The global health challenge: why we need good governance for health

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1. GLOBAL HEALTH DYNAMICS
2. GLOBAL HEALTH GOVERNANCE DYNAMICS
3. THE NEW BORDERLESS DOMAINS OF ACTION
4. GLOBAL DOMESTIC POLITICS AND POLICIES
5. A GLOBAL HEALTH TREATY
The 21st century dynamics

- Globalization impacts health
- Health impacts globalization
The global health dynamics

- The growing health gap between and within countries
- The return of infectious diseases
- The chronic disease epidemic

- Health is a determinant of growth and productivity, wealth and quality of life
- Direct and indirect economic impact of disease outbreaks and lifestyle changes
Local level

Cost of the SARS epidemic to Toronto:
12,000 lost jobs
Cost to the local economy:
over $1 billion in 2003

- Asia:
- Cost per person US$ 6 million (60 billion in costs)
21st century risk society: interdependence

- Global governance:
- Risks are transnational

- Local governance
- Global risk production is localized through the globalization of everyday life
- Impact? Preparedness? Response?
Today: Avian Influenza H5N1

- Tomorrow: Global influenza epidemic would cost the world more than US$ 800 billion

Millions of dead
The global is here not there.....
The perspective: a new view on health

- Health is a resource
- Health is a human right

Ottawa Charter

A vital interest in Global Health

- Health is a driving force
- Health is an investment
- Health is a determinant

A vital interest in Global Health
How to create health:

HEALTH IS LOCAL

Health is created in the context of everyday life: where people live, love, work and play.

Ottawa Charter

Three key components of change:
1. the “globalization” of everyday life

- Cognitive
- Spatial
- Temporal

DETERRITORIALIZATION

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2. The privatization of health

- Commercialization and Privatization (water and health)
- Structural adjustment
- Trade in health services
- WTO agreements
- TRIPS
- Foreign direct investment
- Mobility of health workers
3. The increasing chasm between what we know and what we do

What we know

Political Commitment gap

What we DO
The consequence: a global health crisis

- This crisis is primarily not a disease crisis, it is a crisis of governance – its key characteristic is a weakening of public policy and interstate mechanisms as a consequence of global restructuring
The public health challenge

• We must begin not end with the political and social determinants of health
The goal: “good global governance”

• Good at delivering results (efficient and effective)
• Ensures that results delivered are deemed good (fairness, reducing poverty, increasing equity)
• Addresses the distribution of power through increased participation and spaces of interaction
The present

- Unstructured plurality
Political determinants……

1. The redirection of global health functions from interstate mechanisms to a growing but fragmented group of actors

From the center…..
…..to a fragmented POLITICAL ECOSYSTEM
2. The deliberation of major health issues and major health determinants in fora to which the public health community has little or no access – and is not prepared for.

From the ministers of health
…into a new political space

- Foreign policy
- Security policy
- Economic policy
- Trade policy
- Demographic Geopolitics

- Global “interhuman” Ethics: Make poverty history

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..to new constellations of power

- Advocate
- Enable
- Mediate
- Ottawa Charter
3. The very nature of politics has changed: Globalization has provided opportunities for women, lesbians and gay men, disabled persons, indigenous people to mobilize to a degree that was generally unavailable to them in ...territorial politics.

(Scholte 1999)
Address the ideology of the health wars: different concepts
Address the global/local interface

- The global
  - Risks in the 21st century are transnational and all attempts to control them lead into the international arena

- The local
  - Global risk production is localized through the “globalization” of everyday life
The NEW BORDERLESS domains of action in a global world

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<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tr>
<td>Ideoscapes</td>
<td>Images with political ideological meanings</td>
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<td>Technoscapes</td>
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<td>Ethnoscapes</td>
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<td>Mass media IT marketing</td>
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<td>Finanscapes</td>
<td>Global capital transfers</td>
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<td>Appadurai, Yale University</td>
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In a global world

- From organizational settings
- To healthscapes
Healthscapes: Food – Drink - Obesity
Healthscape: infectious diseases
Healthscape: food security

A new food continuum

Environment to People

Environment (wildlife, air, water & soil)

Human beings (health & well-being)

Points of Potential Terrorism

Farm
Transportation
Processing
Transportation
Warehousing
Transportation

Retail Markets
International Markets

Domestic Tables
International Tables

Borders

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Healthscape: women’s mobility

Migration and increased mobility of women

- New slave markets
- Forced prostitution
- Domestic workers
- Health workers
- Low paid service work
Healthscape: The health marketplace
Healthscape: INTIMACY

SAFE SEX
Healthscapes: Sex as a market and a product

- *Sex itself is a global driving force for new technologies, markets and new consumers – and global crime networks*
A new focus??????

Global domestic politics
Nation state

- Security
- Rule of law
- Social welfare
- Identity and participation

global governance

- Human Security and Human Rights
- International rule of law/global ethics
- Fairness in Global Distribution
- Common Identity as global citizens and a global voice and channels of participation
Two policy principles: Ensure a global public goods and human rights approach

The global public goods produced for economic globalization (World Trade Agreements) need to be complemented by global public goods that address the other dimensions of globalization.

- Mechanisms need to be created that ensure the responsibility of ALL global actors for human rights.
Required shifts in thinking

- From nation state to Multi actor accountability
- From national to international and global accountability
- From focus on civil and political rights to economic, social and cultural rights
- From punitive to positive ethos (name and shame)
- From multi party to inclusive models of democracy
- From poverty eradication as a development goal to poverty eradication as social justice (UNDP 2000)
Towards good governance

- Bind countries through treaties and regulations which define their responsibilities towards their own constituencies and the global community
- Bind and make accountable other global actors through appropriate regimes
1a. Trans-boundary collective human security issues

- Trade/mobility
- Global Crime
- Terrorism
- Environment
- Infectious disease
- Intellectual property
- Disaster response
1b. Health as a human right

The move towards a new public health: *peoples control over their health and its determinants*

EMPOWERMENT
PUBLIC POLICY
2a. International health law

- Pooling sovereignty and right to intervene on behalf of the global community: FCTC
2b. Global Ethics: From charity to entitlements and citizenship

• “the very values of an enlightened and civilized society demand that privilege be replaced by generalized entitlements – if not ultimately by world citizenship then by citizens rights for all human beings of the world”

• Ralf Dahrendorf
3a. A global compact: The Millennium Development Goals

- The Millennium Development Goals are time-bound and measurable goals and targets to be achieved between 1990 and 2015, they include:

1. halving extreme poverty and hunger
2. achieving universal primary education
3. promoting gender equality
4. reducing under-five mortality by two-thirds
5. reducing maternal mortality by three-quarters
6. reversing the spread of HIV/AIDS, malaria and TB
7. ensuring environmental sustainability
8. developing a global partnership for development, with targets for aid, trade and debt relief
3b. Addressing Global inequality and poverty as social justice

- Poverty
- Demography
- Education
- Social disparities
- Information
- Security
- Health
4. A different politics of inclusive democracy

• The very nature of politics has changed: Globalization has provided opportunities for women, lesbians and gay men, disabled persons, indigenous people to mobilize to a degree that was generally unavailable to them in …territorial politics.

• (Scholte 1999)
4. Health identity politics
Address the political determinants of health

- Explore new forms of engagement and commitment: a global health treaty
- Explore new forms of financing that go beyond charity and express social justice principles
- Introduce new forms of accountability and transparency to monitor compliance (CTA)
A global health treaty

• should ensure a common high level of health protection and health rights for all citizens OF THE WORLD, wherever they live, love work and play (and travel, buy or google)

• from those risks and threats to their health, safety and well being which are beyond the control of individuals and communities AND NATION STATES

• cannot be effectively tackled by nation states alone but need to be multiactor (e.g. health threats, unsafe products, unfair commercial practices).
1. Global health treaty agenda

• Reform and strengthen global institutions and international law for health and bind a wide range of actors
• Control unsafe goods and products, ensure Corporate accountability
• Address health dimensions of Trans-boundary/collective human security issues
• Ensure access for all to essential medicines, vaccines and health knowledge
Global health treaty agenda (con.)

- Fight major diseases and defined global health emergencies including rapid response
- Create surveillance and information systems
- Priority support to PHC and PH health infrastructures,
- Create professional capacity and ensure human resources, address brain drain

- CRITICAL: Ensure financing, compliance, transparency and accountability (CTA) mechanisms
2. Ensure new financing mechanisms

- Move beyond voluntary development aid to the agreed *financing of global public goods* to which *all* actors contribute, particularly those that benefit most from global restructuring: tax, IFF (frontloading through bonds), funds, new philanthropy, airline taxes…..*WEAKEST LINK*
3. Ensure accountability to “own” constituency and global community
CTA: ensure accountability to “own” constituency and global community

- South Africa
- China
- Russia

» Thailand
» Brazil
» Uganda
Ensure CTA within the fragmented global health system
Characteristics of a new global public health

• health as a global public good
• health as a key component of collective human security
• health a key factor of good global governance
• health as responsible business practice and social responsibility
• health as global citizenship based on human rights.
Health Promotion in a globalized world

• Healthy public policy
• Supportive environments
• Community action
• Personal skills
• Reorient health services

*Ottawa Charter*

• **health as**
  • a global public good
  • a key component of collective human security
  • a key factor of good global governance
  • responsible business practice and social responsibility
  • global citizenship and human rights.
National (AND LOCAL) Global Health Strategies

• “to counter from a national – LOCAL -standpoint, the threats to global health”
• Problems which directly or indirectly threaten populations
• Contribution to global problems
• Contributions to global solutions
• National consensus on principles, values, intent and directions

• Include in public health reports and HEALTH goals

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Engage in LOCAL - Global Health Summits

• MAP OUT G-LOCAL HEALTH

• LINK TO GLOBAL AGENDAS

• INVOLVE CITIZENS AND THE BUSINESS COMMUNITY
Have you voted for health today?

• Work systematically with political decision makers and parliamentarians at all levels of governance – LOCAL, national and European parliamentarians

• Create new types of public health forums FOR COMPLIANCE TRANSPARENCY AND ACCOUNTABILITY CTA
Towards a new public health

We are challenged to develop a public health approach that responds to the globalized world and its political, social and economic ramifications. The challenge is as large as when public health was first developed.
The goal: a global social contract on health