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About the Author

Jorge Sampaio is the United Nations Secretary-General's Special Envoy to Stop Tuberculosis and former President of Portugal.

Jorge Sampaio graduated in Law from Lisbon University in 1961. In 1979 he was elected to Parliament as a member of the Socialist Party. He was also a member of the European Human Rights Commission of the Council of Europe (1979-1984). In 1989, he was elected Mayor of Lisbon and re-elected in 1993. In 1996, Jorge Sampaio was sworn in as President of Portugal, and he was re-elected five years later. During the last decade, Jorge Sampaio has made important contributions to several issues related to European and global affairs, including HIV-AIDS, drugs, children, human rights and the independence for East Timor. In 2006 UN Secretary-General Kofi Annan appointed him as the first Special Envoy to Stop Tuberculosis.

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Introduction¹

My analysis about *Global Answers to Global Problems – Health as a Global Public Good* is mainly about Europe. But instead of taking a 'domestic' European viewpoint as is usually done, I would this time rather start at a global level and then reach the European standpoint. I do believe it is a more challenging way of repositioning Europe in our Global Age.

I will divide my presentation into four main points: I will begin by outlining the progress made regarding the assumption of responsibilities in global health, particularly in the fight against infectious diseases like HIV-AIDS, Malaria and Tuberculosis in recent years.

Secondly, I will focus on the shortfalls in achieving the Millennium Development Goals (MDG) on Health.

Thirdly, I would like to address several strategies that could better ensure a sustainable health policy regarding its human component in order to meet the MDG.

Fourthly, I will turn to the European Union and focus on its main responsibilities in designing and implementing a European Global Health Strategy.

First point: The good news – progress made in assuming global responsibilities in health – a major achievement: health is part of the global agenda

I think everybody would agree that, today, health issues are clearly on the global development agenda and they are more and more seen as a global public good. In an increasingly globalised world, marked by migrations and fast movements of people worldwide, public health issues indeed call for domestic policies but also require international measures and an integrated regional approach, since events overseas affect each country's health. Communicable diseases are a most obvious

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example of these externality aspects of public health. That is, no single country can alone prevent or contain communicable diseases in order to protect the health of its population.

This increasing awareness of cross-border and global health issues is also expressed in the growing attention paid to health by non-health sector entities, such as the United Nations, the World Bank, the European Union or the G8, as well as by private, corporate and charity sectors, such as the Bill and Melinda Gates Foundation, the Clinton Foundation and the Global Business Coalition Initiative.

Another important point has to do with the progress made in mobilising resources. Apart from commitment to further support for the Global Fund to fight AIDS, Tuberculosis and Malaria, the international community is engaged in developing innovative financing mechanisms such as the International Finance Facility and the UNITAID, which is an International Drug Purchase Facility being established by some countries, funded by an international air-ticket solidarity levy.

Despite some outstanding problems, I do think these examples are obvious indicators of health issues moving up the global agenda and thus being considered part of a minimum for a decent world. Therefore, in my view, we have good reason to be optimistic: at the international level there is clearer political commitment and stronger public awareness, and more resources are available. These better conditions lend renewed impetus to the fight against infectious diseases, but also create added responsibilities with a view to producing better results.

That was the good news. Now, the bad news.

Second point: The bad news – lack of steady progress in achieving the Millennium Development Goals (MDG) on Health

The bad news is that, despite all the progress in increasing life expectancy at birth in recent years, enormous health problems are still with us. Absolute mortality levels in developing countries remain unacceptably high and global health conditions worldwide are not improving. Actually, the Millennium Development Goals on Health – combat against HIV/AIDS, Malaria, Tuberculosis and other diseases – prevention

efforts are proving successful in some places, but deaths and new infections continue to increase. Let me expand a little on HIV-AIDS and Tuberculosis.

In respect of HIV-AIDS, overall rates of infection are still growing and the number of people living with HIV has continued to rise, from 36.2 million in 2003 to 38.6 million in 2005. There were 4.1 million new infections in 2005. The number of AIDS-related deaths also increased that year to 2.8 million, despite greater access to antiretroviral treatment and improved care in some regions.

Now, regarding tuberculosis did you know that it kills 1.7 million people a year? Did you ever realise that 5,000 people die of tuberculosis every day? Did you know that the number of new cases of tuberculosis is growing by about 1% per year, with fastest increases in Sub-Saharan Africa? Did you know that Tuberculosis is the biggest killer of people living with HIV/AIDS?

Your feelings are probably of stupefaction. I must confess that I too, when confronted for first time with these monstrous figures, understood the extent to which this dramatic reality is poorly understood in our days and the extent to which the widespread belief that tuberculosis is the sickness of 19th century romantics or the sickness of the 20th century poor or the sickness solely of the underdeveloped countries of the 21st century is false and preconceived.

Tuberculosis a sickness of the past? No! Tuberculosis a sickness of others? No! Tuberculosis is an evil of others, an individual problem? No! Nothing could be further from the truth.

Firstly, tuberculosis continues to be a serious public-health problem at global level in our days.

Secondly, this pandemic, far from being under control, is expanding and the forecasts are dramatic, for they suggest 35 million deaths during the coming 20 years if nothing is done.

Thirdly, there are two continents that will not be able to comply with the global objective of cutting tuberculosis and its associated mortality by half by 2015 – these regions are Africa and, believe me, Europe.

Fourthly, of the world's twenty-two high-burden TB countries, nine are located in Africa, and the list also includes large countries and emerging economies such as China, Indonesia, India, Russia and Brazil.

Fifthly, and last but not least, we are not talking about a sickness for which there is no treatment, but rather one that can be prevented and cured, and cheaply. Did you know medicines that cure TB cost about twelve dollars per case of illness ?

How can we therefore decline our responsibility in the combat against this scourge? How can we refuse to take part in this fight? How can we leave death unleashed if, together, we can mount a siege against it and defeat it?

Now what is my point? Apparently TB could be thought of as a not too difficult global health problem as it is an affordable, preventable, curable disease. But, in reality, it is a quite complex one. Why? Mainly because of all the problems related to poverty, malnutrition and sanitation, shared by all developing countries. But also because of the lack of infrastructures. By infrastructures I mean the physical, institutional and human components of the health-care system. Because of infrastructure gaps in many countries millions of people die everyday.

Third point: Strategies that could better ensure a sustainable health policy regarding its human component

I ought to emphasise that the crisis in human resources for health care is one of the greatest challenges for TB control and for the Millennium Development Goals in general.

There is currently a severe shortage of physicians, nurses and health-care workers in many places around the world, particularly in low-income, high-disease burden countries. Just to give you a more precise idea, let me say that the shortage is about 4.3 million health care workers of all sorts. But in Africa this problem is much more

acute in that, while they have about 25% percent of the global disease burden, only 1.3% of the world's health-care workers actually work there. These figures show quite clearly how the global burden and resources are unequally distributed, with huge disparities. We also find the same inequalities within the countries themselves between urban and rural areas, since existing resources tend to be clustered in urban areas.

Now, in my view, to address the human resource crisis, three aspects at least have to be considered.

Firstly, it requires implementation of human resources development strategies in the public health sector, e.g. more attractive career and salary structures and better training as well as the establishment of partnerships with communities and all health-care providers, in order to use and engage all available human resources. Allow me to emphasise clearly that in my own personal view equal access to health for all is a matter of human rights and only democracies offer rights. By this I mean that there have to be national health infrastructures so that we can make sure that poor people have rights. Therefore an overall Human Resources Strategy in the health sector has to be designed by governments that are responsible for it. This is to say that the private and corporate sector, NGOs, charities, associations and foundations have indeed an important part to play in the health field, but their action has to take place under public policies defined and co-ordinated by governments.

Secondly, it requires stronger international action in health education and training. Health education remains a critical point because it is the basis of everything, a way of empowering people in preventing health problems. Education in health is, in a way, as important as treating disease... With regard to training, needless to say there must be better co-ordination of international actions and initiatives to avoid overlaps and gaps and to ensure that they meet real needs of the people. In this respect, I do think that national health authorities and national health policy makers have a most important role to play in ensuring the long-term sustainability of efforts and results.

Thirdly, it requires a broad multilateral framework for migrations and for cross-border movement of people, preventing the brain drain from poor to rich countries. It is well known that this problem is particularly acute in essential social services such as

education and health. While domestic policies to increase the incentives and opportunities for skilled labour to remain at home are an important part of the solution, it has also been suggested that the industrialised countries should coordinate their hiring policies with developing countries facing these skill shortages in essential services. Measures to stimulate a process of “skills circulation” (such as training, tax incentives to stimulate the return of skilled migrants to their home countries etc.) could be considered because they would benefit both industrialised and developing countries. The former could still continue to hire skilled labour from developing countries. The latter could also benefit from this circulation without being deprived of the very category of workers that they need most and without suffering the loss of their investment in training. The adoption of a kind of *Code of Good Practice* in health-care worker migration could be a useful tool to prevent a permanent brain drain from poor to rich countries and to stimulate the return of skilled migrants to their own countries. The European Union could play a major role in this respect.

Fourth point: The European Union – its main responsibilities in designing and implementing a European Global Health Strategy

Let me start with a few examples of the internationalisation and increasing interdependence of health risks: SARS and Avian Influenza outbreaks, and the continuing spread of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) in Africa, Eastern Europe and Central Asia. But apart from health risks related to infectious diseases, there are also health risks of a non-infectious nature such as the global spread of obesity and all the threats to health arising from our lifestyle.

My point is that global health issues require a new form of governance. The best internal policies will not be enough to meet the many challenges and threats from globalisation for our societies and way of life. One central issue is indeed to ensure that collective action at international level as well as at national level is well coordinated.

To come back to the example of tuberculosis: the world’s hot zone of multidrug-resistant tuberculosis lies on the periphery of the European Union. Could one think

that Europe can afford not to have a common Strategy to fight against this crisis ? Could one think that Europe can avoid including health issues in its Neighbourhood policy ?

All these examples clearly show that we must mobilise political and social action within Europe, take the global health agenda forward and translate European values into action on health as a global public good. A European approach to global health must be based on the assumption that health is a human right and that it is a central dimension of human security, prosperity, solidarity and sustainable development. The key message is that the European Union should play a more proactive role in global health, together with foundations, the corporate sector, health-professional groups, NGOs and other European organisations.

In my opinion, Europe should include health issues and global health in all policies: trade policy, security and foreign affairs. Global health is not only about disease, it also means assuming responsibility for health determinants in new ways. It is important to recall that global health is above all about people – about privileged European peoples, but also about the many citizens of the world still living on less than a dollar a day, having to cope with disease and extreme poverty.

Moreover, global health is about solidarity and global citizenship and for this reason Europe must explain to its citizens the importance of playing an active part in global health and global governance for health. Europe cannot be an island in interdependent world; it must help shape a world where others have access to health and health care as part of their human rights and human dignity. As the main partner of the developing world, Europe could do more to improve health systems worldwide, to strengthen programmes to reduce the burden of disease, to promote education for health for all, to mobilise sufficient sustainable resources and to encourage good governance on health.

But global health is also about opportunities. For example, global pharmaceutical and information technology companies based in Europe could contribute to delivering great improvements to the lives of millions, if only their creativity could be applied to the problems of the poor. We have the potential to address many problems with resources that are minor if compared with spending on armaments or

products harmful to health. This is another field where Europe could play a much more proactive role.

In short, Europe could and should do more, better and faster for global health.

Conclusion

Let me finish with confidence: this speech was nurtured in Asia, from where I have just returned. It is why I have chosen to focus this address on a global issue rather than on typically European questions.

Viewed from a global perspective, or at least from the viewpoint of the developing world, the European Union appears to be a kind of paradise where security is assured for its citizens and solidarity offered to all other peoples worldwide. Security indeed at different levels, but particularly at social ones. Solidarity because of its very generous contribution to help build sustainable development all around the world.

One common remark that I often hear in those Asian countries I have visited is “We don’t have social welfare systems here like those in your European countries. If we fall ill, we have to pay or put up with it; if we don’t have children, nobody will care for and look after us in our old age as we don’t have pensions unless we are civil servants”.

But, as you know, our social protection systems are under threat in the global world and major reforms are under way. That is why reforming the European social model is a key issue, even if not the only one, because, as Giddens recalls, “the EU exists to bring economic benefits to its members that otherwise they would not have”.

One of the main problems of the European Union is that it is not performing well enough economically. It has much lower growth levels than the US, not to mention less developed countries such as India and China. This means that Europe simply must gear up for change. But, at least in my view, along with economic reform we must preserve and indeed deepen our concern for social justice.

In my view, the future of the European Union depends greatly on widespread reforms of its social model. The evidence shows two things:

Firstly, countries that have been able to reform have done well in the global marketplace and have sustained high levels of social justice (e.g., the Scandinavian countries).

Secondly, countries that do not have effective welfare systems – including China and India, the rising powers – will have to build them if they want to create integrated, inclusive societies.

We often hear the question “Can Europe afford its social model?”, but I do believe that we should put it the other way round: “Can Europe afford not to have its social model?” In my view, the European Union will emerge as a major political actor at world level if it manages to combine successfully internal and external strength. Internally, reforming the European social model is one of the main challenges to address. Externally, the European Union has to promote ways of improving global governance.

The European Union can share its unique experience of structured cooperation, its values and principles when it comes to promoting and strengthening the global multilateral approach in terms of both greater efficiency and democratic legitimacy. For my part, I continue to believe that the European Union represents a priceless opportunity for peace, stability, prosperity, sustainable development, democracy, justice and respect for human rights in Europe and the world. But opportunities have to be turned into realities. That is why we need more and better Europe.

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