



Life is a right

What we are left with is terminal
disease



Health as an economic good

- There can be no doubt that both investment and recurrent expenditure are required to maintain health
- Equally there is abundant proof that good health is required to produce the economic goods that enable this expenditure and stimulate economic growth



Developing countries

- Investing in a number of interventions have proven to be enormously cost effective, examples include water and immunisation
- In developing countries there still is a huge under-expenditure in these interventions, with a resulting massive suffering and loss of life, and loss of development opportunities



Ministries of Diseases

- Mirroring the way Northern countries are structured, developing countries also fund health as a set of diseases.
- Communicable diseases still form the main burden of disease in the developing world, but non-communicable and chronic diseases are growing fast in importance.
- In the richer countries AIDS, though communicable, is becoming a chronic disease



Curing or mitigating disease

- The vast majority of health expenditure goes toward hospital treatment of chronic disease
- This is certainly the case in the OECD
- Almost all expenditure is on mitigation
- Very little money is invested in prevention



Developing countries

- Budgets are still overwhelmed by the enormous burden of communicable diseases.
- Communicable diseases have a high priority in population perception, and thus on the ability of policy makers to set priorities for healthy public policies



Pie



Chronic diseases

- Policy makers are the lucky ones that survived the communicable diseases
- The temptation for these mature people to spend money on mitigating chronic diseases is therefore irresistible.
- As most decision makers are male, female health issues are particularly hard to get on the agenda.



Changing disease patterns

- Worldwide over-nutrition has overtaken under-nutrition
- Urbanisation and a more sedentary lifestyle have been major contributors
- Copying a western lifestyle with intense pressure from the commercial promotion of instant satisfaction foodstuffs is another major factor



Obesity

- Obesity for example is a major cause of non communicable diseases
 - Cardio-vascular, including cerebral
 - Diabetes, including blindness
 - Arthritis
 - Sub-fertility
 - Depression, stigmatisation
- The complexity of “free choice” is increasing in a globalising world



The problem with DALY

- Disability Adjusted Life Years is a simple and attractive tool to measure the relative costs of interventions
- DALYs are very suitable in a world overwhelmed by communicable diseases
- Attractive to both donors and local politicians.
- But less suitable for interventions with a slow return on investment, and less certain attribution



A changing world

- In a world where disease conditions are changing, we need a changing approach to health.
- It is enormously expensive to treat established hypertension, angina or diabetes
- We need to pay more attention to health promotion, going beyond prevention; rather than seeing health as curative and hospitals as key to care



Social Determinants of Health

- Health is largely dependant on the social determinants of health.
 - Peace
 - Shelter
 - Education
 - Food
 - Income
 - Eco-system
 - Sustainable resources
 - Social justice and equity
- The 2008 report on Social Determinants of Health is eagerly awaited to provide the much needed evidence



Health promotion in partnership

- There is not much profit to be made in Health Promotion, certainly not for the pharma, fast food and entertainment industries, neither for donors who require quick wins, direct attributions and an increasing preference for commodities
- There is even little in it for the formal health care providers, including those in primary health care.
- Major shifts in thinking are required, and these can only be driven by communities working as full and equal partners with the formal health system.



ALMA ATA++++++

- We have missed our 2000 target
- We are missing our 2015 MDG targets (and where are health promotion, chronic conditions, mental health and trauma in these MDGs anyway?)
- Civil Society will have to exercise much more pressure to get health promotion on the agenda, North and South.



HEALTH IS POLITICS



**IF YOU WANT TO MOVE HEALTHY PUBLIC POLICIES FORWARD,
YOU HAVE TO HAVE POLITICAL DYNAMITE**



We, the people

- We applaud the move towards one United Nations system.
- Do not forget that we, the people, elect you as government, and thus this UN.
- We will hold you to account for producing and implementing legal frameworks that promote the health of us, the people.