

A Perspective on the Evolution of Global Health Ethics

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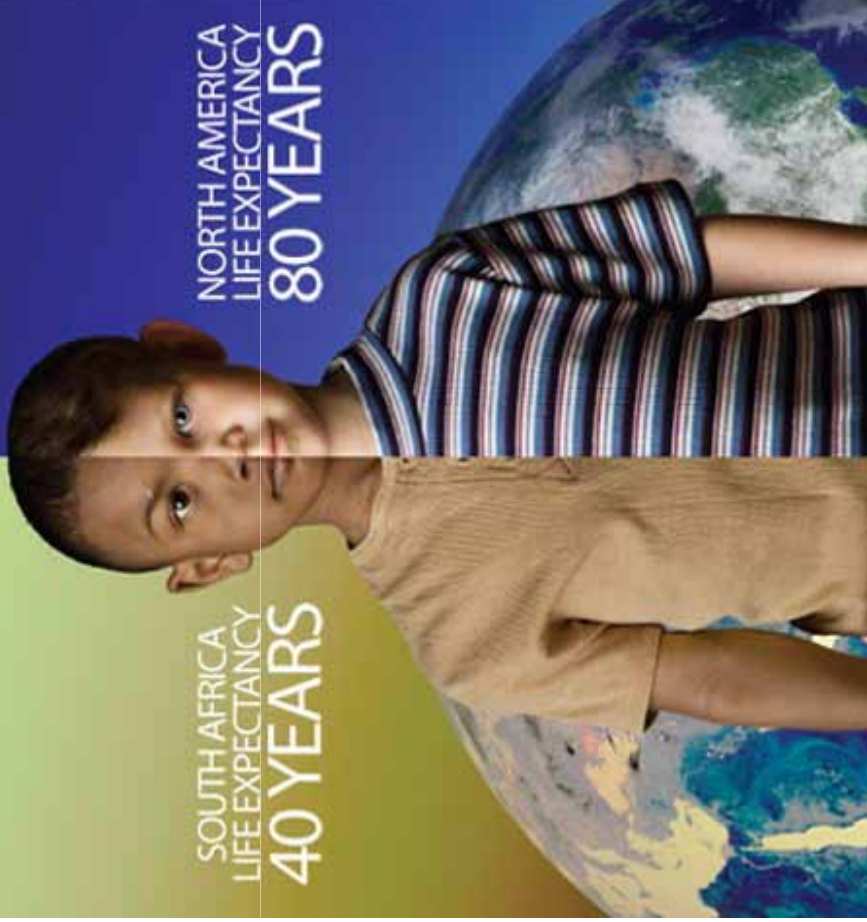
Lifesaving Science

U of T bioethicists team up to tackle world health crisis

BY ALTHEA BLACKBURN-EVANS

SOUTH AFRICA
LIFE EXPECTANCY
40 YEARS

NORTH AMERICA
LIFE EXPECTANCY
80 YEARS



The Main Determinants Of Health

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Box 1.3: The main determinants of health*

A schematic overview, by Dahlgren and Whitehead, of the range of factors that can contribute causally, or in modifying form, to the variation in people's health:⁸



Basic Survival Needs Include:

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- Sanitation and sewage
- Pest control
- Clean air and water
- Diet and nutrition
- Adequate housing
- Essential medicines and vaccines
- Enduring health systems

From Medical Ethics to Global Health Ethics

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- **Medical Ethics**
 - Doctor-patient relationships
 - Beginning and end of life
- **Public Health Ethics**
 - Tension between individual rights and public good
- **Global Health Ethics**: Empathy at a distance; Global responsibilities

Public Health to Global Health

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- The science and art of preventing disease, prolonging life and promoting health through the organized efforts of society (Fac. PH, RCP. UK)
- To fulfill society's interest in assuring conditions in which people can be healthy (IOM)

Public Health to Global Health [McLaughlin-Rotman Centre FOR GLOBAL HEALTH]

Add

- Spirit of solidarity, emphasizing global equity
- The concern of all humanity: a species concern
- What diminishes you diminishes me. **The life of every child, every human, has equal value**
- Holistic view of health (social determinants, poverty, environment, food security, health systems, governance, respect)
- Many stakeholders, not just health professionals
- Enlightened self-interest

Globalization and Global Health Equity

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- Globalization in developing countries may result in ethico-religious, cultural, technological, economic, informational, and health disruptions to society
- Without ethical principles in place, the health of developing nations may deteriorate while the economy prospers

Globalization: examples of Risks to Global Health

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- Commercial exploitation of health delivery
- Limited sources of health commodities
- Endangered food security
- Unhealthy application of intellectual property regimes
- Industry contribution to poor health (tobacco, junk food)
- Brain drain
- Climate change

Global Health: Reducing Negative Impacts of Globalization

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- Tax international financial transfers and use money to promote global health
- Put health higher in the development agenda
- Encourage efficient, responsive and accessible health delivery systems
- Focus on poverty alleviation
- Public engagement in decisions related to health

People's Health Movement

Global Health: Reducing Negative Impacts of Globalization

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- Greater vigilance on environmental issues and natural resources
- Opposition to war and all forms of violence, especially against women
- Human rights of oppressed peoples
- Reform of UN and WHO

- Public health oriented research
- Incorporation of traditional medicine
- Appropriate training of health personnel

Narayan and Schuftan, 2004

Discrimination and Global Health

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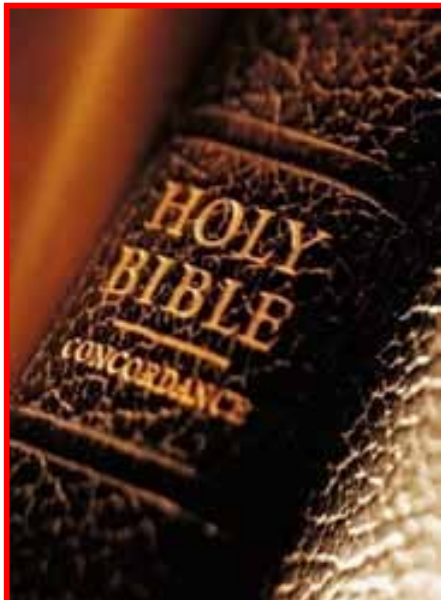


- Culture, race, ethnicity, and gender play a role in health care inequity
- Disadvantaged populations may suffer discriminatory health care policies and practices, and lack of access to health care
- Emancipate and empower women and respect their human rights

Velji, A. and Bryant, J.H. 2007. Global Health Ethics. Chapter 16 295-317.

Religion and Global Health

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- Religion can greatly influence how health care services are perceived, developed, accessed, and built upon

- Islam, Christianity, and Judaism have greatly influenced bioethics

Reston, Dae

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition.”

- WHO Constitution (1946)

- The 1948 Universal Declaration of Human Rights (UDHR) encompasses the concepts of freedom, dignity, and the rights of the individual
- The 1978 WHO Declaration of Alma Ata identified **equity**, **human rights**, and **social justice** as essential elements for achieving health for all

Scientific Research and Global Health

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- 10/90 gap: 90% of R&D expenditures are spent on diseases affecting 10% of the global population
- Article 25 of the UDHR states that the benefits of scientific research must be accessible, and of benefit, to all humankind equally so as to address the injustices prevalent in earlier decades

Dilemmas in Global Public Health Ethics (Wikler and Cash, 2003)

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- Which lives to save?
- Claims of those who might be harmed
- Differences in preference and values between interveners and those affected
- Compromises on privacy and liberty
- In health research: lack of consensus on social contract between subjects, scientists, sponsors and society
- Acting in an unjust world

Ethics: Possible Analytic Frameworks

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- Religion- when appropriate?
- Human rights
- Universal principles/tools (e.g. UNESCO Declaration, HUGO Statements)
- Philosophical
- Gendered

- Seek new frameworks

Values for Global Health Ethics

- Respect for all human life and persons; universal ethical principles
- Human rights, responsibilities and needs
- Equity
- Freedom
- Democracy
- Environmental Ethics
- **Solidarity**

Global Health Ethics: A Way Forward

- Developing a global state of mind
- Promoting long-term self-interest
- Striking a balance between optimism and pessimism about globalization and solidarity
- Strengthening capacity (of health systems)
- Enhancing production of global public goods for health

It really boils down to this: that all life is interrelated. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny. Whatever affects one directly, affects all indirectly

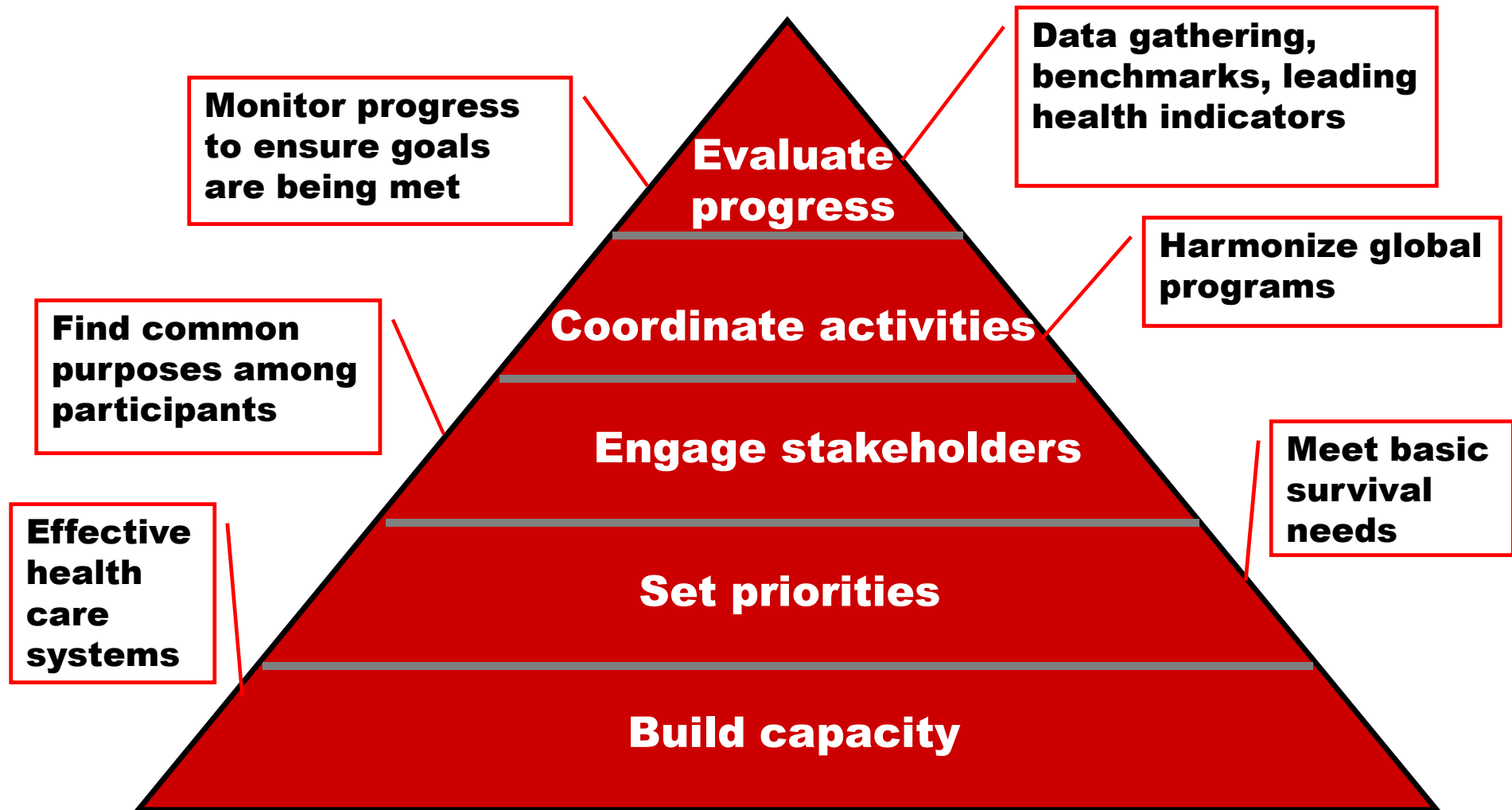
Whose Responsibility To Protect Global Health

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- Cooperative effort of
 - Individuals,
 - Local and national agencies,
 - Private sector,
 - Donors and
 - Governments

Framework Convention on Global Health

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What Are the Ends of Ethics Scholarship?

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- To become a better person
- To teach ethics
- To publish
- To create a better society
- To impact policy and events in the real world

Thank You

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UHN | MCMM at University of Toronto Additional funding partners listed at www.geneticethics.net

Presentation Title / Date

Empirical Approaches and Methodology

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- Need to create new knowledge to address new situations
- Grounded in real life case e.g. SARS
- Multi-stakeholder engagement
- Inter- and trans-disciplinary
- Robust qualitative research methodologies

- Public Health
- Global Health
- Mental health
- Clinical research in developing countries
- Gendered approaches
- Flu Pandemic preparedness
- Bio-development and Bio-terrorism
- Grand Challenges in Global Health; and in Chronic Non-communicable Diseases

- Knowledge divides, inequities in health and access to global public goods
- Inequities in our own societies:
 - juxtaposition of wealth and poverty
 - Imbalances of power
 - Working conditions of labourers
- Poor quality of education
- Human rights and health
- Dependencies, especially in S&T: do we create or import?

- Focus on important issues, especially inequities
- Be grounded in theory but innovate in subjects studied and methodology
- Think programmatically, not single project; not opportunistically, but grab opportunities within program
- Foster capacity building in ethics research

BREAK

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- With the past (innovate!)
- With silos (collaborate, inter-disciplinarity)
- With ivory towers (engage with the community)
- With bonds on the mind (think freely, think big)

The Inequities of Poor Health

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- Poor health leads to high mortality rates, need for increasing financial and humanitarian aid and heightened opportunities for civilian dissent, terrorist activities and armed conflicts
- Economic decline, political instability, civil unrest, mass migrations, and human rights abuses become inevitable

- The gap between the richest 20% and the poorest 20% of the world's population has widened continuously from nine times at the beginning of the 20th century to over 70 times by 1997
- Per capita global wealth increased from \$77,000 in 1990 to \$96,000 in 2000 (in 2000 constant \$), and the number of billionaires in the world increased from 423 in 1996 to 946 in 2006
- In 2005, approximately 2.7 billion people lived on less than \$2 per day- a rise of 10% since 1987

- Of more than \$80 billion spent annually on medical research, about 90% is devoted to those diseases that account for 10% of the global burden of disease
- Global expenditure on health amounted to over \$2.2 trillion per year in the early 2000s (and has continued to increase since then) with 87% of this expenditure on a mere 16% of the world's population who bear about 7% of the global burden of disease
- Of 1,393 new drugs marketed from 1975 to 1999, only 16 were for tropical diseases or tuberculosis
- Development aid to Africa in 2000 amounted to \$21.2 billion, while Sub-Saharan African debt in 2002 was \$275.6 billion
 - Due to overwhelming debt, Jubilee 2000 says 13 children die every minute in the 40 poorest nations

“The universality of our ideas is the result of the activity of the mind itself”

To Be An Ethics Scholar Is A Huge Responsibility

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The ideal scholar

- Identifies issues
- Thinks critically about them
- Studies them (does research)
- Teaches
- Gets involved and influences policy and events

GRAND CHALLENGES IN GLOBAL HEALTH

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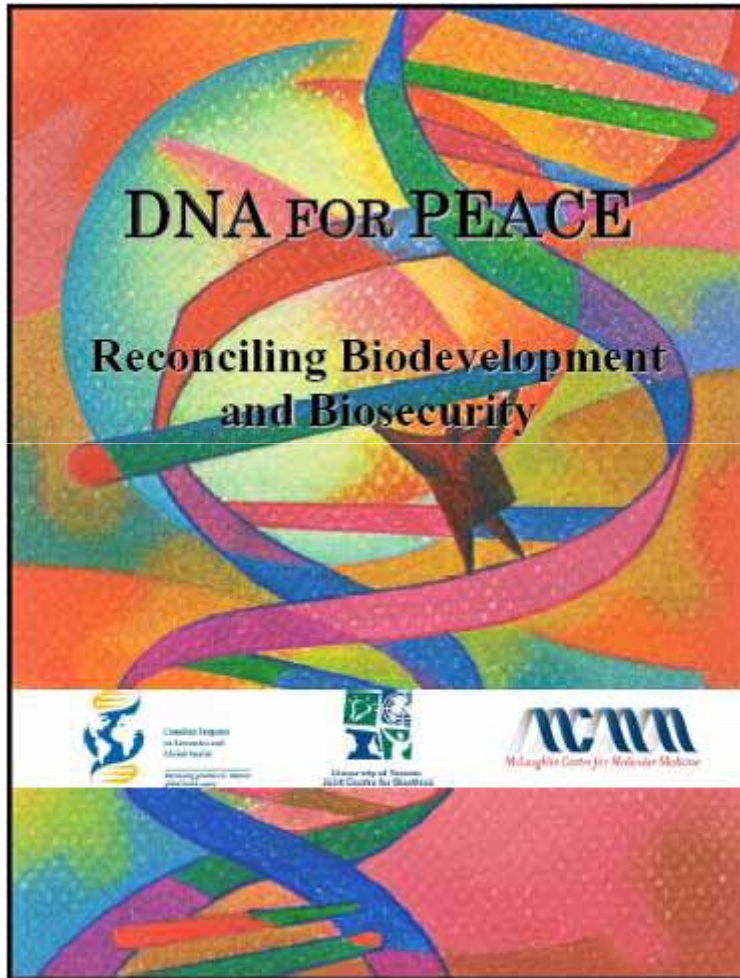
There is no bigger test for humanity than the crisis of global health. Solving it will require the full commitment of our hearts and minds. We need both. Without compassion, we won't do anything. Without science, we can't do anything. So far, we have not applied all we have of either. I am optimistic that in the next decade, people's thinking will evolve on the question of health inequity. People will finally accept that the death of a child in the developing world is just as tragic as the death of a child in the developed world.



*Bill Gates
World Health Assembly, 2005*

'DNA for Peace'

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1. The world must not let legitimate concerns about biosecurity undermine the promotion and use of biotechnologies for human development.
2. We need to invest in positive applications of biological sciences in the developing world in order to protect against the misuse of these sciences for harmful purposes.
3. We recommend a model of global governance that will achieve a balance between the potentially competing agendas of biosecurity and biodevelopment ... consisting of a network of experts, leaders and citizens from around the world.
4. To catalyze action the G8 should begin the process of identifying an appropriate organization to serve as host for this initiative. (GPX)

Since the birth of modern bioethics:

- Widening economic disparities
- Rapid population growth
- New infectious diseases emerging
- Escalating ecological degradation
- Local/regional wars
- Massive dislocations of people around the world
- Advances in science and technology

Global Health Ethics: No Vocabulary Yet

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- No consistent vocabulary yet exists that describes the conceptual framework of global health ethics
- Language is needed to fully convey the global cultural contexts for terms like individual and public good, **equity**, inequality, **rights**, **solidarity**, beneficence, autonomy, **justice**, fairness, **dignity**, virtue, and **responsibility**