

#### UNIVERSITÀ DEGLI STUDI DI MILANO





FOCUS ON GLOBAL HEALTH
17 MARZO 2021 - Ore 17.00-19.00



## Global Health - An introduction

Mario C. Raviglione Global Health Centre



## The big themes

- Definition of Global Health, evolution of GH, the future of GH
- Global burden of disease
- Social determinants of health
- The era of the UN Sustainable Development Goals (SDG)
- Governance: World Health Organization and other GH actors
- International cooperation
- Big challenges: climate change, migration, antimicrobial resistance, and, of course, pandemics...

































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#### What is Global Health?



**Global Health** is an area (or a "cross-discipline") for study, research, and practice that places a priority on improving health and achieving **equity** in health for all people worldwide.

Global Health emphasizes trans-national health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences; promotes inter-disciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care



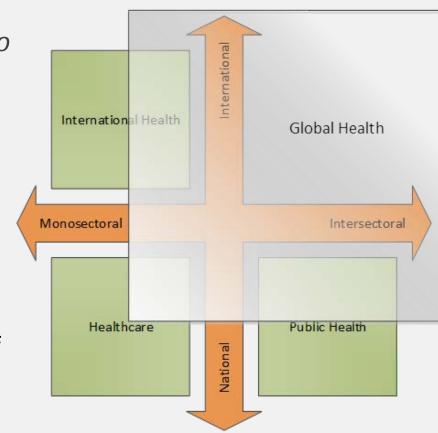




## Scope and definition of global health

"Within the normative framework of human rights, global health is a system-based, ecological and transdisciplinary approach to research, education, and practice which seeks to provide innovative, integrated, and sustainable solutions to address complex health problems across national boundaries and improve health for all." (Wernli et al., 2016)

- Spatial reach of health issues in the context of globalization (e.g., environmental pollution or infectious
- Intersectoral set of challenges, not just our genes and choices but also natural and social environment
- Moral imperatives of social justice and human rights as citizens of the world
- Global health is about global interdependence not only across borders but also across sectors and values.





Adapted from: Didier Wernli, GSI, UniGenève



#### The challenge of "health in its globality"



Viewpoint

#### Towards a common definition of global health

Jeffrey P Koplan, T Christopher Bond, Michael H Merson, K Srinath Reddy, Mario Henry Rodriguez, Nelson K Sewankambo, Judith N Wasserheit, for the Consortium of Universities for Global Health Executive Board\*

Global health is fashionable. It provokes a great deal of media, student, and faculty interest, has driven the establishment or restructuring of several academic programmes, is supported by governments as a crucial component of foreign policy! and has become a major

communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure every individual in the community a standard of living adequate for the Lancet 2009; 373: 1993-9 Published Online June 2, 2008 DOI:10.1016/50140-6736(09)60332-9

- Global scope of problems, and not just geographic location. It can focus on domestic disparities and inequities besides cross-border issues
- Global aim: any health issue concerning many countries and affected by transnational (i) determinants (e.g., climate change, urbanization...) or (ii) solutions (e.g., a vaccine)
- **Global view**: all major health problems, beyond infectious diseases and maternal and child health, embracing health threats in epidemiological transition, and prioritizing based on global burden of disease
- Global in disciplines and sectors: it implies inter- and multidisciplinarity towards both prevention and curative care, beyond the health sector



Partly modified from Koplan et al. Lancet 2009; 373:1993-5



## Some fundamental principles: Primary health care, patient-centred care, precision PH

- Through bold health systems and policies, primary health care and universal health coverage are central to sustainable development of populations and nations
- A person's health needs, desired outcomes and expectations are the basis for care decisions Patients are partners with care providers who guarantee clinical, emotional, mental, spiritual, social, and financial support
- Precision medicine is an approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person (NIH-USA). The challenge is to scale-up precision medicine and make «precision public health» a reality





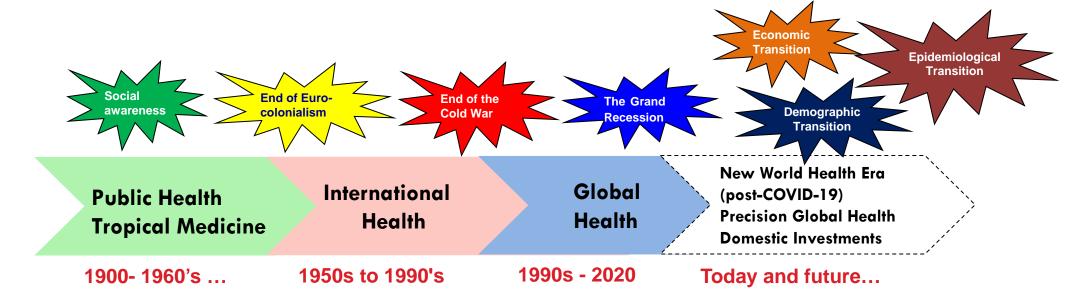






#### **Evolution of "global health"**







#### COMMENTARY

#### A New World Health Era

Ariel Pablos-Méndez, a Mario C Raviglione

Unprecedented economic progress and demands for social protection have engendered an economic transition in health in many low- and middle-income countries, characterized by major increases in domestic health spending and growing national autonomy. At the global level, development assistance is refocusing on fragile states, the poorest communities, and cooperation on global public goods like health security, technical norms, and innovation. Intergovernmental organizations like WHO need the wherewithal and support to provide leadership and to properly advance this new world health era.





## **Evolution of global health in brief**

- Public health: mid-1800s in UK, USA, Europe to address health based on evidence, focus on populations, social justice & equity, prevention
- ■International health: "The application of the principles of PH to problems and challenges that affect LICs and MICs and to the complex array of global and local forces that influence them" (Merson, Blanc & Mills (2006)



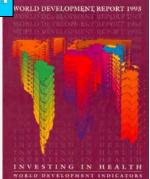
- •World Bank: WDR 1993: Evidence-based health expenditures as investment for economic prosperity, cost-effectiveness and focus on high burden diseases, private sector
- •Global health: mid-1990s, emerging infections, globalisation, a new sense of solidarity and equity











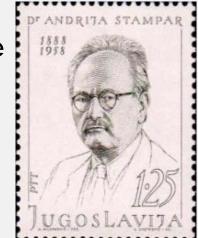






#### The WHO Constitution, 1946

- ✓ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
- ✓ 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;



- ✓ The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States;
- ✓ The achievement of any State in the promotion and protection of health is of value to all.

Vol. 3

#### CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

THE STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious

relations and security of all peoples: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainab standard of health is one of the fundament rights of every human being without distin tion of race, religion, political belief, econom or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the pro-

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries

common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential

to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of basels.

the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and or the purpose of colopration among themrives and with others to promote and prosent the health of all peoples, THE CON-RACTING PARTIES agree to the present constitution and heavy establish the World lealth Organization as a specialized agency to the United Nations within the terms of tricle 57 of the Charter of the United

conserve

Article 1
The objective of the World H.

shall be the attainment by all peoples of the f highest possible level of health. CHAPTER II

Article 2

ons of the Organization shall be:

(a) to act as the directing and coördinating
authority on international health work

(b) to establish and maintain effective of laboration with the United Nation specialized agencies, governmental healt administrations, professional groups an such other organizations as may be

deemed appropriate; c) to assist governments, upon request, i strengthening health services;

strengthening health services; (d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of gov-

(e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;
(f) to establish and maintain such adminis-

required, including epidemiological and statistical services; (g) to stimulate and advance work to

eradicate epidemic, endemic and other diseases;
(b) to promote, in cooperation with other

 (h) to promote, in cooperation with other specialized agencies where necessary, the prevention of accidental injuries;

 to promote, in coloperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental bygiene;

to promote cooperation among scientificand professional groups which contribute to the advancement of health;

k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective; it to promote maternal and child braikt and welfare and to foote the abilities.

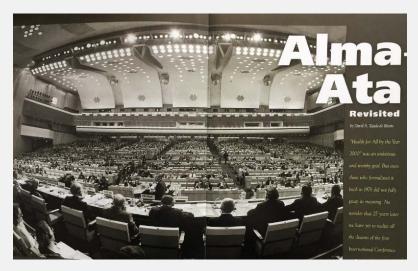
to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;





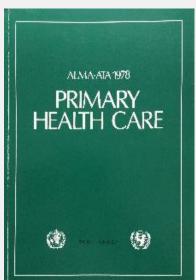


## Primary Health Care Conference Alma Ata, USSR, 6-12 September 1978









Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their participation and at an affordable cost in the spirit of self-reliance and self-determination

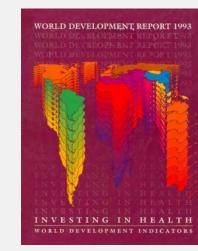


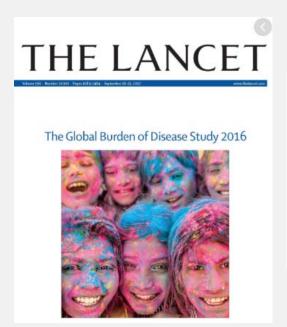


#### World Bank's World Development Report, 1993 "Investing in Health"

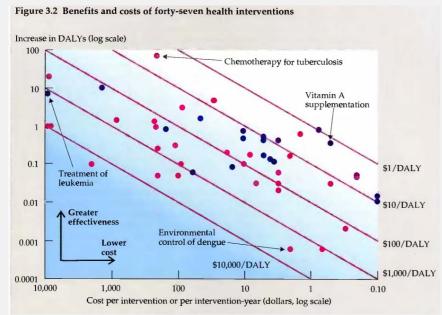
#### Main messages:

- 1. Evidence-based health expenditures are an investment not only in health, but in economic prosperity
- 2. Additional resources should be spent on cost-effective interventions (= (DALYs) to address high-burden diseases (GBD)





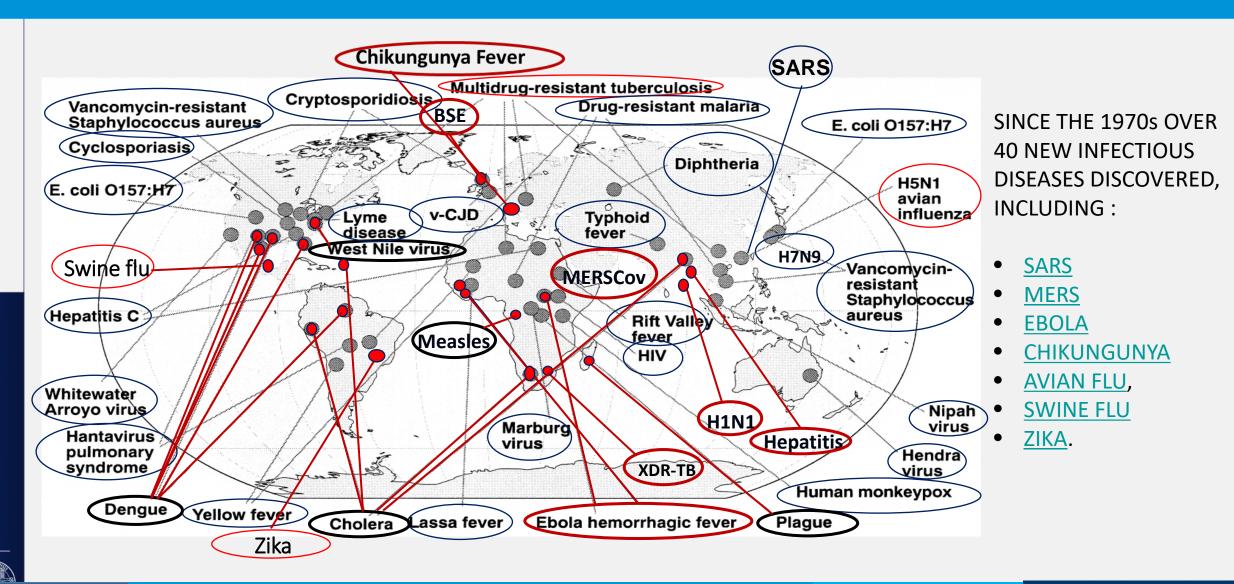








#### **Emerging & re-emerging infections – last half a century**





# Millennium Development Goals 2000-2015 Advocacy for health reaches a turning point









#### And even "planetary health"!



"The achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity and the Earth's natural systems that define the safe environmental limits within which humanity can flourish. Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends"



The Rockefeller Foundation–Lancet Commission on Planetary Health, 2015





#### The beginning of the era of "Precision public health"



#### **Editorial: Precision Public Health**

Tarun Stephen Weeramanthri<sup>1\*</sup>, Hugh J. S. Dawkins<sup>1</sup>, Gareth Baynam<sup>2</sup>, Matthew Bellgard<sup>3</sup>, Ori Gudes<sup>4</sup> and James Bernard Semmens<sup>5</sup>

<sup>1</sup>Public and Aboriginal Health Division, Western Australian Department of Health, Government of Western Australia, Perth, WA, Australia, <sup>2</sup>Genetic Services of Western Australia, Subiaco, WA, Australia, <sup>3</sup>eResearch Directorate, Queensland University of Technology, Brisbane, QLD, Australia, <sup>4</sup>University of New South Wales, Sydney, NSW, Australia, <sup>5</sup>Curtin University, Perth. WA, Australia

Keywords: technology, data, GIS, equity, ethics, omics, prevention, policy

"The application and combination of new and existing technologies, which more precisely describe and analyse individuals and their environment over the life course, to tailor preventive interventions for at-risk groups and improve the overall health of the population."

Perspective (FREE PREVIEW)

"Precision" Public Health — Between Novelty and Hype

Merlin Chowkwanyun, M.P.H., Ph.D., Ronald Bayer, Ph.D., and Sandro Galea, M.D., Dr.P.H.





Offline: In defence of precision public health

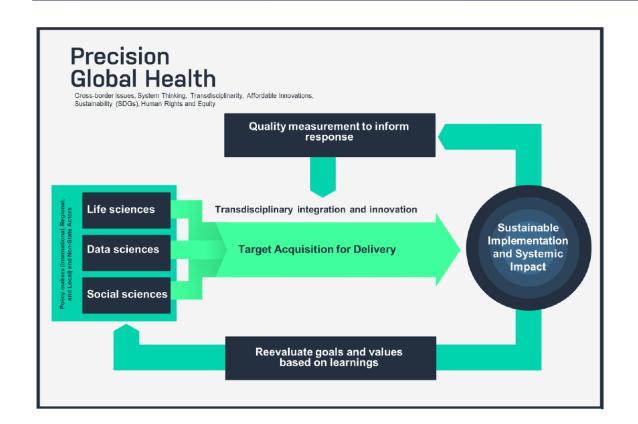






#### And now: "Precision global health"





Review Article

#### Precision global health: a roadmap for augmented action

Danny J. Sheath<sup>1#</sup>, Rafael Ruiz de Castañeda<sup>1#</sup>, Nefti-Eboni Bempong<sup>1</sup>, Mario Raviglione<sup>1,2</sup>, Catherine Machalaba<sup>2</sup>, Michael S. Pepper<sup>4</sup>, Effy Vayena<sup>5</sup>, Nicolas Ray<sup>1,6</sup>, Didier Wernli<sup>7,8</sup>, Gérard Escher<sup>9</sup>, Francois Grey<sup>10</sup>, Bernice S. Elger<sup>11,12</sup>, Dirk Helbing<sup>13</sup>, Kaj-Kolja Kleineberg<sup>13</sup>, David Beran<sup>14</sup>, J. Jaime Miranda<sup>15</sup>, Mark D. Huffman<sup>16,17</sup>, Fred Hersch<sup>18</sup>, Fred Andayi<sup>19</sup>, Samuel M. Thumbi<sup>20,21</sup>, Valérie D'Acremont<sup>22,23,24</sup>, Mary-Anne Hartley<sup>22</sup>, Jakob Zinsstag<sup>23,24</sup>, James Larus<sup>25</sup>, María Rodríguez Martínez<sup>26</sup>, Philippe J. Guerin<sup>27,28</sup>, Laura Merson<sup>27,28</sup>, Vinh-Kim Ngyuen<sup>29</sup>, Frank Rühli<sup>30</sup>, Antoine Geissbuhler<sup>31</sup>, Marcel Salathé<sup>32</sup>, Isabelle Bolon<sup>1</sup>, Catharina Boehme<sup>33</sup>, Seth Berkley<sup>34</sup>, Alain-Jacques Valleron<sup>35</sup>, Olivia Keiser<sup>1</sup>, Laurent Kaiser<sup>36</sup>, Isabella Eckerle<sup>36</sup>, Jürg Utzinger<sup>23,24</sup>, Antoine Flahault<sup>1</sup>

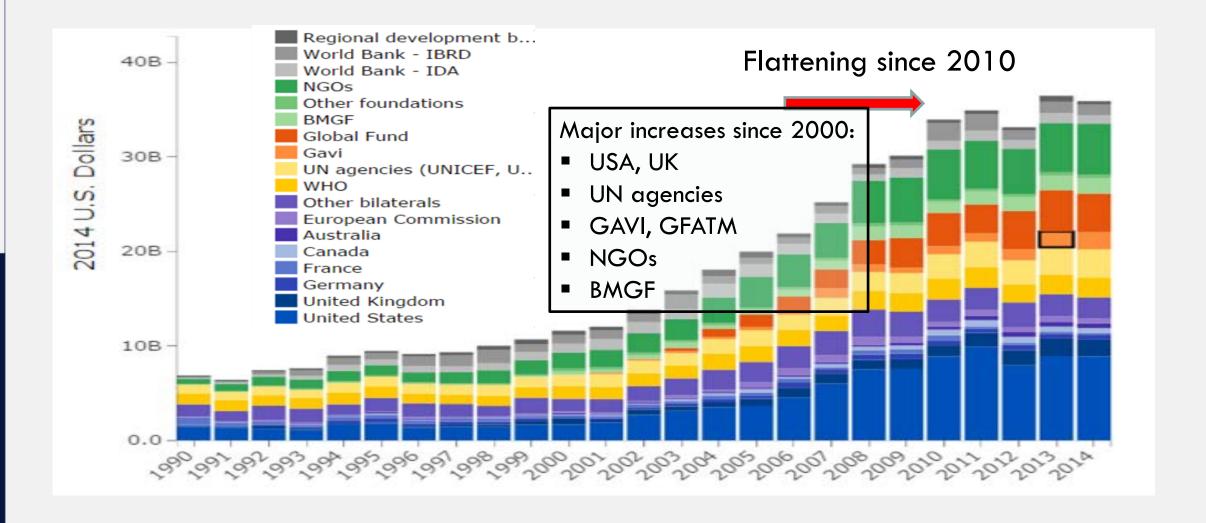
J Public Health Emerg 2020 | http://dx.doi.org/10.21037/jphe.2020.01.01

PGH leverages life sciences, social sciences, and data sciences, augmented with artificial intelligence (AI), in order to identify transnational problems and deliver targeted and impactful interventions through integrated and participatory approaches.





# Development Assistance for Health: The Golden Era of Global Health Major increase in international funding and new initiatives





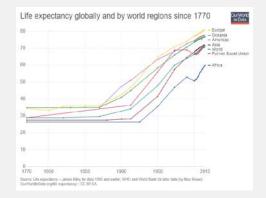


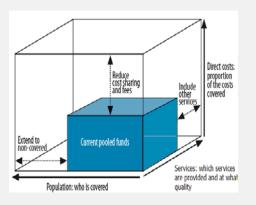


# The golden era of global health, 1990s – today What to expect in the next two decades?

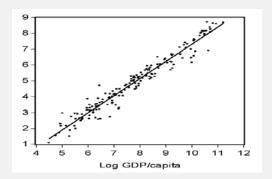
## Still opportunities for progress in global health (despite flat curve and COVID-19?)

- Increasing life expectancy, demographic transition, urbanization
- "Economic transition of health"
- Strong demand for universal health coverage and social protection
- New technological advances
- Health among priorities for leaders in SDG framework at UNGA and COVID-19 will result in opportunies

















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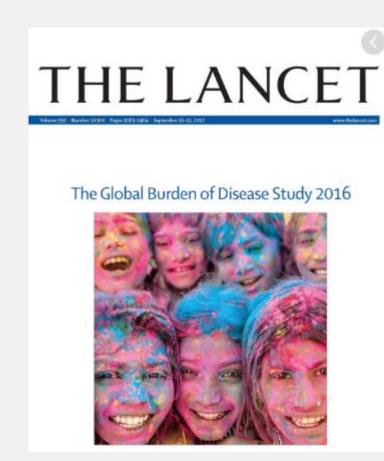






## The Global Burden of Disease Study

- First commissioned by the World Bank in 1990 to quantify health effects of diseases estimating mortality and morbidity and introducing the DALY. Repeated in 2002, 2004, 2010, 2013, 2015
- Collaborative work by Institute for Health Metrics and Evaluation at University of Washington, WHO and others
- Aims: (i) assess health status and incorporate information on mortality and non-fatal outcomes; (ii) ensure estimates are derived from objective epidemiological and demographic methods; (iii) measure the burden of disease using the DALY metric usable also for cost-effectiveness of interventions.



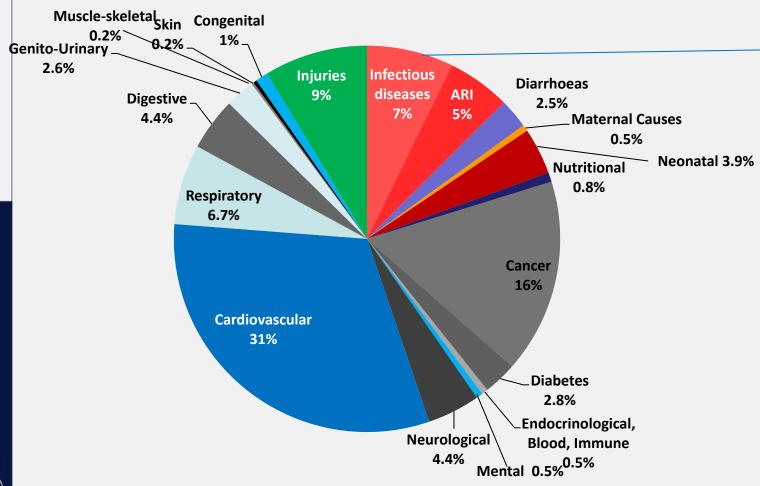
https://www.thelancet.com/gbd/2016

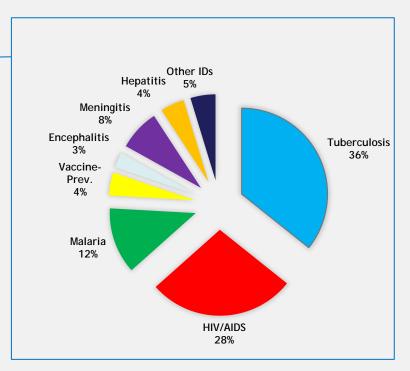






#### Global Health Estimates - Deaths 2016 (N=56M)





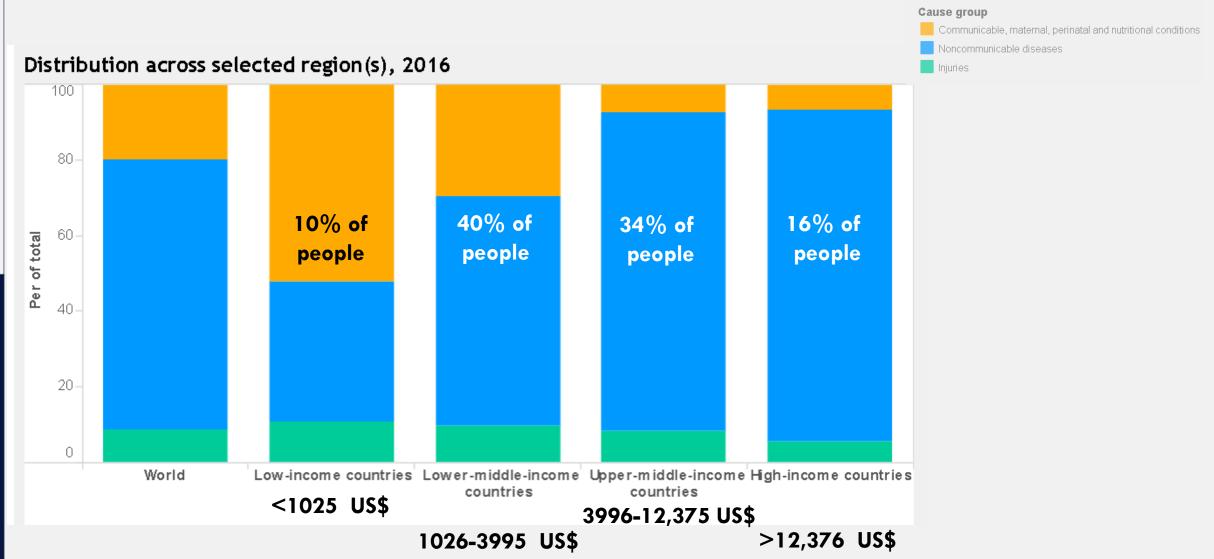








#### Global burden of deaths by causes and income (GNI/capita) groups, 2016

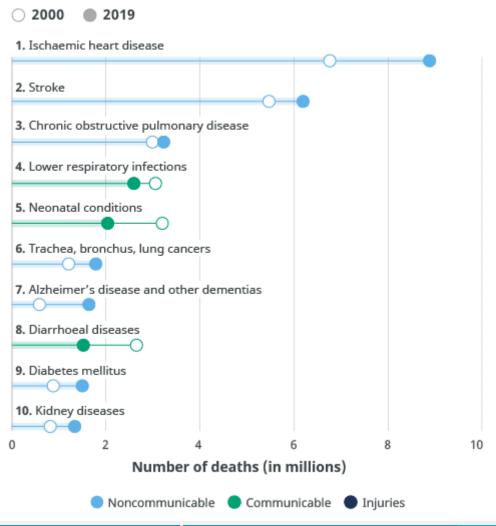








# Global burden of disease – Top 10 Causes of Deaths 2019 (N= 55.4M)



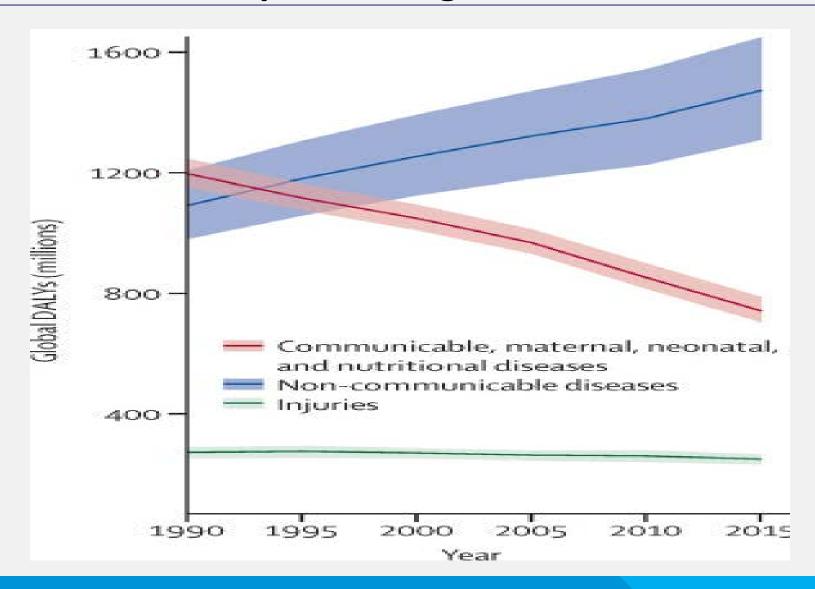








# The changing global burden of disease The "epidemiological transition"









#### Sustainable Development Goals Reports

#### Unprecedented progress, but a lot more to do

The Sustainable Development Goals Report

2017



- Annual Report by the United Nations with contributions from all agencies, like WHO, engaged in different sectors and capable of measuring the key indicators
- Good progress in many health areas





## **Good progress**

45%

INCREASE IN GLOBAL LIFE EXPECTANCY FROM 1960 TO TODAY

47%

FEWER MATERNAL DEATHS IN 2017 THAN IN 2000

45%

FEWER UNDER-5 DEATHS IN 2019 THAN IN 2000

53%

DECREASE IN MALARIA MORTALITY RATES AMONG UNDER-5 CHILDREN SINCE 2000

37%

REDUCTION IN HIV INCIDENCE IN ADULTS IN AFRICA BETWEEN 2000 AND 2017

2.5
BILLION

CHILDREN HAVE BEEN IMMUNIZED AGAINST POLIO SINCE 1988, WITH ONLY 22+95 TOTAL CASES IN 2017 (99% REDUCTION SINCE 1988)

40%

REDUCTION IN TB DEATHS BETWEEN 2000 AND 2019

99.9%

REDUCTION OF GUINEA WORM CASES FROM 1986 TO 2015, NEAR ERADICATION







Partly modified from Skolnik R. – Yale Course on GH, accessible through Coursera





#### Sustainable Development Goals Reports

#### Unprecedented progress, but a lot more to do

The Sustainable Development Goals Report



- Annual Report by the United
   Nations with contributions from all
   agencies, like WHO, engaged in
   different sectors and capable of
   measuring the key indicators
- Good progress in many health areas but also recognition of the unfinished and new agendas in health

https://unstats.un.org/sdgs/report/2019/The-Sustainable-Development-Goals-Report-2019.pdf





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## **Small or no progress**

3%

REDUCTION OF PROBABILITY OF DYING FROM NCD IN 30-70 Y.O. BETWEEN 2000 AND 2015





1%

REDUCTION OF MORTALITY RATE DUE TO ROAD TRAFFIC INCIDENTS IN 2000 - 2015

Risk of dying between ages of 30 and 70 from one of these four NCDs fell from 2000 to 2015



disease











WHO/T. Pietrasik

Fact 1: Road traffic injuries are a global public health problem

Every year, there are approximately 1.3 million road traffic deaths worldwide. 93% of these road traffic deaths occur in low- and middle-income countries which only have 54% of the world's registered

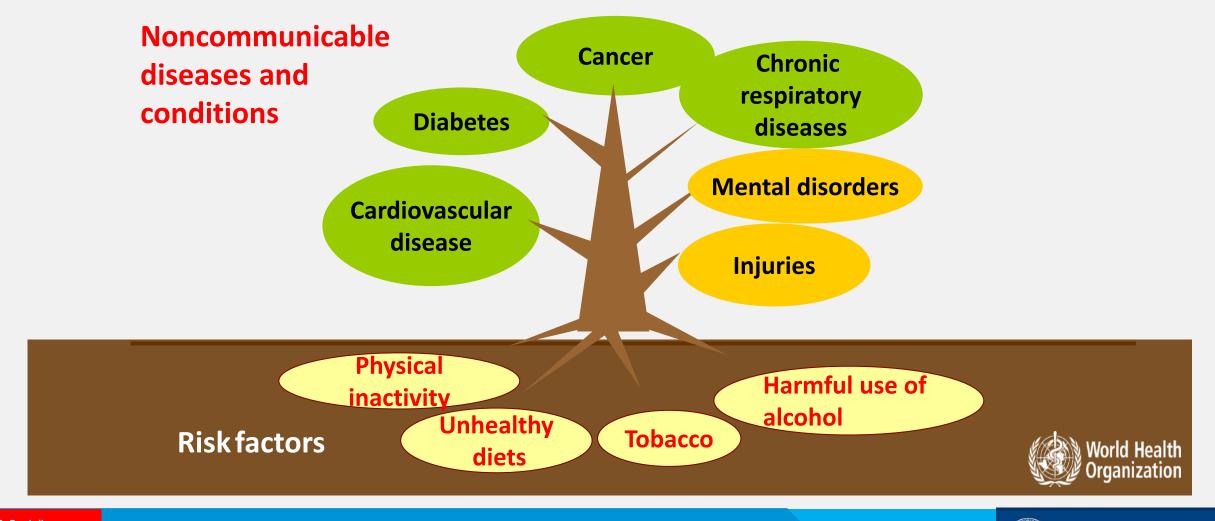


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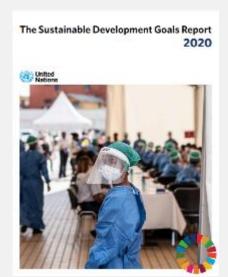
#### Noncommunicable diseases (NCDs) and conditions







# ..and now how to manage the impact of COVID-19?









THE PANDEMIC HAS

INTERRUPTED

CHILDHOOD IMMUNIZATION











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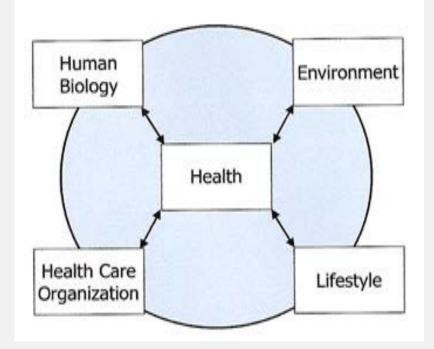


## Ш

#### Determinants of health



#### Lalonde Framework



#### The Lalonde Report, 1974

Marc Lalonde, Minister of Health of Canada

health field, result of four independent fields:

- Human Biology: all aspects of health, influenced by genes
- Environmental: physical and social environment outside of one's control
- Lifestyle: personal decisions contributing to illness or death
- Health care organization
- "First modern government document in the Western world to acknowledge that our emphasis upon a biomedical health care system is wrong, and that we need to look beyond the traditional health care system if we wish to improve the health of the public"

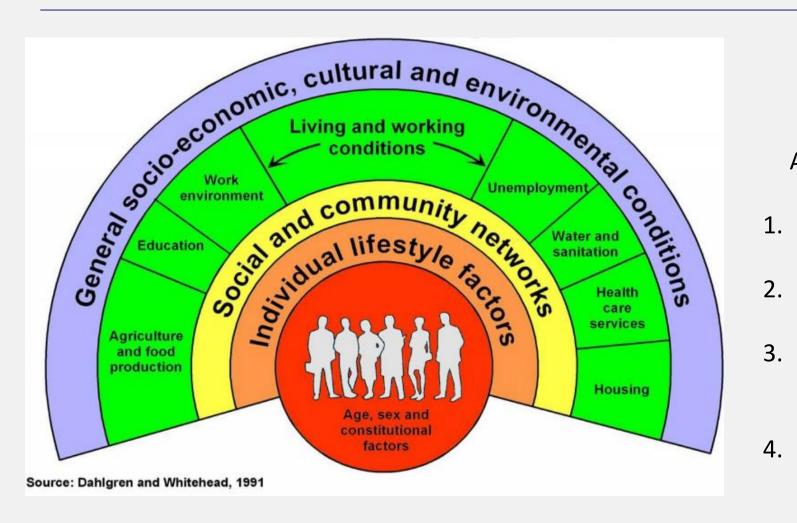
Adapted from: Didier Wernli, GSI, UniGenève







#### Determinants of health



## Layers of influence on health, only some under our control

At centre, people with their genes

- 1. Personal behaviour
- 2. Social and community influence
- 3. Structural factors: education, food, housing, job, access, etc
- General socio-economic, cultural and environmental conditions

Adapted from: Didier Wernli, GSI, UniGenève







## Our health depends on progress in most sectors of human development

#### From MDGs to SDGs

From 8 UN Millennium Development Goals, 2000-2015 to 17 UN Sustainable Development Goals, 2016-2030















#### Transitioning from MDGs to SDGs

#### **MDG** era







- Developing country focus: poverty reduction, education, health, economics
- 8 goals, 21 targets
- Aid-related financing
- Focused, categorical
- Current development expenditures: 200 billion US\$/year

- Universal: economic, social and environmental pillars of sustainable development
- 17 goals, 169 targets
- Globally applicable, domestic and aid financing
- "Integrated, indivisible", multidisciplinary, equity as focus
- Expected future investments 2-3 trillion US\$/year

People, Planet, Prosperity, Peace, Partnership







#### The United Nations' SDGs



## SUSTAINABLE GALS





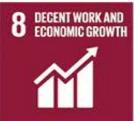




































# A new era with new ambitions and a paradigm shift

**UN Sustainable Development Goals: 2016 – 2030** 

17 goals and 169 targets





"Assicurare la salute e il benessere per tutti e per tutte le età"















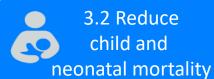


#### SDG 3 and its 13 targets by 2030





3.1 Reduce Maternal mortality



3.3 End the epidemics of AIDS, tuberculosis, malaria & neglected tropical diseases and combat hepatitis, water-borne

and other communicable diseases

3.4 Reduce mortality due to NCD and improve mental health

3.5 Strengthen Prevention and treatment of substance abuse (narcotics, alcohol)



3.6 Reduce Mortality due to road traffic injuries



3.7 Universal access to sexual and reproductive health-care services



3.8 Achieve universal health coverage



3.9 Reduce deaths and illness due to pollution and contamination

3.a Strengthen implementation FCTC (tobacco)

3.b Access to affordable essential medicines and technologies

3.c Increased health financing and health workforce in developing countries

3.d Enhance capacity for early warning, risk reduction and management of national and global health risks

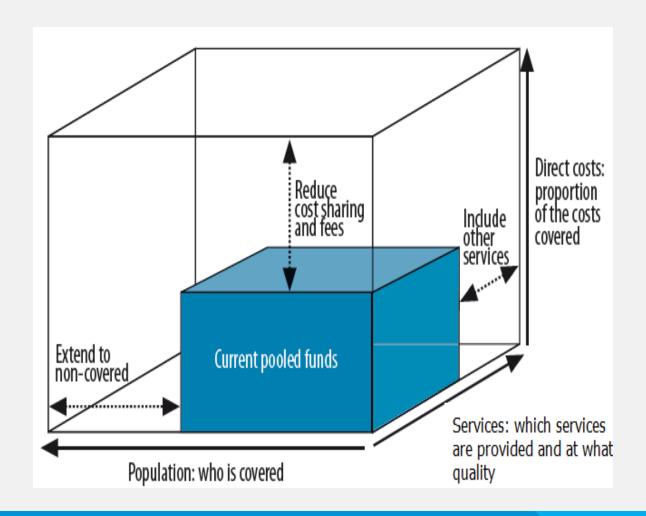




# I STUDI DI MILANO

#### Universal Health Coverage "cube"

Providing more services, reaching more people, and offering more financial protection



**Financial Protection:** 

What do people have to pay out of pocket?







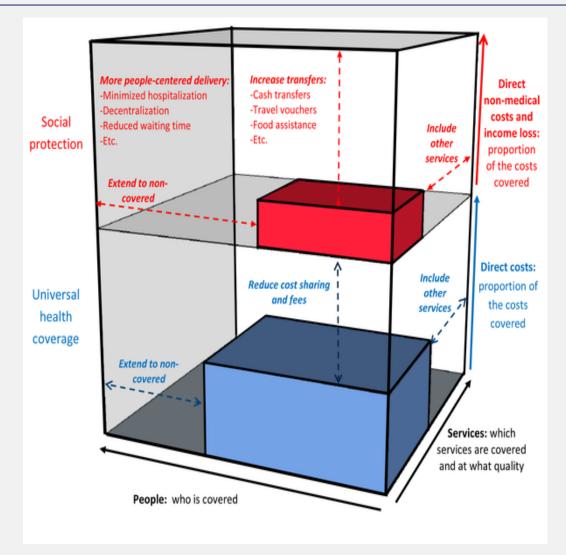
## Adding a "social protection floor"

Beyond UHC: Monitoring Health and Social Protection Coverage in the Context of Tuberculosis Care and Prevention

Knut Lönnroth\*, Philippe Glaziou, Diana Weil, Katherine Floyd, Mukund Uplekar, Mario Raviglione Global TB Programme, World Health Organization, Geneva, Switzerland



September 2014 | Volume 11 | Issue 9 | e1001693



Courtesy of Prof. K. Lönnroth, KI





#### Health at the centre

#### Health can benefit from SDGs and contributes to SDGs







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#### What environment today in global health? Not just UN and NGOs, but public-private partnerships















Access Initiative













Vaccine Initiat









BILL & MELINDA





FIGHTING MALARIA

JS Presidential Initiative













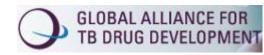


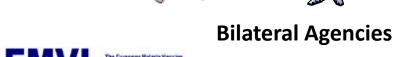


PROGRAM

























### The big themes

- Definition of Global Health, evolution of GH, the future of GH
- Global burden of disease
- Social determinants of health
- The era of the UN Sustainable Development Goals (SDG)
- Governance: World Health Organization and other GH actors, international cooperation
- Big challenges: climate change, antimicrobial resistance, and, of course, pandemics...



































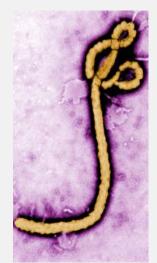


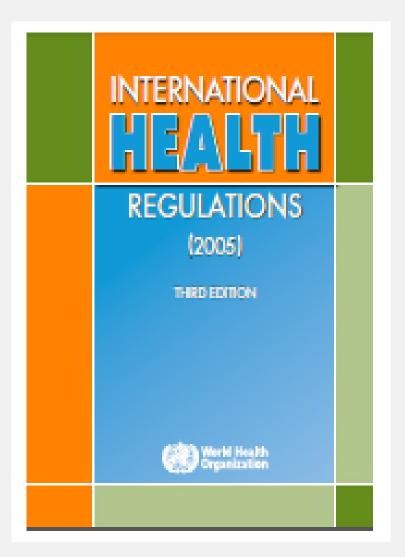




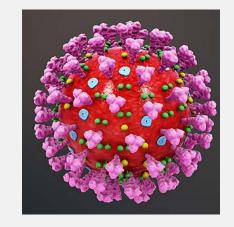
#### **International Health Regulations 2005**











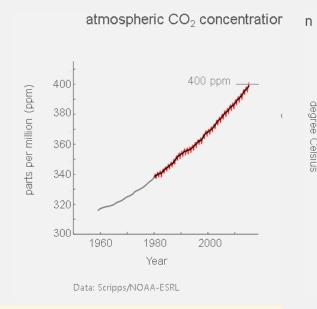


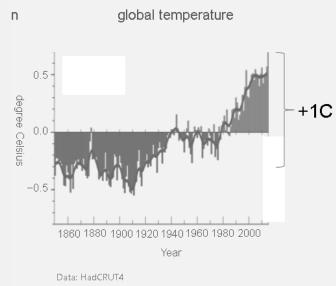




#### **COVID-19? Well, how about climate change?**







#### **HEALTH IMPACTS**













Heat Stroke









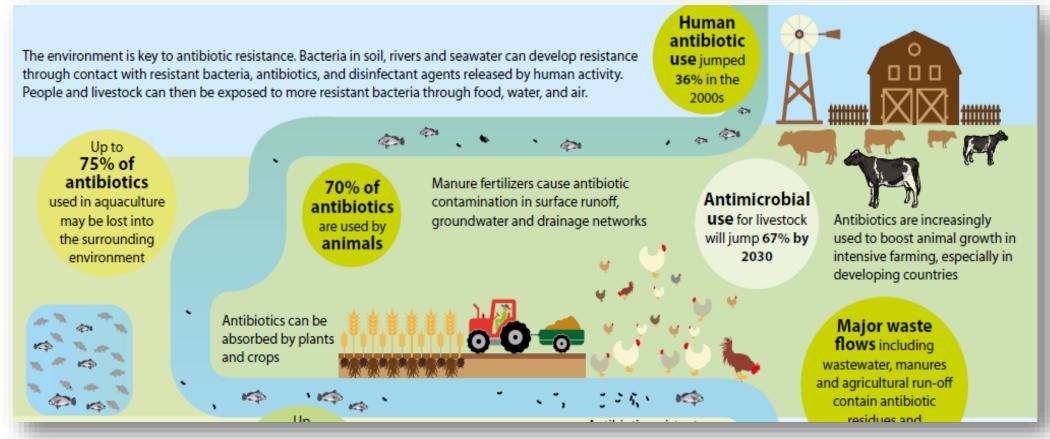
Diseases





## Solutions to **antibiotic resistance** are multi-sectorial A model of global health interventions





















#### One Health Response to AMR and the SDGs







































17 MARZO 2021 - Ore 17.00-19.00

## Molte grazie a tutti



