

Tackling the political determinants of global health

Is essential if we want to abolish poverty

This month sees the launch of an “alternative world health report,” a document that will from now on appear every two years.¹ For the first time the institutions and organisations that are charged with improving global health are held accountable by the collective view of a coalition of civil society organisations reporting a clear message: the crisis in global health is not a crisis of disease, it is a crisis of governance.²

In tune with other citizens’ movements for more global social justice, this report argues that we have reached a stage in the history of public health where we can no longer accept profound inequities in access to health and treatment around the world. The report concludes that poverty and the lack of resources for the health of the poor are the key factors that hinder progress in global health, but it does not restrict itself to call for more charity. Instead the world needs a new policy model based on entitlement, in which good health is an integral part of social, economic, and cultural rights and citizenship and is ensured as a global public good. Achieving this will depend on a reliable and accountable mechanism for global governance and a strengthened public sector at all levels.

The alternative world health report scrutinises the conduct of global organisations and institutions—such as the World Health Organization, the United Nations Children’s Fund (UNICEF), and the World Bank, global trade regimes, transnational corporations, and the rich nations—and their commitments and approaches to aid and debt relief. It underlines that the global regimes that support the international system of finance and trade need to be balanced by a global social contact that benefits people. It analyses how international organisations and donors have contributed to the current crisis and that many national governments have not prioritised population health. Critical processes are the redirection of global health functions from interstate mechanisms to a growing but fragmented group of actors; the deliberation of major health issues and major health determinants in forums (such as trade, agriculture, intellectual property, security) to which the public health community has little or no access; a commercialisation and privatisation of global health, which introduces a biomedical and technological bias and often stands in the way of building sustainable health systems and a general weakening of global institutions and organisations.

The alternative world health report proposes that the current crisis of governance is provoked by the rich nations wanting to shape the international world order to their image—such a view lets some of the developing nations, particularly those that have become global players in their own right, get away too lightly. Also the report presupposes too easily that a more “equal” distribution of power in the international system would lead to a greater adherence to human rights and a greater commitment to equity—the ideological divergence in the current global system is too large and too

fluid to be sure of such an outcome.³ These are issues and ambiguities that must be dealt with in future reports—as must the accountability of other major players, such as foundations and non-governmental organisations.

The global health governance system is in need of a strong core that develops and monitors norms and standards including international health treaties, tackles key health issues of the poor, and ensures global health security through international regulations, surveillance, and rapid outbreak response. With this in mind, the chapter analysing WHO and the leadership and governance problems it faces is one of the most worrying in this report. The alternative world health report makes specific proposals for a stronger WHO, for better funding and organisation of global health, and for cooperation between civil society movements committed to global public goods such as water, education, and health. It also proposes a global campaign for a tax to finance global public goods. How difficult such a shift will be could be seen at the recent G8 summit.⁴ Even so—when public health experts suggested a tax on airline tickets for global public health several years ago,^{5,6} they were considered dreamers—now this very issue is part of the deliberation of heads of state and finance ministers and the airlines would do well in spearheading a movement for global health security on which their business depends.

Although I would hesitate to put most of the reason for failure down to the all encompassing concepts of neo liberalism and globalisation as the alternative world health report is prone to doing, I agree fully that health is deeply political. We need to tackle the political determinants of health. National public health associations and medical associations should be at the forefront of explaining and exploring the interface of national and global public health agendas, maybe through the mechanism of national global health summits.⁷ They should commit to this unique historical opportunity, which is on a par to the big steps undertaken in the 19th century golden age of public health. Then as now: if we want “to make poverty history,” then we need to tackle health.

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Competing interests: IK was requested to give and gave some months ago a positive commendation for the alternative world health report.

- 1 Global Health Watch 2005-2006. *An alternative world health report*. London: Zed Books 2005 (in association with the People’s Health Movement, Bangalore, Medact, London, Global Equity Gauge Alliance Durban).
- 2 Kickbusch I, The Leavell lecture—the end of public health as we know it: constructing global public health in the 21st century. *Public Health* 2004;188(7):463-9.
- 3 Buzan B. *From International to world society*. Cambridge: Cambridge University Press, 2004.
- 4 BBC News Online. G8 leaders agree \$50bn aid boost. 8 July 2005. <http://news.bbc.co.uk/1/hi/business/4662297.stm> (accessed 11 July 2005).

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- 5 Chen L, Evans T, Cash R. *Health as a global public good*. In Kaul, I, Grunberg I, Stern M, eds. *Global public goods: international cooperation in the 21st century*. New York: Oxford University Press, United Nations Development Programme, 1999.
- 6 Kickbusch I. The lesson of SARS: a wakeup call for global health. *International Herald Tribune* 2003 April 29. www.iht.com/articles/2003/04/29/edllona_ed3_php (accessed 17 Jul 2005).
- 7 UK Public Health Association: The Brighton declaration. www.publichealthnews.com/pdf/UKPHA20040422.pdf (accessed 14 Jul 2004).