Is Public Health in crisis?
The changing landscape of Global Health

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The changing landscape of Global Health

- Global Health, Public Health, HIV/AIDS
- Global Health is profoundly affected by the changing patterns of globalization
- Global Health and global public goods are in crisis, including (and starting with) global Health governance
- Way forward can only be political: can the Sustainable Development Goals mobilize increased action around global health?
Millenium Development Goals

- Develop a global partnership for development
- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Ensure environmental sustainability
- Combat HIV/AIDS, malaria and other diseases
- Promote gender equality and empower women
- Improve maternal health
- Reduce child mortality

2015
MILLENIUM DEVELOPMENT GOALS
Changing health paradigms, 2000

• Health should no longer be expected as an outcome of development, but rather as a necessary and priority investment for development and economic growth
Global Public Goods

• “It is not beyond the powers of political volition to tip the scales towards more secure peace, greater economic well-being, social justice and environmental sustainability. But no country can achieve these global public goods on its own, and neither can the global marketplace. Thus our efforts must now focus on the missing term of the equation: global public goods”.

• Kofi Annan, 1999
Millenium Development Goals

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2015 MILLENIUM DEVELOPMENT GOALS
• In the last fifteen years, HIV/AIDS has been at the forefront of advancing Global Health and in delivering on Global Public Goods
Keeping the pressure up

Worldwide, m

New HIV infections, per year

AIDS-related deaths, per year

People receiving anti-retroviral therapy, total

Source: UNAIDS
Times of opportunity and risk

- Remarkable progress. 17.5 million people on treatment
- 38% decrease in incidence since 2001; 35% reduction in mortality since 2005. High return on investment

- Progress remains unequal around the world
- HIV/AIDS still a major public health threat. Two million new infections annually, a large proportion of infected people remains undiagnosed, one in two not on treatment. many people remain highly affected by HIV, including young women in sub-Saharan Africa, MSM, sex workers and PWID, globally

- Signs of complacency; setbacks; weaker activism; declining political commitment; stagnating resources

- A new global context and a changing strategic relevance of health in the global arena
“The AIDS response is at a crucial juncture, both in its immediate trajectory and its sustainability...”

Source: Adapted from UNAIDS Fast-track Report
A new context for Globalization and Global Health

• Demography
• Urbanization
• New patterns of inequities
• New economic powers
• Multi-polar geopolitics
• Commercialization
• Virtual connectedness and individualism
Economic growth is rapidly changing the world order

2000

Source: IMF data, extrapolated 2017-2020
Economic growth is rapidly changing the world order.

Source: IMF data, extrapolated 2017-2020
New wealth not reaching the poor

South Africa: GDP per capita and income distribution 1996-2011

Source: IMF, World Bank
Where is the gap?: the contribution of disparities within developing countries to global inequalities in under-five mortality

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Abstract

Background: Global health equity strategists have previously focused much on differences across countries. At first glance, the global health gap appears to result primarily from disparities between the developing and developed regions. We examine how much of this disparity could be attributed to within-country disparities in developing nations.

Methods: We used data from Demographic and Health Surveys conducted between 1995 and 2010 in 67 developing countries. Using a population attributable risk approach, we computed the proportion of global under-five mortality gap and the absolute number of under-five deaths that would be reduced if the under-five mortality rate in each of these 67 countries was lowered to the level of the top 10% economic group in each country. As a sensitivity check, we also conducted comparable calculations using top 5% and the top 20% economic group.

Results: In 2007, approximately 6.6 million under-five deaths were observed in the 67 countries used in the analysis. This could be reduced to only 600,000 deaths if these countries had the same under-five mortality rate as developed countries. If the under-five mortality rate was lowered to the rate among the top 10% economic group in each of these countries, under-five deaths would be reduced to 3.7 million. This corresponds to a 48% reduction in the global mortality gap and 2.9 million under-five deaths averted. Using cutoff points of top 5% and top 20% economic groups showed reduction of 37% and 56% respectively in the global mortality gap. With these cutoff points, respectively 2.3 and 3.4 million under-five deaths would be averted.

Conclusion: Under-five mortality disparities within developing countries account for roughly half of the global gap between developed and developing countries. Thus, within-country inequities deserve as much consideration as do inequalities between the world’s developing and developed regions.

Keywords: Under-five mortality, Health inequity
Key populations at high risk of acquiring HIV

- Injecting drug users 24 - 36x
- Transgender women 21 - 49x
- Men who have sex with men 17 - 24x
- Female sex workers 10x
- Prevalence of HIV among inmates 6x
- Migrants

A new context for Global Health

- Globalization
- Demography
- Urbanization
- New patterns of inequities
- New economic powers
- Multi-polar geopolitics
- Commercialization
- Virtual connectedness and individualism
Equity - solidarity

• Since the 1980s, the share of wealth of the richest has continuously increased, in contrast with the previous hundred years that witnessed a progressive decrease in economic inequities.

• One contributing factor is a « breakdown » in the concept of social equity that has as insidiously delegitimized taxes and the notion of re-distribution of wealth.

• In the founding principles of the French and American revolutions, equity was considered as a qualitative indicator of democracy, not only as a measurement of how wealth is distributed.

• It is probably important to return to these founding principles at a time when the growth of inequities has eroded the hope for a society of equals and the perspective for people of belonging to a common world.

• Rebuilding societies based on principles of “singularity” (uniqueness of individuals), reciprocity and commonness should be a prerequisite for societal/ global solidarity.
Equity

• The debate on inequities has long focused on delineating legitimate economic and social inequities from non-legitimate inequities.
• Equality however is as much a political and social concept as it is an economic one.
• The current expectation of equality among individuals, while recognizing their differences, is now predominating over the original perspective of creating a society of “fully” equals (evenness).
Equity - solidarity

• The majority of people consider that we live in an unequal/unjust world.

• However, at the same time, people seem to accept and consider as legitimate the mechanisms that generate these inequities and there is resistance to change.

• Bossuet’s (1627-1704) paradox: « God smiles at people who complain about the consequences while they cherish the causes »
An international community?

• Questioning the universality of the values originated from the West
• Questioning global governance: geopolitics return to nationalism and *realpolitik*
• Questioning the potential of global market economy: the rise of inequities
• Questioning whether our inter-dependence would achieve a “common united world”: the world remains a kaleidoscope
Global governance?

• Is it possible to conceive a global governance in the absence of an international community?
• UN? A strengthened G20 and more inclusive Security council? A new multilateralism?
• Next years will likely see an unsteady global system, alternating periods of stability with abrupt changes in positions of strength
• Democracy and human rights will advance through internal dynamics in societies (rather than through interference of the West)
• Will the ecologic emergency be the trigger for building an international community, economy and governance?
A new context for Global Health

• Negative impact on national and international resources of the economic and financial crisis
• Less political mobilization around global health and global solidarity; less international debate around Global Public Goods
• Uneven commitment to multilateralism
• Lack of significant progress of a framework for intellectual property rights
Waning interest?
International HIV assistance from donor countries, constant 2014 $bn

Source: Kaiser Family Foundation
A new strategic relevance of health in the public domain

• Health remains a major contributor to development. It has also become integral to the political transnational agendas of many states and the commercial transnational agendas of many business sectors.

• The security agenda driven by the fear of global pandemics and by the spread of anti-microbial resistance
• The foreign policy agenda which prioritizes national interests
• The economic agenda which sees the health sector as a USD 6.5 trillion global growth industry
• The social justice agenda, which advocates for health as a social value and human right
• Health is also an integral part of the inter-dependent global crisis challenges
Challenges to health that are not politically negotiated by the health sector

• Inequity, social determinants, social protection, universal access to health systems
• Environment, climate change, animal health, antimicrobial resistance
• Globalization of lifestyles and non-communicable diseases
• Diseases of poverty
Political challenges to Global Health

- Increasing political nature of global Health agendas
- The power of global industries: health industry, food, tobacco, alcohol. A significant part of the future of Global Health is decided in Board rooms, not ministries of Health
- The clash of norms and ideologies
- The rise of nationalism in the face of inter-dependence
- The use of health as a political tool
New challenges to health

- Most of the new challenges to health require the interface of governance domains
- They require an understanding of the changing international order and the changing nature of foreign policy
- They also require the cooperation of many actors: public, private and civil society, academia, based on shared principles
The interface of health in a global world

Global

National

Local

Graduate Institute Geneva
• Our debate must start not end with governance of a global system.
The adoption of the 2030 Agenda for Sustainable Development
The governance and diplomacy interface

- **Governance for Global Health**
  Governance at national and regional level in support of global health agendas

- **Global Health Governance**
  Governance of the dedicated health organizations

- **Global Governance for Health**: Health in the context of global organizations in other sectors
Questions

• Is multilateralism failing in global Health governance?
• Are the institutions to act in view of global structural vulnerability?
• What might the role of the SDGs be in mobilizing increased action around global health?
HIV, EBOLA, AMR and political actors

- All three have been driven forward by taking them to the UN as well as ensuring debates in other bodies
- Important role of G7, G20 calling further on other bodies (World Bank)
- Push through MDGs for HIV. Potential issue of the SDGs to mobilize action on Health in the future
- All three have health security dimensions
- All three linked to significant governance challenges (R&D, IP and access to medicines).
- All three also strongly driven by non-governmental actors from civil society and community
Framing global Health governance

• Framing global health governance as successful interventions: a quest for flexibility and effectiveness.
• Leadership. In the cases of HIV, Ebola and AMR, the issue of leadership emerges as key to either successes or failures.
• Increased conceptualization of global health governance at the interface of health, security, macroeconomics and development policies
• Importance of national and proximate responsibility beyond governance (mobilization of financial resources, monitoring frameworks, improvement of national health systems)
• Importance of legal instruments beyond emergency response (AMR)
• Importance of non governmental actors
Managing new challenges

- Negotiating the political choice of Public Health in the face of other interests
- Managing relationships (soft power) between states and between actors through health
- Creating alliances for Health outcomes
- Contributing to health security
- Aiming at outcomes that support human rights, reducing poverty and increasing equity
The role of science and scientists and evidence

The value base – health equity and human rights

issues: equity is a driving force of the HIV/AIDS and of the global health agenda
Health Diplomacy

Negotiating for health in the face of other interests

Improving relationships through health

Creating alliances for health outcomes

Negotiating governance

Contributing to peace and security

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Managing Global Health

• Politicians and electorates need to accept that in a global world we now have both national and global interests - and governments must be held accountable for both.

• It is not sufficient to string a set of priority health challenges together -- we must have the courage to think beyond health and embrace a broad notion of sustainable development.
outcomes

• better health security and population health outcomes for each (and all) of the countries involved and an improved global health situation;
• improved relations between states and a commitment of a wide range of actors to work together to improve health and
• outcomes that are deemed fair and support the goals of supporting human rights, reducing poverty and increasing equity.
Health is a political choice at all levels of governance