

Short Communication

Global Health. What Stands Behind the Name, A Global Mess?*

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This article is addressed to [1] All those who have been part of international development particularly in the healthcare sector long enough to be sick and tired of watching people die or suffer in outrageous numbers of preventable causes in more or less challenging environments, [2] Young professional who are witnessing unbearable facts (waste of minds, waste of resources, indifference, bias, etc.), and [3] Everyone who thinks the state of Global Health is disgraceful compared to what it could and should be and do not want to face any longer conditions included in the following loose and open-ended enumeration:

- Global Health being mostly a jack of all trades but master of none.
- Innumerable redundancies between NGOs, universities, international organizations, private initiatives, charitable enterprises, government structures, individual efforts, etc.
- The prevailing piecemeal, patchwork, and sporadic approach. It is totally inadequate for the breadth and depth of most issues. Ultimately, no matter the magnitude of the type of current foreign human and financial investments, the majority of them are not sustainable as shown by many instances in the past (the mid and long-term future of the Bill Gates, Bill Clinton and Jimmy Carter developmental actions and projects must be questioned, for example).
- Iterative and often erratic changes in international development strategies and policies which are detrimental at many levels, particularly rendering efficiency abysmal compared to other fields.
- False promises (the solemn statement of WHO: "health for all in 2000" and the to-no-avail declaration of Alma Ata), and/or false claims.
- Incompetence, flawed leadership (WHO and the Ebola outbreak in Liberia and Sierra Leone or dealing with HIV/AIDS in Africa at the start of the pandemic, for example).
- The huge spending generated for and around international congresses with minimal real benefits at a time when instant communication is free and extremely easy.
- Dismal and immoral (because of their wide-scale lethal consequences) disputes (Gallo vs. Montagnier, Partners in Health vs. Doctors without Borders, for example).
- "Fair" and so called mutual cooperation always slanted to the same camp using increasingly sophisticated deceitful methods.
- The wealth balance tipping more and more to the same side and the gap widening between the have and they have not (the digital and technology divide, for example).
- The deliberate ignorance of facts (see the messages from Chelsea Clinton on the shortfalls of

foreign aid in Haiti, for example).

- Believing your own lies for self-serving purposes (the current African country map being the cornerstone for framing issues, for example).
- Models and policies being formulated theoretically and based essentially on data ignoring social and political realities.
- Unreliable and/or manipulated, and/or self-serving and/or misleading statistics (the assessments of WHO based on reported cases, for example).
- Misrepresentation of issues and/or progress (in Papua New Guinea and on the island of Lifou in New Caledonia, for example).
- Obfuscation of reality (on HIV/AIDS, for example).
- Total absence of consensus on the hierarchy of needs.
- Lack of transparency in choice making and priority setting.
- Capacity building being used as a fundraising buzz word but largely remaining an utopia when compared with needs.
- Lack of interest, inability, or unwillingness to understand local issues and values.
- Inadequate empathy and/or cultural adjustment.
- Power plays resulting in exploitation.
- Diverging goals.
- Conflicting strategies.
- Opaque policies.
- Hidden agendas.
- Expedient and pervasive use of smokescreens.
- Unnecessary experimentations.
- Subjective trumping objective.
- Individual surpassing collective interests.
- Self-centeredness and self-preservation prevailing over outreaching and sensible risk taking.
- Nepotism, old boys' club, gender discrimination.
- Ill-prepared volunteers, professionals, and amateurs.
- Inadequate and/or inappropriate learning materials.
- Turf wars.
- Corruption.
- People not putting their money where their mouth is.
- Attempts to placate us and insults to our intelligence.
- Intellectual dishonesty.
- Condescending, pseudo-elitist and racist attitudes and behaviors.
- Blind ambitions detrimental to communities.
- Lamé arguments like "it's better than nothing" / "this is what makes them tick", etc.
- Self-satisfaction and self-glorification.
- Cliques and silos at all levels.
- Blind spots and blind sides. Short-term vision.
- Being used consciously or not for political reasons and/or others.
- Unaccountability, passing the buck, scapegoating.
- Arbitrary decision making.
- Having intentionally short and selective memory.
- Making choices following vested interests.
- Amoral outlooks.

The more it changes, the more it stays the same. In reality with many global health programs, improvements are only temporary and limited. Moreover, because of them down the road situations gets worse after external interventions.

*Written on 25 October 2015

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