GLOBAL GOVERNANCE FOR HEALTH

Despite large gains in health over the past decades, health risks are still unevenly distributed, and disturbingly so. While the global health system plays a crucial role in addressing health inequalities, its efforts are often thwarted by other powerful interests, such as those aimed at protecting national security, safeguarding sovereignty, or pursuing economic goals. This is the starting point of The Lancet—University of Oslo Commission on Global Governance for Health—an initiative between the Harvard Global Health Institute. The Commission was set up to discuss the health impact of decisions made in arenas of global governance outside of the global health system.

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Recognizing that many drivers of ill health lie beyond the control of national governments, and outside the realm of the health sector, we believe that the root causes of unjust distribution of health must be addressed where global actors converge to address transnational issues, and to organize our common global affairs. This article will present some of the results and recommendations of the Commission’s work. We send a strong message to the international community, and to all actors that exert influence in processes of global governance: we must no longer regard health solely as a technical and biomedical issue, but recognize the need for global cross-sectorial action, and distributive justice in our efforts to address health inequity.

Life chances vary enormously, both between and within countries, as demonstrated in the 2008 report of the Commission on Social Determinants of Health (CSDH). A powerful diagnosis was provided: a toxic combination of poor social policies and programs, unfair economic arrangements, and bad politics are responsible for the fact that the majority of people in the world do not enjoy the good health that is biologically possible. Our Commission on Global Governance for Health picks up where the CSDH left off, by providing a candid assessment of political mechanisms that are at the root of the unjust distribution of health. We identify a range of policy areas, which require improved global governance for health: food security, foreign investment treaties, international finance, transnational corporations, trade-related aspects of intellectual property rights, irregular migration, and violent conflict. The norms, policies, and practices arising from global political interaction across all sectors that impact on health are what we have labeled “global political determinants of health.”

The global health system—actors with the primary intent to improve health, such as the World Health Organization (WHO), the GAVI Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria—has made great strides over the past few decades. Its initiatives, however, are not immune to what happens outside the health sector, and for its continued success, the health system’s initiatives must not be foiled by political decisions in other arenas.

While globalization has generated immense gains for people’s lives and health, powerful global actors in pursuit of what they see as their legitimate interests can also—directly or indirectly—cause the ill health of millions. These situations can arise, for instance, when states cannot cooperate to check the behavior of powerful multinational corporations. A major transnational corporation may, in its pursuit of profit, expose workers to dangerous working conditions, or expose communities to toxic pollutants. The all-powerful country can influence the creation of transnational laws and conventions, but also decline to adopt transnational agreements that protect public health. In intergovernmental organizations, the objectives of one sector may have to yield in competition with those of a more powerful sector.

Take the example of nutrition. Today, we experience in many parts of the world a “double burden” of malnutrition, with obesity paradoxically coexisting with hunger and undernutrition. Among the causes of disease that can be prevented, obesity has surpassed tobacco in certain regions of the world. At the same time, hunger kills more people annually than HIV, malaria, and tuberculosis combined.

While the conditions of hunger and obesity within a country are subject to a variety of local and national processes, activities at the global level have come to play an increasing role in people’s access to sufficient, safe, and nutritious food. Analysts have pointed to a range of global-level factors as having potential negative impact on food security, including price volatility, financial speculation, agricultural trade agreements, replacement of stable crops with cash crops, land acquisitions, and marketing of unhealthy foods by large multinational corporations. As such, national food systems, and therefore people’s health statuses, have become increasingly vulnerable to actors in the global market, whose main objectives do not cover food security or human health.

The fact that the global governance system fails to adequately protect the right to food and the right to health—two of the most fundamental and widely accepted human rights—is, in our view, rooted in several dimensions of the global governance complex: the weakness of institutions for protecting health in other sectors such as trade or finance, the institutional “stickiness” that makes it difficult to change agricultural trade rules, even when they disfavor poorer populations, and the weak mechanisms for holding powerful actors accountable for the negative impacts their decisions may have on health and food security. Finally, there is the problem of “absent institutions”: states have collectively failed to build the institutions needed to better govern a globalized food market, such as institutions for regulating speculation in global commodity markets, for managing export controls in times of extreme food commodity shortages, and for balancing global biofuel demand with food-supply concerns.

The Commission is convinced that we are faced with a global governance system that is inadequate to mitigate the power disparities that continue to characterize global politics. The system is fragmented and unable to handle the cross-sectoral and interconnected challenges in a way that is conducive to health equity. In our report, we illustrate how different types of systemic dysfunctions—democratic deficit, weak accountability mechanisms, weak institutions to protect health in other sectors, institutional stickiness, and absent or nascent institutions—are plaguing the institutional architecture, and allow for the adverse effects of the global political determinants of health to persist.

The cases that we discuss suggest that remedial action is possible and that measures can and should be taken to secure global governance for health. Decision-making spaces must be opened for wider participation, based on the awareness instilled by the Commission’s report: that decisions made outside of the health sector might negatively impact health and undermine the efforts of the health sector. Surveillance is key. In each political arena, competence must be built to better monitor effects on health, and to better understand the political root causes of health inequity. The very social sustainability of the global governance system hangs in the balance.

In conclusion, the biomedical paradigm for strategies and action on health must be complemented by another paradigm in which health inequities are taken as cross-sectorial concerns at all levels of governance, and in which health itself is regarded as a universal value and a shared objective for all.

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