

## *Global health in the 21st Century*

Event held on 7<sup>th</sup> March 2012 at the Royal Geographical Society (with IBG)

**Chairman:** Fergus Walsh – The BBC's Medical Correspondent.

**Panel members:** **Prof W. Ian Lipkin, M.D.** - The John Snow Professor of Epidemiology and Professor of Neurology and Pathology at Columbia University, Director of the Center for Infection and Immunity at the Northeast Biodefense Center, and member of the WHO Collaborating Centre on Diagnostics, Surveillance and Immunotherapeutics for Emerging Infectious and Zoonotic Diseases.

**Dr. Marie Charles** - A medical doctor with a highly distinguished background in business and international relations, and is widely regarded as one of the key innovators in global healthcare. Founder of Global Medic Force, transferring clinical skills to emerging nations.

**Peter Piot MD PhD** - Director of the London School of Hygiene & Tropical Medicine, and Professor of Global Health. In 2009-2010 he was the Director of the Institute for Global Health at Imperial College, London. He was the founding Executive Director of UNAIDS and Under Secretary-General of the United Nations from 1995 until 2008, and was an Associate Director of the Global Programme on AIDS of WHO.

Can societies strike a balance between combating the dangers of viral outbreaks and pandemics, while maintaining the hopes of eradicating established diseases, such as malaria, which claim millions of lives each year? [www.21stCenturyChallenges.org](http://www.21stCenturyChallenges.org)

Average global life expectancy has increased from 48 years to 68 years since 1950 but many diseases continue to remain a challenge; and in the UK, 1 in 3 baby girls born in 2012 will live to be 100 years old. Despite these changes we have seen diseases such as malaria, tuberculosis and HIV reach pandemic levels. So **Fergus Walsh** asks what are the challenges facing global health?

**Prof Ian Lipkin** focused his talk on the spatial distribution and spread of disease, tracking agricultural practices and the trade of pork, beef and poultry as well as looking at the illegal trade of bush meat. Examining the correlation between air travel and recent emerging and re-emerging infections, he highlighted the speed at which infections can now spread. With global air travel allowing any country to be reached within 14 hours of New York, the way in which diseases now spread has changed and risk reduction is only possible through mitigation. Research and innovation is allowing emerging infections such as severe acute respiratory syndrome (SARS) and swine flu (H1N1) to be contained more quickly.

**Dr Marie Charles** the founder of Global Medic Force which aims to free the developing world from its dependence on western charities spoke about this as the main challenge for global health in the 21<sup>st</sup> Century. 75% of people in the developing world do not have access to a primary medical platform. If global health is to be tackled then providing this for 5 billion people is the solution. Dr Charles told the story of how a village in Vietnam came to thrive through the loan of Vietnamese pot bellied pigs. By rearing pigs that were lent to the villagers, rather than simply give the villagers food and medicine, it allowed them to become

sustainable and provided them with the proteins they needed to maintain a healthy lifestyle. The moral of the story being that charity doesn't work (the opinion of Dr Charles).

Globalisation has seen changes in the connectivity between pathogens, lifestyles, migration, technology, health care provision and social movements. **Dr Peter Piot**, whose research focuses mainly on AIDS/HIV reported that 25 million people have now died as a result of AIDS/HIV. In African countries this is reflected in their changing life expectancy rates with countries such as Swaziland seeing a fall in life expectancy from 50 years to 45 years. But developing countries are not the only countries facing a global health challenges. An increase in non-communicable diseases (so called wealth diseases) such as obesity and diabetes are an increasing challenge for many developed countries. Is the next global health challenge 'globesity'? Delivery of innovation; innovation of delivery.

### **Discussion session**

The audience discussion began with a discussion about whether contaminated vaccines could lead to disease. The panel responded saying adequate screening ensured this could not happen. The question, what would you do with £1 billion prompted Marie Charles to speak further about the need for primary care centres, Ian Lipkin focused his response on education and Peter Piot said the Global Fund would be his choice. When asked where the finances would come from, the panel believed that the not for profit sector was the answer. The role that the future emerging powers would have lead to a discussion about how India has pledged to increase its public spending on health (currently 0.9% of GDP) and that China is one of the leading countries on stem cell research. The future of malaria could see a shift soon, with a vaccine close to being developed. Finally, the panel ended the discussion by saying that impacts of climate change would be modulated through factors such as migration and the indirect causes such as increased flood risk. The chair then drew the discussion to a close.