



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

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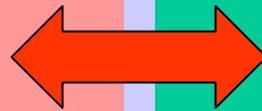
14. February 2006

- 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?

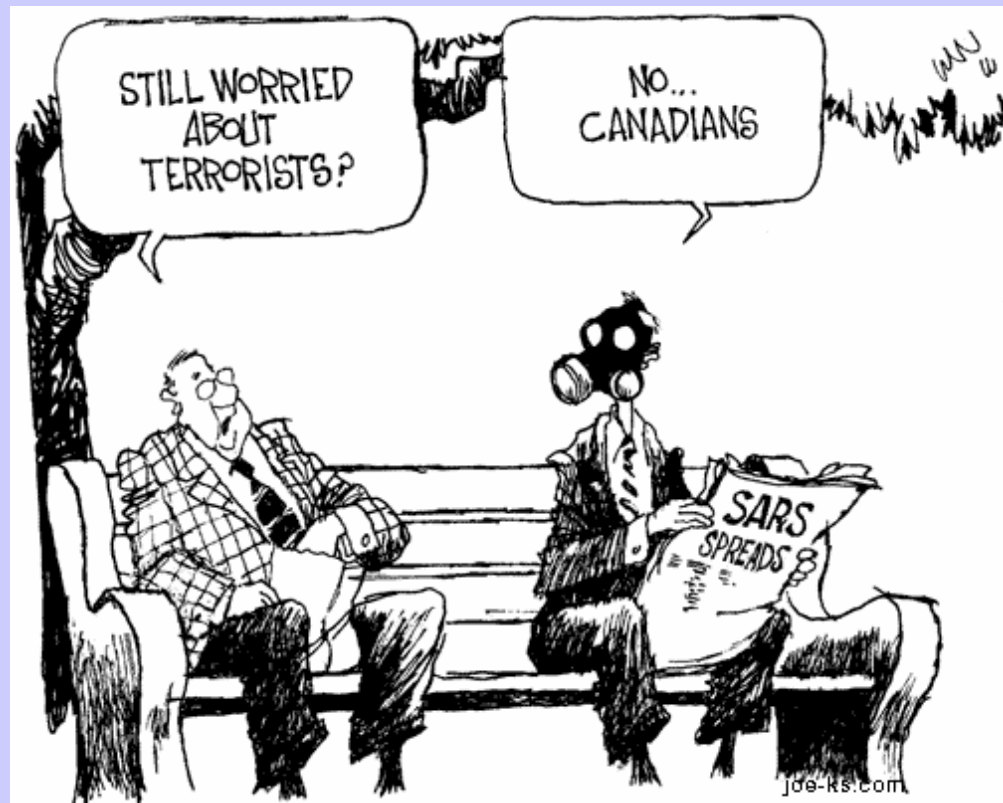
Today: Avian Influenza H5N1

- 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*

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

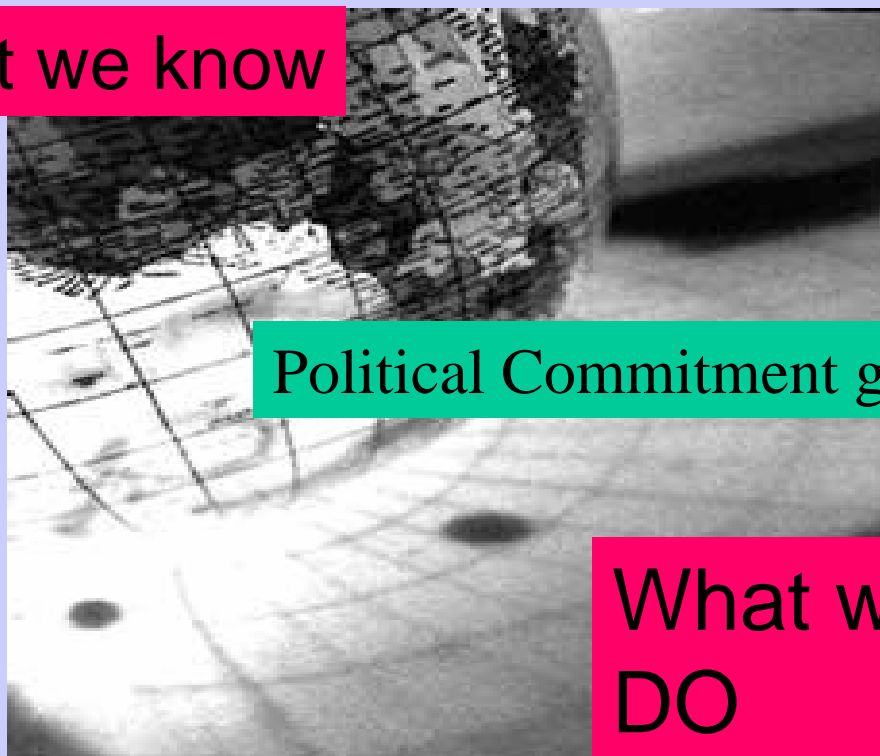
2. The privatization of health

- 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

MSF



BILL & MELINDA GATES foundation



CLINTON



BONO



WEF

GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION
Partnering with The Vaccine Fund

PHA

Bill Gates administered oral polio
Delhi

World Bank

150 PPPH

Political determinants.....

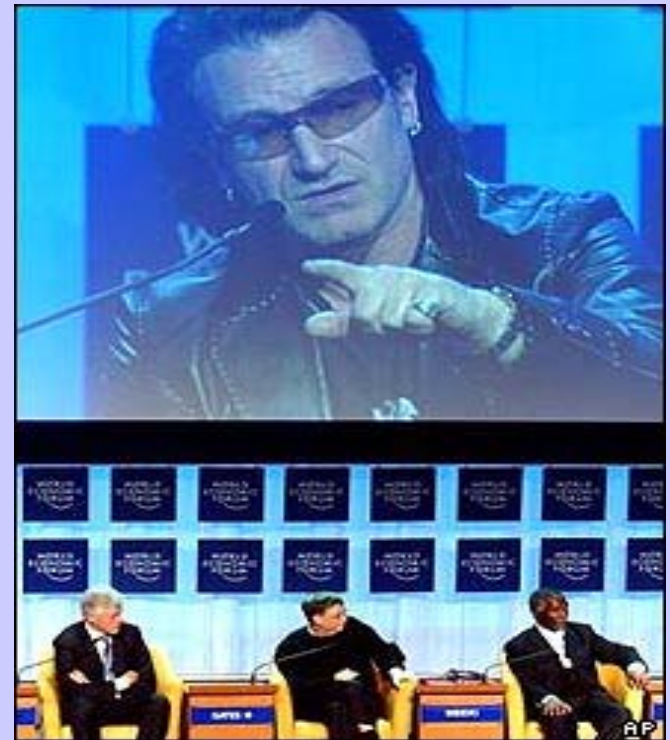
2. The deliberation of major health issues and major health determinants in fora to which the public health community has little or no access – *and is not prepared for.*

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*

..to new constellations of power

- Advocate
- Enable
- Mediate
- Ottawa Charter



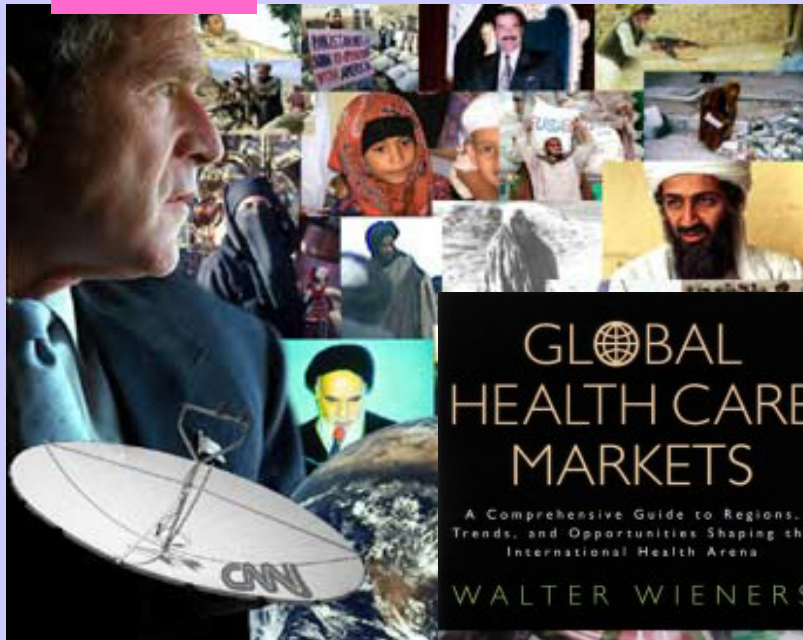
..From elites to ordinary people

- 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

Threat



Risk



justice



Market



Glasgow 2006

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

Ideoscapes	Images with political ideological meanings
Technoscapes	Export of technologies
Ethnoscapes	Flow of people
Mediascapes	Mass media IT marketing
Finanscapes	Global capital transfers

Appadurai, Yale University

In a global world

- From
organizational
settings

- To
healthscapes

Healthscapes: Food – Drink - Obesity

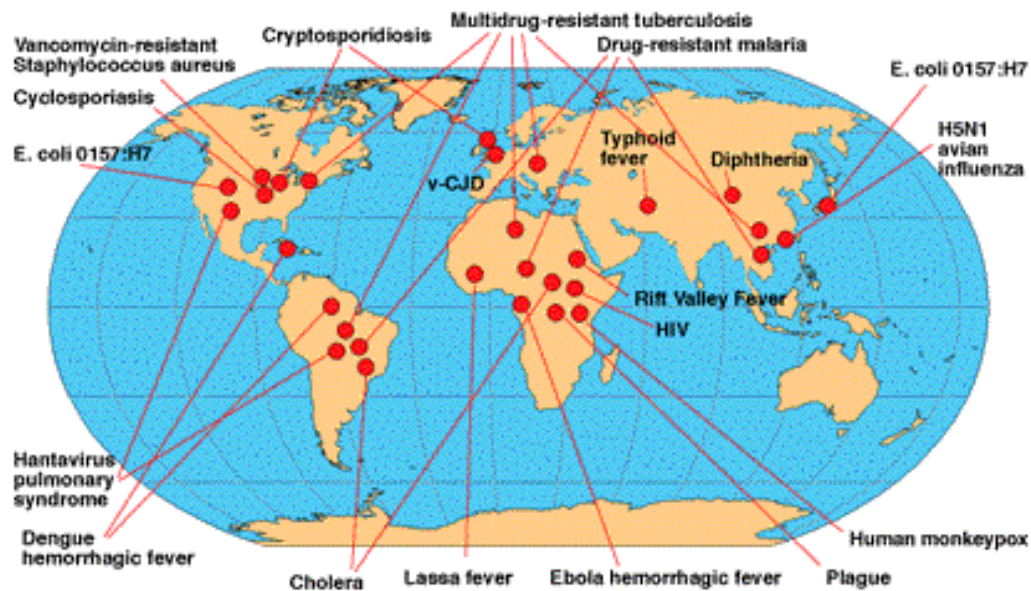


made
somewhere
on earth



Healthscape: infectious diseases

Examples of Emerging and Re-Emerging Diseases



Travel

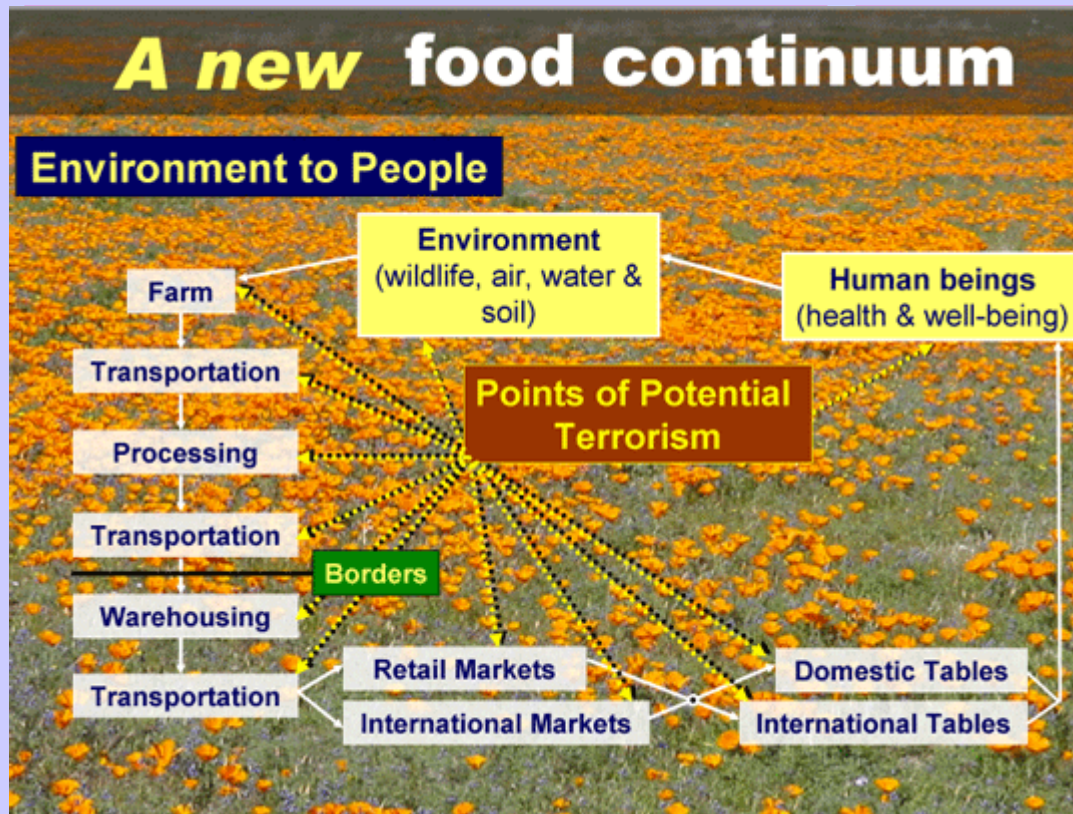
Tourism

Trade

Ecology

Migration

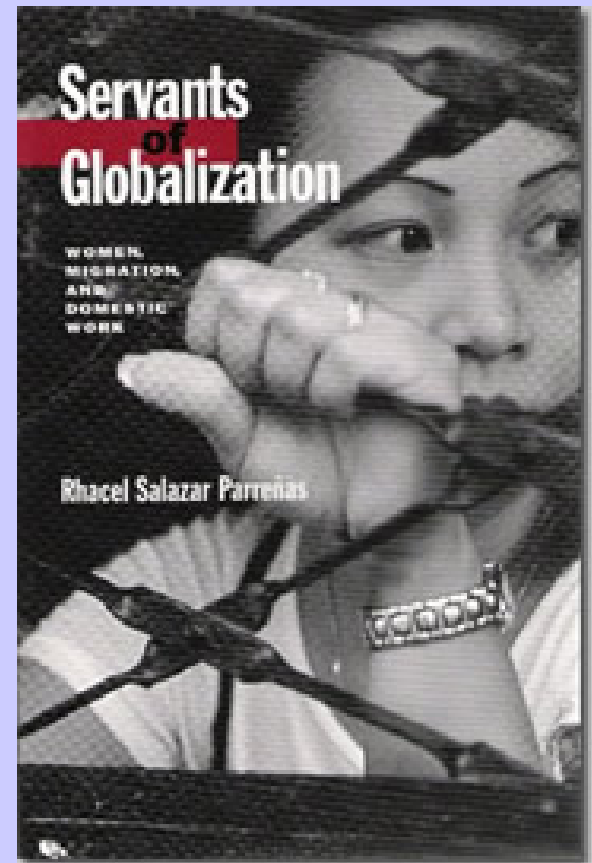
Healthscape: food security



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



body | mind | food | beauty | fitness

health

OUTSMART FAT. 76
The trainers' shortcut to a SLIMMER YOU

THE 4 BEST FOODS you've never tried

Lessons from the LOVE LAB
The surprising key to a STRONG RELATIONSHIP

Express yourself!
Tap the healing power of CREATIVITY

Breast Cancer: CAN EXERCISE BEAT IT? page 127

Is it you? **The FACE of HEALTH**
ENTER OUR CONTEST (PAGE 111)

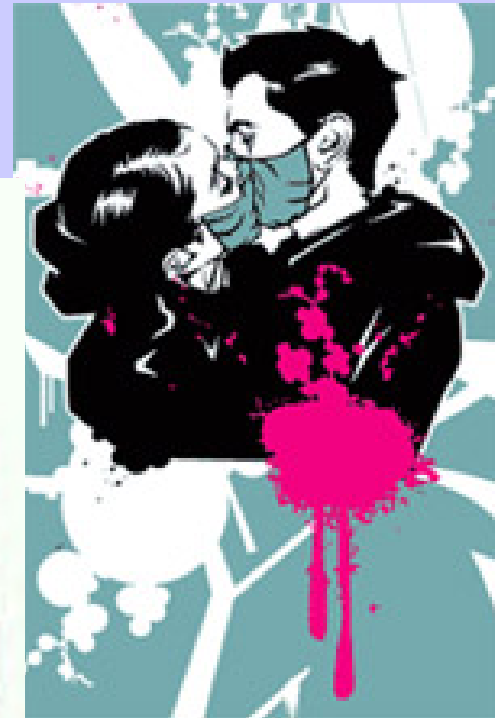
www.purestfoods.com
206.795.6705

DiminiCol

Evulus

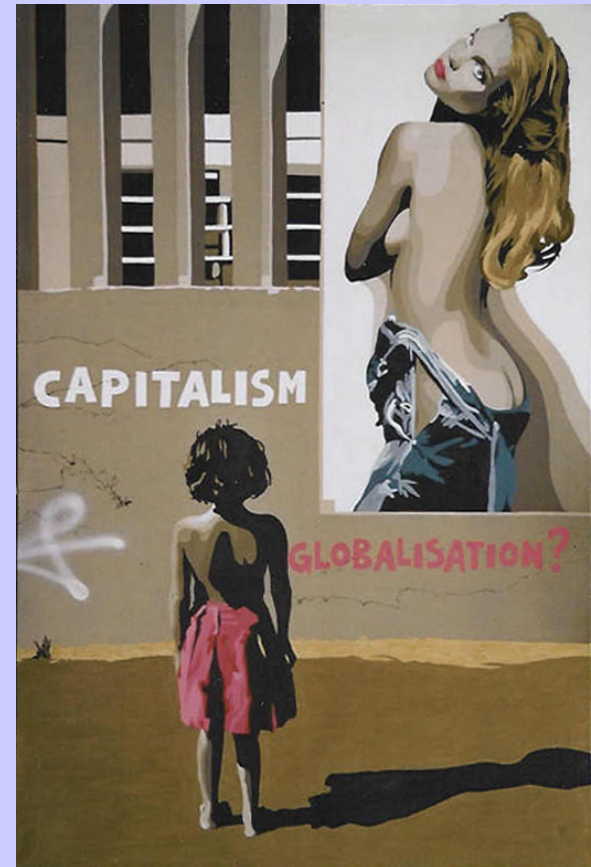


Healthscape: INTIMACY



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)

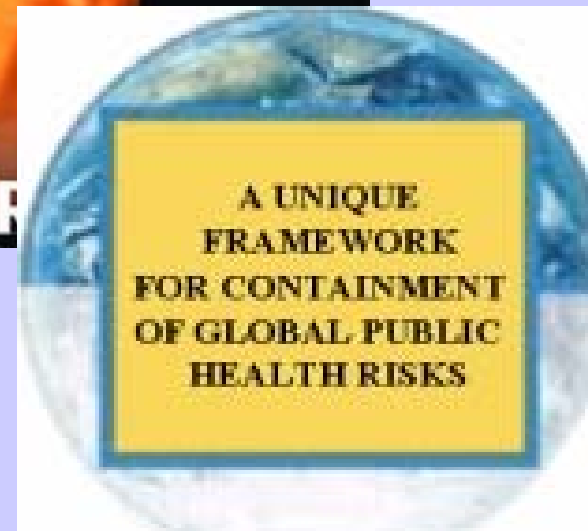
Towards good governance

- 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

International Alliance of Patients' Organizations

A missing piece of the Human Rights puzzle



Radical responses

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



TORONTO SARS OUTBREAK

CTA: ensure accountability to “own” constituency **and** global community

- South Africa
- China
- Russia



- » Thailand
- » Brazil
- » Uganda



Ensure CTA within the fragmented global health system

MSF



WTO

Bill & MELINDA GATES foundation

G8



CLINTON



BONO



UN



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PHA

150 PPPH

EU

Working with The Vaccine Fund

Bill Gates administering oral polio vaccine in Delhi

World Bank

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**

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

