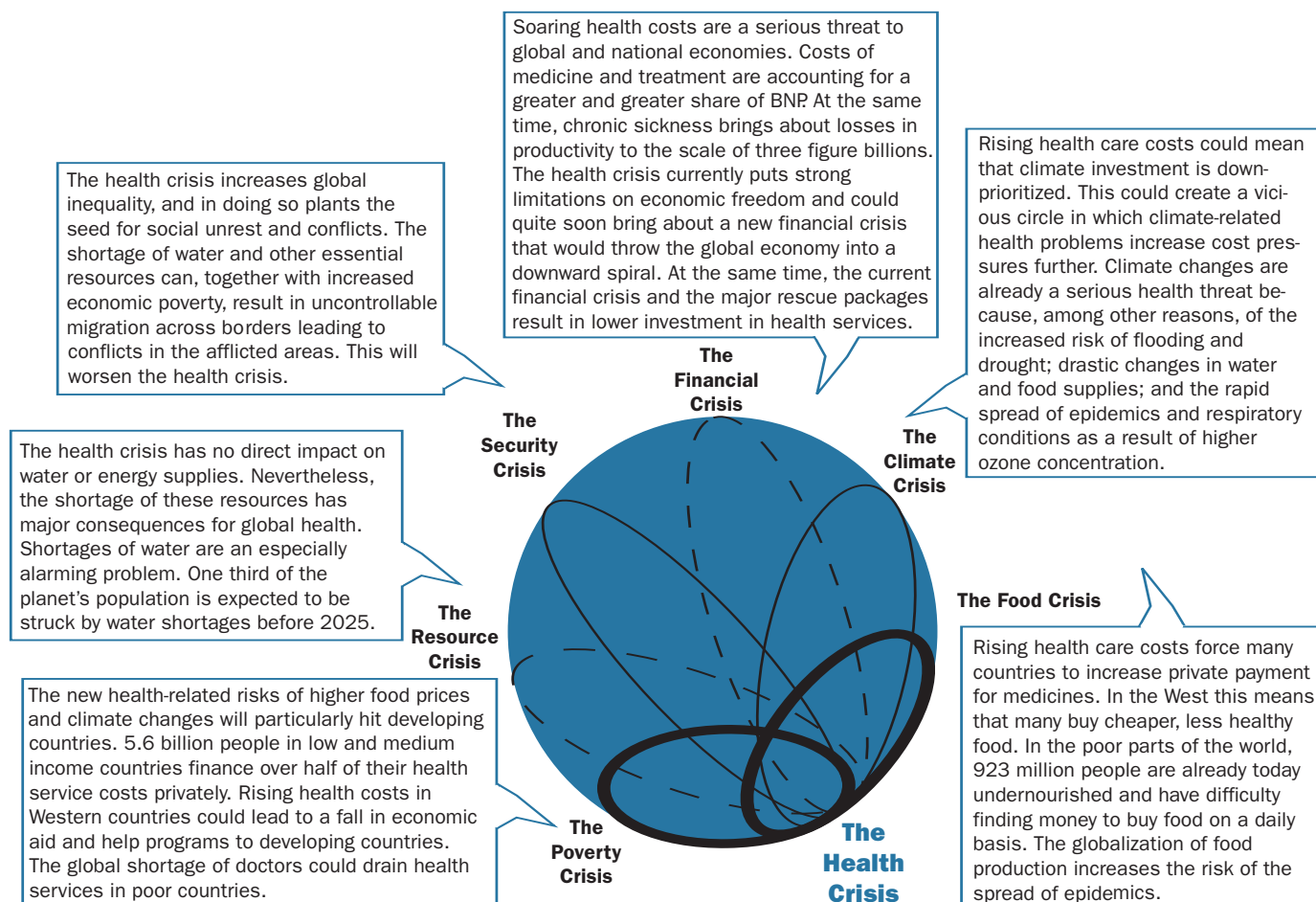


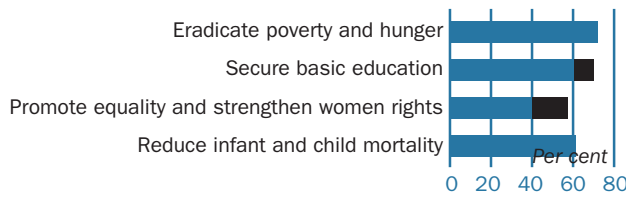
# 5 The Neglected Crisis

Chronic illness costs 96,000 lives every day - and the figure is increasing. The World Health Organisation (WHO) predicts that lifestyle illnesses such as diabetes, cancer and heart disease will claim twice as many lives by 2015 as all the other causes of death combined. Contrary to conventional wisdom, chronic epidemics don't just hit rich industrialised societies, but also the world's poorest countries. There is, then, a risk that they can exacerbate the global inequality in terms of health. In many African countries the global shortage of doctors is creating an extensive brain drain that is undermining their already fragile health systems even further. In the West, health costs are rising rapidly, and could bring the economy to its knees in many countries, including the USA. The neglected health crisis is so great and complex a problem that it requires a global solution. Politicians, health organisations and the business community must work together to reach interdisciplinary solutions. Investment in prevention must increase dramatically. Political leaders must be more firm in their work with preventative efforts. Investment in new labour saving technology is vital, and a tighter-woven system of preparedness and control apparatus needs to be established to avoid the spread of lethal bacteria.

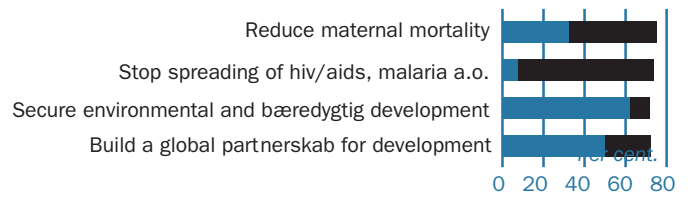


**MM | FN-effort against poverty**

Millennium goals



**Progress until 2006 Distance to goal in 2006**



Source: The World Bank, Finance and Development.

**THE NEGLECTED CRISIS**

**W**hile war, conflict and the fight against terror dominate the daily headlines and prime time TV news, great killers such as smoking, poor diet, alcohol and lack of exercise must settle for a less prominent spot in the media. It is something of a paradox. Lifestyle illnesses such as diabetes, cancer and heart disease claim 96,000 lives every day around the world. That is equivalent to 60 per cent of total mortality – 35 million per year. The World Health Organisation (WHO) estimates that number will increase to 41 million by 2015, unless fundamentally different preventative measures are taken globally. In other words, the chronic illnesses will claim twice as many lives as all other causes of mortality combined.

Chronic illnesses are typically those linked to unhealthy lifestyles and over consumption in rich, Western countries. But the scale of these chronic illnesses is growing quickly in developing countries as well. They are already about to overtake infectious diseases such as malaria and tuberculosis as the primary causes of death.

The health gap between rich and poor countries has never been as great as it is today. While the richest countries each year spend more than 6,000 dollars per person on health, the poorest spend just 20 dollars. This enormous difference can be directly correlated to average life expectancy. While newborn girls in Sweden can expect to live, on average, 80 years, the life expectancy of women in a number of developing countries in Africa is under 45 years.

The strong growth in health costs is forcing public health departments around the world to transfer more of the costs on the patients themselves. According to the WHO this will push 100 million people further below the poverty line every year.

In parallel with “chronic epidemics”, globalization has created a new risk pattern for epidemic disease which can now spread from one end of the globe to the other within just a few hours. One sick hen in a market in China can put the world on high alert. Within the last five years alone 1,100 epidemic incidents have been registered around the world.

The explosive growth in the number of chronic illnesses and the threat of an uncontrollable epidemic together constitute a serious global health crisis that risks exacerbating and quickening a number of other major global challenges.

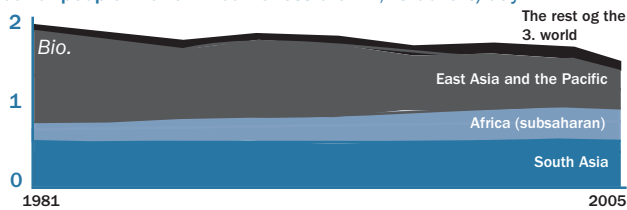
Over the next years the neglected health crisis could be the direct cause of a new meltdown of the global economy. The WHO

estimates that over the next decade countries such as China, Great Britain and India will each lose between 200 and 550 billion dollars in lost productivity due to chronic illness. If the health crisis is to be slowed down, it will require that we draw on a wide range of solutions that depend upon global partnerships across borders and industry sectors. Health challenges are so large, complex and interdependent that they can not be met within the framework of the classic health sector. Both nationally and internationally politicians, health organisations, private business and other players must work together to devise cross-border, sustainable solutions which:

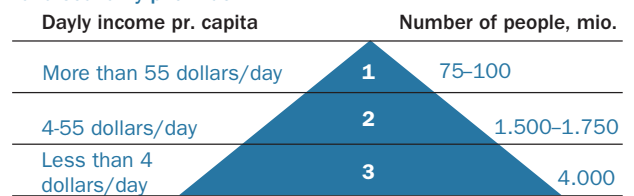
- **FOCUS ON PREVENTION.** Investing in prevention has to increase dramatically, and move much further up the political agenda. Prevention is by far the most effective method of minimizing health costs – especially where chronic illnesses such as diabetes, cardiovascular disease and cancer are concerned. Despite this, today, only two dollars out of every 100 are spent on prevention, the rest goes to treatment. The disparity is understandable: In many health systems, all incentives for providers are for treatment rather than prevention.
- **STRICT REGULATION.** Political leaders must overcome their fear of getting involved, cast off their velvet gloves, and take much more drastic measures – bans, orders, quotas and taxes – to get people to change their lifestyles. Governments must also dare to set concrete goals so both the voters and the media’s watchdogs have something to hold them to. At the same time, the requirement for evidence must radically change in terms of research into prevention.
- **SUSTAINABLE RECRUITING.** The global shortage of doctors and nurses will exacerbate the exodus of qualified health professionals from developing countries to the West. There is a need for more control of recruitment; increased investment in developing labour saving technology; and by all means an increased effort to train, attract and hold onto health personnel. Otherwise there is a risk that a number of health services in developing countries will be destroyed and the inequality between the rich and poor countries will increase even further.

**MM | The world's poor**

Number of people with an income less than 1,25 dollars/day



**World economy piramide**



Source: The World Bank, 2008 and C.K. Prahalad.

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- **GLOBAL PREPAREDNESS.** Globalization has significantly increased the risk of health epidemics. The SARS epidemic of 2002/03 revealed that many countries' health services were not geared-up to tackle epidemic crises. The world is thus faced with a colossal challenge to have emergency preparedness plans in place. The growing global market for industrial foodstuffs also requires an extensive analysis- and control apparatus to avoid the spread of life threatening bacteria.

**Soaring Costs**

Since 1990, health costs have increased at double the rate of the rest of the economy in OECD countries – with Denmark as one of the most notable exceptions.

The most dramatic example of a deep economic health crisis is in the USA. In 1960, health costs accounted for just 5 per cent of America's GDP. Today the proportion is 16 per cent of GDP, which makes USA the country that spends the most on health per person – nearly double as much as France, Germany and Canada, among others. But this is nowhere near where it might end up. If this trend continues, health costs will, according to Congress' own budget, increase to 25 per cent by 2025, and 49 per cent – half of the US GDP – by 2082. It doesn't take an economist to calculate that this alarming trend in cost increases can't continue.

One of the major causes of runaway health costs is the growing number of chronic patients. In the USA alone, where 34 per cent of the adult population is overweight or obese, costs related to heart disease and strokes will surpass 448.5 billion dollars this year. To that bill must be added the costs of obesity-related illnesses, including diabetes, which every year costs America up to 300 billion dollars.

America is the most extreme example, but far from unique. Around the world there are rising costs and enormous pressures on both public and private health services that threaten to bring the whole economy to its knees:

- **COST EXPLOSION.** The WHO predicts that the global cost of dealing with chronic illness will be enormous. China's costs of treating chronic illness will alone exceed 500 billion dollars by 2015. The steep increase is caused by a combination of more people in need of treatment, and the increasing cost

of diabetes medicines and blood pressure treatments, among other factors.

- **FALL IN PRODUCTIVITY.** As well as direct treatment costs, the WHO has calculated that chronic illness will cost countries such as India and China up to 550 billion dollars over the next decade through sick leave and premature death. The Chinese authorities have calculated that combating chronic illness can extend average life expectancy by 13.2 years.

- **DRAINING THE BOTTOM LINE.** The private sector is also affected by the effect of increasing health costs. According to an analysis from McKinsey, the cost of employees' health insurance will overtake the annual profits of the average Fortune 500 company in the US within a few years. Already, this is the third highest cost on US companies' accounts – surpassed only by production and wage costs.

The enormous emergency packages that a number of countries have embarked upon to avoid an economic meltdown following the financial crisis also pose a challenge. The bill will have to be paid by the next generations.

**Prevention is the Solution**

According to conventional wisdom, diabetes, heart disease and other chronic illnesses mainly afflict older people in Western countries. But the reality is that chronic illness is increasing rapidly in developing countries and will soon overtake malaria, HIV, tuberculosis and other infectious diseases as the predominant cause of death.

The cause of the steep increase is a combination of increasing prosperity and growing urbanisation, which has attracted poorer groups of agricultural workers to cities and to a less physically active life, poorer nutrition and so on. One of the most effective methods of reducing the rapidly rising global health costs is prevention. There are numerous other small and large handles to grab hold of, but none can come close to the effects of prevention.

In its latest global health analysis, the WHO has calculated that, in the future, increased investment in minimizing risk factors such as poor nutrition, smoking and lack of physical exercise, can reduce global health costs by as much as 70 per cent.

**WANTED: GLOBAL AMBASSADOR**

One of the reasons that the prevention of chronic illnesses has had a difficult time finding its way to the top of the political agenda is that no one has taken on the role of global spokesman for the fight. Where climate change, AIDS or foreign debt is concerned, Al Gore, Kofi Annan and Bono bring global awareness and media profile that can exert pressure on political leaders to take action.

The post of “global prevention ambassador” remains vacant. But if anyone aspires to the post, it is Microsoft founder Bill Gates. The Bill and Melinda Gates Foundation, the world’s largest philanthropic organisation, has so far spent billions of dollars, particularly in the fight against HIV and tuberculosis. Now the fund has donated 150 million dollars to a new program with a focus on health and nutrition.

**THE NEGLECTED CRISIS**

As well as this considerable saving, increased prevention measures over the next decade would save up to 36 million lives, of which almost half are people under 70 years of age. According to the WHO’s predictions, this will mean that countries such as India, Russia and China could experience an added economic growth equivalent to 15, 20 and 36 billion dollars respectively as a result of reduced treatment costs, increased life expectancy and the resulting increased productivity.

If prevention is to move further up the global agenda, it will require a significant political paradigm shift. The, thus far, limited focus on prevention is due to the fact that politicians, businesses, charities and powerful interest groups, among others, use their power, as well of course as their money, on tangible results in the short term. Many governments would rather use money on, for example, treating cancer patients right now, than use the same sum of money on prevention where results might not be apparent for another 10 or 20 years.

Treatment of chronic illnesses is also a difficult solution to “sell” to the people of the world. If, for example, Brad Pitt and Angelina Jolie allowed themselves to be photographed next to an HIV infected child of 10 from Mogadishu, it would have a far greater appeal for the media and sponsors than if they posed next to a 45-year-old man from Manchester with high blood pressure. This is perhaps one of the reasons why the treatment of chronic illnesses didn’t make it onto the list of the UN’s Millennium Development Goals, which is steering the organisation’s work up until 2015.

**Neglected research**

If prevention of major fatal illnesses is to rise to the top of the global political health agenda, it will require a radically different approach to the whole subject.

- **PRIORITIZING.** Political leaders and global players such as the WHO and The World Bank must take prevention much more seriously and increase investment significantly. According to the OECD, its member countries use on average barely 2 per cent of their health budgets on prevention.
- **PRIVATE INVOLVEMENT:** The private sector must play a much greater role in the prevention of chronic illness. Public authorities need to involve private business to a much greater

degree – from the food and medical industries to construction, consulting services and the wellness industry – in the development of new prevention initiatives. This could, for example, come in the form of healthier foods, health-conscious city planning and so on.

- **PARADIGM SHIFT.** Everyone knows that exercise is healthy and smoking is hazardous. But there is little scientific evidence about which factors actually make people go jogging or quit smoking. Knowledge is lacking because conventional medical research is built on classic standards on controlled, measurable and reproducible experiments. These are not especially relevant if one is interested in lifestyle and changes in behavior. Prevention needs to be established as an independent research area with its own requirements for scientific evidence. This must be rooted in a strong interdisciplinary cooperation that also involves designers, architects, economists, nutritionists and climate experts, among others.

**The State Must Intervene**

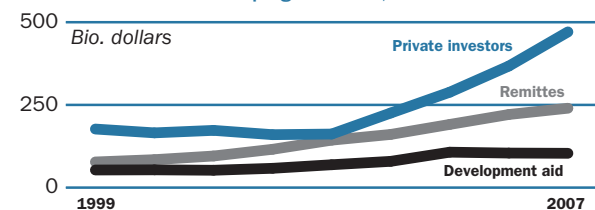
The failures of previous prevention are linked to the fact that smoking, obesity, lack of exercise and alcohol use, among other things, are related to private lifestyle choices in which public authorities are not expected to become involved. That is why the chronic afflictions are sometimes termed “lifestyle” illnesses. This laissez-faire approach is now, crudely speaking, worn out. The increased wealth and ready access to temptations such as nicotine, alcohol, mountains of unhealthy food and increased physical inactivity in front of the TV and computer, mean that messages about healthy living are falling on deaf ears as far as the large percentage of the population are concerned.

If preventative measures are to really have an effect, governments the world over need to take far more drastic measures to persuade people to change their behavior: from quotas, taxes and import duties, to abolition and bans. Denmark can boast several specific instances where it has achieved success in these areas.

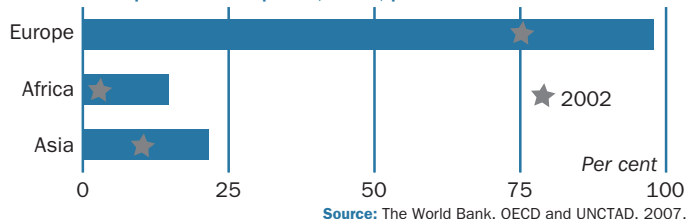
- **TRAFFIC FATALITIES.** The number of people killed in traffic accidents has been significantly reduced since the 1970s, even though the total amount of traffic has increased markedly. There are a variety of explanations for this: roads have been made safer; manufacturers make safer cars; more bike

## MM | More money and cell phones

Flow of finances to developing countries, bio. dollars



Number of cell phone subscriptions, 2005, per cent



Source: The World Bank, OECD and UNCTAD, 2007.

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paths; nearly everyone now wears seatbelts; and the number of drunk drivers has been dramatically reduced.

- **CHILD DENTAL CARE.** Children and young people have far fewer dental cavities than they did a few years ago, despite an increase in the consumption of sweets and soft drinks. Amongst other things, this is due to extra resources being made available to children's dental care. Systematic recording and monitoring of communal dental care results has also been introduced. At the same time, private businesses have become aware of this large market so that every self-respecting supermarket now has an aisle packed with children's toothpaste and designer toothbrushes.

A third successful area of effort could be smoking, which is one of the most significant killers. Just a few years ago, it was unthinkable that a large part of Europe would make smoking illegal in public spaces and the workplace. Today it seems perfectly natural, even among many who were previously vehemently against the passing of such laws. Everything indicates that, in many countries, there is a general public acceptance that the state should involve itself to a great extent in people's habits. Research carried out in Denmark by the Tryg Foundation and Monday Morning repudiates the myth that people oppose interference in their lifestyle. The majority of Danes are ready to pay taxes to initiatives such as the provision of healthy school dinners; transport discounts for cyclists; and variable value added tax on food products.

### Doctors Across Borders

Many health sectors in the industrialised world will face increasing recruitment challenges in the coming years. It is going to be a major problem to find enough doctors, nurses and other personnel as the younger demographic decreases dramatically and the older generation grows in size. Countries such as Japan and South Korea are sitting on demographic time bombs. This could mean an increase in imports of workers to the richest countries' health sectors from developing countries, which as a result will experience further shortages of health professionals.

There has long been a tradition of doctors and nurses crossing borders between countries and continents to work or train. This traffic has increased significantly over the last 30 years. In

Great Britain and Ireland, a good third of doctors come from other countries.

It doesn't necessarily have to be a problem for their home countries that health workers travel to other countries to work. When, for example, over 20,000 Indian nurses work in OECD countries, they represent just 2.6 per cent of the total number of nurses in India.

It is far more problematic when emigration happens from countries where the demand for health workers is under pressure – as in, for example, Bangladesh or Congo. When 539 doctors from conflict-hit Congo today work in OECD countries, this represents 41 per cent of the total. Out of the 57 countries which, according to the WHO, will experience a critical shortage of doctors in the coming years, 36 of them are African – equivalent to three out of four countries in Africa. See figure 1.

To combat the global shortage in doctors and nurses and prevent further drains on the health sector in the world's poorest countries, will require a wide range of both international and domestic initiatives. First and foremost there is a need for individual countries to train more doctors and nurses, keep them in jobs and prevent them leaving the job market. Even though considerably more health personnel have been trained in recent years, the demand remains much greater. There is also a need for increasing productivity among the existing workforce. This could take the form of reducing absences due to sickness; creating better working conditions; and ensuring more effective patient care. Productivity can also be increased by increasing research and investment in new labour saving technologies. Those companies which are ready to develop new, intelligent technology and IT systems that can reduce labour costs have a unique opportunity to capture major global market shares.

### Cross-border Cooperation

Climate change and the increasing price of food reinforce the global health gulf.

Already today, 923 million people are undernourished. That number will increase significantly in the next few years as many of the world's poorest no longer have the means to afford adequate health care and nourishing food. Increasing food costs also means that their buying power is drastically reduced, so that they no longer have the means to buy the medicines or treatments they need.

## BATTLING BRAIN DRAIN

Brain drain is a serious threat to health services in a number of developing countries which have already been hit by labour shortages. But there are several ways to minimize the problem:

- **Codes of conduct.** Great Britain has introduced a special ethical code which prevents the importing of labour from foreign countries that have a shortage of health personnel.
- **Financing.** Western countries can inject money into foreign schools that train doctors and nurses. India, China and Brazil are obvious tar-

get countries because of their large populations and economic power.

- **Compensation.** A global compensation arrangement could be introduced in which those countries that recruit foreign health personnel pay a fee to the country where they were trained, and in that way finance the local health and training system.
- **Control.** The global search for health workers has created a large market for international recruitment companies. In many instances, the recruited doctors and nurses are being underpaid while the middlemen reap the financial benefits. There is a dire need for controls and regulation.

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## THE NEGLECTED CRISIS

Also, in Western countries a large proportion of people are suffering because of rising prices because they are forced to buy cheaper food of lower quality. This could result in more obese and undernourished people with a greater risk of developing chronic illnesses such as diabetes, cardiovascular illnesses and cancer.

The climate crisis is expected to especially hit vulnerable areas in the poorest countries. Floods, droughts and other natural disasters are, of course, life threatening in themselves, but added to them are a number of serious consequences for water and food supplies; changes in fragile ecosystems; and damaged infrastructure. The higher concentration of ozone in cities can bring about respiratory attacks, especially in small children, the old, sick and poor.

Added to this is the risk of sickness epidemics. New viruses and resistant bacteria can, in the globalised world, spread extremely fast over international borders. Dengue fever, which in 1998 struck 1.2 million people in 56 different countries, could be just a foretaste of the new global epidemics. The SARS epidemic is another example. The fatal airborne infections were first recorded in the Guangdong province of China in November 2002. But several months passed before the Chinese authorities reported the alarming cases to the WHO which, in March, issued a global pandemic warning.

It was only thanks to a record breakingly fast mapping of the SARS virus' genetic composition that a major threat to global health averted. But the incident shone an embarrassing spotlight on the underdeveloped Chinese health department in specific regions where the majority of the population lives.

Today, 40 different infectious illnesses have been registered that were unknown a generation ago. The expanding global market for industrial foodstuffs also increases the risk of the spread of dangerous bacteria, which requires a massive analysis and control apparatus.

The latest powdered milk scandal, in which thousands of Chinese children were contaminated with melamine, shows the need for a tight control of the food supply. No one can consider themselves safe, and secret imports and illegal trade in products beyond the authorities' knowledge can occur at any time.

A range of uncontrollable factors can accelerate the health crises. This poses a colossal challenge to the world's health services. For with few exceptions – for example the SARS epidemic in

2003 – the global health service has been late to confront major challenges even though the clock has been ticking for some years.

The national health services can't solve all their problems themselves; they need to work internationally, cooperating across borders to develop innovative solutions.

This will require extensive investment. But these costs will be repaid many times over in the form of health cost savings. In that way, health authorities can also play a new, innovative role in protecting global health from climate change, rising food prices and financial crises.