INVITED PAPER/ARTICLE SOLLICITÉ

Mapping the Future of Public Health: Action on Global Health

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ABSTRACT

We are challenged to develop a public health approach that responds to the globalized world. The present global health crisis is not primarily one of disease, but of governance: its key characteristic is a weakening of public policy and interstate mechanisms as a consequence of global restructuring. The response needs to focus on the political determinants of health, in particular on mechanisms that help ensure the global public goods that are required for a more equitable and secure development. A first step in this direction would be to take up the proposal from the recent 6th Global Conference on Health Promotion to explore the possibility of a new type of global health treaty which would help to establish the new parameters of global health governance. National public health associations should take the lead to establish health as a global public good and organize "National Global Health Summits" to discuss the possible mechanisms for the necessary political process. This means putting global health governance issues onto the agenda of other sectors such as foreign policy, as health is critical not only for poverty reduction but for human security as a whole.

RÉSUMÉ

Nous avons un défi à relever : celui de concevoir une démarche de santé publique adaptée à la mondialisation. La crise actuelle de la santé à l'échelle mondiale n'est pas principalement liée aux maladies, mais aux lacunes de la gouvernance; ses grandes caractéristiques sont l'affaiblissement des politiques gouvernementales et des mécanismes inter-étatiques en raison de la restructuration planétaire. Nos interventions doivent donc porter sur les déterminants politiques de la santé, tout particulièrement sur les mécanismes qui aideront à préserver les biens publics mondiaux nécessaires à un développement sûr et équitable. Récemment, les délégués à la 6e Conférence mondiale sur la promotion de la santé ont proposé un traité « nouveau genre » qui établirait les nouveaux paramètres de la gouvernance mondiale de la santé. Reprendre cette proposition serait un pas dans la bonne direction. Les associations nationales pour la santé publique doivent prêcher l'exemple en présentant la santé comme un bien public mondial et en organisant des « sommets nationaux sur la santé mondiale » pour discuter des mécanismes éventuels du processus politique nécessaire. Il faut pour cela inscrire les questions de gouvernance mondiale de la santé aux programmes d'autres secteurs, comme la politique étrangère, car la santé est indispensable non seulement à la réduction de la pauvreté, mais pour tout ce qui concerne la sécurité humaine.

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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, and as with the first big public health revolution in the 19th century, we must begin – not end – with the political and social determinants of health. These, of course, are linked in many ways to a wide range of global factors – perhaps also not so different from the changes in the 19th century. Yet they express themselves in singular ways in dissimilar parts of the ever more interdependent world.

The Ottawa Charter[1] of 1986 focussed our thinking on the determinants of health – even though it did not yet use that term. The Charter stated that health is created in the context of everyday life: where people live, love, work and play. Since then, the globalization of everyday life through trade, media, markets and migration has changed everyday settings and choices considerably. Kelley Lee[2] has outlined the three domains in which this happens: the cognitive, the spatial and the temporal. Our understanding of the world is different and has changed not least through the global media; our access to distant parts of the world has been radically altered through travel and information technology; and finally, time itself seems to have become faster – speed of action and reaction is critical in this new global world. These are not just phenomena in the rich countries – in the developing world, they have led to new forms of social exclusion, leaving behind the poorest and most vulnerable.

Globalization has been driven by the market, is driving privatization and commercialization of public goods, and has brought with it a range of *"structural adjustments"*, particularly since the 1980s – many of them forced on poor countries through the conditionalities set by international lenders such as the International Monetary Fund (IMF).[3] In the international arena, countries have given priority to establishing the rules of trade through the World Trade Organization rather than ensuring in parallel the other – more social – global public goods that are needed for more equitable and secure development.[4] This conflict typically expresses itself in the debate about Intellectual Property Rights,

for example in relation to the access to medicines for developing countries. While this debate initially erupted over the access to treatments for HIV/AIDS, it is now also in the focus of other health issues, most recently over the production of TAMIFLU in response to the feared global influenza pandemic.

Of greatest concern though is the increasing chasm between what we know and what we do. This has again been brought to the fore over the lack of agreement and support to the implementation of the Millennium Development Goals (see Appendix, pg. 31 this issue) at the recent United Nations Summit in September 2005 – both from developed and developing countries. Even the most basic of human rights – access to education and health – which would create a significantly more equitable playing field, could not muster sufficient support from the global community. In consequence, we must accept that the present global health crisis is not primarily one of disease, but of governance: its key characteristic is a weakening of public policy and interstate mechanisms as a consequence of global restructuring. This seems difficult to accept at a time when there is more talk about global health than ever – witness SARS, AIDS and avian influenza – and more money available to global health through new global players like the Bill and Melinda Gates Foundation.

Yet while the rhetoric accepts that risks in the 21st century are transnational and that global risk production is localized through the "globalization" of everyday life, most attempts to control them through systematic action in the international arena fail. The most recent example is the lack of consensus about investing in surveillance infrastructures in poor countries and the great reluctance to loosen patent laws at the recent Canadian conference on avian influenza at the end of October 2005.[5]

This indicates that we must look behind the simple flow of resources to other mechanisms at work. I would suggest that two are particularly pertinent:

1. The redirection of global health functions from interstate mechanisms to a growing but fragmented group of actors, and
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 – such as foreign policy, security policy, economic policy and trade policy.

Clearly, mechanisms need to be created that ensure the responsibility of other global actors for human collective security – particularly in health. The United Nations Development Program[6] has recently issued a list that indicates the directions a new global approach to governance must take. As a matter of principle, we must move:

- from nation state to multi-actor accountability,
- from national to international and global accountability,
- from a focus on civil and political rights to one on economic, social and cultural rights,
- from punitive to positive ethos (name and shame),
- from multi-party to inclusive models of democracy, and
- from poverty eradication as a development goal to poverty eradication as social justice.

There is a strong global voice from citizens calling for such a shift; indeed, some analysts maintain that the very nature of politics has changed through access to new channels of information and communication and travel. Scholte[7] states that globalization has provided opportunities for women, lesbians and gay men, disabled persons, and indigenous people to mobilize to a degree that was generally unavailable to them in territorial politics. Buzan[8] speaks of a global "inter-human" ethics that is taking shape and finds its expression in initiatives such as "Make poverty history."[9] These movements argue for global public goods that address the other dimensions of globalization – the social, economic and cultural rights of people in a global world. In consequence, their priorities lie with addressing global inequality and poverty as social justice and health as a human right.[10] In response to trans-boundary collective human security issues, the global health movements argue for a strengthening of international health law with a pooling sovereignty such as that attempted by the Framework Convention on Tobacco Control.[11] But even more important is the pressure to move beyond a charity model of foreign aid to a global social contract. "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."[12]

A first step in this direction would be to establish the parameters of global health governance. This could include:

- exploring new forms of engagement and commitment,
- exploring new forms of financing that go beyond charity and expressing social justice principles,
- introducing new forms of accountability and transparency to monitor compliance (CTA),
- developing consensus on basic values,
- ensuring a reliable and accepted legal and regulatory system,
- establishing the rules of the game and mechanisms of accountability,
- managing relationships and conflicts among the many actors,
- creating and ensuring an enabling environment for health development at all levels of governance,
- committing to close the health gap between nations and regions,
- giving voice to the South, and
- being inclusive.

At the recent 6th Global Conference on Health Promotion, a proposal was made and then included in the *Bangkok Charter for Health Promotion in a Globalized World*[13] that the possibility of a new type of global health treaty should be explored. In keeping with a similar document issued at the level of the European Community,[14] such a treaty:

- should ensure a common high level of health protection and health rights for all citizens – wherever they live, love, work and play (and travel, buy or google) from those risks and threats to their health, safety and well-being that are beyond the control of individuals and communities,
- cannot be effectively tackled by nation states alone, but needs to be multi-actor (e.g., health threats, unsafe products, unfair commercial practices).

It would include measures that:

- reform and strengthen global institutions and international law for health and bind a wide range of actors,
- introduce and ensure new sustainable financing mechanisms,

- 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,
- fight major diseases and global health emergencies, including rapid response,
- create surveillance and information systems,
- harmonize aid to give priority support to primary health care and public health infrastructures, and
- strengthen professional capacity and ensure human resources at a global level and address the brain drain.

Any such treaty would of course need to have mechanisms to ensure compliance, transparency and accountability (CTA) – all of which are severely lacking in the current fragmented global health system. Most importantly, it would create the mechanisms to move beyond voluntary development aid to the agreed financing of global public goods to which all actors contribute, particularly those who benefit most from global restructuring. This includes the global businesses such as tourism, airlines, banking, oil and the like. Some such mechanisms have been proposed by civil society movements for a long time – such as the Tobin tax on global capital movements – but more recently, other mechanisms have emerged: the International Finance facility will, for example, frontload development finance through bonds; and the French president has decided to increase development funding through a form of "airline taxes".

All this implies that we need a strong dialogue on global health at the national level in order that both politicians and citizens become engaged in such a global health agenda. I suggest that national public health associations should take the lead in proposing the development of a "national global health strategy". Such a strategy would counter, from a national standpoint, the threats to global health and aim to find a national consensus on principles, values, intent and directions of global health action. Such a strategy for Canada would cover three dimensions:

- action on problems that directly or indirectly threaten populations living in Canada,
- action on global problems to which Canada contributes,
- action on global solutions to which Canada can contribute.

Most importantly, such a national global health debate would highlight the interface between the global and the local – the global is not out there, it is in here. To paraphrase a famous saying: we have found the global, and it is us. This also means that the global needs to be integrated into national health policy processes such as national public health reports and national health goals. I would therefore strongly recommend that the health goals for Canada include a goal on the response to global health interdependence.

One way to take this agenda forward is for the Canadian Public Health Association (CPHA), together with other partners – such as the organizations devoted to global health issues – to organize "National Global Health Summits" and to discuss the possible mechanisms for a political process: for example, the parliamentary or cabinet approval of a national global health strategy submitted jointly by the ministers of health, development, trade and foreign relations. With such an approach, national public health associations can show intellectual leadership, set agendas and build alliances. It does imply though – because of the inherently political nature of both public health and globalization processes – that public health advocates and associations will have to move their advocacy forcefully into the political arena and work systematically with political decision-makers and parliamentarians at all levels of governance and create new types of public health fora.

Putting the global health governance issues onto the agenda is critical. As proposed in the Brighton Declaration[15] based on the 2004 Leavell lecture[16] (UK Public Health Association, Brighton, 2004), this means a commitment to 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 based on human rights.

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