

# Is the bell tolling for global health?



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**T**he burden of chronic diseases, including cancer, continues to rise. Implementing solutions now assumes new relevance as support for global health agencies is being withdrawn; foreign aid – both general and programme-specific – has been reduced or abandoned; direct and indirect support for academia, innovation, and research is under threat; and established relationships between countries are being dissolved or renegotiated.

For the high-resource world, the privilege of choice regarding our health and wellbeing is due to ~200 years of improvement in the public's health – controlling communicable diseases and risk factors – and ~75 years of improvement in the public's illnesses through medical interventions directed to the causes and treatment of disease. The result has been the creation of wealth and a civil society that values and provides social protections for its citizens. By contrast, billions of people in lesser-resourced countries endure poverty, pain, misery, and suffering. This is their children's inheritance. Who our parents are, where they live, and how we grow up determines our choices, our lives, and predicts our outcomes.

Despite being “cut from the same genomic cloth”, neither equity nor equal opportunity prevail. We value the same things – happiness and wellbeing, standard of living, health, education, fairness, trust, generosity, etc. However, socio-emotional competence, the value of culture and community, humanity and human development are eroding. The elitism of imperialism, colonialism, ethnicity, and race is being replaced by the elitism of nationalism, populism, social media, transactional relationships, and return-on-investment.

Disruption is good if it results in constructive thought and action to address existing problems. John Kerry's words (March 2024) remain prescient: “If we did the things we could

do, that we know how to do, and that we have the technologies for – we could actually do it. We're just not. We're not doing it on a global basis. And everybody seems to be locked into a place of indifference”. Indifference must now be replaced by a new direction – social, economic, political, and medical advance, particularly now in a time of increased political and financial uncertainty.

The fundamental belief in decency, hard-work and the health of self, society, and the planet is now challenged by contrasting political philosophies, polarizations within society, and materialism undermining interdependence, global collaboration, and mutual support. High-resource nations increasingly prioritize “individualism”, personal achievement, and independence, rather than “collectivism”, social cohesion, and interdependence. Continuing human development in low- and middle-income countries will require national and global social investment, not just external “foreign aid”. Could external debt repayment be exchanged for investment in social determinants of health? Could repeated cycles of emergency and disaster relief be replaced by investment in resilient infrastructure and sustainable development? Could foreign aid be aligned with improvements in population health, more complete universal health coverage, social protections, and stronger, more resilient societies?

John Donne (1573–1671) recognized interdependence, the importance of community and social responsibility in times of religious and political upheaval in “For Whom the Bell Tolls”:

*“Each man's death diminishes me, for I am involved in mankind. Therefore, send not to know for whom the bell tolls. It tolls for thee”.*

Rather than contest or debate the “rights and wrongs” of evolving global politics and finances, the healthy now must be “what must we now do to advance global health”, “can we?” and “will we?” ■