Yes we can! The Raffles Dialogue on Human Wellbeing and Security

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Summary

The future of human wellbeing and security depends on our ability to deal with the multiple effects of globalisation and on adoption of a new paradigm and philosophy for living and for health that emphasises people's wellbeing and social justice. Such was the topic of the inaugural Raffles Dialogue on Human Wellbeing and Security held in Singapore on Feb 2–3, 2015. Participants agreed that, to achieve these goals, four conditions must be met. First, equity must be integral to the implementation of technology. Second, there is an urgent need for innovations within our global institutions to make them "fit for purpose" in a rapidly changing world. Third, we must find the right balance between the roles of government and markets so that all those in need can access affordable medicine and health care. Finally, we must realise that we live in a small and interdependent "global village", where Asian countries need to assume greater leadership of our global village councils. This is the great imperative of our times.

The well known electoral promise from a prominent political figure, "Yes we can", captured the mood of optimism and hope that followed the inaugural Raffles Dialogue on Human Wellbeing and Security[1] held in Singapore on Feb 2–3, 2015. Two overarching themes informed the deliberations.

First, that it is important to be aware of the key megatrends of globalisation that will affect future human wellbeing:[2] ageing populations, environmental degradation, the increasing role of technology accompanied by diminution of the importance of nation states, growing inequality, urbanisation, and, importantly, the gap that continues to exist between the knowledge that we have and our ability to use it effectively.

Second, and as captured in the notion of planetary health,[3] we need a new paradigm and philosophy for living and for health which places people's wellbeing and social justice, rather than diseases and survival, at the centre of the value chain. The future health of civilisations depends on humanity embracing this concept of planetary health which, in turn, strongly emphasises the interdependence and interconnectedness of the risks we collectively face. Achievement of sustainable human development will require a strong social movement based on collective action at every level of society.

If we are to deal with the challenges thrown at us by these megatrends, if we are to take a more holistic view of the health of the whole planet, and if we are to "press the right buttons", we need to consider carefully the four dimensions of the role of technology, the relevance and capacity of global institutions, the role of governments and markets, and the reality that we all live in a global village which needs to be managed effectively and equitably.

Equity must be integral to the implementation of technology

As technology rapidly advances the ways we interconnect, gaps in accessibility increase for resource-poor communities already challenged by ineffective systems and structures, reducing meaningful technology uptake. Too often, decision-making power does not shift to where implementation takes place, and technologies introduced in a relatively top-down manner often impose unsustainable solutions. Thus, *how* technology is implemented is just as important as *what* is implemented.

Effective and sustainable action requires a convergence of technology, human and social capital, and the essential core values of equity. Implementation of technology must be supported by local decision making, bottom-up approaches, respectful partnerships, long-term commitment, trust, and local ownership. Numerous real-world examples exist that illustrate how integration of core values of equity have led to effective action across diverse disciplines, as described below.

Local training and implementation of new techniques in the area of infectious diseases provide one such example. The Sustainable Sciences Institute, an international non-governmental organisation that focuses on building on-the-ground scientific capacity, has successfully generated a cadre of more than 1900 scientists in over 27 developing countries, strengthening in-country capacity to respond to dengue, influenza, and chikungunya infections, among others.[4] Innovative technologies such as the development of low-cost diagnostics and reagents, adaptation and routine application of molecular typing methods, and establishment of laboratory-based surveillance systems enable countries such as Nicaragua to have autochthonous capacity to respond to outbreaks and pandemics and to do locally relevant infectious disease research.[4]

A second example is that of mobilising local populations for widespread, grassroots public health impact. BRAC—a Bangladeshi organisation dedicated to alleviating poverty that serves tens of millions—exemplifies this approach. In the 1970s, BRAC's scale-up of oral rehydration therapy, a simple solution that can be prepared at home to treat diarrhoea, showed the world how implementation of

innovative interventions and technology from the ground up catalyses widespread uptake and behavioural change. 13 million illiterate rural mothers in Bangladesh were educated about use of oral rehydration therapy for their children's diarrhoea—as were men and other community leaders—resulting in significant reductions in child mortality from diarrhoea.[5] UNICEF estimate that child deaths from diarrhoeal diseases have dropped from 1·2 million in 2000 to 0·6 million in 2013.[6] BRAC now integrates community engagement throughout their numerous health, education, and social entrepreneurship programmes to improve the lives of those most in need.

In a third example, development and testing of information and communication technologies (ICT) by involving local end-users help create dependable and cost-effective tools that can rapidly streamline health information in response to public health challenges. ICT tools developed at the Sustainable Sciences Institute for infectious disease research, surveillance, and laboratory management were designed and developed iteratively by integrating the input of stakeholders at each stage.[4] Responding to user demand, ICT tools that extend past the laboratory were then developed to track primary health measures such as pregnancies and immunisation and to facilitate provision of health education and collection of data by community health workers using mobile apps. Another illustration is Hesperian Health Guides' HealthWiki and mobile app for safe pregnancy and birth, among other topics, connecting communities with online resources developed in conjunction with local populations. From March, 2014, to March, 2015, alone, Hesperian's HealthWiki reached 3·6 million users in places where there would otherwise be no doctor.[7]

Beyond health, similar success stories exist of engaging local communities to implement sustainable change. In agroecology, the development of diverse and ecologically sustainable farming environments relies on empowering local farmers, who know their land and apply agroecological techniques improved on over centuries. Supporting sustainable farming provides resilient alternatives to industrial monoculture farming by helping diverse ecosystems flourish and strengthen local food production systems.[8] Similarly, microfinance and grassroots entrepreneurship provide essential financial services to those who otherwise cannot access or afford them. Opportunities that are created through organisations such as Ashoka, BRAC, and Kiva are crucial in supporting entrepreneurs in poor rural areas develop small businesses that lift vulnerable households out of poverty.

Although tensions can underlie the implementation of new technologies in resource-limited communities, lessons from successful real-life scenarios have proven that addressing the confluence of systemic and structural failures requires bottom-up approaches to build capacity and advance health equity. Creating and sharing technology using a long-term collaborative approach ensures a meaningful convergence between high-tech and low-tech, North and South, and novel and traditional—bridging the gap to improve human well-being globally.

An urgent need for institutional innovation

At the core of our future ability to effectively manage the major megatrends of globalisation are the institutions that shape and govern collective actions. Institutions at all levels are struggling to cope with the pace and reach of change, but it is at the global level that institutional shortcomings are most acute. It is apparent, from our failure to negotiate collective action on climate change, to our inability to redress stark inequalities in life chances between rich and poor, that our existing institutions are sorely inadequate. The world has fundamentally changed and there are three ways that existing global health institutions are out of step.

First, our existing institutions are hardly global. The defining impact of globalisation is its rendering of the world into a single entity. The Treaty of Westphalia of 1648 established the international states system which carved up Europe, and then the rest of the world over the next 350 years, into parcels of land each governed by an independent authority. Today, the planet is divided into 194 sovereign states, with governments exerting exclusive authority and responsibility over their territory and the populations within. Globalisation, however, has been steadily eroding the capacity of governments to rule. The national borders of sovereign states must now compete along new organising logics, such as an increasingly integrated world economy, the power of the internet, and the rise of new ideologies. Governments seeking to manage their domestic economies, for example, cannot control many factors of production and consumption linked to the world economy. Similarly, the capacity of national health systems to protect and promote the health of citizens is eroded by populations, and broad determinants of health, that flow across borders. Truly global health institutions need to recognise the "respatialisation" of the world and the effects of its human inhabitants on it.

Second, existing institutions are not temporally aligned with the changes brought by globalisation. Collective action is frequently too slow to respond to rapidly unfolding events such as disease outbreaks or major emergencies. Equally disastrous is the failure to act decisively to slow-moving, but significant, events such as the looming pandemic of non-communicable diseases. The lumbering pace of traditional bureaucracies, combined with the political cycles of powerful member states, constrain the timing of their ability and willingness to act.

Third, the reductionist ways in which existing institutions think about global health problems and solutions is incongruent with the need, in a more interconnected world, for more holistic approaches. Most governments now recognise the need to be more joined-