The Blind Men and the Elephant — Aligning Efforts in Global Health

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After decades of increased funding and progress toward major goals in global health, we are entering a crucial time marked by, among other challenges, the recurring threat of pandemics, the global rise of noncommunicable diseases, and potentially catastrophic aid cuts by the Trump administration. How these challenges are met will be dictated by which motivations for global health efforts guide policy and action.

Debates over which health issues to prioritize mask fundamentally different perspectives on why global health efforts should be pursued in the first place. A diverse array of actors engage in global health initiatives — including multilateral institutions such as the World Health Organization and the World Bank, bilateral agencies such as the U.S. Agency for International Development and the U.K. Department for International Development, governmental bodies such as national ministries of health and defense departments, philanthropic entities such as the Gates and Clinton foundations, local grassroots organizations, and many others — and each one has its own reasons for doing so. Their motivations can be grouped into three overarching rationales: ensuring health security, promoting economic and political development, and achieving health equity as a universal human right.

These perspectives animate different sets of actors with different areas of focus. The security perspective maintains that it is in their own interest for high-income countries to support global health in order to safeguard their citizens and economies from disease threats. This perspective may be seen as an outgrowth of colonial times, when health care was supported in part to prevent diseases in the rural periphery from reaching the cities where colonial settlements and trade centers had been established. Today, this approach underpins the engagement of military as well as private-sector groups that get involved when, as with Ebola, a health challenge threatens global trade. This premise can mobilize funding and urgency unmatched by less transactional approaches, but supporting global health primarily as a means of protecting wealthier countries is ethically problematic and leads to efforts that fail to address broader needs.

The development perspective posits that global health is essential for ensuring a productive workforce, social solidarity, and protection against impoverishing medical costs. From this perspective, which guides the engagement of national governments and development institutions such as the World Bank, health is a means to these ends. Historically, purveyors of this viewpoint promoted disease-focused programs, such as malaria control and immunization, and neoliberal policies that shifted health from a responsibility of the state to a commodity mediated by the "free market" — often resulting in the exclusion of the poorest and most vulnerable people.[1]

As such thinking has come under fire, the scope and depth of supported efforts have expanded to include general strengthening of health systems, but they remain limited to initiatives deemed "cost-effective" for economic growth or poverty reduction. If cervical cancer, for example, is not seen as a hindrance to these end points, it might not be prioritized even though it is a manageable cause of suffering. As automation spreads throughout the world, there is also a risk that the economic benefits of health might become less significant, and political commitment to ensuring it could wane, particularly in societies with weak democratic mechanisms.

The human rights perspective contends that health equity is a universal human right and is integral to the creation of just societies. This view inspires nonprofit organizations and advocacy groups and is usually the stated motivation of universities and humanitarian organizations. The moral clarity and altruism of this perspective resonates with our loftiest principles and inspires students, philanthropists, and celebrities to champion global health causes. Standard-bearers of this viewpoint have most prominently advocated for developing health systems that deliver cross-cutting care and that can integrate priorities highlighted by disease-focused movements, such as those developed to address HIV/AIDS.[2]

Critics, however, argue that this approach is hobbled by naiveté about the pragmatic challenges and *realpolitik* involved in imple-

mentation. Though the ethos may be to do "whatever it takes," funding constraints demand prioritization, and persuasive moral arguments can be made for most health problems — which means that effective lobbying rather than rational assessment can end up determining what is emphasized.[3]

So which perspective should drive global health efforts? In various instances, one perspective or another has held hegemony. Health security framed the public discussion and initial urgency surrounding the Ebola epidemic, whereas the campaign to control HIV/AIDS originated from rights-based activism.[4,5] Efforts to reduce child and maternal mortality were bolstered by initiatives designed to boost development, such as the Millennium Development Goals. In effect, no single rationale predominates over time, nor should one. These premises are not mutually exclusive but rather form complementary sides of a holistic vision of global health. Indeed, many organizations are motivated by more than one perspective. The World Bank, for example, focuses on development but also engages in health security.

Actors driven by different rationales can also work together on common objectives. Too often, however, opportunities to collaborate are missed and efforts remain fragmented. If we are to realize the potential of global health efforts — and confront the important challenges of the moment — we will have to change the status quo. Ideally, actors would recognize the complementarity of different perspectives and, embracing their value, reorient their own agendas. That might be hoping for too much, however; it's unlikely that entrenched actors will reshape their activities just because a different approach makes sense philosophically. For example, the U.S. military is unlikely to expand its focus from bioterrorism and pandemic preparedness to include strengthening health systems because its leaders are convinced that development and human rights are just as important as security.

A more pragmatic way to align global health action might be to delineate actionable issues that incorporate key priorities from each perspective and around which the range of actors can integrate their activities. The response to the Ebola epidemic — a major challenge regardless of one's global health perspective — offers an example of what this type of cross-functional synergy could look like and achieve. After initial delays in coordinating efforts among misaligned entities, the multitude of players involved, from military to multilateral and nonprofit organizations to academics, synchronized into a unified effort that reined in a runaway epidemic.

This example of a common agenda dedicated to a practical goal could be replicated more broadly. If global health action were organized around developing national health systems to deliver universal health coverage, the chief priorities from each perspective could be achieved. While systems oriented toward universal coverage would clearly promote the central goals of the development and human rights perspectives, they could also be instrumental in halting pandemics, the main priority for security-minded actors. Stopping pandemics requires early detection and containment of new infections, which could be accomplished particularly well by strong health systems that reach down to the local level and have earned trust with communities by addressing routine health needs. We learned this lesson the hard way during the Ebola epidemic, when the local "ground game" and trust had to be built from scratch at great expense of money and time while the epidemic continued to grow.

In the parable of the blind men and the elephant, each blind man feels only one part of the elephant — a trunk, a tusk, an ear, a tail — and is convinced he's confronting a certain sort of creature. Ultimately, they're informed that each has only a piece of the puzzle, and together they can appreciate the whole elephant. In the same way, in order to meet the challenges of the moment and move forward on strong footing, organizations engaged in global health can find pragmatic ways to bring their efforts into alignment. If they fail to do so, we will continue to fall short of the potential that is within our grasp.

Disclosure forms provided by the authors are available at NEJM.org.

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DOI: 10.1056/NEJMp1800883