

**HUMANITARIAN &  
DEVELOPMENT  
PROGRAMME**

# **MANIFESTO**

SEPTEMBER 2016

**« GLOBAL HEALTH » THINK TANK**



**D**efining the state of the world today and anticipating tomorrow's. 7 billion individuals have shaped an unusual patient with ever more obvious symptoms. What we are seeing is a very long incubation phase, multiple risk factors, problematic drug resistance and a vague diagnosis, all of which have been treated with sporadic and experimental treatment. The era of the MDGs (Millennium Development Goals) brought first-line antibiotics aiming to reduce maternal and infant mortality by half by 2015. Today, the SDGs (Sustainable Development Goals) are seeing the launch of untested second-line antibiotics.

We believed in well-defined, clearly structured health systems. Big data was meant to provide a global vision of health. However, the truncated nature of the biological results it was based on resulted in a biased portrayal of the situation. As for additional analyses, a new angle was put forward, which remained just as short-sighted. In order to understand the profound and multifactorial cause of this infectious agent, we need to take the pulse and the temperature of the world. We must then examine and interrogate it in order to present a consistent and coherent cure, whilst remaining critical and remembering to constantly challenge our certainties.

For the last 68 years the WHO has defined health as a state of complete physical, mental and social well-being and not merely as the absence of disease or infirmity. And though health has been promoted to a universal human right, all users are not equal. Genetics deal the first deck of cards and life then complicates the game by providing an unequal understanding of and access to health.

Health systems are far from identical in different countries, and shape the disparities we see in the global system today. For as long as health is considered a cost rather than an investment, it will be difficult to achieve the SDGs in 2030. These goals pertain to sanitation, inequality, clean energy, poverty, education, gender equality, climate change, working conditions – all of which are determinants of health. While one might imagine the problems facing the world in quite simple a fashion, health issues affect almost all other areas of national wellbeing and development. And this is where the complexity of health lies. Like a butterfly effect, the slightest change in one of the SDG indicators mentioned above, can have a considerable impact on public health. This allows for big improvements to be made, even in the smallest yet most strategic of interventions. Equally, an incident that at first sight seems insignificant can also destabilise an entire health system.

To grasp the scale of this task, one has to bear in mind the variety of actors (states, private entities, NGOs, foundations, community and/or individual initiatives) and their difficulty in agreeing on common goals and on the answers to ethical questions intrinsic to health provision. To complicate matters further, active civil societies mobilise and revolt against injustice, against medical research targeting so-called “profitable” pathology, against pharmaceutical patents that limit access to cheap molecules, against active brain drain that steals human resources from countries without doctors. In their battles, anything goes, from the cancellation of a trial against South Africa in 2002, to the petitions against inadequate health policies and the flower flash mob in front of the Pfizer Headquarters in New York last April.

The end of the 20<sup>th</sup> century has seen a wide range of health policies directed towards the eradication of diseases. After the disappearance of small pox and thanks to the DALY (Disability Adjusted Life Years) programme, the WHO has eradicated poliomyelitis, which had historically been *the* main cause for disability worldwide. Nearly three decades later, 17% of the WHO's budget is still earmarked for polio. What the eradication of malaria, or tuberculosis? A large number of vertical programmes have not sufficiently taken into account contextual particularities or the inextricable links between variables relating to health.

Even when we attempt to think globally and cross-sectorally about healthcare, we are biased in our prioritization of beneficiary. Young men, who contribute most to a vital work force, are often treated first by DALY. This is followed by children under 5 and then by pregnant women. Increasingly programmes are focusing on newborns and the elderly – groups that had largely been forgotten over the last decades.

What will become of all this tomorrow? How can a global continuum of care, from conception to old age, be established? When will we stop treating health as a composite of vertical programmes, and start setting up crosscutting, horizontal, coherent global initiatives? How can we imagine and implement more innovative funding mechanisms that give a new lease of life to humanity's health? What about shared responsibility? Must African countries respect their commitment of 2001 to dedicate 15% of their public expenditure to health? And what must we make of the developed countries' unfulfilled aid commitments? The WHO's funding gap to begin with is not insignificant. The organisation received € 815 million from its member states in 2016 **and** 2017 (comparatively the two-year budget of major football clubs is far superior to this amount). Today, the WHO – a great idea on paper – is poised to fight against a tidal wave of problems armed with a ridiculously small budget, made ever so slightly more palatable through private and voluntary contributions. The donors of these latter contributions often play in the same arena and have budgets twice the size that of WHO's. Is this really reasonable?

In this changing world, one certainty remains: the importance which people globally, attribute to their own health and that of their next of kin. Health is a responsibility shared by individuals and by their society. When societies and governments deny their responsibility to provide this human right, and privatise healthcare, do we as the public not turn into silent, condoning witnesses? Do we not run the risk of participating in health deprivation? Today what can we really say is public about health? ■

## MANIFESTO

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*A Think Tank under the*

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