

What is progress?



Joseph Stiglitz

At a moment of acute financial insecurity, when unemployment rates are rising (in the USA to over 10%) and national debts are deepening, the comfortable assumptions that have governed the western world demand renewed scrutiny. For 60 years, the public has taken for granted the relentless economic and social progress of society. Most people living in high-income countries today know only stability and protection. Yet we are now entering an era when economies have contracted—and in some cases, continue to contract. By any standard economic measure, society is regressing not progressing. It is poorer, not richer. And this backwards step in our wealth might be a backwards step in our wellbeing too.

But thanks to a Commission chaired by the Nobel-prize winning economist Joseph Stiglitz, governments have an opportunity to redefine the meaning of human progress. Instead of relying on a one-dimensional measure of success—the gross domestic product (GDP)—the Stiglitz Commission on the Measurement of Economic Performance and Social Progress argues that societies should insist on a broader understanding of their achievements and predicaments. A “looming environmental crisis” only makes this issue even more urgent.

The central message of the Stiglitz report is that human wellbeing is far more than the sum of our economic resources. Wellbeing also depends upon health, education, environment, housing, access to information, the ability to communicate, and the overall quality of our life experience. Reducing ideas of human progress to a single number misses aspects of what human beings deem most important in their lives. Instead of measuring the performance of national economies, the activities and experiences of households should also be considered. Rather than absolute levels of wealth, the distribution of income and the extent of inequality should also command our concern—as should the conditions in which we live and the capabilities we need in order to achieve what we see as critical to our happiness.

The Stiglitz Commission was initiated by President Nicolas Sarkozy in February, 2008. The events of the past 12 months have made its findings especially forceful and compelling. There are signs that those concerned with the intersection between health and economics are responding to Stiglitz's call for a different way of measuring the world. It is a way that pays attention to the hopes and aspirations of human beings, beyond the brute economics of nation states. We commend it. ■ *The Lancet*

Type 2 diabetes epidemic: a global education



See [Comment](#) page 1655

See [Articles](#) page 1677

For more on **World Diabetes Day** see <http://www.worlddiabetesday.org/>

For more on **diabetes** see <http://www.idf.org/>

For *The Lancet* **diabetes** call for papers see [Comment](#) *Lancet* 2009; 374: 1406

Nov 14 marks World Diabetes Day, led by the International Diabetes Federation and its member associations. It kicks-starts a 5-year programme on education and prevention. Every year there are 4 million deaths worldwide due to diabetes—almost the same as the number attributed to smoking. Today, 285 million people across the world are living with diabetes; an estimated 70% are in low-income and middle-income countries (LMIC). Around 90% of the burden is caused by type 2 diabetes, which is a preventable chronic disease. Urbanisation, cultural and social factors, and unhealthy lifestyles are associated with the increase in disease; most of these are modifiable risk factors.

The importance of education to promote a healthy lifestyle for prevention of diabetes is highlighted in *The Lancet* today. The Diabetes Prevention Program (DPP) Research Group present the 10-year follow-up of the original DPP cohort in the outcomes study (DPPOS).

Both DPP and DPPOS emphasise that an intensive lifestyle intervention can avert the onset of type 2 diabetes: over the 10-year period, onset was delayed by up to 4 years.

Education involves teaching people about preventing and managing disease and assisting health-care professionals to recognise and treat diabetes in a timely manner. But it is not only the individual and health-care provider who require access to diabetes education. Policy makers and governments also need to be educated. Although LMIC are disproportionately affected by the burden of type 2 diabetes, many health-care planners are unaware of the size of the problem. The costs incurred by diabetes morbidity are far greater than the costs of disease prevention. Prominent public health campaigns, similar to those used in smoking cessation, should be considered. As with tobacco smoking, type 2 diabetes is a preventable cause of morbidity and death. ■ *The Lancet*