health problems. It assumes that each time a person falls ill, she or he will get the appropriate drugs. Public works that require infrastructural investment by the state are not mentioned. Yet these are the only public health interventions that reliably and sustainably improve population health status and are designed to eradicate problems once and for all. *These are the investments that must be costed and presented to policymakers.* Can poor countries afford to refill buckets for 20 years when they could repair the bucket or buy a new one for a fraction of the cost and for incomparably more significant and long-term benefits?

THE DISPROPORTION: MILLIONS THROUGH CHARITY, OR BILLIONS AND TRILLIONS THROUGH A FAIR INTERNATIONAL ORDER?

Sachs states, "It is important to put the total donor assistance into perspective" (p. 12). This is indeed a critical analytical step. Unfortunately however, Sachs's perspective does not extend beyond donor assistance—it merely compares *current* to *required* levels.

The perspective that is lacking relates to the billions and even trillions that would be released (for health and other projects) through a set of simple macro-economic measures, or conversely, relates to the amounts that are lost to poor countries daily through a range of international transfers. The latter include debt, unfair terms of trade and Northern protectionism, tax havens and capital flight, free trade zones, SAPs and PRSPs (poverty reduction strategy papers), foreign direct investment, intellectual property and TRIPS, the brain drain, and finally—aid itself. There is a wealth of literature on each of these subjects, and readers are referred to key texts on each: on debt (22); on structural adjustment (25); on tax havens and banking secrecy (26); on foreign direct investment (27); on financial flows (28); and on trade (29).

There is a striking disproportion between the sums that could reasonably be raised through international aid—usually not exceeding millions—and the sums that would be released through simple macroeconomic measures—billions and trillions. The baseline for assessing the disproportion is the CMH's figure of U.S.$27 billion required per year in the form of donor contributions and $38 billion by 2015 to avert 8 million deaths per year by the end of 2010, with economic gains of $360 billion per year during the period 2015 to 2020.

Debt

Among the different mechanisms of South-North transfers of wealth, debt has received by far the most attention. *Illegal, immoral, irresponsible,* and *impossible* are terms that are increasingly understood by the general public in relation to third world debt—thanks to awareness-raising by groups such as Jubilee 2000, CADTM (Comité pour l'Annulation de la Dette du Tiers Monde), and ATTAC (Action pour un Taxe Tobin pour Assister le Citoyen). A few facts are in order before looking at estimates of the losses incurred by developing countries.

First, third world debt—U.S.$2,500 billion in 2001—represents a tiny proportion of total world debt, the largest being that of the United States—$22,000 billion (21). Debt cancellation is not without precedent and is entirely feasible. Interestingly, the major bankruptcies of the capitalist world have been absorbed by the state—in other words paid for by the people. Debt is a key structural arrangement in the international financial architecture and, as made explicit by the HIPC initiative, the aim is to make it *sustainable,* not to cancel it (19). The political and economic leverage that it provides to the North makes it far too valuable for cancellation.

Furthermore, the size of the debt owed by the North to the South over centuries of pillage, often achieved through violent oppression, is calculable but unpayable—at least in its entirety (see the letter from Aztec chief Guaipuro Cuauhtémoc (30) to European governments on the 185 thousand kilos of gold and 16 million kilos of silver "borrowed" by Europeans between 1503 and 1660—a sort of original Marshall Plan for European development—the capital and interest of which has still not been paid back). Imperative, as the first step in reparation, is the removal, at long last, of the obstacles to development that the North continues to impose on the South.

In 2001, development aid stood at U.S.$51 billion (21), but the indebted countries paid out $382 billion in debt repayment. This is $22 billion more than Sachs's estimates of the gains per year by 2015—$360 billion (see above). Between 1980 and 2000, debt has cost these countries $4,500 billion, six times the level of the debt in 1980. The debt/export ratio is extremely high—164 percent (19). In some African countries, debt repayments are four times the amounts spent on health and education together. For every dollar received in aid, three go back to rich countries to service the debt. Debt, which can be seen as bonded labor at the level of nations, is itself a major impediment to development.

Trade

Trade has never been free or fair, but it has served the powerful nations as a weapon of control, oppression, and exploitation for centuries and continues to do so (31). The losses incurred through unfair terms of trade have been devastating, as Davis (32) shows in his account of the famines in India, China, and Africa in

the last quarter of the nineteenth century. They have their parallels today as millions of poor farmers are ruined and driven off the land by neoliberal policies (33) and tens of thousands go hungry every day in countries that were self-sufficient in food in the 1960s (34).

The world's poorest economies are forced to export more and more basic primary commodities, resulting predictably in a glutted market, a fall in the cash value of their exports, and decreased incomes for the poor. The rewards of liberalizing world trade are grotesquely skewed toward the rich. The U.N. Secretary General's predictions (35) that the high-income countries stood to gain U.S.$141.8 billion while Africa stood to lose $2.6 billion are being confirmed.

The U.N. Conference on Trade and Development (36) has calculated that barriers to exports from developing countries by the rich countries cost U.S.$700 billion in lost export earnings, and in its 2002 report (37) shows that market distortions and northern protectionism keep one billion people in poverty.

Tax Havens and Capital Flight

Currency speculators gamble U.S.$1.5 trillion daily. ATTAC, which is now an international movement, proposes taxing these activities. At 0.25 percent this would earn $250 billion a year—enough to provide food, basic health care, and education to all the developing world. Experts have said there would be no particular difficulty in introducing this tax (38).

The losses to poor countries—and to poor people in the rich countries—through tax-free offshore accounts (OFCs) are colossal but have received less attention than other international transfers. These "tax havens" play an essential and rapidly growing role in international finance (and international crime). It is estimated that half of all international capital flows pass through or reside in tax havens, including between U.S.$360 and $500 billion in illicit funds per year, compared with $85 billion ten years ago (39). They impose severe constraints on the developing countries by channelling out capital through dubious means. According to conservative estimates, about 30 percent of third world debt has found its way into OFCs (40). Because they significantly undermine the tax base of countries, and therefore states' capacities to provide public services, these losses disproportionately affect the poor. The International Monetary Fund (IMF) estimated that if a 40 percent tax were to be paid on earned income (about 5 percent per year) from offshore accounts that contain around U.S.$8 trillion, $160 billion annually would be raised—almost double what it would take for all countries to guarantee basic social services (41).

Free Trade Zones

Free trade zones are an investor's paradise, but their effects on the people in the zones are less than positive and include collapse of small and medium-sized

enterprises, progressive elimination of small farmers, loss of food sovereignty, ecological disaster, cultural aggression, and overall increases in poverty (42).

Foreign Direct Investment

Foreign direct investment (FDI) has been heralded as the key benefit that globalization now offers the South and the principal mechanism to jump start economies into rapid growth. FDI and equity investment increased by 440 percent between 1990 and 1996. Woodward (27) points to the ominous similarities of these trends to the buildup of the debt crisis, and argues that they may herald the next crisis. They imply a transfer of ownership of the capital base and productive potential of developing countries to entities outside their borders, with all that this implies for sustainable development and loss of government control over the economy. The rates of return on these investments are astronomically high, particularly for investments in very poor countries. Once again, the winners are the transnational corporations and their shareholders.

Foreign Aid

Finally. as discussed above, foreign aid clearly serves donor interests, both commercial and political, and, with conditionalities, it increases the stranglehold of powerful institutions and interests, all of which, as we have seen, contribute to the net transfer of resources from South to North. The latest players in the aid industry are the charitable foundations of multibillionaires, their spouses, and their companies. The major outcome of their ventures into celebrity philanthropy is illegitimate influence in public policymaking and the furtherance of corporate interests—including their own (43, 44). Furthermore, a long-term and coherent solution to the problems of poverty and inequality will require reasonable remuneration of our "captains of industry" and proper enforcement of progressive taxation, enabling them at last to contribute fairly to society as citizens of the world—albeit through rather conventional channels.

AN INTELLECTUAL AND ETHICAL DARK AGE

The CMH report occasionally diverges from its grim calculations of cost effectiveness and urges the international community to "dream a bit, not beyond the feasible, but to the limits of the feasible" (see frontispiece of the main report). It makes clear that a number of ethical principles that are fundamental to a social justice approach to health—and about which presumably we might dream—need to be made palatable and "user friendly" for the world's decisionmakers. Principles such as equality, justice, or peace—in addition to being a serious threat to the rich and powerful—are inconvenient to the technocrats, because they do not lend themselves to measurement, interpretation, or manipulation.

Ethical principles have the unfortunate characteristic of being absolute. They cannot be diminished, modified, or disproved with formulas, models, or diagrams, so cherished by mainstream economists. Keen (45) has shown that most of these assumptions are flawed. He presents a wealth of evidence showing that economic theory is internally contradictory. As he says, "Economic reality cannot be shoehorned into diagrams."

There is confusion between ends and means, and between values and strategies, throughout the CMH report. Growth, market economies, competition, decentralization, cost containment, foreign investment—even public-private partnerships—are all presented unquestioningly as desirable *ends.* But all of these are *means* to an end—which itself is not made explicit. Likewise, the term *efficiency* is bandied about without any recognition that it can be assessed only when one is clear about the end that is to be achieved.

Sachs's attempts to make principles more attractive to investors are typical of this confusion. The most obvious example is the lame rationalization that investments to improve the health of the poor will have "spillovers to wealthier members of the society" (p. 16). In the latest "trickle" variant, then, wealth goes up toward the rich. When inducements to the rich and powerful are piggybacked onto declarations of principle, much of the moral resonance of these principles is lost.

According to Sachs, "the MDGs [Millennium Development Goals] are partly an expression of humanitarian concern, but they are also an investment in the well being of the rich countries as well as the poor. The evidence is stark: disease breeds instability in poor countries which rebounds on the rich countries as well" (p. 28). This statement raises two ethical problems. First, if the MDGs turn out to be a very poor investment, as is most likely, should they be abandoned? As ethical imperatives, which might even involve redistribution of resources ("sharing," in the vernacular), the MDGs would appear to be unpromising as an investment. Second, is Sachs suggesting that instability in poor countries is due to disease?

This brings us to quite the most outrageous statement in the report. Sachs cites (p. 28) a curious study undertaken by the CIA (46) of "state failure over the period 1960–1994" showing that infant mortality is "a predictor of state collapse (through coups, civil war and other unconstitutional changes in regime). *The United States ended up intervening militarily in many of those crises*" (emphasis added). Not only did the United States *end up* intervening militarily in these crises, but it *started out* intervening militarily (and in other ways). Furthermore, in an astonishing number of countries, it directed, financed, and often participated in the "coups, civil wars and other unconstitutional changes in regime" (47). Neither the welfare of populations nor the promotion of democracy appear to have been the goal of these interventions. Certainly they were not the result. These ill-advised incursions into the field of ethics reveal at best a limited grasp of international affairs, but at worst, inexcusable ignorance and imperial arrogance.

ASKING THE RIGHT QUESTIONS

If evidence is required—and as stated earlier, much already exists—the kinds of questions that need to be asked will provide answers in the form of estimates of the costs and benefits of creating the basic conditions for good population health. They will allow comparison with the CMH recommendations, not just in terms of costs and benefits but in terms of sustainability of the improvements—as "once-and-for-all solutions."

Countries may decide to undertake no further research but rather to be guided by existing knowledge. Estimates of the amounts required to provide basic education and social and health services, including public works to protect and promote public health, are available, for example, through campaigns such as Jubilee 2000, or social justice NGOs such as Oxfam or the World Development Movement. They have been quoted for decades, for example, in the form of proportions of national and international military expenditure, amounts that would be released through fair trade, a Tobin-type tax on speculative activities, or even as a proportion of the amounts spent on pet food or cosmetic surgery in the rich countries. It is unlikely that countries without these basic amenities will obtain funding for public works of this kind from the donor community, unless they involve substantial returns to the donors' transnational corporations. At that point, critical decisions will have to be made about delinking from this infernal cycle of dependence, exploitation, and deepening poverty and inequality.

Regional alliances and the promotion of maximum local and national self-sufficiency offer possible escape routes and the first steps toward building capacity to meet basic needs. Certainly, poor countries will need to act together to stand any chance against monolithic international structures and arrangements, possibly in concert with social justice and environmental movements in the North to work together to revive the New International Economic Order, which was more or less murdered in its infancy (48). In the postwar years, the anticolonial stance of the least developed countries and growing demands for equality in an unequal world came into direct conflict with western interests and perceptions (49).

Another world is possible. Various strategies have been proposed for escaping from this particular axis of evil—if the colossal greed, extreme violence, and tyranny of today's world regime can be described this way. They are reflected in the literature on alternative "development" paths (50–54).

WHY THE CMH REPORT?

So, why this report? The most obvious answer to this question is, "To maintain at all costs the status quo." In a preliminary comment on the CMH report, Legge (55) suggests that it "may prove to be as significant as the 1993 World Bank Report, *Investing in Health,* providing a 'credible' policy narrative proclaiming concern about the health of the poor while reconciling health development objectives with the continuing operation of a brutal and unfair global economic regime."

As the subtitle of this article suggests, the CMH action agenda is a simple recommendation to increase the size of the crumbs from the rich man's table. In this way, it performs at least three functions. The first is to avoid any discussion of structural factors that determine poverty and inequality and, in turn, disease and death. Such discussion is deeply threatening to the existing order. The second may be to provide modest relief to the poor (or at least to be *seen* to be doing so), not in any significant way, of course, but to "defuse" the situation. Sachs is correct in identifying misery as destabilizing (he is quite wrong about its origin); the agony of the poor is indeed a tinder box, just waiting for a spark. If the CMH dampens that spark, it will not have served the cause of global social justice, though it may delay its achievement. The third purpose, which is less significant, may be to provide relief to bad consciences. Global health policy experts often have only a vague understanding of the international financial architecture. For example, many disapprove mildly of the seeming brutality of SAPs, without understanding that these follow logically from the fact that the IMF and World Bank are directed by the U.S. Federal Reserve and Treasury (56, 57).

SAPs and PRSPs, for example, are not misguided; on the contrary, they are finely tuned and perfectly targeted to achieve a specific result (56). However, most of those who implement these policies, lower down the rungs in the international health community, imagine that improving the health of the poor is the eventual aim of policies they implement on the orders of the IFIs. It is often *genuinely* their own aim. However, it is arguable that the experts—including Sachs and including international civil servants implementing policy lower down the ranks—have, through their espousal and promotion of a "bad" system, inflicted great suffering on large numbers of their fellow human beings. For some of these, blind faith was the driving force; for others, blind self-interest. Whichever it was, it is the duty of those who claim to have the people's interest at heart to embrace alternative thinking in humble recognition of the imperfections of their terrifying machine.

The world's people deserve a counterweight to the CMH in the form of a Poverty and Health Commission to examine the relationship in its entirety, as recommended by the People's Health Movement (58) in its submission *Realization of the Right to Health* to the Commission on Human Rights.

PLAYING GOD

The most telling statement in the whole CMH report appears in the foreword, signed by Sachs and his 17 commissioners. It reads, "With bold decisions in 2002, the world could initiate a partnership of rich and poor of unrivaled significance, *offering the gift of life itself* to millions of the world's dispossessed and proving to all doubters that globalization can indeed work to the benefit of all humankind" (emphasis added).

Clearly, the era of hidden agendas is over. The purpose of the CMH report is explicitly to promote and legitimize corporate-led globalization of capitalism.

Alternative perspectives are not contemplated. Evidence that this globalization works to the benefit of humankind is rare, perhaps nonexistent. Evidence that it deepens poverty and inequality abounds. But neither of these facts is of interest. The apolitical and ahistorical discipline of economics today requires only blind faith.

Furthermore, it is not "the world" that will "initiate" or "offer" anything; it is the rich and powerful, speaking through the voice of Sachs. Only those with an interest in maintaining the status quo could possibly *wish* for a partnership between rich and poor. This is akin to advocating for a partnership between slave owner and slave. As today's abolitionists know, rich and poor are not divinely ordained categories. The struggle for health is a struggle for the abolition of these stark categories—a struggle against the mechanisms and structures of impoverishment and deepening inequality. This must not be dismissed as utopian. The world was firmly on the path to a fairer international economic order during the welfare decades, when the rich and powerful took fright and rapidly back-tracked into neoliberal fundamentalism (59).

Lastly, leaving aside the shameless and extraordinary delusions of grandeur, the fact that a group of U.S.-trained, Chicago-school economists feel that they are in a position to offer "the gift of life" to deprived populations on earth is disturbing in itself. That disproportionate and inappropriately allocated power is the very problem to be addressed.

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