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Rethinking the post-2015 health development agenda within the context of recurring models of germs, guns, and steel

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Abstract

Since the 1990s, global attention has, among other things, focused on strategies to improve health particularly in developing countries and sub-Saharan Africa in particular. For example, strategies ranging from the Safe Motherhood Initiative of 1987 to the Partnership for Maternal, Newborn and Child Health in 2015 have been key avenues for mobilizing support to improve maternal and child health (MCH). However, these strategies have been implemented in environments where recurring germs such as the Ebola Haemorrhagic Fever, armed conflicts, and various forms of insecurity have been persistent. While African Governments strive to improve MCH, a number of challenges such as crime and terrorism are competing with the available resources. Health promotion or development strategies can only work in a stable environment. While the international community deliberates the post-2015 agenda, there is a need to ensure that issues related to peace and security and curtailing all forms of transnational organized crime are not overlooked. If peace and stability in developing countries continue to deteriorate, the dream of a progressive post-2015 agenda and universal health coverage will be untenable.

Keywords: Health improvement; Millennium Development Goals; Post-2015 development agenda; Sub-Saharan Africa

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1. Introduction

As the 2015 target date for achieving the internationally endorsed Millennium Development Goals (MDGs) draws near, the international community is debating the next set of development goals. Several high level committees and other forums for discussions have been set up for a global conversation on the next set of attainable development goals. The MDGs have been influential in engaging the international community through their unsophisticated framework, clear objectives, and focus on quantitative monitoring of indicators (World Health Organization, 2012).

Not only is health widely acknowledged as central to development, it is a precondition and an outcome of progress in sustainable development. However, its position as a key factor in development is challenged by the exogenous factors that influence its impact on development. The trans disciplinary nonfiction account of "Guns, Germs, and Steel: the fate of human societies" (Diamond, 1997) focuses on how people of certain societies dominated in wealth and power and how sub-Saharan Africans, Native Americans, Aboriginal Australians, New Guineans, and the original inhabitants of tropical South East Asia, have been largely conquered, displaced, and exterminated by other societies. Part of this decimation and displacement has been due to societies' technological and immunological advantages emanating from agricultural development after the last Ice Age.

Diamond's account of "guns, germs, and steel" (Diamond, 1997) cannot be resynthesized in this commentary nor is this commentary attempting to recast the Diamond's comprehensive and fascinating foundation for understanding human history. However, his account presents an important basis for discussing the post-2015 development agenda. One of the key challenges of the post-2015 development agenda is the need for Governments and the international community at large to consolidate resources and lessons learned from the MDGs process, achievements, and challenges. However, as the 2015 target date draws near, the world is experiencing unprecedented scale of new models of germs, guns, and steel that tests the existing infrastructure and compromises efforts and resources aimed at consolidating the successes of the MDGs particularly in the developing world. This commentary briefly explores the recent developments, challenges, and the way forward to ensure that the post-2015 development agenda is realistic.

2. The nexus between recurring germs and health system development

By mid-2014, the local and international media had been inundated with reports of Ebola Haemorrhagic Fever which has a high case fatality rate. For example, on 29 August 2014 Senegal became the fifth country in West Africa where the virus had spread. Senegal confirmed its first case one week after closing its border with Guinea over fears of the deadly outbreak spreading in the country. First recognized in Zaire (now the Democratic Republic of Congo) in 1976, Ebola is not only rare but has a high fatality rate (Kinsman, 2012). The Centers for Disease Control and Prevention in 2011 reported that 2,306 cases had been reported since the disease was recognized in 1976 with 1,527 (66%) of the individuals dying [3]. On 28 August 2014, the World Health Organization (WHO) reported that Ebola had killed 1,552 people and the outbreak continued

to accelerate in West Africa. The total number of cases stood at 3,069 with 40% occurring in the three weeks prior to 28 August 2014. Although most of the cases were concentrated in a few localities, the outbreak had been centered in Guinea, Sierra Leone, and Liberia, with a handful of cases in Nigeria. The total fatality rate was 52%, ranging from 42% in Sierra Leone to 66% in Guinea (Sanchez, 2014).

Response to the 2014 Ebola epidemic varied with countries such as Nigeria recommended for successfully containing the virus (Chiejina, 2014). Other countries such as Senegal closed their border with Guinea whereas Kenya and South Africa limited travel to and from the area. Some major Airlines such as British Airways suspended their flights to the affected countries such as Sierra Leone and Liberia. Nevertheless, these measures compromised the Ebola response efforts with WHO cautioning countries that these measures isolate and stigmatize the affected countries, making it difficult to transport supplies (Sanchez, 2014). Schools in Nigeria were not allowed to resume the new academic year in early September 2014 and ordered to remain closed until 13 October 2014. Anecdotal evidence states that in some parts of Nigeria, messages were spreading that people should bath and drink salt water to avoid Ebola. Informal discussions by the author and others lamented how other passengers at Abuja and Lagos airports in Nigeria were wearing face masks meant for airborne diseases. Such measures by governments and people reflect the challenges with information on ways to prevent Ebola and highlight the need to enhance information about its prevention.

Majority of Africa's health system infrastructure is obsolete and containing deadly outbreaks such as Ebola is an enormous challenge. Despite the lack of specific therapy nor vaccine for Ebola, basic hygienic practices among sub-Saharan African disadvantaged populations are virtually nonexistent. Although the experimental ZMapp treatment being developed by Mapp Biopharmaceutical Inc. has not yet been tested in humans for safety or effectiveness, it has been considered as a potential treatment for the Ebola Virus. The progress with ZMapp's development and accessibility in Africa was uncertain at the time of writing this commentary. However, the world remains alert to hear of its effectiveness, approval, and availability in Africa.

If health is central to development, how can outbreaks such as Ebola and other epidemic challenges be controlled in sub-Saharan Africa? With respect to Ebola, the Centers for Disease Control and Prevention states that health workers must be able to recognize a case of Ebola and be ready to use practical viral hemorrhagic fever isolation precautions or barrier nursing techniques (Centers for Disease Control and Prevention, 2014). Individuals travelling to an area with known Ebola cases must practice careful hygiene and avoid contact with blood or body fluids, among others. However, sub-Saharan Africa continues to experience challenges with human resources for health (Kinfu et al., 2009) due to insufficient numbers of health staff being trained and migration of health staff out of the continent. Containing the Ebola epidemic needs sufficient medical supply base, sufficient health staff, and immediate international response. For example, Médecins Sans Frontières (MSF), an international, independent, medical humanitarian organization, in an article first reported in *Le Temps* on 27 August 2014 reported that its care centres in Sierra Leone, Liberia, and Guinea were overwhelmed. MSF further reported that on 8 August 2014, far too late, WHO declared the Ebola epidemic a public health emergency of international concern. This declaration was considered late considering that the epidemic had been officially declared in West Africa since March 2014 (Medecins Sans Frontieres, 2014).

As the discussions on the post-2015 development agenda continue, it is important for the international community to reflect on the successes and challenges of the current MDGs agenda and reflect on response and resource challenges confronting sub-Saharan Africa such as the Ebola epidemic. The health system challenges are enormous. Not only are they overstretched to address the traditional health challenges such as malaria, diarrhea, and complicated deliveries, but the Ebola epidemic has challenged the health system a great deal. Response strategies in the post-2015 agenda should be realistic and urgent as the situation demands. Otherwise, the gains made since the 1990s may be undermined by epidemics with a high fatality rate such as Ebola. "Ebola free" countries need to strategize their response strategies and mobilize resources and training needs in preparation for any emergency of formidable size. While Ebola is one of the many recurring "germs" challenging the international community, another recurring challenge that needs consolidated responses relates to guns.

3. Wars and guns: Artifacts of steel?

Before 1860, steel was inexpensive and made in small quantities mostly for swords, tools, and cutlery (Brooke, 1986). During the 20th century and in contemporary history, steel has transformed the world's collection of armory leading to endless armed conflicts since the First World War. Armed conflicts have dominated the headlines in the local and international media and continue to pose challenges at the international level. Writing on the status of "Wars in Progress" as of 30 July 2014, Goldstein (Goldstein, 2014) highlights a total of 10 wars and 8 serious armed conflicts with Syria leading the list with a conflict described as the most lethal and overall biggest war, with an estimated 170,000 deaths since 2011. With the conflict spreading into Iraq in 2014, and the on-going (at the time of writing this commentary) fighting by the Islamic State militants, the situation is devastating. The challenge continues with wars accounting for over 1,000 battle-related deaths annually in additional countries of Afghanistan, Pakistan, Nigeria, Democratic Republic of Congo, South Sudan, Israel/Gaza, Ukraine, and Libya (Goldstein, 2014). Serious armed conflicts have also been reported for a considerable time in Central Africa Republic, India, Mali, The Philippines, Russia, Somalia, Sudan, and Yemen. The list of conflicts even at a smaller magnitude is endless in countries such as Mozambique, Uganda, and United States of America's global war on terror (Goldstein, 2014).

Although the world is experiencing different forms of armed conflicts or terrorism, international development experts are busy debating an ideal framework for the post-2015 development agenda. At the same time African Governments, in particular, are striving to improve the lives of mothers and children. A number of challenges still persist that may compete with the available resources. Some of the key challenges can be summarized as crimes against humanity and terrorism. Insecurity and injustice have become the cornerstone of a large proportion of the poor and the impoverished people particularly women who are at the epicenter of experiencing a high risk of maternal death. According to the United Nations 2011 report, armed conflict was estimated to have claimed at least 50,000 direct deaths annually with more than 200,000 deaths occurring in conflict zones from non-violent crimes (UNODC, 2013). Insecurity is experienced in numerous ways and impedes development. Resources are often rechanneled to combat insecurity that is pervasive. While the burden of maternal mortality occurs in poor and disadvantaged areas such as large

parts of northern Nigeria (with maternal mortality ratio exceeding 1,000 deaths per 100,000 live births) (Doctor et al., 2012), it is mostly the same areas that are experiencing insecurity of the highest order.

While the number of high-intensity conflicts per year—defined as conflicts reaching 1,000 or more battle deaths in a calendar year—halved from the 1980s to the New Millennium, recent trends pose challenges to the international community. While support for foreign military interventions in war-torn areas has generally been associated with higher death tolls than is the case when there is no intervention, recent reports show that there is little knowledge about necessary conditions for successful military interventions (Human Security Report Project, 2012). As the discussions and plans for a post-2015 development agenda unfold, the international community should explore ways of resolving conflicts through diplomacy, negotiations, and peace operations. No matter how much resources are invested in the post-2015 development agenda, peace and stability are the cornerstones of a post-2015 new world.

4. Synthesizing the recurrent germs, guns, and steel

While this commentary does not attempt to provide an audit of the insurgency across the world, news of mayhem being unleashed on innocent people and the destruction of health and other infrastructure associated with the insurgency is common. While tackling the world's development challenges require a multipronged approach, developing countries continue to experience the devastating consequences of health, security, and development caused by drug trafficking and other organized crimes. Corruption and lack of good governance are major threats to social and economic development. Weak institutions are vulnerable to crime, violence, and corruption. For example, the United Nations Office on Drugs and Crime in 2011 estimated that the proceeds from drug trafficking and other transnational crimes were worth US\$870 billion in 2009 (UNODC, 2013).

With challenges of increased poverty associated with forced displacement of people in countries such as Syria, Iraq, Afghanistan, Nigeria, among others, that are prone to acts of violence and insurgency, as well as imminent reallocation of resources to combat insecurity and other competing challenges, the dream to attain highest levels of health and universal health coverage will be beyond reach for majority of developing countries and sub-Saharan Africa in particular. For example, a comprehensive review of trends in maternal mortality noted “two different patterns in developing countries: sustained substantial decreases in most of Asia and Latin America, and stagnation or increases from 1990 to 2003 in sub-Saharan Africa and Oceania” (Kassebaum, 2014: 20). Nevertheless, the review found substantial acceleration in the decreases since 2003, especially in sub-Saharan Africa, and provides hope that more countries can achieve rapid and sustained reductions.

5. Conclusion

Is all hope lost? Not yet. The world has experienced unprecedented challenges that, despite the loss of lives in selected countries due to the effects of germs, guns, and steel, there is hope that the world can regain

improvements in health during the post-2015 development agenda. However, health improvement strategies should be conceptualized within the framework of a peaceful and stable environment. While the international community deliberates the post-2015 agenda, there is a need to ensure that issues related to peace and security and curtailing all forms of transnational organized crime are not overlooked. Governments need to ensure that health professionals do not run away from areas such as northern Nigeria or other areas with highest levels of maternal mortality and poor health indices due to armed conflicts (Vanguard Online, 2014). Global goals, targets, and indicators related to security and justice will provide a platform to measure progress in achieving sustained development in all areas and health in particular. If various forms of armed conflicts across the world continue to escalate leading to loss of lives (young and old) and dislocating health service delivery machineries, the dream of a progressive post-2015 world will continue to linger. Response strategies to recurring outbreaks such as Ebola Virus should be swift and health systems should be strengthened.

Disclaimer

The views expressed in this commentary are those of the author and do not represent the views or policy of the United Nations.

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