Q&A with
Dr. Peter Hotez, author of
BLUE MARBLE HEALTH
An Innovative Plan to Fight Diseases of the Poor amid Wealth

Question: Why did you decide to write this book?

Dr. Peter Hotez: As a pediatrician-scientist and developer of vaccines for neglected diseases I work extensively in middle income countries where there is capacity for vaccine R&D and manufacturing. These countries - which suffer from great poverty also have potential for science innovation - are sometimes known as IDC’s (‘innovative developing countries’). They include countries such as Brazil, China, Indonesia, Panama, and Saudi Arabia. In my work I am often shocked at the disparities between wealth and poverty in these nations, and ultimately determined for this book that most of the world’s neglected diseases can actually be found in the 20 wealthiest economies – the group of 20 countries (G20) in addition to Nigeria. It occurred to me that we could eliminate most of the world’s neglected diseases if the leaders of the G20 countries and Nigeria (with an economy larger than some G20 countries) would commit to their own vulnerable populations.

Q: What were some of the most surprising things you learned while writing/researching the book?

A: The profound disparity between wealth and poverty in the large middle income countries and how widespread neglected diseases among the poor. The fact that most the world’s neglected diseases are found in G20 countries. Especially disheartening for me is the finding that 12 million Americans live in poverty and suffer from at least one neglected disease in the United States but that America is not unique (see below) Today, neglected diseases represent our nation’s most glaring health disparities.

Q: What is new about your book/research that sets it apart from other books in the field?

A: What sets this book apart is that it creates a new paradigm in global health, breaking with traditional norms of ‘developing vs developed’ nations. In its place is a central finding of the book that all economies are rising but leaving behind a bottom segment of society. The poor living amidst wealth now account for the lion’s share of the world’s neglected diseases. It’s a new finding that has important global policy ramifications for the G20 nations and the United Nations.
Q: Did you encounter any eye opening statistics while writing your book?

A: Yes in almost every G20 country where I did a “deep dive”, I discovered how devastating neglected diseases are among the poor, and how these diseases both occur in the setting of poverty and block upward social mobility among the poor. Major statistics include the fact that every person living in poverty in G20 countries has at least one neglected disease, including 12 million Americans, and that most of the poor living in G20 countries are denied access to diagnosis and treatment for their neglected diseases. Such as the Americans highlighted above, 99% of people living in Argentina, Brazil, Mexico that account for most of the world’s Chagas disease are denied access to diagnosis and treatment. Zika is in northeastern Brazil because it is ground zero for Brazil’s poverty and poverty related diseases including schistosomiasis and elephantiasis. Widespread neglected diseases in Southern Europe. Very few people in countries such as India, Indonesia, Nigeria receive treatment for their diseases. China has an east-west gradient of poverty and disease, with widespread neglected diseases in the southwestern portion of China. Indigenous people living in Australia are not receiving access to treatment. The points being these are not poor countries necessarily.

Another eye opener is the fact that so few countries contribute towards research and development for neglected diseases. Essentially outside of the US, UK, and a few other European countries and maybe now Japan, the G20 nations are horrific underachievers when it comes to support R&D for their own neglected populations. We urgently need new drugs, vaccines and diagnostics – people have an essential right to essential medicines and innovations which is being denied by our G20 countries.

Q: Does your book uncover and/or debunk any longstanding myths?

It shows how older concepts of developing vs developed countries are giving way to a new paradigm, which I call blue marble health the – the poor living among the wealthy.

It also uncovers opportunities for countries to work together in programs of science and vaccine diplomacy to put aside their ideologies for neglected disease product development.

Q: What is the single most important fact revealed in your book and why is it significant?

The resources are there within the G20 countries to melt away most of the world’s neglected diseases. While overseas development assistance needs to continue for the poorest countries in Africa and elsewhere, we are missing an opportunity to engage the G20 leaders to look inward at their own neglected populations and provide them access to essential medicines and access to innovation through new drugs, diagnostics and vaccines.
Q: How do you envision the lasting impact of your book?

For the first time to engage the G20 leaders to realize that their populations now contribute to most of the world’s poverty-related neglected diseases, and recognize that they have the resources to take these diseases on at the implementation level and through expanded R&D.

Q: What do you hope people will take away from reading your book?

The resources are already there to eliminate most of the world’s poverty-related and neglected diseases if the G20 leaders would step up, acknowledge what has happened and work to solve it. Also the fact that as scientists there is much we can do to raise awareness and become advocates for the poor and vulnerable if we’re willing to make the time for public engagement. Science is powerful and can shape foreign policy and effect diplomacy!