Global Health: Governance and Policy Development

Patrick W. Kelley, MD, DrPH

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• Global health • Governance • Policy • Globalization

Collective global action is increasingly recognized as central to achieving the highest attainable standard of health and wellbeing for the world's people. Governance constitutes the constellation of mechanisms a society uses to effect collective action toward common goals. Although individuals bear the major responsibility for maintaining healthy lifestyles and for seeking appropriate preventive and therapeutic care, many factors necessary for health can only be established through collective action on a larger scale.

Effective collective action requires coordinated policy and a collaborative approach to implementation. Historically, the purview of sovereign states and intergovernmental organizations like the World Health Organization (WHO), global health policy is now being influenced by an ever-increasing number of nonstate and non-intergovernmental actors with a range of mandates, interests, resources, means, and degrees of accountability.

Illustrative community needs amenable to organized, collective public-health solutions include the need to provide individuals with access to safe, potable water, hygienic housing and worksites, nutritious and uncontaminated food and drugs, and protection from infectious diseases. In recent decades, the challenges for global health governance have grown to encompass the prevention of interpersonal violence, unintentional injuries, threats to mental and reproductive health, and the prevention of global epidemics of chronic diseases. In health systems, current challenges include addressing the consequences of health-workforce migrations from communities in dire need to meet the growing demand for health workers in wealthier countries. Increases in global trade have extended the public-health mandate to concern about the safety and effectiveness of imported food, pharmaceuticals, and other products.

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Boards on Global Health and African Science Academy Development, Institute of Medicine, National Academies, 500 Fifth Street North West, Washington, DC 20001, USA
E-mail address: pkelley@nas.edu

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Threats to health, actual and perceived, can also constitute challenges to peace, economic prosperity, family and military stability, and human rights. Responding to health threats can bring into tension competing global interests that require resolution in the global governance arena (eg, reconciling the right to have access to lifesaving antiretroviral drugs with intellectual property regimes). Indeed, many public goods can now be achieved only with global collective action.

GLOBALIZATION: A DRIVER FOR GLOBAL HEALTH GOVERNANCE

In the mid-nineteenth century there was recognition that collective supranational action was needed to control epidemic diseases, such as plague and cholera. From 1851 to 1903, at least 11 international sanitary conferences were convened to address the threats of cholera, yellow fever, and plague.[1] The motivation for these conferences was not merely the protection of individual health but also the implementation of disease control so that the benefits of industrialization, global trade, and cross-border traffic would not be unduly hampered.

The geo-temporal challenge of global health governance in the nineteenth century was modest. In 1850, when the world population was about 1.2 billion, an individual needed about 1 year to circumnavigate the globe. By 2000, when the world population had increased to more than 6 billion, a determined traveler could cover the same distance in less than 48 hours.[2] Pathogens can now be carried far and wide with great rapidity, as was seen with severe acute respiratory syndrome (SARS) in 2003 and with the H1N1 pandemic in 2009.[3,4]

In the twenty-first century, the health impacts of globalization go far beyond the international spread of naturally occurring emerging infections.[5] Medically inappropriate or inadequate uses of antimicrobial drugs have hastened the spread of resistant organisms (eg, extremely drug-resistant tuberculosis), which can migrate and threaten even well-developed countries. Sadly, biologic and chemical terrorism are ongoing threats, despite the provisions of the Biologic and Chemical Weapons Conventions.[6] Two perhaps less-obvious phenomena are the globalization of pharmaceuticals and food supplies.

Pharmaceuticals originating in many developing countries have been associated with a range of quality problems, yet they are increasingly imported to the United States. According to calculations based on the United Nations (UN) Commodity Trade Statistics Database, the dollar value of pharmaceuticals imports to the United States from all parts of the world increased more than 22-fold between 1985 and 2005. During that same period, when the values of imports from Switzerland and the United Kingdom increased 11-fold and 12-fold, respectively, the comparable increases for imports from China and India were 23-fold and 65-fold, respectively.[7] Some pharmaceutical-manufacturing problems in the developing world may even reflect intentional adulteration. In 2007 and 2008 exported heparin of Chinese origin that included oversulfated chondroitin sulfate was tied to 149 US deaths in which one or more allergic/hypotensive symptoms were reported.[8] The pharmaceutical-import business is so large that the US Food and Drug Administration (FDA) inspection of products at US points of entry is logistically impractical.

As depicted in **Fig. 1**, the globalization of agricultural trade over the last several decades has also been remarkable. Excluding imports from Canada and 27 nations of the European Union, the dollar value of agricultural imports to the United States from the next 13 national sources totaled about $32,808,623,000 in 2009. Of this, approximately 51% was attributable to trade with Mexico, China, Brazil, Thailand, and India.[9] A 2008 US Government Accountability Office report estimated that at