KAAD Jahresakademie 2014
Podiums- und Plenumsdiskussion

Pathways to global health justice


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4. Reduce under 5 mortality by 2/3

5. Maternal health:
   - Reduce maternal mortality by 3/4
   - Access to family planning

6. Stop the spread of HIV/AIDS and malaria
   - Access to treatment
I. Diagnosis of global health problems
   - Changes in epidemiology (epidemiological transition)
   - Changes in epidemiological perception (DALYs)

II. Approaches for solving them
I. Diagnosis of global health problems

The classical perspective: causes of deaths

The new perspective: DALYs (Disability adjusted life years lost)

Figure 21: Burden of disease by broad cause group and region, 2004

- **Group I**: Communicable, maternal, perinatal and nutritional conditions
- **Group II**: Noncommunicable diseases
- **Group III**: Injuries

Needs for global health:
lessons learned from epidemiology

• reducing the major infectious/communicable diseases (HIV/AIDS, malaria, tuberculosis and neglected diseases)
• preventing and treating non-communicable diseases (mental disorders, cardio-vascular diseases, cancer, metabolic disorders)
• preventing and treating injuries
II. Approaches for solving global health problems

Challenges for us KAAD scholars, alumni and cooperators

Our responsibility as
1. Global citizens
2. Nationals
3. Donors
4. Members of our religious communities
5. Academics
1. Globalization of [European] Health care

Colonial health care:
from „development for exploitation“ to „welfare“

UN - Human right to health:
1948 § 25 to „medical care“
1966 § 12 to the „highest attainable standard of health“

WHO:
1978 Primary Health Care: „Health for All by the year 2000“
Primary Health Care
1. Health education
2. Food security
3. Water & sanitation
4. Mother and child health
5. Immunization
6. Control of endemic diseases
7. Treatment of common diseases and injuries
8. Essential medicines

1980ies: „The lost development decade“
Health economics: Economic growth by better health
• “Macroeconomics and Health: Investing in Health for Economic Development” (WHO 2001)

Integration of health into all fields of politics, e.g.
- Trade (patent laws/intellectual property rights)
- Ecology (toxic waste disposal, air pollution)
- Agriculture (land grabbing, bio-fuel)
- Defense/arm control
- Refugee politics

Universal Health Coverage
Non-communicable diseases

• UN High level meeting 2011
• Targets: cardiovascular disease, diabetes, asthma, cancer
• control of tobacco and alcohol consumption
• reduction of calory and salt intake
• promotion of health lifestyles (physical activity)
• exclusion of mental health

Essential and emergency surgery

• WHO programme
• increased need for orthopaedic/bone surgery
• reduction of maternal mortality by surgical facilities
• arguments from health economics
2. National governments: E.g. Germany

The political heritage:
Development cooperation as means of
• Foreign/power politics (cold war)
• Economic interests (oil crisis)

Consequences:
• Preference for bilateral cooperation („visibility“)
• Preference for certain countries
• Low priority for health
• „sending culture“
3. Donors

Smaller donations
- Shifts from development to emergency aid (e.g. Tsunami 2004)

Changed relations between public and private
- E.g. German development cooperation: public funds for churches and other non-governmental/private agencies
- Globally today: private foundations supporting public funds and governments

PPP and „Big players“
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global Alliance for Vaccines and Immunization
- „Philanthropocapitalists“
4. Churches and religious communities

Christ’s mission to care for and heal the sick

Modern mission medicine since the 19th century

Health as part of the churches’ development cooperation (e.g. Misereor: „Action against hunger and disease in the world“)

Advantages:
• Advocacy – more independence from major political and economic interests
• Grassroot approach – local experience and partners, community participation
• Role model – health facilities, nursing and medical schools
• Trust - agents for behavioural change
• Coping – a spiritual view of illness and suffering
5. Academia

Global Health:
„the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide”
(2009)

Beyond development cooperation and public health:
Integration of
- Public health, clinical medicine and research
- Communicable and non-communicable diseases (NCDs)
- All relevant disciplines (e.g. law, economics, ecology, education)
Conclusions

• More global health equity is possible
• We have to re-examine accustomed approaches and attitudes
• The field is highly dynamic and evades long-term structuring
• But it needs long-term commitment, advocacy and shared values

Which means:

There is a need for involvement of
• academic expertise
• civil society
• including churches and religious communities