

THE CHALLENGE OF GLOBAL HEALTH: How Can We Do Better?

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I would like to say a few words, about what I consider to be the global health crisis of today, which is essential in order to speak about the future of global health collaboration. And in this context, we must consider a key actor in this field, which is, of course, the World Health Organization (WHO).

I think it is relatively clear that we live in a world with large and growing inequities in health. There are vast disparities in health status across the globe. We see the gaps widening dramatically between the health "haves" and the health "have-nots," whether this occurs intercountry, intergender, interracial, interethnic group, or inter- so many things. We see a dramatic decrease in access to quality health care, making a significant contribution to mass-scale deprivation both in the pockets of the rich northern countries as well as on a massive scale in the poor, developing countries of the south. The statistics are all there, from vulnerable groups in Latin America, Central Eastern Europe, South Asia, and above all, sub-Saharan Africa.

What are the factors behind this devolution? The full picture would take hours, but allow me to discuss two issues which are close to my heart. First, I see a frightening global laissez-faire mentality in our increasingly amoral world, which is allowing global casino economics to ride roughshod over political, civil, social, economic, and cultural rights. In turn, this laissez-faire approach has removed a good deal of the solidarity, a good deal of the caring attitudes, that existed in the wake of the World War II.

In addition, I see that we are continuing, almost vehemently, to ignore the lack of insight into the intersectoral and synergistic nature of most health promotion and health

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protection. There is a dramatic distortion of health priorities caused by vested professional and economic interests. And these distortions are directly leading to narrow, top-down medical repair services where the individual, the family, and the community are largely left out of consideration, at least as meaningful participants.

Beyond this, in almost all developing countries there is a tendency for states to dedicate fewer and fewer resources to primary health care which leads to the perversity that 80 percent of the health budget goes to tertiary care for the very few and only 20 percent to primary health care for the very many.

Of course, as most of these factors are global in nature, it follows that there is clearly an urgent need, an obvious need, for strengthening global health cooperation. But is the crisis really deep enough to wake up the key actors that really could do something about improving global health cooperation? I wonder much as a European politician told me the other day, "Nobody is ready to make sacrifices unless we have a third world war, and since we can't afford that, how can you move?"

Therefore, global health cooperation today is, in my opinion, in pretty bad condition. Of course, there is also a multiplicity of small-time actors, with conflicting, often donor-driven vested interests and attitudes, that rarely have anything to do with the participatory ethos of primary health care. There is also an indiscriminate promotion of so-called privatization and cost recovery mechanisms, most of them working against the most socially disadvantaged groups. And I would say that there is very, very, little understanding, let alone acceptance, in spite of this Conference, of health as a basic human right, and there is virtually zero understanding of health as a state of physical, mental, and social well-being.

So my first step toward thinking about improving global health cooperation is to look at my own guilt complex, stemming from having been the Director-General of WHO for so many years and having accomplished so little to change that organization.

As public health pioneers have said, health is politics and politics is health on a large scale. For that very reason, WHO is the intergovernmental organization that truly must

be the key player in improving global health collaboration. WHO has accomplished a lot: smallpox eradication; imminent polio eradication; the promotion of policy frameworks; primary health care; and setting technological standards in many important areas. But in spite of all of that the perception was in my time—and it still prevails—that WHO is an organization which is not leading world health nor being the conscience of world health. There is also the perception that ethical issues, equity and human rights, are not nearly taken seriously enough by a key organization like WHO.

Yet WHO has many handicaps, which are not necessarily of its own making. One single member state imposed on WHO an overpoliticized structure, to the immense detriment of the organization. This led, *inter alia*, to an emphasis on traditional technical assistance, a largely outmoded concept, leading WHO to overlook its primary function, which is that of formulating and advocating global health policies and issuing related guidelines.

To this we can add that WHO, since the beginning, has been working almost exclusively in the biomedical paradigm, which has seriously undermined our analytic capacity and our ability to develop and support creative intersectoral research and solutions to pressing global health problems, be they economically, socially, or environmentally oriented.

Let me repeat that the central issue in the present health crisis of global health concerns, in my opinion, is the ethical basis of health development. Equity in access to health and health-promoting care is at the very heart of WHO's Constitution. And, according to this same Constitution, health must be seen as an intrinsic value and goal in itself, and constituting a universal human right. In this context, equity means equal opportunity of access, regardless of gender, race, social, economic, and geographic facts, to quality health care. Without equity, promoting health as a part of development just does not make sense.

So what needs to be done in order to renew our WHO? I would say that a cathartic cleansing of WHO is needed; nothing less will do. For the future, I would postulate three basic functions for WHO. Firstly, WHO needs to reinvent an holistic health policy guidance system, directed internally to WHO and the whole UN system, and externally to the large num-

ber of actors at both the international and national levels. This implies that WHO must set global policy guidelines, and the goals and the targets for implementation, along with support to member states to adapt these policies to their own national contexts.

Secondly, connected to these tasks is WHO's unique role as the main coordinator of health issues among and between countries, UN organizations, the World Bank, bilateral donors, nongovernmental organizations, the health industry, and other health-related actors. All policy promoting efforts have to be strongly supported, including efforts to continuously establish what we know, and particularly also what we do not know, in health. This kind of normative guidance system would also need to monitor the implementation of global policies in order to ensure feedback for a continuing policy analysis and follow-up research.

Thirdly, WHO would have to ensure development of a new health research support system, dealing with health and health care in the broader context of political, social, economic, sectoral, and environmental variables. This system would play an important role in facilitating research on pressing and emerging problems of global health significance. WHO would also have to promote broad-based strategies in order to translate this work from the global level to the national level. But, in this process, WHO would almost rely exclusively on a much more aggressive use of existing and emerging national health and health-related institutions. Health-related institutions in developing countries, as they were strengthened and created, would progressively join this global network of centers of excellence. This would be the key to the success of WHO's overall health research support system.

To carry forward these functions would require a re-emphasis and renewal of WHO's constitutional mandate. It would require radical changes in the organization's future governance, management, and mix of skills. And that would, *inter alia*, require much more democratic control and ownership by member states of their own organization, as well as much greater participation in the policy-making process by academia and nongovernmental organizations than has been the case in the past. Complementary to this increased par-

ticipation must be a radical, new, open-door and competitive recruitment at all management levels. Finally, as part of these structural adjustments, WHO's isolated technical assistance program, would form part of a joint UN health support program, with human and material resources from WHO, UNICEF, UNFPA, UNDP, the World Bank, and others, including nongovernmental organizations and academia.

Academia, including such marvelous centers as the François-Xavier Bagnoud Center on Health and Human Rights at Harvard, has a very special moral obligation to make sure that this renewal, not only in WHO, but throughout the UN system, actually takes place. I hope that you will join hands with all those who have been privileged to participate in this Conference to understand that radical reforms in international health cooperation are truly overdue.

We can no longer live on the glory of the past. We have really to be looking into the next millennium and to many new ways of doing our business. The cathartic processes of WHO and the whole UN system must occur. If they are catalyzed by fearless cooperation with the health-related global community, including academia and nongovernmental organizations, then I have not the slightest doubt that "the health for all and the health by all movement" would be able to have tremendous, positive impacts in the coming decades. But let us never forget that leadership within and among "partners in health" is indispensable for moving forward.