

IKe Obiora

**The challenge of Global Health Inequities
and
Salutogenic Global Health Ethics**

Key Note address presented at the International Academy for Design and Health, Vienna, Austria, 14th July 2017

I thank the executive and advisory Board of the international academy for design and health for putting together this distinguished audience of practitioners and stakeholders at this 12th World Congress happening here in Vienna Austria.

I am particularly grateful to the visionary networker and bridge builder architect Dr Innocent Okpanum and to Prof Alan Dilani for inviting me to participate and share some thoughts.

I bring the Good will and best wishes of the leading global institution on values and Ethics at a Globethics Geneva where I currently serve as its executive director. [Globethics.net](https://www.globethics.net) is a Foundation in Consultative status with the United Nations Economic and Social Council (ECOSOC), pursuing an Agenda of integrating Ethics in all sectors of society - public/political; Economic/Business; Intercultural/interreligious; educational/research. Globethics pursues this agenda through its networks and members in over 200 territories, with regional offices in all continents pushing for values driven leadership, the promotion of transparency, accountability, integrity and ethical considerations through training, teaching, research, policies, codes, advocacy and action.

I am invited to address a topic that provides guidelines for a sustainable healthcare enterprise and specifically discuss The challenge of global health inequities and salutogenic global ethics. The World Health Organization has offered a summary of guiding threads for member nations, medical doctors, health care providers, engineers, architects, policy makers, practitioners and the overall stakeholders keep in mind around the topic of health namely "THAT NO ONE IS LEFT BEHIND". This implies the following :

- HEALTH AND WELL BEING BELONG TO UNIVERSAL HUMAN VALUES AND SHOULD BE CONSIDERED AS SUCH
- THE RIGHT TO HEALTH FOR EACH PERSON IS A BASIC RIGHT AND THE STATE HAS THE DUTY TO PROVIDE HEALTH CARE SERVICES TO ITS CITIZENS
- HUMAN BEINGS ARE CENTRAL AND MUST BE PLACED AT THE CENTRE OF ALL HEALTH CARE CONSIDERATIONS, PROTECTING THEIR DIGNITY
- CAUSES OF ILL HEALTH NEED TO BE ADDRESSED BY SOCIETY, GOVERNMENTS AND PROFESSIONALS PROVIDING SAFEGUARDS FOR WELL BEING AND HEALTH CARE
- THESE GOALS ARE ACHIEVED WHEN PARTNERSHIPS ARE ENCOURAGED AND EXPLORED.

The Topic Global Poverty and Global Health
Concerns – Challenges and Lessons from
Ethical principles

Permit me to start my contributions at this dignified audience with some questions as we face difficult challenges worldwide. These challenges are not new but they seem to have increased in their intensity so that many have started to doubt the ability of humankind to cope with these emergent challenges. The continuing disrespect for human life and dignity and the seeming lack of will and value driven leadership to solve the problems poses urgent imperatives on the discipline of the Social Teaching of the Church to Teach and Act, in the words of Pope John XXIII in *Mater et Magistra*.

Currently we are witness to many developments around the globe which make us conclude that the world is in a period of uncharacteristically political, social and economic instability. Some have used the term "G-Zero" to describe a "growing vacuum in global governance". Humanity has not witnessed this amount of unprecedented "GEO-political recession" and upheaval since World War Two, with a down turn of leading business, governance and intellectual figures being able to deliver leadership, vision, orientation, humanity, calm and peace on a global scale.

Dramatic events taking place in various parts of the globe continue to cause harm and pain to millions of people who suffer homelessness, hunger, forceful migrations due to wars, climate-related catastrophes, the search for meaning in life and economic hardships.

But IT IS ALSO GRADUALLY CLEAR AND LET IT BE SAID LOUDLY THST THE MOST IMPORTANT CHALLENGES HUMANITY FACE ARE NOT SIMPLY POLITICAL, ECONOMIC OR TECHNICAL. THEY ARE RATHER ETHICAL, MORAL AND SPIRITUAL Our time and countries face fundamental questions of life and death. WHAT WE HAVE CURRENTLY IS POPULISM, GROWING DUE TO LACK OF PURPOSEFUL LEADERSHIP AND GOOD GOVERNANCE.

IN THE WORDS OF LENNART LEVI, FELLOW IN THE WORLD ACADEMY OF SRT AND SCIENCE..." THE LACK OF ETHICS AND PREVALENCE OF CORRUPTION IS PROBABLY THE BIGGEST OBSTACLE TO SOCISL AND ECONOMIC DEVELOPMENT. CONVERSELY ONE CSN SAY THAT THE MOST IMPORTANT ASSET OF A SOCIETY IS THE ETHICAL QUALITY OF ITS INSTITUTIONS" and I would add here, THE ETHICAL QUALITY OF PERSONS AND THE LEADERS.

The current challenges worldwide does not leave us in apathy or lethargy but rather to swing urgently and act, founded on sound reason, common sense, natural law and the light of charity in the sphere of the interrelated disciplines that influence the Socio-Political and the health sectors which has brought this distinguished audience together. As many of you would agree, there is consensus and rejection of the world and its governance structures as it is currently because many believe it was meant to be different and better. Thus:

A. How can we build not only a safer world well designed with architectural artifacts and well being green areas for some but a better world for all; a world that is more just, more secure, more peaceful, more respectful of human life and providing dignity for all?

B. How can Health service providers protect the weakest in our midst, especially those who have no voice. These include youth and children, men and women, the innocent unborn children, the aged, sick, homeless and destitute?

C. How can nations refuse violence as a means to solve some of its most difficult problems, for example, when persons resort to termination of life in order to deal with difficult problems arising around pregnancies - wanted or not? Or the continued practice of the application of death penalty to combat crime and criminals thereby making human life cheap and at the disposal of law and the powers that govern? In some cases when Euthanasia and assisted suicide is applied to deal with the burden of age and disability? Or even extreme cases where War is made an instrument to settle matters which normally dialogue and openness could have solved including industrial disasters?

D. How do we address the tragic fact that more than 30, 000 children die every day as a result of preventable healthcare systems. They die due to hunger, neglect, cold and lack of shelter, international debt of their countries, violence and lack of solidarity in the integral understanding development?

E. What future do we offer the teeming young people facing unemployment which is caused often by an economic system that allows persons to go without work while machines and robots replace humans in the name of efficiency and precision.

F. Children die of malaria and communicable but preventable diseases. Natural Medications are replaced with chemicals through pharmaceuticals produced in large quantities and then burnt off as well as food because there are no spaces for stocking them at a time when millions die of hunger and preventable diseases.

How is it still impossible in the 21st century for humanity to grope even in the most industrialized countries with solving issues of affordable health care? Is it not possible across parties and nations to address the growing numbers of individuals and families who lack access to affordable Health Care? Education in alternative medicine, often patient centered and tailored to each individual's needs, respecting the essential basis of treatment according to one's choice.

G. And how can Healthcare better focus on prevention known as salutogenics instead of cure described as pathogenic activity? Why must commercial interests take precedence even in the health care delivery system instead of the primary purpose of protection of human life and respect Human dignity understood as sacred and therefore inalienable?

H. Is poverty destined or man-made and could humanity not overcome widespread poverty, pursue values of justice and peace, reduce widespread injustice and contain violence?

I. What are the responsibilities and limitations of residents, community, town planning offices, regulators and governments, architects and engineers, medical professionals and stakeholders in ensuring a healthy and safe environment that respects nature and integrates design and health into units of society, work spaces, homes and cities towards a synergy that makes well being and good health possible, geared towards inclusion to overcome poverty and pursue the common good?

J. These and other questions cross my mind as I consider the topic for reflection at this congress. Swift and simple answers are not immediately available but at least the questions open the mind to genuinely search for answers along the lines of the Ethical Principles which are tested and trusted.

1. Fundamental questions on global poverty due to absence of good health and the challenges before us:

Poverty and inequality have long been concerns of development economics. A social development paradigm with an emphasis on pro-poor growth is replacing the trickle-down industrialization model. Eradicating poverty and rectifying extreme levels of inequality go hand in hand with economic growth. It is true that a broad-based participation of people in productive activities can increase a nation's total output of goods and services, and promote economic development. However, poverty and inequality are not just economic issues. They are ethical issues as well,

When we see people suffering from materially and psychologically desperate conditions, we are compelled to act. Father Adolfo Nicolas, superior general of the Society of Jesus, has spoken about four challenges facing humankind. In his 2008 speech addressing the students of Sophia University, he declared world poverty as a “social challenge”, and called on us to work hard to eradicate it. He referred to the lack of worldwide access of learning opportunities as a “cultural challenge”, and encourage us to achieve education for all. He also mentioned the protection of the environment as an “ethical challenge,”

These four challenges are all linked. The eradication of poverty is supported by equal access to quality education and a fairer society so that everyone who receives education can have more options in their lives and fulfill their aspirations. Universal access to education and a fair society are not about promoting economic growth. They are about ensuring human dignity. These challenges call upon our sense of ethical responsibility.

Inequality also tests our ethics. Inequality is not just about income gaps. We may not value the same things in life. People and society may pursue different paths whose values cannot be compared by a simple measure of how much you possess. As Catholic Social teaching suggests, we need to have faith in the poor to organize themselves and choose the life they wish.

Still, an extreme income gap in a society and between societies is alarming because it could erode cohesion a basic sense of trust between people who do not know each other. A reasonable degree of social cohesion is needed so that a society (and the world) can function, and for people to have the chance to increase their opportunities in life.

Again, education is perhaps one of the most important public policies to address inequality and trust. Education can reproduce an unequal society if it is not offered equally to all. Equal and fair provision of educational services, however, can rectify issues of inequality. Education can also promote bonding of different groups when it draws children of different social, cultural and economic backgrounds. In both cases, a national government plays a critical role, even in this globalized and increasingly borderless world.

1. Fighting Poverty and Global health diseases from MDG'S to SDG'S

The Millennium Development Goals (MDG'S) – 2000 to 2015

Eight International Development goals were established following the Millennium Summit of the UN in 2000 and the adoption of the UN millennium Declaration. They are the world's time-bound, measurable, universally agreed objectives and quantified targets for addressing extreme poverty in its many dimensions. These aims include:

1. Income Poverty. 2. Hunger. 3. Disease. 4. Lack of adequate Shelter. 5. Exclusion. 6. Promoting Gender Equality. 7. Education for All. 8. Environmental Sustainability.

With the job unfinished after fifteen years 2000 to 2015, the Assembly of World Leaders following agitations by millions of people shifted the attention of the UN to another set of objectives now called the Sustainable Development Goals (SDG's).

The Sustainable Development Goals (SDG'S)- 2015 to 2030

The SDG'S replaced the MDG's on 15th September 2015 as the world leaders gathered at the UN in New York to adopt the 2030 Agenda for sustainable Development. The 2030 Agenda comprises SEVENTEEN new Sustainable Goals, which guide policy and Funding for the next fifteen years, beginning with a historic pledge to end poverty, everywhere and permanently.

The SDG's applies to all countries, promotes peaceful and inclusive societies, creates better jobs and tackles the environmental challenges of our time on climate change. The SDG,s include the following:

1. End Poverty.
2. Zero Hunger.
3. Good Health and Well Being.
4. Quality Education.
5. Gender Equality.
6. Clean Water and Sanitation.
7. Affordable and Clean Energy.
8. Decent Work and Economic Growth.
9. Industry, Innovation and Infrastructure.
10. Reduced Inequalities.
11. Sustainable Cities and Communities.
12. Reasonable Consumption production.
13. Climate Action.
14. Life Below Water.
15. Life on Land.
16. Peace Justice and Strong Institutions.
17. Partnerships for the Goals.

Statistics on global health and poverty –

Consider these facts obtained from the Website of the United Nations UNICEF and other relevant organs of the UN:

The poorest 40 percent of the world's population accounts for 5 percent of global income. The richest 20 percent accounts for three-quarters of world income.

According to UNICEF, 22,000 children each day die due to poverty. And they “die quietly in some of the poorest villages on earth, far removed from the scrutiny and conscience of the world. Being meek and weak in life makes these dying multitudes even more invisible in death.

Around 27-28 percent of all children in developing countries are estimated to be underweight and Asia and sub-Saharan Africa.

If current trends continue, Millennium Development Goals target of having the proportion of underweight children will be missed by 30 million children, largely because of slow progress in Southern Asia and sub-Saharan Africa.

Based on enrollment data, about 72 million children of primary school age in the developing world were not in school in 2005; 57 percent of them were girls. And these are regarded as optimistic numbers.

Nearly a billion people entered the 21st century unable to read a book or sign their names.

Less than one percent of what the world spent every year on weapons was needed to put every child into school by the 2000 and yet it didn't happen.

Infectious diseases continue to blight the lives of the poor across the world. An estimated 40 million people are living with HIV/AIDS, with 3 millions deaths in 2004. Every year there are 350—500 million cases of malaria, with 1 million fatalities: Africa accounts for 90 percent of malaria deaths and African children account for over 80 percent of malaria victims worldwide.

- Almost two in three people lacking access to clean water survive on less than \$2 a day, with one in three living on less than \$1 a day.
- More than 660 million people without sanitation live on less than \$2 a day, and more than 385 million on less than \$1 a day.
- Access to piped water into the household averages about 85% for the wealthiest 20% of the population, compared with 25% for the poorest 20%.
- 1.8 billion people who have access to a water source within 1 Kilometer, but not in their house or yard, consume around 20 liters per day. In the United Kingdom the average person uses more than 50 litres of water a day flushing toilets (where average daily water usage is about 150 liters a day. The highest average water use in the world is in the US, at 600 liters a day.)
- some 1.8 million child deaths each year as a result of diarrhea
- the loss of 443 million school days each year from water-related illness.

- Close to half of all people in developing countries suffering at any given time from a health problem caused by water and sanitation deficits.
- Millions of women spending several hours a day collecting water.
- To these human costs can be added the massive economic waste associated with the water and sanitation deficit.... The costs associated with health spending, productivity losses and labor diversions... are greatest in some of the poorest countries. Sub-Saharan Africa loses about 5% of GDP or some \$28.4 billion annually, a figure that exceeds total aid flows and debt relief to the region in 2003.

- Number of children in the world ...2.2billion
- Number of poverty...1billion (every second child)
- Shelter, safe water and health for the 1.9 billion children from the developing world, are ;
- 640 million without adequate shelter (1 in 3)
- 400 million with no access to safe water (1 in 5)
- 270 million with no access to health services (1 in 7)
- children out of education worldwide 121 million

- survival for children worldwide:
- 10.6 million died in 2003 before they reached the age of 5 (same as children population in France, Germany Greece and Italy)
- 1.4 million die each year from lack of access drinking water and adequate sanitation health of children.
- Worldwide 2.2 million children die each year because they re not immunized
- 15 million children orphaned due to HIV/AIDS (similar to the total children population in Germany or United Kingdom)

Rural areas account for three in every four people living on less than US\$1 a day and a similar share of the world population suffering from malnutrition. However, urbanization is not synonymous with human progress. Urban slum growth is outpacing urban growth by a wide margin.

Approximately half the world's population now live in cities and towns. In 2005, one out of three urban dwellers (approximately 1 billion people) was living in slum conditions.

In developing countries some 2.5 billion people are forced to rely on biomass fuel wood, charcoal and animal dung to meet their energy needs for cooking. In sub-Saharan Africa, over 80 percent of the population depends on traditional biomass for cooking, as do over half of the populations of India and China.

- The world's wealthiest countries (approximately 1 billion people) accounted for \$36.6 trillion dollars (76%)
- The world's billionaire's just 497 people (approximately 0.000008% of the world's population) were worth \$3.5 trillion (over 7% of world GDP).
- Low income countries (2.4 billion people accounted for just \$1.6 trillion of GDP (3.3%))
- Middle income countries (3 billion people) made up the rest of GDP at just over \$10 trillion (20.7)
- The world's low income countries (2.4 billion people) accounted for just 2.4% of world exports
- The total wealth of the top 8.3 million people around the world rose 8.2 percent to \$30.8 trillion in 2004, giving them control of nearly a quarter of the world's financial assets.

- In the other words, 0.13% of the world's population controlled 25% of the world's financial assets in 2004. A conservative estimate for 2010 finds that at least a third of all private finance wealth, and nearly half of all offshore wealth, is now owned by world's richest 91,000 people --- just 0.001% of the world's population.

11. CONCLUSION AND RECOMMENDATIONS FOR ACTION ON SDG 3 on Global Health

Permit me to refer to the work Globethics does in partnership with other organizations in bringing the ethical dimension into various aspects of life, essentially and what The PaRD work stream on SDG#3 has agreed upon and adopted at the First Annual Meeting in Abuja on October 17th-20th, 2016. THIS IS RECOMMENDED TO THE INTERNATIONAL ACADEMY FOR DESIGN AND HEALTH As a line of action, referring to Goal 3 of the SDG which is mainly to "Ensure healthy lives and promote well-being for all at all ages".

Can we at this congress set Targets that could focus on the following:

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births through SALUTOGENICS that promotes alternative medicine, bringing in holistic approach to health and using natural products and adequate technics to prevent or restore the general health to the extent possible.
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births through education and engagement of government and non governmental Health Actors, research, medicine, green cities and housing in the various regions
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

- Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Employ the strategy of Preventive health care mechanisms to avoid health risks through responsible lifestyles; exercise; eating habits; balance of mind and body and spirit in such a manner as promoted by alternative medical systems such as one promoted by SAM.

Thank you for your attention,

Obiora Ike