Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION

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Global Governance *for* Health

Health, social justice, and collective action

The Lancet – University of Oslo Commission on Global Governance *for* Health

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Chair, Commission on Global Governance for Health

a) What is the Commission about? Point of departure and main aims
b) The Commission (who, role, and function)
c) Main outcomes / messages

What is the Commission about?

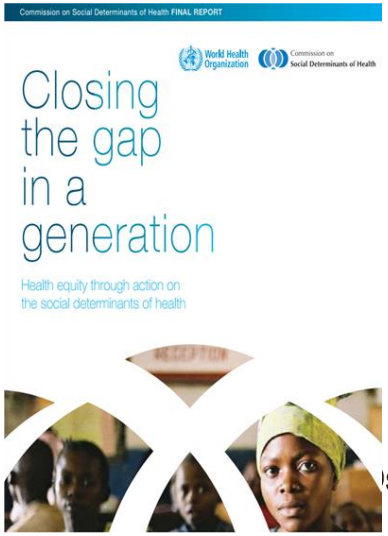
- Motivated by a shared conviction that the **current system of global governance fails to adequately protect public health**
- These **failures strike unevenly** and are particularly disastrous for the world's most vulnerable, marginalized, or poorest populations

- About **870 million people** are **chronically undernourished**, although global food production is enough to cover **120% of global dietary needs**(1)
- There is a **difference of 21 years in life expectancy** between the **highest- and lowest-ranking countries** on the human development index (2).
- More than **80% of the world's population** are not covered by adequate social protection arrangements (3).

⇨ ***not simply a problem of poverty, but a problem of socio-economic inequality and governance***

(1) Food and Agriculture Organization of the United Nations. FAOSTAT. 2013. http://faostat3.fao.org/home/index.html
(2) Malik K, United Nations Development Programme. Human Development Report 2013. The Rise of the South: Human Progress in a Diverse World.
(3) International Labour Organization. World of Work Report 2013: Repairing the Economic and Social Fabric.

- *‘(…) social norms, policies and practices that tolerate or actually promote unfair distribution of, and access to, power, wealth and other necessary social resources create systematic inequalities in daily living conditions.*
  - *The Commission on Social Determinants of Health (2008)*



Health ~~inequality~~ inequity

- "The **aim of policy for equity and health** is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those that result from factors considered to be both **avoidable and unfair"** (Whitehead, 1992)
- Besides local and national action, combating health inequity increasingly **requires improving global governance**.

- The deep causes of health *inequity* cannot be diagnosed and remedied with technical solutions, or by the health sector alone, because the causes of health inequity are tied to distributive justice rather than to biological variance.

- Construing socially and politically created health inequities as problems merely of technocratic or medical management depoliticizes social and political ills, and may pave the way for ‘magic-bullet’ solutions that often deal with symptoms rather than causes.

Global Political Determinants of Health

- The Commission argues that **norms, policies, and practices arising from global political interaction that unfavourably affect the health of some groups of people compared to others**, are indeed unfair

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- As stated in our **2011 commentary in *The Lancet***: “An increased understanding of how public health can be better protected and promoted in various global governance processes is urgent, but complex and politically sensitive. These issues involve the distribution of economic, intellectual, normative, and political resources, and require a candid assessment of power structures”.
- The Commission looks at how **global governance processes outside the health arena** can work better *for* health and *for* the continued success of the global health actors.

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The Commission

- Collaboration between The Lancet, UiO and Harvard
- **18 members** from **16 different countries** and 5 continents
- Experts in a wide **variety of fields** relating to global governance and health, such as trade, environment, human rights law, war and conflict, public health, epidemiology, diplomacy, political economy

2nd Commission Meeting in Arusha, Tanzania July 2012

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Members of the Commission

- Chair: Ole Petter Ottersen
- Vice-Chair: Jashodhara Dasgupta (**India**)
- Chantal Blouin (**Canada**)
- Paulo Buss (**Brazil**)
- Virasakdi Chongsuvivatwong (**Thailand**)
- Julio Frenk (**Mexico/USA**)
- Sakiko Fukuda-Parr (**Japan/USA**)
- Bience Gawanas (**Namibia**)
- Rita Giacaman (**Palestine**)
- John Gyapong (**Ghana**)
- Jennifer Leaning (**USA**)
- Sir Michael Marmot (**UK**)
- Desmond McNeill (**UK/Norway**)
- Getrude Mongella (**Tanzania**)
- Nkosana Moyo (**Zimbabwe**)
- Sigrun Møgedal (**Norway**)
- Gorik Ooms (**Belgium**)
- Ayanda Ntsaluba (**South Africa**)

The Research Team

- Institute of Health and Society, UiO
- Centre for Development and The Environment (SUM), UiO
- Harvard Global Health Institute

- Key persons: Inger Scheel, Sidsel Roalkvam, Kristin Sandberg, Suerie Moon, Ann Louise Lie
- In initial phase: Harald Siem

5 meetings

- Oslo 12-13 November 2011
- Arusha, Tanzania 3-5 July 2012
- New Delhi, India 8-10 November 2012
- Bellagio, Italy 4-8 February 2013
- Oslo 12-13 April 2013

Bhopal gas leak disaster

Photo:Alex Masi

Photo: Pooja Prakash

Photo: AP

"Poisonings from industrial and agricultural chemicals are among the top five leading causes of death worldwide, contributing to over 1 million deaths annually and 14 million Disability Adjusted Life Years. The scope of unintended industrial accidents involving chemicals continues to grow rapidly"

(UNEP, *Global Chemicals Outlook* , 2012)

The Union Carbide disaster in Bhopal, India

- The worst industrial disaster in history – 28 years ago (1984)
- Union Carbide Corporation owned, designed and supervised the pesticide factory in Bhopal where the gas leak happened
- **The gas disaster killed about 25 000 people** (72% poor, dependent on hard physical labour. Losing their health meant starving and not being able to maintain their family)
- About **120-150 000 people are still battling** chronic illnesses of the lungs, the brain, of the reproductive system, of the musculoskeletal system, of a host of mental health problems
- Over 60 000 people exposed to a cocktail of organochlorines, heavy metals and pesticides in their **local ground water** - their only source of drinking water
- Union Carbide's downplayed the consequences, withheld medical information and did not take responsibility for the disaster
- The Indian Government of Madhya Pradesh protected the business interests of the corporation over the interest of the people who elected them

Issues of Global Governance: Accountability and Transparency

- Little or no compensation given to victims (only 15 % of compensation demanded was paid by UC), case still not settled
- UC, under whose jurisdiction?
  - Case taken to US court, but rejected because happened in India
  - Indian court: all decisions leading to the accident taken at US headquarters
  - Civil and criminal cases still pending in Indian court
  - Civil Society tried to bring it for the International Court of Justice in Hague but it only deals with cases brought by two states, not by corporations

Transnational companies operate everywhere, yet they are above the law of the countries they operate in. There is no forum where transnational corporations can be held accountable for their crimes

Case studies

- Some policy intervention areas where global governance have failed to protect and promote people's health:
  - Global finance and economic policy
  - Global trade and foreign direct investments
  - Agriculture and food production
  - Intellectual Property Rights
  - Migration
  - Violent conflict

Situating the Commission among other initiatives

Not targeting global health governance, like:

- UN Commission on life saving commodities for women and children
- Commission on Information and Accountability for women's and children's health
- Chatham House Initiative on Moving towards universal coverage
  - WHO and the International System
  - Commitments to Sustainable Financing: Need for a New Model?
- Lancet Commission on Investing in Health

Build on:

- Foreign Policy and Global Health initiative (7 country Group)
- Commission on Social determinants of health
- UN Conference on Sustainable Development (Rio + 20) and UN Post 2015 Development processes

Some conclusions

- **Power asymmetries create systemic dysfunctions** that allow adverse effects of global political determinants of health to persist:
  - Democratic deficit,
  - Weak accountability mechanisms,
  - Institutional stickiness,
  - Absent or nascent institutions to protect health,
  - Lack of policy space for health
- **Health and wellbeing subordinated other societal objectives (esp. economic growth)**

Agenda for change

- The Commission on Global Governance for Health calls for **stronger cross-sectoral global action for health**
- **Multi-stakeholder Platform on Governance for Health**: Policy forum that provides space for diverse stakeholders to frame issues, set agendas, examine and debate policies in the making, that impact on health and health equity, identify barriers and propose solutions for concrete policy processes
- **Independent Scientific Monitoring Panel:** Build on a global consortium or association of academic institutions/knowledge centers to track progress on governance and health indicators to feed into formal governance processes and create accountability/transparency along agreed upon standards

Target actors:

- Medical community/readers of the Lancet who will become idea messengers/'norm entrepreneurs'
- National governments that can change formal rules, mobilize financial and human resources, implement accountability mechanisms and enforce compliance
- NGOs, media, citizens who can put pressure on governments

Key points

- Health equity should be a cross-sectoral, political concern – the health sector cannot solve the challenges alone
- Many health determinants are beyond the capacity or outside the control of national governments, and require international cooperation to resolve
- Global governance for health must be rooted in a global economic system that serves a global population of healthy people in sustainable societies
- Health is a precondition, outcome and indicator of a sustainable society and should be adopted as a universal value and a shared social and political objective for all

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A consensus-making process instilling awareness

Contact

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