

Concept Note

Context

The promotion of health is a fundamental aspect of the progress of the 2030 Agenda for Sustainable Development and at the same time constitutes a necessary component of socio-economic stability. It has been rightly observed that ‘Weak health systems remain an obstacle in many countries, resulting in deficiencies in coverage for even the most basic health services’.¹

The close correlation between overall development policies and the sustainability of welfare and health-care systems has been highlighted, in various international conferences organised by the Pontifical Council for Health Care Workers. On the occasion of the thirty-first international conference, which was held in November 2016 and whose title was ‘Towards a Welcoming and Supportive Culture of Health at the Service of People with Rare and Neglected Pathologies’, it was also emphasised that such conditions of illness inflict grave health-care and economic burdens on populations, in particular in the poorest countries of the world

During the course of this international conference of 2016, data were presented from international studies on the factors that determine global health disparities. The papers highlighted that life expectancy increased by 5 years between 2000 and 2015. This increase was greatest in the African Region of the World Health Organisation (+9.4 years), as a consequence of the increase in child survival, progress in malaria control, and expanded access to anti-retrovirals for the treatment of the HIV virus.

Some studies revealed that life expectancy for children born in 2015 was 71.4 years (73.8 years for females and 69.1 years for males). However, the data described in the relative documents showed that the gap between low-income and high-income countries remains notable. Indeed, new born children in 29 countries – all of them high-income – have an average life expectancy of 80 years or more (with a high point of 86.8 years for Japanese females), while new born children

¹ World Health Organisation, *Progress in Implementation of the 2030 Agenda for Sustainable Development, Report by Secretariat*, A70/35, n. 3.

in the 22 countries of sub-Saharan Africa have a life expectancy of less than 60 years, with a low point for both sexes in Sierra Leone (50.8 years for females and 49.3 years for males).

In addition, the data of the reports that are available on subjects connected with the Sustainable Development Goals (SDG) indicate the amount of work that still has to be done in this area. Indeed, each year:

- 303,000 women die because of complications connected with pregnancy and childbirth;
- almost 6 million children die before the age of 6;
- 2 million people are newly infected with HIV, and there are 9.6 million new cases of tuberculosis and 214 million cases of malaria;
- 1.7 billion people need treatment for neglected tropical diseases;
- more than 10 million people die before the age of 70 because of cardiovascular diseases and cancer;
- 800,000 people commit suicide;
- over a million people die from road traffic injuries;
- 4.3 million people die because of pathologies connected with pollution caused by fuels used in cooking;
- 3 million people die because of outdoor pollution.

The report *World Health Statistics 2016* observes that these challenges cannot be defeated without tackling the risk factors that contribute to the development of pathological situations:

- 1.1 billion people smoke tobacco products;
- 156 million children under the age of 5 are stunted and 42 million children under the age of 5 are overweight;
- 1.8 billion people drink contaminated water and 946 million people do not have basic hygiene facilities;
- 3.1 billion people use polluting fuels for cooking.

The conclusions of the thirty-first international conference highlighted the need to examine in a suitable way, and to address in concrete terms, the subject of inequalities in the field of health and the social, economic, environmental and cultural determining factors lie behind them.

The Holy See followed on from this by announcing its concrete commitment to addressing global health inequalities on the occasion of the Seventieth World Health Assembly (Geneva, Switzerland, 22-27 May 2017).²

² World Health Organization, *Intervention of the Delegation of the Holy See at the 70th World Health Assembly (Geneva, Switzerland, 22-27 May 2017)*, 25 May 2017.

By his apostolic letter *Humanam Progressionem* in the form of a *Motu Proprio*, the Holy Father Francis instituted the new Dicastery for Promoting Integral Human Development. This dicastery is especially responsible for questions relating to migrations, those in need, the sick and the excluded, the marginalised, the victims of armed conflicts and of natural disasters, people in prison, the unemployed, and the victims of all forms of slavery and torture.

On 1 January 2017 the responsibilities of the Pontifical Council for Justice and Peace, of the Pontifical Council ‘Cor Unum’, of the Pontifical Council for Pastoral Care of Migrants and Itinerant People, and of the Pontifical Council for Health Care Workers became the responsibilities of the new Dicastery for Promoting Integral Human Development. Pope Francis has emphasised the importance of giving an impulse to concrete activity to ensure that those determinants of health that continue to fuel disparities in this field are diminished. As the Supreme Pontiff has observed: ‘Health, indeed, is not a consumer good, but a universal right which means that access to healthcare services cannot be a privilege’.³

Objectives

With this idea to guide it, the new Dicastery for Promoting Integral Human Development has organised an international conference on the subject ‘Addressing Global Health Inequalities’. It has established partnerships that will allow an alignment of research and development in the field of health care with global demand and needs at the level of health in order to assure greater access to treatment and to essential medical products for everyone. This international conference has also been organised in cooperation with the International Confederation of Catholic Health-Care Institutions (CIISAC), an institution of the Church that has its roots in an association created in 1985 at the Pontifical Council for Health Care Workers. Through its functions, CIISAC coordinates contacts, communication, cooperation, the exchange of knowledge and solidarity between Catholic health-care institutions throughout the world. Especial attention is paid to those institutions that work in geographical areas that are in a state of difficulty. CIISAC directs its activities to the over 116,000 social and health-care institutions and entities of the

³ Pope Francis, ‘Address to Doctors with Africa – CUAMM’, 7 May 2016.

Church,⁴ to people and health-care workers, religious and lay people, in Africa, the Americas, Europe and Oceania. Catholic health-care institutions, dispensaries, surgeries, clinics, health-care missions, hospitals and care-providing entities are a testimony to the work of the Church down the centuries and they are to be found throughout the world, constituting today a daily point for listening to and understanding needs, as well as the daily operational arm of this work of the Church.

The specific objectives of this international conference are:

To inform people about disparities in the field of health in the world in order to establish a common pathway that will be able to lead to – and foster – a growing contribution to health-care institutions in relation to the most critical subjects of health care at local, national, regional and global levels in order to address disparities in an adequate way.

To know so as to promote theological and spiritual formation, ethical-moral education, and research at the level of pastoral care for all those who are involved in various capacities in Catholic health-care institutions; to provide social and health-care programmes that respect the social doctrine of the Church, the pastoral recommendations of the Dicastery for Promoting Integral Human Development, and the practical socio-political and ecclesial realities of the various geographical areas of the world; and to promote at an international level the sharing of knowledge of various experiences in the field of health-care administration and management, as well as the planning of pastoral care in health care.

To act so as to develop programmes of formation and to create opportunities to spread these programmes to other Catholic health-care institutions and to change the way things are so as provide a remedy – through suitable policies – to the new needs of public health that come from the epochal migratory events that we are now witnessing and from the growing scourge of human trafficking.

⁴ At the present time the Catholic Church has over 116,000 social and health-care institutions throughout the world: cf. *Annuario Statistico della Chiesa 2015* (Libreria Editrice Vaticana, Vatican City, 2016), pp. 355-365.

This specific response of the new dicastery will be expressed on the occasion of the international conference to which 350 representatives of socio-economic and health-care institutions from all over the world will be invited. 150 Catholic hospitals in five continents of the world will be represented by their managers at this international conference. During the deliberations of this international conference, these first 150 Catholic hospitals will be called upon to create the first nucleus of aggregation which will then work to become an operational global network.

The international conference will illustrate the project for an operational platform of sharing and cooperation of Catholic health-care institutions from a technical point of view, with an exposition of the ways in which this platform can be created, implemented and managed. This project will set in motion activities involving interaction and the exchange of information, know-how, best practices and protocols between Catholic health-care institutions in various geographical and social contexts. It will lead to a platform for daily cooperation and will thus provide a technical and operational support starting with this international conference, going forward with the first results that are obtained to the world congress of 2018, in which all the Catholic health-care institutions of the world will be called to participate.

Expected Results

This project, taken as a whole, represents a contribution of charity, ethics, pastoral care in health and the Church (involving a proposed solution) to addressing the subject of disparities and inequalities in the field of health in the world. The setting in motion and the pursuit of the objectives of study and dialogue between all the Catholic health-care institutions of the world will project the international community of pastoral care in health towards the world congress which will be held in the Vatican in November 2018. This is when the foundations and the central infrastructure will be established for the creation of the most important federative network of cooperation of Catholic health-care institutions.