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Global Governance *for* Health: how to motivate political change?

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ABSTRACT

In this article, we address a central theme that was discussed at the Durham Health Summit: how can politics be brought back into global health governance and figure much more prominently in discussions around policy? We begin by briefly summarizing the report of the Lancet – University of Oslo Commission on Global Governance *for* Health: 'The Political Origins of Health Inequity' Ottersen et al. In order to provide compelling evidence of the central argument, the Commission selected seven case studies relating to, *inter alia*, economic and fiscal policy, food security, and foreign trade and investment agreements. Based on an analysis of these studies, the report concludes that the problems identified are often due to political choices: an unwillingness to change the global system of governance. This raises the question: what is the most effective way that a report of this kind can be used to motivate policy-makers, and the public at large, to demand change? What kind of moral or rational argument is most likely to lead to action? In this paper we assess the merits of various alternative perspectives: health as an investment; health as a global public good; health and human security; health and human development; health as a human right; health and global justice. We conclude that what is required in order to motivate change is a more explicitly political and moral perspective – favouring the later rather than the earlier alternatives just listed.

The Lancet-University of Oslo Commission on Global Governance *for* Health[a]

In this article, we address a central theme that was discussed at the Durham Health Summit: how can politics be brought back into governance and figure much more prominently in discussions around policy? This issue has concerned us – both during and after the preparation of the report of the Lancet – University of Oslo Commission on Global Governance *for* Health: 'The Political Origins of Health Inequity':[1] what combination of rigorous academic argument and moral outrage is required in order to motivate change? The challenge – as explicitly discussed at the Durham Summit – may be stated thus: 'Leaders need to be value-based but also evidence-informed. They need to avoid being blown off course by academics 'killing' the evidence by overcomplicating it.'

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We will begin by briefly summarizing the Commission's report which formed the basis for much of the discussion at the Summit. The Commission was motivated by a shared conviction among its members that the current system of global governance fails to adequately protect public health, and that the failures strike unevenly, being particularly disastrous for the world's most vulnerable, marginalized, or poorest populations. There can be little doubt about the overriding significance of health as a global concern. But, to quote the report: 'Despite large gains in health over the past decades, the distribution of health risks worldwide remains extremely and unacceptably uneven. While the health sector plays a crucial role in addressing health inequalities, its efforts often come into conflict with powerful global actors pursuing other interests such as protecting national security, safeguarding sovereignty, or pursuing economic goals.'

The report benefited from, and in part built upon, that of the WHO Commission on the Social Determinants of Health.[22] The latter report made creative and very effective use of health indicators to demonstrate how extreme are the health inequities that we face today: at global, national and local levels. For example: 'the lifetime risk of maternal death is one in eight in Afghanistan, but only one in 17,400 in Sweden;[18] maternal mortality is three to four times higher among the poor compared to the rich in Indonesia'.[5,18](p30) As that report clearly expresses it: 'Justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others'.[18](pi)

The Lancet-University of Oslo Commission on Global Governance *for* Health focused not so much on the national as on the global level – the complex and varying ways in which the current system of global governance has failed to protect people's health. In order to provide compelling empirical evidence of the central argument, the Commission selected seven case studies relating to: irregular migration; patterns of armed violence; knowledge, health and intellectual property; austerity measures; investment treaties; food; and the conduct of transnational corporations. In each case, the aim was to reveal the causal chains linking the rules and practices of global governance to impacts – very frequently negative – on people's health. Some of the case studies may be briefly summarized to give a flavour of the content.

In the case of food, nutritional status is affected by political and economic factors at the global level: agricultural trade agreements, price volatility and financial speculation, replacement of domestic crops with export crops, and marketing of unhealthy food by multinational corporations. Powerful actors, such as financial traders and multinational food and beverage corporations, make decisions with major implications for food and nutrition security; but they are not accountable for the health related effects of their decisions and there is little or no global regulation governing their actions in the interest of health.[1]

The effect of the recent financial crisis has been particularly disastrous for the people in Southern Europe, such as Greece and Spain, that had to accept bailout packages from the International Monetary Fund, the European Central Bank and the EU Commission. The conditions attached to the bailout packages involved large cuts in social sectors, which negatively affected people's health. In Greece, for example, the health budget was cut by 40%, leading to reduced access to medicines and health care – especially among already vulnerable groups.[17,b]

To take the case study of investment treaties: there are now more than 3000 investment agreements – bilateral, regional and multilateral;[12] and such treaties have recently been used by firms to challenge national health regulations. Tobacco use is estimated to have killed 100 million people in the 20th century, and will cause the premature death of one billion more in the 21st century unless consumption is reduced; and today, 80% of all smokers live in developing countries.[21] In 2010, the tobacco company Philip Morris sued the government of Uruguay, seeking to reject a new regulation that required graphic warning labels on cigarette packs. Rather than taking the case to the national court of Uruguay, the company has brought it to an international trade tribunal at the World Bank in Washington DC established to adjudicate conflicts between private firms and states that have signed investment treaties.[c] This is not an isolated case; there has been a sharp rise over the past two decades in the number of legal disputes brought by companies against states for violations of investment agreements, showing how public health concerns can be subordinated to the interests of private firms.

Actors that benefit from the power disparities described here shape how the rules of the game are written and interpreted; and the decisions, policies and actions of such actors are in turn founded on global social norms. Their actions are not designed to harm health, but they can have negative side-effects that create health inequities and jeopardize the substantial achievements that have been made in global health in recent decades. All too often the health effects are not given due priority. The Commission concluded that the unacceptable health inequities within and between countries cannot simply be addressed within the health sector, by technical measures. And action at the national level alone is often insufficient; what is required is global political solutions. But, as the report made clear, based on an analysis of the seven case studies, there are substantial weaknesses in the current global governance system which hinder solutions being implemented. The report emphasised that these failures are often due to political choices: an unwillingness by powerful actors to change the global system of governance. This raises the question: what is the most effective way that a report can be used to motivate policymakers, and the public at large, to demand change? What kind of moral or rational argument is most likely to lead to action?

[b] The case for austerity measures is, of course, much debated; what is in little doubt is that the most vulnerable people suffered disproportionately.

[c] The outcome is still pending, but such legal actions have substantial effects even if, as may ultimately be the case here, they are unsuccessful.

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