

# JEAN DE KERVASDOUE

CNAM Professor

## **Narendra TANEJA, Energy Commentator and Chairman**

This is much appreciated, but before we ask questions, what would be your opinion on this? Are we being kind or over-critical of corporations involved in this sector? Or maybe we do not understand where the priority should lie, in terms of finding cures, or prevention as you said, as well as management of disease. The perception generally is, at least in the part of the world that I come from, that large corporations such as yours are therefore concentrating just on management. Maybe there is a bit of prevention, but more effort is made on management, because that is where the real money is.

## **Jean de KERVASDOUE, CNAM professor**

The answer to your question is "yes", but the answer is relatively trivial. What I mean is that it's clear that companies are responding to a market. We're not just discovering this today. But to answer your question, the good news is that there are an enormous number of drugs which have lost patent protection, as we say in the business, and that we can treat almost all diseases with inexpensive vaccines and generics currently on the market. Your country, India, is a major manufacturer of generic drugs. I would like to come back to two points. The first is the flu. The flu has nothing to do with global warming. The great flu epidemic of 1918 caused some 60 million deaths. The Hong Kong flu killed 30,000 people in France in 1968. The recent H1N1 flu killed 300. We can discuss the flu again if you wish.

## **Jean-Pierre ELKABBACH**

We'll discuss it with those who first experienced the emergence of the phenomenon – the Mexicans.

## **Jean de KERVASDOUE**

I just want to add a few comments to Mr. Ban Ki-Moon's remarks about the world population in 2050. I closely examined recent statistics and the United Nations' forecasts go back to 2000; in my opinion, we'll never reach a population of nine billion. That's because a phenomenon is spreading very rapidly that we have greatly underestimated and that's a reduction in the birth rate in every country in the world aside from sub-Saharan Africa. In a country such as this one, for example, in this case Morocco, the rate was seven children per woman in 1964. Today, it's less than 2. The United Nations forecast 2.1 children per woman beginning in 2020.



I would like to discuss a general problem. Life expectancy in every country is rising at a spectacular rate. It's incredible. In China, life expectancy rose from 35 to 73 between 1960 and the present – an increase of 36 years in China in just 50 years. The problem facing all countries, including India and Morocco, is that they have to confront two types of diseases. For the wealthy part of the population, they have to deal with Western diseases, and they also have to deal with diseases common to the poorest countries for the other parts of the population.

**Narendra TANEJA**

We see that population, in particular, is an extremely sensitive issue in most societies, for us in Bangladesh, China, Nepal, India and now increasingly in the Middle East. When we look at global governance, we find that countries such as India and even Nepal are now overflowing with people. That is why you find thousands and thousands of Nepalese moving to India for jobs and all that. When it comes to issues like population, finding solutions for diseases and global governance how can look upon these things in the context of global governance?

Population is extremely politically-sensitive in societies where population is a big problem, but nobody really talks about it. We even call it sacred cow; nobody talks about population in India any more. No politician in Bangladesh talks about population; no politician in Nepal talks about population. It is extremely sensitive and politicians do not want to lose their popularity. In certain situations, at local level, nobody wants to even talk about it; it is now a sacred cow. Regarding global governance, what are we talking about here?

**Jean de KERVASDOUE**

I wouldn't claim to be able to cover this subject in 30 seconds or even two days. I think that no one can really answer your question, unless it is to note that the birth rate drops as the educational level of women increases and that the rate is dropping worldwide faster than we had thought. I'll also point out that China in 2050 will have an older population than the United States. In 2050, the average age in China will be 48 as compared to 34 today. In the United States, it's 37 today and will be 43 [in 2050].

We're seeing an aging phenomenon worldwide due to two factors, namely longer life expectancy and a lower birth rate. We all know that television and the level of education are contributing to the decline in the birth rate. That's much less the case in India than in China, but applies to the Middle Eastern countries much more than we thought. Current trends are absolutely incredible and lead me to speak of a general phenomenon – and I'll stop there – and that is my great concern that many countries have a social services system for the middle class, have wealthy people, of course, who represent 10-15% of the population, and poor people, who represent about 50% of the population.

I would simply like to point out to everyone here, or to remind everyone here, that when Germany created its social security system in 1883, Germany was less wealthy than Morocco, China or India are today. We're witnessing a phenomenon of broken safety nets in many of these countries due to the increase in long-term diseases.

As an American friend said to me recently, "It's easy to have a disease for \$1 million". It's really at this type of conference that we can say such things, discuss them and take a look at rich countries; the least expensive health care systems provide the widest coverage. Contrary to what you may think, the more people pay, the more expensive it is. Let me remind you that in the United States today, medical costs account for 17.2% of GDP.

Americans live five years less than the Japanese, who spend 8.5% of their GDP on health care. In 1939, Americans lived 15 years longer than the Japanese, but five years less today. You know that the Japanese live two years longer than Europeans.

**Jean-Pierre ELKABBACH**

So what do all these figures and data mean for global governance? What do they mean? Because, as Narendra Taneja was just saying, there are problems in achieving global governance when there are national laws, national resistance and national injustices which create poverty, disease and, at the same time, population movements.

**Jean de KERVASDOUE**

Taking up where our Mexican colleague left off, there's a real problem of world governance concerning infectious diseases – and infectious diseases have a "fine" future, especially due to air-conditioning because the bugs that live in air-conditioning hang around all the time. The problem with the flu, as it emerged in Mexico, is that since the Mexican compliance system is less precise than the one used by European countries, only very sick people came to the hospital. So the severity of the epidemic was overestimated. We have a real compliance problem worldwide as a group [of nations].

**Jean-Pierre ELKABBACH**

How can States, individuals and groups guard against diseases which they know are going to occur and which they know are infectious? On top of which there are old diseases as well. I don't know how many people are infected with tuberculosis worldwide, but when I see there are 2.5 million deaths from tuberculosis, I tell myself there are old and emerging diseases and think about where they are coming from.

**Jean de KERVASDOUE**

Jean-Pierre, I'll repeat what I said. You know that virologists believe that avian flu, which is fatal, but fortunately not contagious, will reappear. We all worry that it will reappear in a poor country without an epidemiological surveillance system. We have a real global governance problem.

**Narendra TANEJA**

This is exactly what my question is. There is concern, but when you look at all these aspects, we find that population is not really a hot issue on the global agenda. Regarding healthcare, the World Health Organisation (WHO) does not enjoy the kind of stature and recognition it enjoyed less than 20 years ago. We have seen this; of course, there can be differences of opinion.

**Participant**

Where is the evidence that it does not have a standing?

**Narendra TANEJA**

The focus within the UN organisations and other international organisations is more on climate change and other issues. It is there, but I am saying that it is not the same as it used to be. They are not able to speak as strongly as they could 20 years ago. I am talking here in terms of the quality of arguments, the quality in building up a case on behalf of the developing countries.