



**'The Global Health Challenge: Why We Need Good Governance for Health'**

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**Overview:**

From a starting point that emphasised the changing nature of the world and the globalisation of everyday life, this lecture demonstrated the many ways in which globalisation impacts on health, and health impacts on globalisation. Dr Kickbusch explored the implications of 'good global governance for health', and the possibility of achieving a global healthy treaty.

**Key ideas:**

- The development of a new global public health perspective, fit for the 21<sup>st</sup> century and based on the idea of **health as a public good** incorporating social justice.
- **Global Health Dynamics** - the emerging relationship between the global and the local in all fields.
- **Global Health Governance** - the arrangements by which the main actors in global civic society agree actions.
- **Unstructured Plurality** – the situation which has developed as a result of new actors (e.g. philanthropists, entertainers, security and economic organisations) emerging on the world governance stage, associated with new constellations of political power.
- **Healthscapes** – new health relevant action areas (e.g. obesity, identity politics, SARS, avian flu) which do not respect national borders.
- **Global Domestic Politics** – the relationship between domestic and global policy.
- **Global Health Treaty** – a proposed set of arrangements which form the basis of a new public health, relevant for a globalising world.

**Summary:**

**Global Health Dynamics**

Recent experience suggests that the interaction between globalisation and health is a two way process, with each having a greater impact on the other than previously realised. The development of SARS and avian flu provide examples of this, with their health impacts crossing national boundaries. In addition, disease outbreaks and changes in lifestyle have significant economic impacts, which are often borne at the local level. For example, the SARS outbreak in Toronto cost 12,000 jobs and over \$1 billion in 2003 alone.

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Increasing globalisation is also having an adverse effect on health inequalities within and between countries, as the global economy restructures. Neither risks nor costs are equally shared between nations. On the other hand health is an important determinant of growth, productivity, wealth and quality of life. Questions need to be answered about the economic and social impacts of, and national/local preparedness and responses to, emerging global health challenges. A new perspective and action is needed to address these challenges, and it should be based upon a deeper understanding of the interdependence between the global and the local where threats and opportunities are not always clear. Countries have a joint interest in creating a healthier world.

This new perspective should be based on the idea that health is resource for life, not a cost associated with it. Health is a driving force for development, an investment in and a determinant of it, as well as a basic human right.

Dr Kickbusch highlighted three trends that require attention:

1. *The globalisation of everyday life.* This has cognitive, spatial and temporal dimensions: people have different mindsets, borders disappear, and there is increasingly rapid movement of goods and people.
2. *The privatisation of health* in many global locations and in many associated global arenas. The health insurance industry is increasingly global, and the poorest people spend the greatest proportion of their income on health services. Health is the third largest global market, after arms and drugs.
3. *The increasing chasm between what we know and what we do.* There is a governance gap, and a lack of political commitment to global public health, which prevents us from doing what we know will help.

Consequently, Kickbusch argued, the global public health crisis which we face is not primarily a disease crisis, but a crisis of governance. To address it we must begin with the political and social determinants of health.

### **Global Health Governance**

Looking at political determinants, the key characteristic over the last twenty years has been a move from a few relatively large inter-state mechanisms to a fragmented system involving many new actors (including private, security, trade, foreign policy and entertainment interests), often with no coordination between them, and frequently funded by philanthropy. Kickbusch described this as *unstructured plurality*. Health is moving into a new international space with a new emerging ideology and new constellations of power around threats, risks, markets and justice. Increasingly, international organisations are dependent on social movements to push things forwards.

### **Healthscapes and Global Domestic Politics**

The idea, developed by Appadurai, of new borderless translational domains of activity known as “scapes” might help us to reframe the challenges and grapple with these in a new way. Healthscapes might include obesity, infectious diseases, mobility, food security, and the health marketplace.

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This leads us to consider the idea of *Global Domestic Politics*. This phrase acknowledges the intimate interdependence between different levels of policy making. There are four key areas which we think of as the responsibility of the nation state: security, rule of law, social welfare, and identity and participation. At a global level these might translate into concerns about human security and rights, international law and global ethics, fairness in global distribution, common global identities and channels for international participation. These can in turn be united by two key policy principles, ensuring that: global economic activity is complemented by the development of global public goods that address other dimensions of globalisation; and that mechanisms are developed to bind actors into the development of these.

These principles need to be accompanied by shifts in thinking:

- From nation state to multi actor accountability
- From national and international to global accountability
- From a focus on civil and political rights to a focus on economic, social and cultural rights,
- From a punitive to a positive ethos
- From multiparty to inclusive democracy
- From poverty eradication as a development goal to poverty eradication as social justice.

Such shifts would enable:

- The development of health as a human right - increasing people's control over their own health
- The development of International Health Law which pools sovereignty to intervene on behalf of the global community
- The replacement of privilege by generalised entitlements for all
- The realisation of the eight UN Millennium Development Goals
- The tackling of global inequality on the basis of social justice rather than charity
- The mobilisation of local people based on identity rather than territory.

### **A Global Health Treaty**

A Global Health Treaty would cause these shifts in thinking to be realised. It should aim to provide a common high level of health protection for all citizens of the world, from those risks and threats which are beyond the control of current arrangements.

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Dr Kickbusch identified a number of issues that should be covered by such a Treaty, including:

- the reform and strengthening of binding global institutions and law for the burgeoning numbers of actors involved in global health;
- the control of unsafe goods, products and corporate behaviour;
- transboundary health dimensions of collective human security issues;
- access for all to essential medicines, vaccines and health knowledge based on open source principles;
- the fight against major global diseases including rapid response to emerging threats; and
- the development and retention of professional capacity and human resources for health.

The Treaty should include new binding financial compliance and transparency mechanisms moving beyond voluntary aid to the agreed financing of *global public goods* to which all contribute. Fundamentally it would recognise that global health is only as strong as its weakest link.

In summary the new global public health would have five main characteristics:

- Health as a public good
- Health as a key component of collective human security
- Health a key factor in global governance
- Health as responsible business practice (including social responsibility)
- Health as global citizenship based on human rights.

A new health promotion would be required, going beyond the Ottawa Charter guidelines of good local action within a strong national framework. That approach is no longer sufficient in a globalising world. A health perspective relevant for current conditions must seek to understand the local dimensions of the global, and to cover the contributions to problems and solutions that a locality brings to the global health arena.

The views expressed in this paper are those of the speaker and do not necessarily reflect the views of the Glasgow Centre for Population Health.

Summary prepared by the Glasgow Centre for Population Health.