

Media release

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Lack of focus by wealthy nations on health in poor countries imperils entire globe

Everyone everywhere is at greater risk of infection because developed nations continue to be lukewarm about helping to buttress the health care systems of poor countries, public health workers were told today.

Dr Michael Selgelid of the Australian National University told the Public Health Association conference in Dunedin that the failure of rich countries to focus on the promotion and protection of health in developing nations is likely to encourage more, and possibly more severe, global pandemics.

"Infectious diseases are no respecter of national borders, as we have seen with AIDS, SARS and swine flu," Dr Selgelid told the delegates.

"And insofar as the West has benefited from and contributed to the exploitation of developing countries, it should recognise its obligations to put right the unjust inequalities in health it is partly responsible for."

Dr Selgelid, a bioethicist, said that inexpensive medication could treat tuberculosis, AIDS and malaria – the three most deadly infectious diseases that kill five million people a year, worldwide.

"A standard course of treatment for TB costs between just \$US10-\$20 but it's more prevalent now than in any period of human history. We even have new strains that are virtually untreatable by antibiotics. Do rich nations think they can avoid this?"

Dr Selgelid said the global rise in antibiotic-resistant infections, due to millions of patients, over time, not finishing the full course of medication, was also partly due to poverty in developing countries.

"How can patients complete a course of antibiotics when the local clinic runs out of them, or when the patient cannot afford to continue to pay for them, or when they have no way of getting back to the clinic so far away?"

Dr Selgelid also said that, for decades, there had been virtually no research into diseases affecting poor nations, including the development of new antibiotics.

"It's called the 90/10 divide. Ninety percent of research funding is focussed on just 10 percent of the global disease burden. Research aims to meet the wants and needs of the relatively wealthy rather than addressing the world's most important health problems. This unjust distribution of research resources could come back to haunt us all, rich and poor alike, if we enter an era of extreme drug resistance — where antibiotics are no longer effective."

Michael Selgelid said many things were needed: development of vaccines, more accessible medicines, development of new medicines and other medical technologies for neglected diseases, building healthcare infrastructure in poor countries, increasing the size of the global healthcare workforce, poverty alleviation and improvement of living conditions in poor countries.

"All these things, of course, cost money. But in the long run, they should result in enormous savings because allowing disease to run rampant costs plenty of money too.

"The Commission on Macroeconomics and Health concluded in 2001 that if donor countries invested just one thousandth of their combined GDP of \$US25 trillion, it would save eight million lives, in both developing and developed countries, each year."

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