THE BIG QUESTION

WHAT IS THE MOST PRESSING HEALTH CRISIS AND HOW CAN IT BE SOLVED?

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

—Hippocratic Oath

It is perhaps the single most elusive question today—how to manage and care for the billions of people who will fall ill this year, often terminally, in nations rich and poor? In so many cases the status of health is a purely financial question. Far too often poor health is simply a question of ignorance or the absence of drugs, medical facilities, clean water and a healthy environment. To help inform the debate, *World Policy Journal* asked a panel of experts to weigh in on what they see as the most pressing health crisis today and how it can be solved.

DEVI SRIDHAR ON INEQUALITIES

A preventable disease like malaria, eradicated in high-income countries, still causes one million deaths in developing nations. As India adds more millionaires to the world than any other nation, 40 percent of its children are undernourished. There are fundamental inequalities in global health. Ultimately it is up to governments to ensure a healthy population: safe water and sanitation, adequate food, education and health care services, and a conflict-free environment. Within governments, ministries of health are tasked with illness prevention and treatment; but often the most important determinants of overall health lie outside their purview. In Kenya, for instance, preventing malnutrition requires coordination and cooperation from the ministries of agriculture, water and irrigation, co-operative development, and finance. Since each individual ministry isn't primarily concerned with malnutrition, they have little incentive to allocate their limited financial and human resources for this goal. The public health and sanitation ministry is then left scrambling to treat the diseases their administrative cohorts could have stopped.

To fix this, an inter-ministerial working group on health should be formed in order to streamline health care in relevant sectors. Most important, the ministry of finance needs to allocate sufficient funds specifically for disease prevention. Then, we can start heading in the right direction.

Devi Sridhar is the Director of the Global Health Governance Project.

ERNEST MADU ON NCDs

By 2015, non-communicable diseases (NCDs) in Africa's developing countries will cause more deaths than communicable ones. Most of this shift will occur because of the emerging cardiovascular disease pandemic. A World Health Organization (WHO) report observes that 80 percent of the 32 million heart attacks worldwide in 2002 occurred in developing countries. The trend has only accelerated.

NCDs are a major public health and socioeconomic problem in the developing world. The WHO identifies cardiovascular diseases, diabetes and cancer as the three leading NCDs in developing countries—each linked by risk factors such as alcohol and tobacco consumption, unhealthy diets and physical inactivity.

The current global imbalance in the availability of modern cardiovascular care has created an exploitive system, as citizens from low resource nations expend considerable financial and emotional capital to access high-quality cardiac care in high resource nations. To bridge the accessibility gap, poorer nations must make sustained investments in relevant education and appropriate technology. Investment in innovative business models that grow local capacity breaks the perpetual cycle of dependence on foreign aid and supply.

Dr. Ernest C. Madu is chairman and CEO of the Heart Institute of the Caribbean.

JEFFREY STURCHIO ON TREATMENT

Preventing, diagnosing and treating chronic diseases requires different skills than combating infectious disease. Some chronic conditions—like mental illness—are stigmatized, which complicates testing and treatment. These additional challenges will place an even greater strain on health systems that are already weak, unstable and unsustainable. The lack of institutional infrastructure, leadership development, trained health workers, adequate financial resources and research adds more pieces to the already complex puzzle of health delivery.

There is no alternative but to tackle chronic diseases head on, with appropriate emphasis on prevention as well as treatment. Investing in obesity prevention, for example, can mitigate the inevitable consequences of cardiovascular disease and diabetes—in turn moderating the overall costs of treatment and care. Similarly, early interventions to persuade adolescents to avoid risky behaviors can prevent the onset of NCDs later in life. Prevention of chronic diseases is the key; successful behavior change interventions are the ultimate challenge.

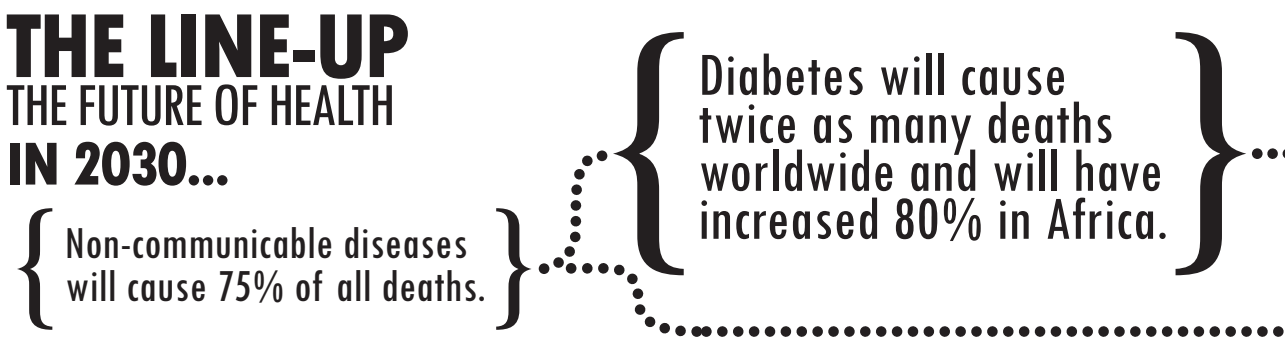
Jeffrey L. Sturchio is the president and chief executive officer of the Global Health Council.

ADEL MAHMOUD ON FRAGMENTATION

When it comes to setting the global health agenda, there is no consensus. While money flows and philanthropies thrive, the overall effort is fragmented and lacks strategic vision.

In the past three decades, organizations involved in global health have expanded, but all too often their goals are narrow and their targets short-sighted. By existing apart from intergovernmental agencies like the WHO, these non-governmental organizations satisfy a false sense of success for their donors' benefit. They are fascinated with quick fixes and technical solutions.

There must be a rededication among the donor community—governments, assistance agencies and philanthropists—who will work



alongside national leaders to develop a more comprehensive and coordinated strategy. One remarkable target would be a sustained effort to rebuild African villages in order to guarantee their inhabitants' basic public health needs, such as clean water, sanitary waste disposal and protection from environmental hazards. When it comes to setting baseline global strategies, failure is no longer an option.

Adel Mahmoud is a professor in the Woodrow Wilson School at Princeton University.

ARIEL PABLOS ON BETTER SERVICE

Too often the global health community has focused on disease- and population-specific programs, rather than on strengthening health systems as a whole. Such neglect has led to fragmentation and inequitable financing for general health services. As a result, too many people do not have access to health services, and every year millions are impoverished by catastrophic out-of-pocket expenditures. While the need to create high-performing health systems is global, the problems are more acute in developing countries, where nearly 10 million children and 500,000 women die each year from treatable diseases.

Universal health coverage—access for all to appropriate health services at an affordable cost—is the sign of a robust, well-run health system. Financing does not have to come from a central government—more often, it comes from a combination of public and private funding with the private sector providing most health services. Many countries are already implementing universal coverage with relative success and without budgetary distress: Brazil, Colombia and Mexico in Latin America; Thailand, China and Vietnam in Asia; and we are now seeing hopeful developments in Ghana, Rwanda and India. Concerns regarding the affordability of universal coverage are largely based on misconceptions. Achieving this goal is not necessarily about foreign aid or fiscal debt, but about reorganizing existing domestic financing away from the inefficient and regressive out-of-pocket payments prevalent today—and into a system of demand-sided social protection and private insurance.

Dr. Ariel Pablos-Méndez is a Managing Director at the Rockefeller Foundation, New York.

GUY CARRIN ON HEALTH FINANCE

There must be more money for health. For the world's 49 lowest-income countries, average health expenditure per capita was a mere $25 in 2006. Compared with the benchmark set by the WHO's Commission on Macroeconomics and Health, a nation would have to budget at least $40 per capita for even the most basic services, prevention and treatment.

We must change the structure of health financing by moving away from excessive out-of-pocket payments, especially by the desperately poor. Current spending can be so overwhelming that it competes directly with family budgets for other basic needs, such as food, education and housing. This can be reduced only by establishing mandatory prepayment schemes aimed at entire countries' populations. These can take many forms—from tax-based financing to social health insurance to a combination of the two. Countries with good plans for prepaid health financing merit increased and long-term financial support.

Guy Carrin is a professor of health economics at the University of Antwerp in Belgium.

1 in 10 of all deaths will be caused by tobacco. It will kill 8.3 million people, up from 5.4 million in 2004.

With around 2 billion cars on the world's roads, traffic accidents will be the 5th-leading global killer, up from 9th place in 2004.

Cancer will kill 12 million people, up from 7.9 million in 2007.

BENJAMIN MEIER ON GOVERNANCE

Now more than ever, we need global health governance. While the WHO once coordinated initiatives to develop national health systems, the decline of its authority has shifted global policy from overarching goals to detailed medical care. The United States has stepped into this leadership vacuum, employing bilateral foreign assistance for disease prevention and health promotion in the most disadvantaged regions of the world. By moving beyond supplying individual medicines for select high-profile diseases—as was the case with the previous administration's ambitious HIV treatment agenda—the Obama administration's Global Health Initiative seeks to resurrect and sustain national health systems. The program has clear targets and principles to enable individual countries to meet their own national health needs. It presents an opportunity to break free from the limitations of medical intervention by developing the health system from within.

American leadership is necessary to meet foreign challenges, to secure human rights and to guide international efforts for the public's health. As the United States develops its first comprehensive strategy on health and foreign policy, this unprecedented support for stronger national health systems can answer the world's call for better global health governance.

Benjamin Mason Meier is an Assistant Professor of Global Health Policy at the University of North Carolina.

MICHAEL E. GYASI ON BRAIN DRAINS

Last month, on my way from a conference in New Haven, I spent the night in New York City, in the Bronx. More than half of my medical school classmates from Ghana live there. In the last decade, Ghana lost many qualified health personnel—in some hospitals, more than 80 percent of nurses departed for greener pastures in Britain. Why does this happen, and how do we fix it? Poor governance and national instability, along with limited or nonexistent programs for specialty training, are surely factors. When stacked up against better working conditions, higher salaries, greater job satisfaction and higher potential for education and development in the West, you begin to see why these countries are undoubtedly the largest beneficiaries of the brain drain. In addition to the job perks, a number of industrialized countries are increasingly developing policies to grab the best and brightest from overseas. A typical example is the American Green Card program, which actively selects not only the winners of the lottery but those with skills.

African governments need to foster secure and enabling environments that create confidence in their medical personnel. More health care institutions and specialty training posts need to be established with attractive benefits and appropriate compensation. Doctors should be supported to set up private practices so that funds are put directly into their pockets. Finally, Western governments should support these development initiatives. In doing so, continental Africa and developing nations elsewhere will be better prepared to solve future health crises.

Michael E. Gyasi is an international speaker on global health and a specialist in ophthalmology in Ghana.

—edited by Marsha Larned

The Big Question is also a multimedia project on the *World Policy Journal* website. Discussions of pressing global issues can be found online at www.worldpolicy.org.

{ 58% of the world population will be obese (it's less than half that today). }

{ Malaria will drop from the 13th cause of death to the 41st. }