THE UNIVERSITY OF SYDNEY: Menzies Centre for Health Policy

NEW REALITIES FOR GLOBAL HEALTH: People’s Wellbeing and Planetary Health

Introduction

The InterAction Council established in 1983 is an independent international organization which mobilizes the experience of a group of more that 30 former heads of state or governments to address problems that confront humanity and develops recommendations, practical solutions and advice directly to government leaders around the world as well as heads of international organizations.

In 2015 the IAC convened a High Level Expert Group (HLEG) in Wales to address the question are we ready for global health emergencies and again in 2016 convened a further HLEG to review new realities for global health security.

Both HLEGs were reported and discussed at the Annual Council Meetings of the IAC in 2015 (in Wales) and in 2016 (n Azerbaijan) and recognized that the lack of universal health systems present a serious risk to humanity, that global health impacts on security and foreign policy, poses economic and development challenges, as global public goods require collective action and that public health has to be seen in the context of planetary health and only through the implementation at the national level of the UN’s SDGs can future human health and wellbeing be assured.

Aims of the Round Table

This Round Table is an opportunity to share and discuss the recommendations from the 33 InterAction Council Annual Plenary Meeting and consider the Rockefeller Foundation –Lancet Commission on planetary health.

I would also welcome during the discussion some insights and interests in Australia’s strategic intent and direction on these issues and what interest there might be in any engagement in further IAC LSW UNU COMSEC and others in creating a coalition of globally responsible nations for peoples wellbeing and planetary health.

I will present a summary of the two Wales HLEG discussions and recommendations adopted by IAC at its 33 Annual Plenary Meeting as well as the Lancet-Rockefeller Commission recommendations and the scope for a collation of globally responsible nations to share best practice.

HLEG New Realities for Global Health Security

Last year in Wales the IAC’s 32nd Annual Plenary Meeting the Council addressed the threat of global pandemics and recommended that states must be better prepared for sudden disease outbreaks that surveillance be increased, health systems strengthened and responses improved through multi- lateral cooperation and adequate funding for WHO.

Continuing its commitment to seek multilateral solutions to imminent global issues the Council convened a further HLEG on “New Realities for Global Health Security” chaired by H.E. Mr. Bertie Ahern at the Celtic Manor Wales February 2016.

Global Health Security Challenges.

There are fifty emerging diseases all over the world largely related to increased contact between humans and nature and the probability of such outbreaks is increased by the effects of climate change (for example affecting the distribution of mosquitoes responsible for the spread of the Zika virus); population increases; changes in food systems and evolving land use and increased travel.

 The UN high-Level Panel on the Global Response to Health crisis noted in its report following the Ebola outbreak that “future epidemics could far exceed the scale and devastation of the West Africa Ebola and that the high risk of major health crisis is widely underestimated and the world’s preparedness and capacity to respond woefully insufficient.”

The response to each crisis will differ but relies on a functioning health system-absent in affect West African States but also on each country implementing the IHR. Recent pandemics have shown that the IHR have not been fully implemented and LMI and middle-income groups are lagging behind and belief amongst some that the IHR are a device to protect high income states from low income states. There is thus a need to raise understanding of the importance for all countries to implement the IHR and to connect the implementation with incentives and the broader development agenda. Heads of state and government must understand the importance of the IHR and actors such as the World Bank should be supportive of the IHR implementation.

The recent report “The Neglected Dimension of `Global Security: a Framework to Counter the Infectious Disease Crisis” by the NAM’s Commission on a Global Health Risk Framework for the Future assessed the financial losses as US$60billion.Against this figure the Commission proposes an investment of US$4.5 billion to include US$3.4 billion to upgrade national preparedness funds at the WHO and the World Bank. This is less than one dollar per person if compared to the world population.

The threat from infectious disease is further exacerbated by AMR now identified in the UK and USA as a strategic risk to national security with (if not successfully addressed) an estimated 10 million excess deaths by 2050 and costing the global economy US$100 trillion. It will affect sectors beyond human health such as animal health, agriculture, food security, and economic development. AMR will feature at the UN General Assembly in September.

In January 2016 the Lancet reported on a 25 year study on the global burden of disease: revealing the large number of deaths due to preventable risks .An earlier study in 1990 had found that malnutrition, unsafe water and lack of proper sanitation were the leading health risks. These are replaced today by dietary risks and high blood pressure leading to NCDs such as diabetes and heart disease with their immense financial implications in developing countries.

Industrialization, exposure to hazardous chemicals and climate change significantly impact on global health and as environmental effects on human health are most likely underestimated. Indeed global environmental changes including climate change, biodiversity loss and fresh water depletion threaten to reverse the gains in health that have occurred in recent decades.

Underpinning both the defence against pandemic infectious disease and NCDs is an effective health system. Global health security can only be addressed through long-term commitment to strengthen health systems (including universal health coverage and public health as well as personal and collective health security) rather than designing disease solution case by case.

The Commonwealth Secretariat has addressed this by adopting a more comprehensive approach to building and strengthening health systems and building universal health care. It focuses on building holistic health systems under the umbrella of knowledge, advocacy, capacity, and governance. Importantly, the Commonwealth approach addresses health services: protection, disease prevention, and health promotion. This approach needs to include addressing the shortage of health care workers. For example Sierra Leone, which was badly affected by Ebola, has only 0.1 doctors per 10000 people compared to 24 doctors per 10,000 people in the USA.

Health and Conflict

The Ebola outbreak in West Africa occurred in post conflict states and highlights the need to address health systems during peace processes. It also highlights the need to maintain some form of health system during conflict situations. Health care facilities, workers, and patients have increasingly become targets for attacks as we have seen in Syria, Afghanistan, and Yemen. Deliberate attacks on health facilities represent flagrant violation of international humanitarian law. Means must be found to reinstate and uphold respect for these rules and enhance protection from accidental, deliberate, or negligent attacks. This is reflected in the UN Secretary General’s report to the Humanitarian Summit” Its core Responsibility 2 states that “even wars have limits; leaders must recommit to upholding the rules that protect humanity”.

At the opening of the UN General Assembly last September the Secretary General asked “why is it easier to find money to destroy people and planet than it is to protect them?”

Helen Clarke UNDP has claimed that the “SDG are not possible without peace and stability and the humanitarian emergencies created by war and conflict are overwhelming the international communities capabilities to respond. By investing in more inclusive and peaceful societies and minimizing the risk of disasters we will be able to reduce the need to spend on humanitarian assistance”

The current level of investment in countering the threats to human lives is inadequate. The challenges presented are all plagued by a lack of sufficient will power to place the issues in the heart of the political agenda, to fund them adequately and to hold the non-compliant to account. These were identified as gaps: a political gap, a financial gap, a gap in accountability, and a gap in response and implementation.

Governance of and for Health

Global health governance is about how to use the world’s assets more fairly and effectively to improve people’s lives. Governance FOR health implies impact on health of governance decisions across other sectors: social, economic, environmental, commerce, trade, finance, advertising, culture, migration, and communication. Finding and agreeing on coherent policy across sectors and societies is one of the most prominent challenges for global health. The problem cannot be left to health departments alone. Heads of state and governments must support them.

Health and Sustainable Development

Health is key in the global SDGs an unprecedented and ambitious agenda addressing the way all dimensions of life on this planet shape human life. The SDGs differ from the MDGs in that they do not rely on aid, but rather all require all states to take concrete measures towards sustainable development. Goal 3 is to provide “Good Health and Wellbeing “ for populations. The SDGs have direct or indirect impact on global health: poverty, climate change, access to water, and responsible production consumption and gender equality.

In Wales there is an excellent example addressing global health on a national and regional level based on the SDG principles. The Wellbeing of Future Generations Act was passed by the NAW in April 2015. It aims to improve the social economic, environmental, and cultural wellbeing of Wales. Its seven goals include a prosperous, resilient, healthier more equal and globally responsible Wales of cohesive communities and a vibrant culture. It requires public bodies to prevent problems ahead and engage in long term planning. The Wales plan is an early example of how the SDGs will be implemented and how to measure a nations progress .The plan was welcomed by the UN stating that “what Wales is doing today we hope the world will do tomorrow” Using the Welsh project as an example it was suggested that IAC could consider how to promote the idea and make it a viable option in other regions countries and communities. Effective global health protection and improvement begins at home- and this type of governance for global health can be critical to ensure the health of populations.

The IAC has already worked on human security and noted last year at its Annual Meeting that individual health security is inextricably linked to collective health security. It was also suggested that global health is in fact connected to a broader perspective: that of planetary health which is defined as “the health of human civilization and the state of natural systems on which it depends “It’s a concept that integrates human health and environmental sustainability. To address threats to global health, states and other actors must address it as a question involving not only the health of the people but the state of the planet.

Let me conclude by listing some of the recommendations to the InterAction Council in Azerbaijan and what was finally concluded after the presentations in Baku as recommendations to global leaders.

Lack of Universal Health Systems Present a Serious Risk to Humanity

1. States must define investing in preparedness for global health emergences as an issue of national and global security.
2. States must build stronger national health systems, infrastructure and processes built to a common standard set and regularly assessed as envisaged by the IHR.
3. As a matter of urgency, states and international organizations should prioritize the development of new diagnosis for Zika virus infection to facilitate surveillance and control measures and especially the management of pregnancy.
4. States, international organizations, and the private sector should intensify research and development for Zika virus vaccines and therapeutics in the medium term.
5. Recognize the impact of conflicts, failed states and displacement on global health and recommend the WHO to revisit its “health as Bridge to Peace” initiative.
6. All states must fully respect international humanitarian law and refrain from targeting hospitals and schools-and perpetrators must be held accountable. Technical means to help protect health facilities should be developed.
7. Public health has to be seen in the larger context of planetary health. Only through full implementation at the national level of the UN’s Transforming Our World: the 2030 Agenda for Sustainable Development can public and planetary health is assured.
8. Engage with communities to consider adopting similar national, regional, and local approaches as the Well-Being of Future Generations.

Post Script.

The recommendations of the IAC were forwarded to COMSEC for the Ministerial Meeting in Geneva in May as well as G7.The IAC key messages are also reflected in the communiqués following the meetings.

The health recommendations were also presented and further considered at a HLEG in partnership with Eco Forum Global on Water, Energy, Health, Agriculture Elements in a Changing World in Guiyang in July.

The InterAction meeting in partnership with the Eco Forum was convened with a view to present recommendations that One Health Equals Planetary Health to the G20 Summit to be held in Hangzhou, China in September 2016.

Earlier recommendations were also endorsed as were a recognition that;

1. In a changing world of water, energy, agriculture, and biodiversity the WHO “One Health” work programme on AMR be extended to include planetary health to read as “One health for peoples wellbeing and planetary health.”
2. A global Learning Network for One Health: people’s wellbeing and planetary health should be established to share ideas, best practice, social and community systems in implementing the concept of “One Health for People’s Wellbeing and Planetary Health”

General Discussion

I look forward to the general discussion and hope we can cover some of the following:

Australia’s strategic intent and direction on global health security

Test Australia interest in COMSEC’s programme for next years ministerial meeting on opportunities for strengthening health protection policy within health systems for universal coverage, extending country capacity with the application of the health protection tool kit to address a wider range of challenges with other countries AMR, Malaria, Zika and identify a plan of action with partners.

Issues for globally responsible nations: governance for people’s wellbeing and planetary health-including exemplars.

Leadership challenges: local, national, and global for people’s wellbeing and planetary health.

Professor John Wyn Owen CB FRSPH FLSW

1 August 2016

Annex

HLEG “Global Responses to Public Health Emergencies and Ensuring Global Health Security” IAC Newport 2015

IAC Final Communiqué 32 Annual Plenary Meeting Newport 2015

HLEG “New Realities for Global Health Security” IAC Newport 2016

IAC Final Communiqué 33 Annual Plenary, Baku 2016

Commonwealth Health Ministerial Statement May 2016