

Global Health and the 10/90 gap

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Global Health can be defined as “an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide”.¹ Article 25 of the 1948 Universal Declaration of Human Rights declares that, “everyone has the right to a standard of living adequate for the health of himself and of his family”.² Unfortunately, the health disparity between high-income and low-income countries, as well as between individuals within a country, often makes this impossible, leaving many people living in unhealthy settings without sufficient access to care.

The field of global health is concerned with the health of populations worldwide, focusing on issues that typically have global, political, and economic significance. These health issues usually transcend national boundaries and are best solved through international collaboration.³ Global health initiatives aim to improve the health and wellbeing of impoverished, vulnerable, and underserved people worldwide.¹ These initiatives include poverty reduction strategies, disease prevention measures (for HIV/AIDS, malaria, and tuberculosis, for instance), efforts to improve nutrition and food security, policy to raise environmental standards and living conditions, and the promotion of gender equality.

In 2001, the Commission of the World Health Organization (WHO) recommended to fund global health with 0.1% of GDP.⁴

The average expenditure per capita for health in low-income countries is estimated at \$ 20 per year while that of Western countries is estimated at \$ 947. The target to be reached to help out the most disadvantaged countries is \$ 44-60 per capita, which would ensure the populations of the poorest countries with the access to essential health services. Directing the 0.1% of the GDP of developed Western countries to the aids for global health would mean closing the gap to reach the target base of \$ 44-60 that would allow the saving of 8 million lives a year.⁴

Despite the good intentions, there is still a marked disparity between the current spending levels and the commitments made by developed countries in a context in which, among other things, the percentage of aid for global health has been in decline for almost all donor countries.

Activists claim that only 10 per cent of global health research is devoted to conditions that account for 90 per cent of the global disease burden – the so-called ‘10/90 Gap’.⁵ They argue that virtually all diseases prevalent in low income countries are ‘neglected’ and that the pharmaceutical industry has invested almost nothing in research and development for these diseases.

In fact, the WHO acknowledges that there are only three diseases that are genuinely ‘neglected’: African trypanosomiasis, leishmaniasis and Chagas disease.⁶

A large proportion of illnesses in low-income countries are entirely avoidable or treatable with existing medicines or interventions. Most of the disease burden in low-income countries finds its roots in the consequences of poverty, such as poor nutrition, indoor air pollution and lack of access to proper sanitation and health education. The WHO estimates that diseases associated with poverty account for 45 per cent of the disease burden in the poorest countries.⁷ However, nearly all of these deaths are either treatable with existing medicines or preventable in the first place.

If treatments exist for the majority of poor countries’ health problems, why then do mortality rates remain so high? Any discussion of this question must address the problem of access to essential medicines, which remains an intractable political and economic problem. According to the WHO, an estimated 30 per cent of the world population lacks regular access to existing drugs, with this figure rising to over 50 per cent in the poorest parts of Africa and Asia.⁸ And even if drugs are available, weak drug regulation may mean that they are substandard or counterfeit.

Within these populations, it is the poorest socioeconomic groups that disproportionately suffer from a lack of access to existing medicines.⁹ The implications of this failure of public health policy on global mortality are profound – according to one study, over 10 million children die unnecessarily each year, almost all in low-income or poor areas of middle income countries, mostly from a short list of preventable diseases such as diarrhoea, measles, malaria and causes related to malnutrition.¹⁰

Many governments fail their populations in this respect by imposing punitive tariffs and taxes on medicines, and by

skewing their spending priorities in favour of defence over health. The governments of poor countries hinder the creation of wealth, imposing obstacles in the way of owning and transferring property, imposing unnecessary regulatory barriers on entrepreneurs and businesses, and restricting trade through extortionate tariffs. It is these and other political failures that have left poor populations without the necessary resources to access the medicines that could so easily transform their quality of life.

In conclusion, it appears more and more urgent and necessary to decide where to direct our efforts and investment in research, without prejudice, analyzing all the possible strategies for tackling global health issues, including those standing beyond the current economic paradigm based on the market.

Competing Interests

None declared

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REFERENCES

1. Koplan JP, Bond TC, Merson MH, et al. Towards a common definition of global health. *The Lancet* 2009; 373: 1993-1995.
2. The United Nations. The Universal Declaration of Human Rights. Retrieved 10 April 2013. <<http://www.un.org/en/documents/udhr/>>.
3. Brown TM, Cuento M, Fee E. The World Health Organization and the transition from 'international' to 'global' public health. *American Journal of Public Health* 2006; 96(1): 62-72.
4. World Health Organization (WHO). Macroeconomics and health: investing in health for economic development, Report of the Commission on Macroeconomics and Health, Geneva, World Health Organization, 2001b.
5. Drugs for Neglected Diseases Working Group, Fatal Imbalance: The Crisis in Research and Development for Drugs for Neglected Diseases, MSF, September 2001.
6. WHO-IFPMA Round Table, Working paper on priority infectious diseases requiring additional R&D, July 2001.
7. World Health Organization (WHO), World Health Report, 2002.
8. World Health Organization (WHO), Medicines Strategy Report, 2002-2003.
9. Victora CG, Wagstaff A, Schellenberg JA, et al. Applying an equity lens to child health and mortality: more of the same is not enough. *Lancet* 2003; 362: 233-41.
10. Black RE. (2003). Where and why are 10 million children dying every year? *The Lancet*; 361: 2226-34.