



Yale MACMILLAN CENTER

Why we will not win the war on terror, why we will not stop climate change, unless we meet the basic survival needs of all humans

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Overview – part one – previous research

1. Development, relief, and the paradoxes of different paradigms applied to the same reality.
2. The global AIDS response in a time of increasing responsibility given to developing countries.
3. Thesis, anti-thesis, and synthesis: the Global Fund to fight AIDS, Tuberculosis and Malaria.
4. Towards a Global Fund for Health?

Overview – part two – present research

1. About the Ultimatum Game – and anger.
2. How morality evolved.
3. A natural sense of justice, and natural rights.
4. From natural rights to human rights.
5. Descriptive evolutionary ethics, and controversies in contemporary human rights doctrine.
6. Why we will not win the war on terror, why we will not stop climate change, unless...

1. Development, relief, and the paradoxes of different paradigms applied to the same reality.

- The February 2000 floods in southern Mozambique were so predictable that MSF created a base with rescue team and rubber boat in Chowke, three days before the city was flooded.
- During the days before the floods, MSF could not find funding for this rubber boat.
- During the days after the floods, donors were stumbling over each other to finance helicopters for MSF operations.

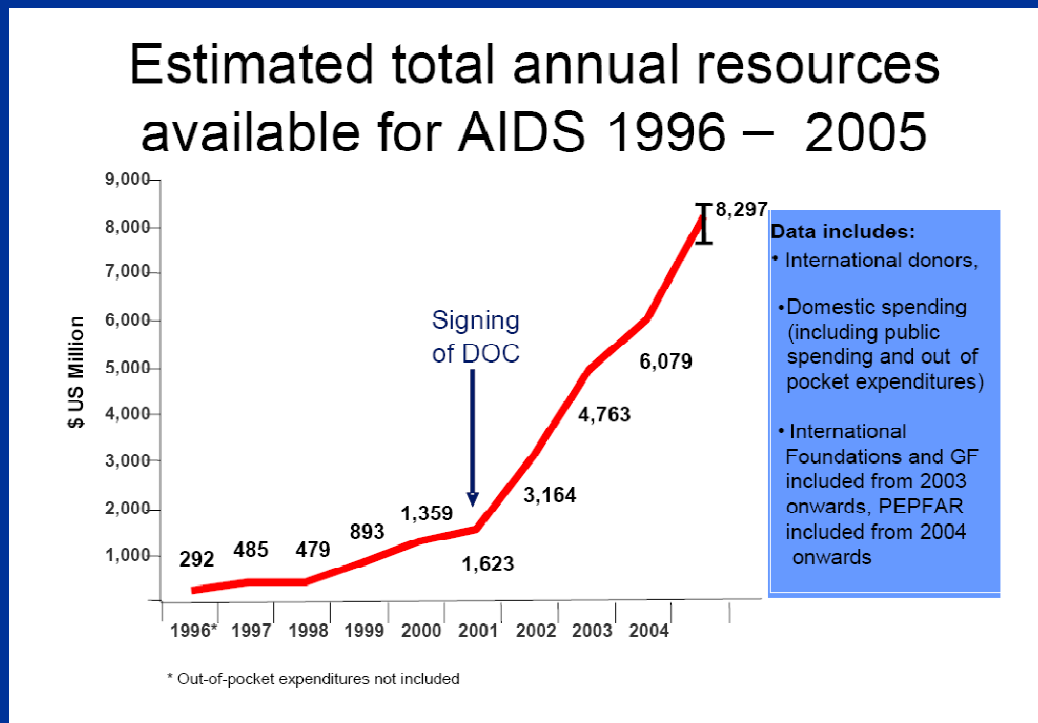
The days before: no crisis → 'sustainable' solutions

The days after: crisis → 'sustainability' no longer matters



2. The global AIDS response in a time of increasing responsibility given to developing countries.

- The global AIDS response started becoming serious with the UNGASS Declaration of Commitment in 2001.



- In 1999, the World Bank and the IMF shifted from 'structural adjustment' to 'poverty reduction'.

→ country ownership and participation

→ national responsibility, reducing aid dependence

The Independent Evaluation Office of the IMF (2007):

"PRGF documents allude to the degree of donor support, ... and – during the early part of the PRGF period – the desirability of reducing aid dependence."

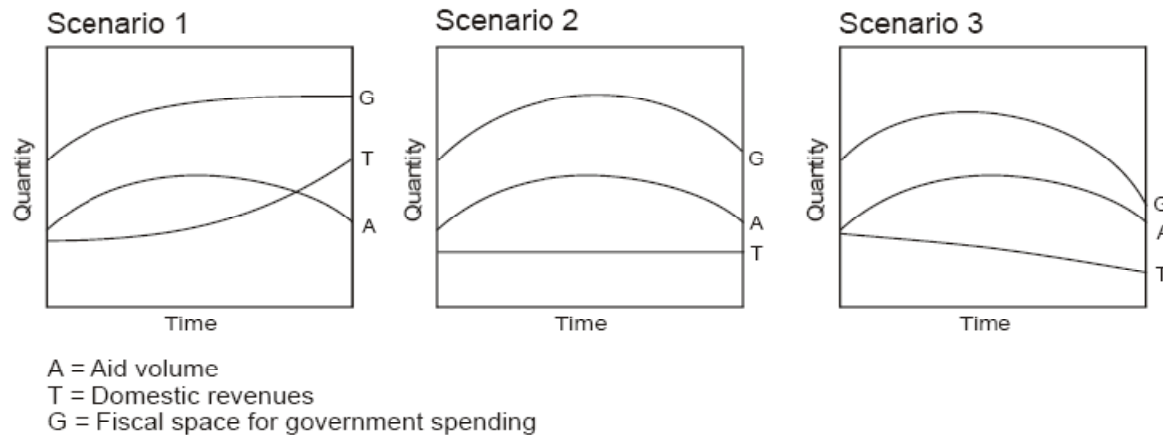
B. The new elements of poverty reduction programmes

1. Country ownership and participation

An important novelty in the post-1999 approach to poverty alleviation is the preparation of PRSPs by recipient countries as a prerequisite for reduction of their debt and for concessionary loans and grants. Broad-based participation by civil society organizations, stakeholders and the poor is also required. The new framework also defines the role and involvement of the staff of the two Bretton Woods institutions in various stages of the design and implementation of poverty reduction programmes: (i) a broad framework has been designed for the thematic coverage of the PRSPs, but the staff are not expected to play more than a supportive role in the preparation of the papers; (ii) a "joint staff assessment" (JSA) by the World Bank and IMF of, first, the "Interim Poverty Reduction Strategy Papers" (I-PRSPs) and, ultimately, the final versions of the PRSPs is required before they are endorsed by the Boards of the two institutions as the basis of the relevant aid package. In this process, the JSA is designed to ensure that the resulting PRSPs are compatible with the requirements of the governing bodies of the relevant institutions and will, therefore, be endorsed.⁶

The mainstream approach to fiscal space and sustainability...

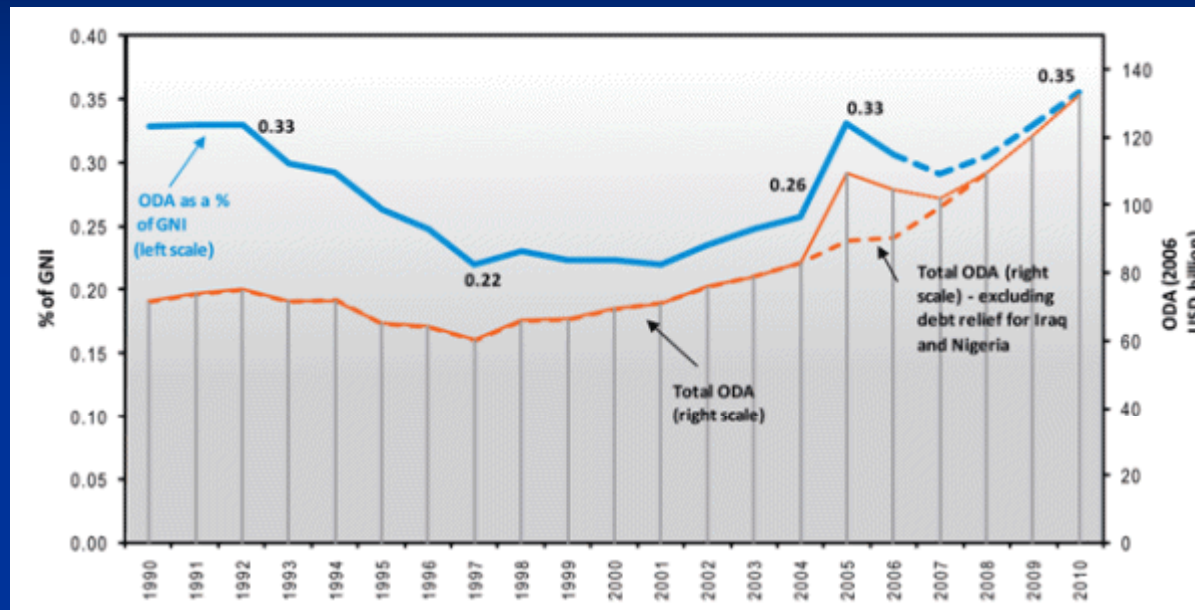
Figure 1: Fiscal space and sustainability under alternative scenarios for aid and domestic revenues



...is not descriptive, it is prescriptive.

(Alternative scenarios for aid? The aid scenario is three times the same.)

DAC members' net ODA 1990-2006 and DAC Secretariat simulations of net ODA for 2007-2010:



Why does it matter?

- The average GDP in low-income countries is US\$ 500 per capita;
 - Government revenue of 20% of GDP is very optimistic (IMF, World Bank);
 - Allocating 15% of government revenue to health is very optimistic (Abuja Declaration).
- ⇒ US\$ 15 per capita per annum is very optimistic, and very insufficient (minimum US\$40, according to WHO)

Circumventing the 'desirability of reducing aid dependence', the global AIDS response adopted a relief mode; antiretroviral treatment as the helicopters of the global AIDS response...

Peter Piot: AIDS: The Need for an Exceptional Response to an Unprecedented Crisis



[Watch Video](#)

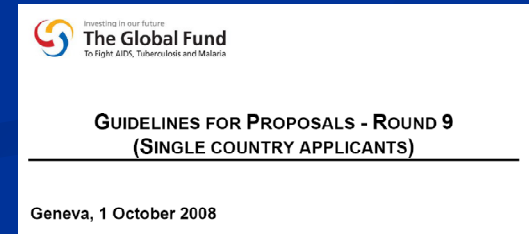
Event Title : Presidential Fellows Lecture Series
Date : 11/20/2003
Duration : 59 minutes
Language : English
Country/Region : World
Keyword : [RSS](#) [AIDS](#)



**The United States President's
Emergency Plan for AIDS Relief**

3. Thesis, anti-thesis, and synthesis: the Global Fund to fight AIDS, Tuberculosis and Malaria.

- From the development paradigm, the Global Fund borrowed the principle of *national operational* autonomy.
- From the relief paradigm, the Global Fund adopted the principle of reliance on *global financial* responsibility.



4.7. Program Sustainability

- ➔ Applicants are not required to demonstrate financial self-sufficiency for the targeted interventions by the end of the proposal term. However, applicants should include how the proposal is addressing issues such as capacity to absorb increased resources and recurrent expenditures, and how national planning frameworks are seeking to increase available financial and non-financial resources to ensure effective prevention and control of the disease(s).

Michel Kazatchkine, executive director of the Global Fund:

"The Global Fund has helped to change the development paradigm by introducing a new concept of sustainability. One that is not based solely on achieving domestic self-reliance but on sustained international support as well."

4. Towards a Global Fund for Health?

What is 'global health'? A shared responsibility?
Collective defence against transnational threats?

About WHO

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.



[Introductory brochure on WHO \[pdf 1.24Mb\]](#)

- National solidarity in health = 6.5% of GDP

Table 1

Rich in health

As countries become wealthier, they spend more publicly and less out of pocket.

(levels and composition of health expenditures in World Bank regions and income categories, population-weighted averages, 2003)

Regions	Per capita GDP (dollars) ¹	Per capita health expenditures (dollars) ¹	Per capita health expenditures (international dollar rate) ²	Total health expenditures (percent of GDP)	Social security ⁴		Out of pocket ⁵	Out of pocket ³		
					Public ³	Private ³		External ³	Internal ³	
East Asia and Pacific	1,267	64	276	5.1	37.5	42.8	62.5	84.2	52.7	0.9
Eastern Europe and Central Asia	2,976	194	521	6.2	62.0	43.8	38.0	81.2	30.8	1.3
Latin America and the Caribbean	3,325	225	535	6.9	49.3	33.1	50.7	72.7	36.8	1.1
Middle East and North Africa	2,360	101	289	5.7	47.4	22.6	52.6	86.4	45.4	1.1
South Asia	545	24	122	4.4	26.1	8.9	73.9	95.8	70.8	2.9
Sub-Saharan Africa	608	38	116	5.2	40.8	4.9	59.2	80.1	47.4	14.8
Income levels										
Low-income countries	481	22	102	4.6	31.2	7.7	68.8	91.9	63.2	7.1
Lower-middle-income countries	1,659	97	342	5.6	43.6	38.3	56.4	81.1	45.7	0.6
Upper-middle-income countries	5,596	341	677	6.4	55.5	56.8	44.5	79.0	35.1	0.3
High-income countries	30,811	3,466	3,427	10.7	64.8	43.3	35.2	57.0	20.1	0.0
Global average	5,969	602	752	6.0	42.9	29.0	57.1	81.3	46.5	2.9

Sources: World Bank (2006) and World Health Organization (2006).

Note: Individual country averages are weighted by each country's population. As a result, some numbers differ from those in World Bank (2006), in which slightly different weights are used for some of the data series.

¹Adjusted by exchange rates.

²Adjusted by purchasing power parities.

³Percent of total health expenditures.

⁴Percent of public health expenditures.

⁵Percent of private health expenditures.

Table 2

Country giving

A few countries account for most official international aid for health, with some donors focusing more on health than others.

	Bilateral ODA ¹	ODA percent of GNI	ODA to public health ^{1,2}	Percent of ODA to public health ²
United States	26,081	0.22	3,636	13.9
Japan	15,116	0.28	1,156	7.6
United Kingdom	7,187	0.47	729	10.1
Germany	9,122	0.36	593	6.5
France	10,012	0.47	394	3.9
Canada	1,915	0.34	380	19.8
Netherlands	3,872	0.82	318	8.2
Sweden	1,947	0.94	266	13.7
Norway	2,048	0.94	243	11.8
Belgium	1,379	0.53	142	10.3
Denmark	785	0.81	131	16.6
Spain	968	0.27	127	13.1
Ireland	483	0.42	122	25.3
Switzerland	1,477	0.44	84	5.7
Luxembourg	222	0.86	54	24.2
Greece	207	0.17	33	15.8
Austria	1,246	0.52	24	1.9
New Zealand	217	0.27	18	8.4
Australia	1,440	0.25	14	1.0
Portugal	251	0.21	13	5.1
Total	85,976	0.33	8,475	9.9

Source: <http://stats.oecd.org/wbos/default.aspx>.

Notes: ODA – official development assistance. GNI – gross national income. Italy and Finland are not included because data on ODA to public health are unavailable.

¹Million 2005 dollars.

²Public health is the sum of health, population policies/programs and reproductive health, and water supply and sanitation defined at www.oecd.org/dataoecd/44/45/35646083.pdf. This column includes core HIV aid (code 13040) but not social mitigation of HIV/AIDS (section 16064).

- International solidarity in health = 0.03% of GDP

Do compatriots matter 200 times more than foreigners?

Are GAVI and the Global Fund becoming a global fund for health?



The Honorable Gordon Brown
Prime Minister of the United Kingdom of Great Britain
and Northern Ireland
London
United Kingdom

Mr. Robert Bruce Zoellick
President
World Bank
1818 H Street
Washington DC 20433
United States of America

10 March 2009

Dear Mr. Prime Minister and Mr. Zoellick,

It is time to take a comprehensive approach with the necessary support from key donors to refocus on all of the health-related MDGs as a renewed commitment to meeting the basic health service delivery needs in poor countries. We are willing and keen to do this. We are confident that results, even in the short term, can be leveraged by an additional stream of innovative financing that builds on existing instruments and partnerships for health system strengthening.

We look forward to discussing this further with your officials. With your support we are prepared to move in this direction promptly.

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1. About the Ultimatum Game – and anger

Irrational markets: people reject free money out of anger

By [John Timmer](#) | Last updated June 29, 2009 5:00 PM

Game theory has provided researchers in a variety of fields, from psychology to economics, an opportunity to test human behaviors under controlled conditions. It allows big questions—*are humans rational actors when money's on the line, for example*—to be tested in situations where behaviors that deviate from expectations are easy to detect. The Ultimatum Game is one example of these experiments, and it has been used to show that humans aren't purely rational when it comes to monetary decisions, as they appear willing to make financial sacrifices in order to punish others in the name of fairness. A paper that will appear at *PNAS* this week takes things a step further and shows that people will still reject unfair monetary offers, even when the only one they punish is themselves.

2. How morality evolved

Two serious candidates:

- Kin selection (a 'stone age nurse' who takes care of her feverish brothers and sisters is more likely to die because of the infections she or he catches, but the gene for nursing is transmitted via the brothers and sisters who survive – but only if they carry the same gene);
- Reciprocal altruism (I will share prey with you, if you share prey with me; we increase our reproductive fitness).

The first will not expand beyond kin.

The second is easy to maintain, but difficult to establish.

And the winner is... probably a combination of both!

Step 1: Altruism within kin

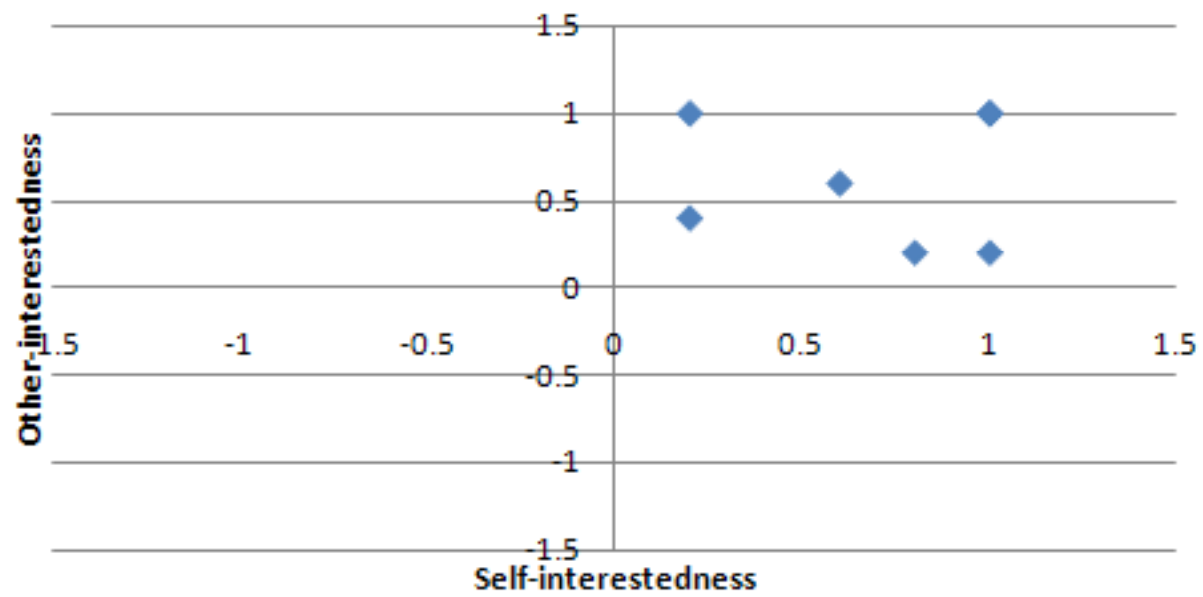
Step 2: Conditional altruism within kin (remember 'only if they carry the same gene')

Step 3: Conditional altruism within the tribe, or cooperation

Step 4: Morality = a capacity to identify others worthy of cooperation, and to understand what it takes to be considered worthy of cooperation by others

(Proposers of very unfair deals are not worthy of cooperation)

Cooperators



3. A natural sense of justice, and natural rights

Henry Shue, 'Basic Rights':

"A moral right provides

(1) the rational basis for a justified demand

(2) that the actual enjoyment of a substance be

(3) socially guaranteed against standard threats."

If all members of the tribe behave like cooperators, then all have a rational (moral) basis for justified demands, that the enjoyment of a good (food, care, perhaps freedom of expression) be guaranteed by the tribe.

Arthur Dyck:

If you answer

"the question of what makes communities possible",

or

"a question of what is logically and functionally necessary, and universally so, for the existence and sustenance of communities,"

then you will find what human rights are.

4. From natural rights to human rights

Two challenges

1. What happens with natural rights when direct regulation between individuals no longer works? (Imagine 200,000 inhabitants in the city of Ur, in 4000 BC.)

Religion takes over from direct regulation, and religion creates divine rulers, who tend to become tyrants. (The kings of Ur developed a nasty habit of taking servants with them, into their graves.)

2. Who is responsible for who?

Thomas Pogge:

"Responsibility for a person's human rights falls on all and only those who participate with this person in the same social system. It is their responsibility, collectively, to structure this system so that all its participants have secure access to the objects of their human rights."

Which social system? The family, the city, the nation, the state, the globe?

The evolution from natural rights to human rights is marked by a struggle to identify the appropriate 'exclusive circle of cooperation'. And the struggle is not over...

5. Descriptive evolutionary ethics, and controversies in contemporary human rights doctrine

Two controversies:

1. Can 'positive' rights (entailing efforts from others to do something) be human rights, or can only 'negative' rights (entailing efforts from others to do nothing – do not steal, do not torture) be human rights?
2. Are there global responsibilities for human rights?

The first was 'laid to rest' a while ago, but surfaces in the context of the second...

'Official disrespect' (Thomas Pogge)

- A 'private' murder does not constitute a violation of a human right. But 'honor murders' silently condoned by a government do constitute violations of human rights.
- A 'private' theft does not constitute a violation of a human right. But if a government does not invest in efforts to control criminality, thefts do constitute violations of human rights.

⇒ The 'negative' rights to life and property require positive efforts!



Descriptive evolutionary ethics:

- 'Positive' and 'negative' rights are more than two halves of the same package, they are like the Yin and Yang symbol.
- Natural rights – or human rights – are the fine print on the back of the social contract.
 - If you tell me that you have no duty to pay taxes for my health, my housing, my education, you are telling me that I am not a member of your tribe.
 - Then I have no reason to protect your life, or your property.
- A government that does not provide minimum levels of social protection (of 'positive' rights), will have a hard time protecting life, property, or freedom of expression.

The second controversy:

What is the extent of the corresponding duties?

Philip Alston:

"..., it must be emphasized that no UN body, nor any group of governments, has accepted the proposition that any given country is obligated to provide specific assistance to any other country."

Paul Hunt:

"Third, the Special Rapporteur acknowledges that Sweden, like other rich States, does not accept that it has a legal obligation of international assistance and cooperation."

Kishore Mahbubani:

"...from the viewpoint of many Third World citizens, human rights campaigns often have a bizarre quality. For many of them it looks something like this: They are like hungry and diseased passengers on a leaky, overcrowded boat that is about to drift into treacherous waters, in which many of them will perish. The captain of the boat is often harsh, sometimes fairly and sometimes not. On the river banks stand a group of affluent, well-fed, and well-intentioned onlookers. As soon as these onlookers witness a passenger being flogged or imprisoned or even deprived of his right to speak, they board the ship to intervene, protecting the passengers from the captain. But those passengers remain hungry and diseased. As soon as they try to swim to the banks into the arms of their benefactors, they are firmly returned to the boat, their primary sufferings unabated."

Descriptive evolutionary ethics:

- Natural rights are rights confined to all members of the tribe, in virtue of being members of the tribe. It is very natural to exclude strangers. In countries where we can identify nations that feel they are different from the state, there is a natural tendency to split social protection. (Belgium, Canada.)
 - But if natural rights – or human rights – are the fine print on all social contracts, there are great dangers in not respecting it. The West excludes the rest, and the rest will exclude the West...
- ⇒ We should consider halfway options: distributive justice in accordance with intensity of cooperation

6. Why we will not win the war on terror, why we will not stop climate change, unless...

- Halfway options are easy to imagine, for example a Global Fund for Health:
 - It takes US\$50 billion per year, in addition to domestic resources, to make US\$40 per capita per annum health expenditure possible, for 2.5 billion people;
 - It takes 0.1% of the wealth of high-income countries, or 15% of the old promise of sharing 0.7% of GDP;
 - It takes 1.5% of 'national solidarity in health'
- It does not require a global government, only a convention, a coalition of the willing

US President Barack Obama:

"It is undoubtedly true that development rarely takes root without security; it is also true that security does not exist where human beings do not have access to enough food, or clean water, or the medicine they need to survive. It does not exist where children cannot aspire to a decent education or a job that supports a family. The absence of hope can rot a society from within."

Kishore Mahbubani:

"It does not serve Pakistan's interest to see the battle against Osama bin Laden end with a swift decisive victory. If this happens, Pakistan would once again become less relevant to American interests (...). This is the real cost of the breakdown in trust and confidence between the American and Pakistani establishments. America has shown that it is an unreliable ally."

Climate negotiations 'suspended'

By Richard Black

Environment correspondent, BBC News website, Copenhagen

Negotiations at the UN climate summit have been suspended after developing countries withdrew their co-operation.

Delegations were angry at what they saw as moves by the Danish host government to sideline talks on more emission cuts under the Kyoto Protocol.

Personally, I think they had many other reasons to be angry...

The 'Matthew effect' on a global scale

Segment of World Population	Global Household Income 1988	Global Household Income 2002	Absolute Change in Income Share	Relative Change in Income Share
Richest Ventile	42.87	48.80	+5.93	+13.8%
Next Four Ventiles	46.63	42.78	-3.85	-8.3%
Second Quarter	6.97	5.44	-1.53	-22.0%
Third Quarter	2.37	2.06	-0.31	-13.1%
Poorest Quarter	1.16	0.92	-0.24	-20.7%