

DEBATE

Michel Kazatchkine, Special Advisor to the World Health Organization Regional Office for Europe

We will take a few questions and then go to the panel.

Stanislas Cozon, Executive Vice President of Capgemini

I have one comment and one question. It looks as if prevention has a very strong business case, stronger than I thought initially, and you wonder why the richest countries are not looking at these issues from a financial perspective. Second, my question, Mr. Etter, you mentioned that philanthropy as a source of financing was creating potential issues, could you please elaborate on that?

Nahida Nakad, International Relations Consultant for Public Diplomacy in the UAE

I live here but am originally from the UK and I have a question for Dr. Barakat. You have spent a lot of time in Gaza over the year, we all know what has happened but how do you assess the health effects, I would like to know if the health effects would spread?

Jacques Biot, Board member and advisor to companies in the field of digital transformation and Artificial Intelligence, former President of the Ecole Polytechnique in Paris

Congratulations to all the panelists on their presentations. We have heard from the conference that all countries should increase their defense expenditure to 3% in the current world. We all know that education also needs a lot of funding, and that health systems want money for cures, even in Africa where we have seen there is a lot of expense. How do we make the case and – that relates to the earlier question to some extent – convince policymakers, who have a very discount rate that it makes sense to invest in prevention when the benefits will come in the very long-term and they will no longer be in office, except in some countries? How do you convince them that they should spend more money on prevention?

Randy Kotti, Head of the regional economic service for Provence-Alpes-Côte d'Azur, France

I guess one common thread across your interventions is the need for global governance to solve the challenges you mentioned. With President Trump coming back into the office and his questions about the World Health Organization, what reforms do you suggest for multilateral organizations in order to tackle the issues going forward?

Hervé Mariton, Chairman of the Franco-British Council, Chairman of the Federation of Overseas Companies (FEDOM)

I have a very basic question on what I would call the prevention paradox, on the economic and financial benefits of prevention. We all eventually die, we know that a large part of health expenditure is incurred in the few months before our death and so, in a way, prevention adds the spending that occurs when people die. What is the answer?

Michel Kazatchkine

Let me turn to the panel and maybe Maha can start with the specific question addressed to her.

Maha Barakat, Assistant Minister for Health and Life Sciences at the Ministry of Foreign Affairs of the UAE

Thank you for the question regarding Gaza. The United Arab Emirates has carried out a quite comprehensive set of humanitarian initiatives to help the humanitarian disaster happening in Gaza. We have flown out over 2,000 of the sickest patients with their companions, these are children who have been injured with amputations, and people with cancer for whom there is no treatment. For over a year, anyone with cancer, either midway during treatment or just diagnosed, will have had no treatment and would have died. These individuals are now receiving treatment in several of our hospitals in Abu Dhabi. The United Arab Emirates has had other initiatives for those who we cannot fly out because these are 2,000 and it is estimated that over 90,000 people have been injured of whom the WHO says at least 12,000 have severe injuries needing urgent treatment now and who will either die or suffer irreversible severe disabilities going forward. The numbers are enormous, and the United Arab Emirates is doing what it can, and we send in humanitarian and medical assistance to those we cannot fly out. There is a field hospital inside the southern Strip in Rafah with 200 beds and there is a floating hospital just on the other side of the Egyptian border with 100 beds for those who can get through. There is humanitarian assistance with thousands of tons of aid getting in by land, sea or air. We continue to try to do what we can, and His Highness the Foreign Minister negotiated a Starlink high-speed Internet for the field hospital inside Gaza so there could be medical videoconferencing with the doctors there to help treat the patients in real-time.

There are many initiatives, but it is beyond tragic. I think I have personally run out of superlatives to describe how bad the humanitarian situation is.

Michel Kazatchkine

Thank you. We are now at the end of the session, so a quick comment from Jean-François and Antoine because there were several questions around prevention.

Jean-François Etter, Professor at the Institute of Global Health (ISG) of the University of Geneva

On the question of funding, I would say that if you have an international treaty then the parties to it should fund it rather than rely on philanthropists because Bloomberg, in this case, has a different agenda and there is no reason to let them. To answer the point from the gentlemen, we just cannot afford to have so many people costing the healthcare system because they have

diabetes or lung cancer, conditions that are completely preventable. It just costs too much so prevention does not cost. The point you mentioned that, for instance in Geneva, the last year of life will cost an average CHF 50,000 in healthcare is a different point, it is an ethical issue about when we should say stop. For example, when should we stop giving chemotherapy when half of the people with cancer die with ongoing chemotherapy, which is pointless and just decreases their quality of life? Who will say stop? It will not be the doctor under pressure from the family and not the patient, so it is a reflection we should have about death, how we tackle it and the absolute power of medicine. We are all going to die so this is an ethical and religious question, on how to solve the issue of the last months of life.

Antoine Flahault, Director of the Institute of Global Health at the University of Geneva, Director of the Swiss School of Public Health

I think they were very good questions, and I have two comments. First, prevention is not expensive, prevention is cheap because most of the preventive measures can be self-funded. For instance, a healthy diet can be funded by taxes on sugar, junk food, or ultra-processed food. Tobacco reduction can be funded by taxes on tobacco, and we know that taxes on tobacco are a virtuous circle, the higher the taxes the lower the consumption, and it is the same for alcohol. There is certainly a cost of prevention to some extent, water sanitation has a cost, but who would want to drink tap water polluted by cholera or other dysenteric diseases, so to some extent it is a virtuous circle. The second point I wanted to make is about the concept of compression of morbidity, which is that with prevention we will not tap more on pensions for retirement because we will not expand life expectancy, we will just compress the morbidity because we will save healthy life years in our life expectancy. When you compress morbidity, most of the economic experts say it costs much less because, as Jean-François said, if you have to treat lung cancer at 60, it will be very expensive and you will treat the patient to the maximum and unfortunately, after two or three years most of them will die after very expensive treatment. If you have morbidity after 90 or 95, you will never go to intensive care, you will probably die at home and that will be much less costly, so compression of morbidity is a virtuous cycle and benefit of prevention.

Michel Kazatchkine

Thank you very much. There was a lot of information, and I hope you understand the spectrum of global health challenges we are facing in 2024. I would like to thank on your behalf our panelists for excellent presentations.