

“TO SAVE HUMANITY”

What Matters Most for a Healthy Future

Edited by

Julio Frenk and Steven J. Hoffman

OXFORD
UNIVERSITY PRESS

OXFORD
UNIVERSITY PRESS

Oxford University Press is a department of the University of Oxford. It furthers the University's objective of excellence in research, scholarship, and education by publishing worldwide.

Oxford New York
Auckland Cape Town Dar es Salaam Hong Kong Karachi
Kuala Lumpur Madrid Melbourne Mexico City Nairobi
New Delhi Shanghai Taipei Toronto

With offices in
Argentina Austria Brazil Chile Czech Republic France Greece
Guatemala Hungary Italy Japan Poland Portugal Singapore
South Korea Switzerland Thailand Turkey Ukraine Vietnam

Oxford is a registered trademark of Oxford University Press
in the UK and certain other countries.

Published in the United States of America by
Oxford University Press
198 Madison Avenue, New York, NY 10016

© Oxford University Press 2015

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission in writing of Oxford University Press, or as expressly permitted by law, by license, or under terms agreed with the appropriate reproduction rights organization. Inquiries concerning reproduction outside the scope of the above should be sent to the Rights Department, Oxford University Press, at the address above.

You must not circulate this work in any other form
and you must impose this same condition on any acquirer.

Library of Congress Cataloging-in-Publication Data
To save humanity: what matters most for a healthy future / edited by Julio Frenk and Steven J. Hoffman.
p. ; cm.

ISBN 978-0-19-022154-6 (hardback : alk. paper)
I. Frenk, Julio, editor. II. Hoffman, Steven (Steven J.), editor.
[DNLM: 1. World Health—trends. 2. Climate Change. 3. Delivery of Health
Care—trends. 4. Health Policy. 5. Internationality. WA 530.1]
RA441
362.1—dc23
2014043556

This material is not intended to be, and should not be considered, a substitute for medical or other professional advice. Treatment for the conditions described in this material is highly dependent on the individual circumstances. And, while this material is designed to offer accurate information with respect to the subject matter covered and to be current as of the time it was written, research and knowledge about medical and health issues is constantly evolving and dose schedules for medications are being revised continually, with new side effects recognized and accounted for regularly. Readers must therefore always check the product information and clinical procedures with the most up-to-date published product information and data sheets provided by the manufacturers and the most recent codes of conduct and safety regulation. The publisher and the authors make no representations or warranties to readers, express or implied, as to the accuracy or completeness of this material. Without limiting the foregoing, the publisher and the authors make no representations or warranties as to the accuracy or efficacy of the drug dosages mentioned in the material. The authors and the publisher do not accept, and expressly disclaim, any responsibility for any liability, loss, or risk that may be claimed or incurred as a consequence of the use and/or application of any of the contents of this material.

1 3 5 7 9 8 6 4 2
Printed in the United States of America
on acid-free paper

INTRODUCTION

We edited this book to share powerful ideas from some of the world's most thoughtful persons because we believe our shared destiny depends on all of us, everywhere, being engaged and doing our part.

In September 2000 the United Nations convened the single largest gathering of world leaders ever for a Millennium Summit. The objective was to chart the future of international development. Health was high on the global agenda: AIDS was scourging Africa, thousands of women died each year in childbirth, and billions lived in malnourishment and poverty. Solutions were said to exist for each of these global health challenges, but progress was slow because of insufficient political will and financial resources to fully address them.

The outcome of the summit, the Millennium Declaration, was later organized into eight Millennium Development Goals (MDGs): (1) eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat HIV/AIDS, malaria, and other diseases; (7) ensure environmental sustainability; and (8) forge global partnerships for development. Twenty-one targets and 60 official indicators were then devised as a way of operationalizing the broad goals and tracking progress over time. Each was to be achieved before the end of 2015.

INTRODUCTION

The MDGs were revolutionary in their focus on outcomes rather than process, and how they offered time-bound measurable definitions of success rather than vague aspirations. They have been widely credited with mobilizing unprecedented financing for fighting global poverty and engaging the full range of government, civil society, business, and philanthropic partners. But the MDGs were not crafted without controversy. From a content perspective, the goals created winners and losers, focusing attention on some issues and not others. The goals focused on *average* gains, which could be concentrated among the best-off individuals, instead of *equitable* gains that either target the least well-off or are shared fairly across society. From a process perspective, discussions to set the goals, targets, and indicators did not attract nearly the level of public participation that has characterized the current round of debates on the upcoming post-2015 development goals.

While it is complex to tease out their specific impact, we do know that the 25 years since the MDGs' 1990 baseline has been a time of unprecedented human development. With three of eight MDGs directly focused on health, international development funding in this field increased from \$5.82 billion USD in 1990 to \$31.3 billion USD in 2013. The numbers on achievement are also astounding. Child mortality has been cut by 47%, maternal mortality by 45%, and the spread of HIV/AIDS, malaria, and other diseases is starting to reverse.

The world's response to global health challenges has been more successful over the past 25 years than during any other similar-length period in human history. Yet future progress is anything but certain. We are currently experiencing one of the most profound health transformations that has ever been seen. Wealthy and poor countries alike face a multitude of new risks now that globalization has eroded any remaining illusion about the protective effect of national borders. Pandemics spread between countries within hours instead of years; improper use of antibiotics anywhere generates microbial resistance everywhere; agriculture has become a single worldwide market with food supply lines globally integrated; environmental degradation and climate change are occurring at increasing speeds. Societies are not all progressing along the epidemiological transition in a linear and irreversible manner, from acute infections to chronic conditions; instead, the 80% of people who

INTRODUCTION

live in developing countries face a juxtaposition of old and emerging problems.

Despite best intentions, the existing institutional architecture for global health has proven inadequate for addressing these challenges, especially in the face of a conflicted world that is multidimensionally fractured by income, government capacity, social values, research needs, and industrial interests, to name a few. Interdependence has reached such a level that even the wealthiest countries cannot by themselves control all the factors that affect the health of their populations. Decisions are increasingly being made not only in local communities and national capitals but also in opaque assembly halls in New York and Geneva, and in the private offices of pharmaceutical giants, international organizations, and academic institutions in Beijing, Boston, and London. These decisions affect health but span across many other sectors, including the environment, finance, human rights, migration, security, and trade. Making matters even more complex, the global health system itself is now fragmented across the hundreds (if not thousands) of global health organizations that now exist.

The need for renewed reflection and imaginative thinking on the future of global health is made apparent by the most fundamentally unacceptable reality of our time: that so many people still suffer from diseases, conditions, and risks that we know how to address in a cost-effective way. According to United Nations figures, 2.5 billion people live without basic sanitation, 870 million suffer from chronic undernourishment, and 768 million rely on unsafe drinking water sources. A staggering 222 million women lack access to effective contraception, 52 million mothers each year experience labor without skilled attendants, and 6 million children die annually from avoidable causes. One in every nine girls in developing countries gets married before her 15th birthday. There are 1.2 billion people living in extreme poverty.

The deep inequalities and injustices of our world threaten economic development, global security, and human rights. One must only consider that Americans born today can expect to live 79 years, while Angolans can expect only 51 years of life.

These challenges and disparities—wholly preventable—block efforts to achieve the peaceful and prosperous future that everyone



INTRODUCTION

deserves and desires. We realize that this future is not a fixed destination but an unpredictable journey. In the process of building it, we can take inspiration from the words of legendary United Nations Secretary-General Dag Hammarskjöld: “The United Nations was not created to take mankind to heaven, but to save humanity from hell.” The unacceptable conditions under which so many human beings are born, live, and die imposes on all of us the obligation to act with what another legendary figure, Dr. Martin Luther King Jr., called the “fierce urgency of now.”

The title of this book tries to capture this imperative of redressing avoidable suffering as the foundation for a fair future. Now that the global community is deeply engaged in the search for shared development goals after the 2015 MDG deadline, there has never been a more opportune time to identify what matters most for a healthy future and chart a path for getting there.

* * *



This book features perspectives from nearly 100 persons who are among the most eminent and interesting in the world. About half are leading global health thinkers, while the other half are celebrated luminaries from cognate disciplines, sectors, and fields. About half are leading researchers, some of whom work in the tallest ivory towers, the riskiest level-4 biosafety labs, or the most dangerous humanitarian field settings. The other half are renowned global decision-makers and opinion leaders who rule the corridors of power and shape global reality as we know it, including heads of government, United Nations agencies, multinational companies, media outlets, and global philanthropies. A few contributors are younger, already making their mark and representing some of the best from Generation Next.

Each contributor was invited to prepare a 300- to 800-word essay offering their honest thoughts on the single most powerful idea, the single most important unanswered question, or the single most transformative insight they believe more people need to know in order to improve global health over the next five decades. Contributors were not directed to write on specific topics; each contributor chose his/her own. This means that by reading this book, we get a sneak-peak into the collective

INTRODUCTION

consciousness of leading figures and a primer on current world events based on what some of today's top intellectuals, decision-makers, celebrities, and young leaders are thinking. Contributors were asked to write for an educated general public audience with no citations, although we think these essays will also be of great interest to students and specialists in global health, international affairs, public policy, and related fields alike. We also asked contributors to write essays in their personal capacities, reflecting their own opinions and not necessarily representing the views of their respective organizations.

Our selection of contributors was careful and deliberate. The overarching goal was to achieve diversity of leading perspectives across *geography, gender, and generations*. This wasn't easy. Indeed, the difficulty of the challenge we faced highlighted to us the inequities that persist along these three dimensions. People who are from poorer countries, female, and younger do not yet have the same opportunities that will lead to distinctions like global citizenship awards, science academy fellowships, humanitarian citations, World Economic Forum invitations, United Nations advisory positions, Nobel prizes, or listings among *Forbes* magazine's 72 most powerful people, *Foreign Policy* magazine's top 100 global thinkers, or *Time* magazine's 100 most influential people—all of which served as important pools from which potential contributors were drawn. We hope that changes. But in the meantime, we did our best: out of 96 contributors, 38 are from developing countries, 41 are women, and 11 are under 40 years old.

The diversity of ideas found in this book matches the diversity of its contributors. There are some clear themes. Bill Clinton, Anthony Lake, and Rajiv Shah focus on child health; Carissa Etienne, Paul Farmer, Michael Marmot, and Larry Summers on global health equity. Margaret Chan, Katharine Hayhoe, and Srinath Reddy argue for action on climate change; Fazle Hasan Abed, Joyce Banda, and Angélique Kidjo for gender equality. Michelle Bachelet, Mark Dybul, and Simon Rushton prioritize leadership, while health-care delivery is discussed by Jay Ireland, Jim Yong Kim, and Michael Porter. Tom Frieden, Amanda Glassman, Angel Gurría, and Kent Walker excite us with big data; Francis Collins, Esther Duflo, John Ioannidis, and Alan Lopez with the potential of science. Larry Brilliant and Laurie Garrett write about

INTRODUCTION

pandemics; Seth Berkley and Harvey Fineberg about vaccines; and Sally Davies and John-Arne Røttingen about antimicrobial resistance. Larry Gostin, Trygve Ottersen, Navi Pillay, and Michel Sidibé enlighten us with matters of rights and responsibilities. The two of us, and John Lavis, offer strategies for better, evidence-based policymaking.

But for every clear theme there was also a novel dream: Irina Bokova encourages education, Felipe Calderón beckons bigger health budgets, Melinda Gates hones in on human-centered design, Jane Halton talks truth to big tobacco's power, Arianna Huffington supports self-renewal, Ngozi Okonjo-Iweala discusses diet, Elton John calls for compassion, and Chaeli Mycroft demands the realization of disability rights.

And that's just a sampling of 48 essays. This book contains 48 more. We hope you enjoy reading them all and participating in this re-imagination of our shared destiny. With your help, these powerful ideas—and those of your own—can inspire post-2015 global development and a healthier future.

We thank our contributors, editors, colleagues, staff, students, and families for their generosity that made this team effort possible. We owe you debts of gratitude.

Steven J. Hoffman and Julio Frenk