

Governance of global health, neoliberal policies, austerity and health

Ronald Labonté

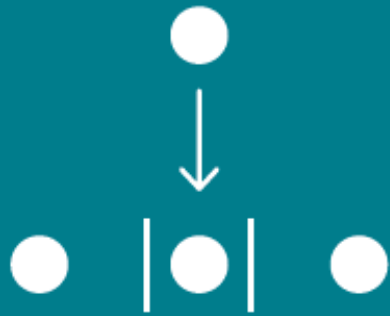
Professor Emeritus, University of Ottawa

PHM co-editor, Global Health Watch

A few starting questions

- What do we mean by global health?
- How does it differ from international health?

Global Health 1.0



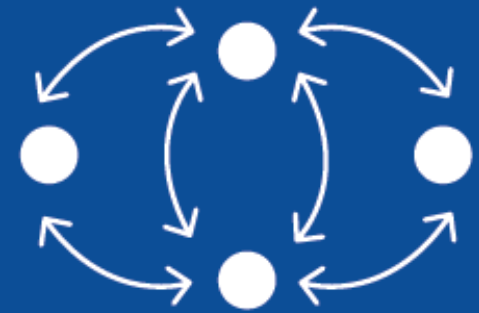
Protection of colonial representatives from tropical diseases.

Global Health 2.0



Wealthier countries helping countries with less.

Global Health 3.0



Collective action to address shared risks and responsibilities.

What do we mean
by global
governance?

A white, torn-paper-like border runs along the bottom edge of the slide, starting from the left and extending towards the right, with a jagged, irregular edge.

What is global governance?

- Global governance processes concern the agreed upon actions and means adopted by social actors to promote collective action and deliver solutions in pursuit of common goals
- In distinction to government processes, such actions are not always backed by formal authority structures and usually involve actors beyond the nation state, including many private sector entities and various nongovernmental organizations (NGOs) and wider civil society groups.

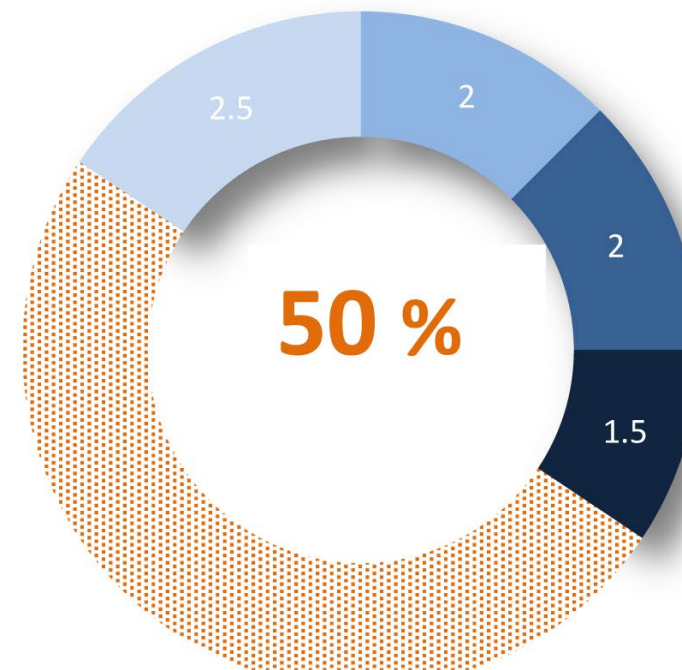
Key Concepts in Global Governance

- *Non-state actors*: private persons, corporations, philanthropies, organized communities.
- *Non-governmental organizations (NGOs)*: organizations generally formed (with or without government support) to provide services or to advocate for a public policy.
- *Civil society organizations (CSOs)*: NGOs whose principal activity is lobbying or advocacy, i.e., 'activist' organizations.

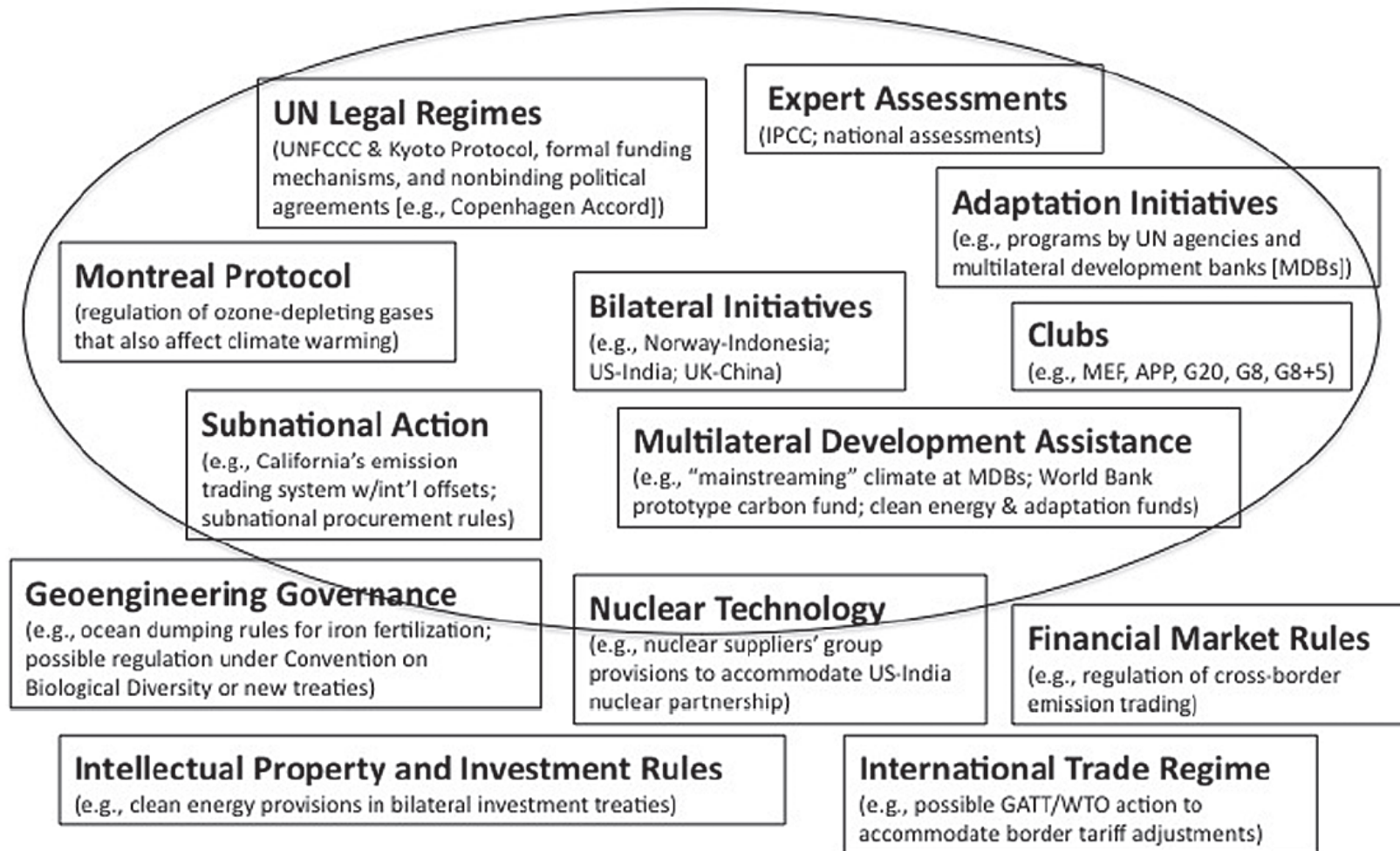
World Bank Governance Assessment *Moderate*

Governance Component	Score
Transparency	2.5 / 4
Accountability	2 / 4
Inclusiveness	2 / 4
Responsibility	1.5 / 4
Total Score	8 / 16
Average Score	2

Governance Gap



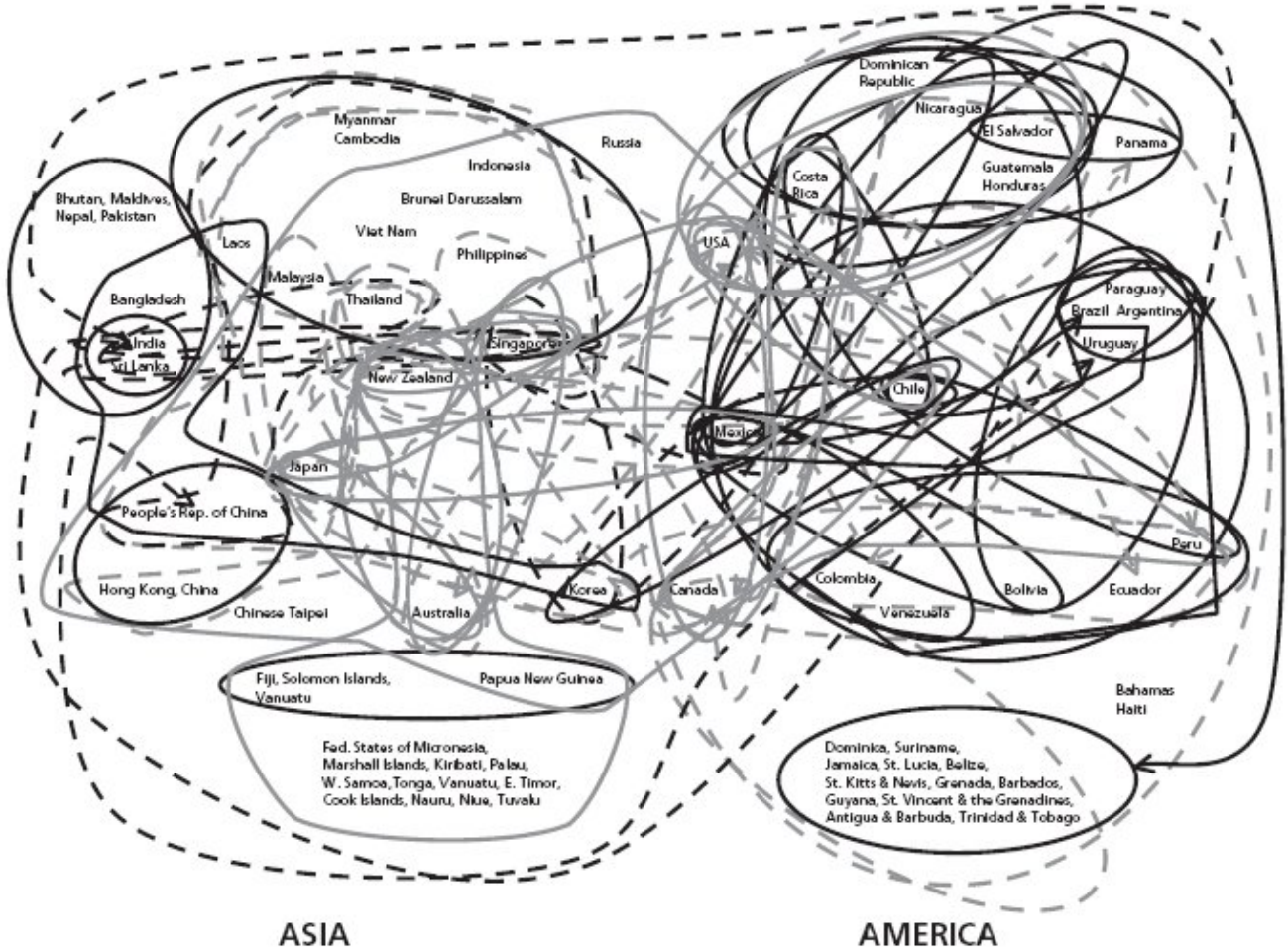




Notes: The regimes and institutions within the oval are those in which substantial rule making or other activities have already taken place. Those completely or partially outside the oval are those in which additional rule making is needed.

Figure 1. The Regime Complex for Managing Climate Change (source: Keohane and Victor, 2011, page 10).

the spaghetti bowl of agreements



— Intra-regional — Inter-regional — Concluded - - - - Under negotiation

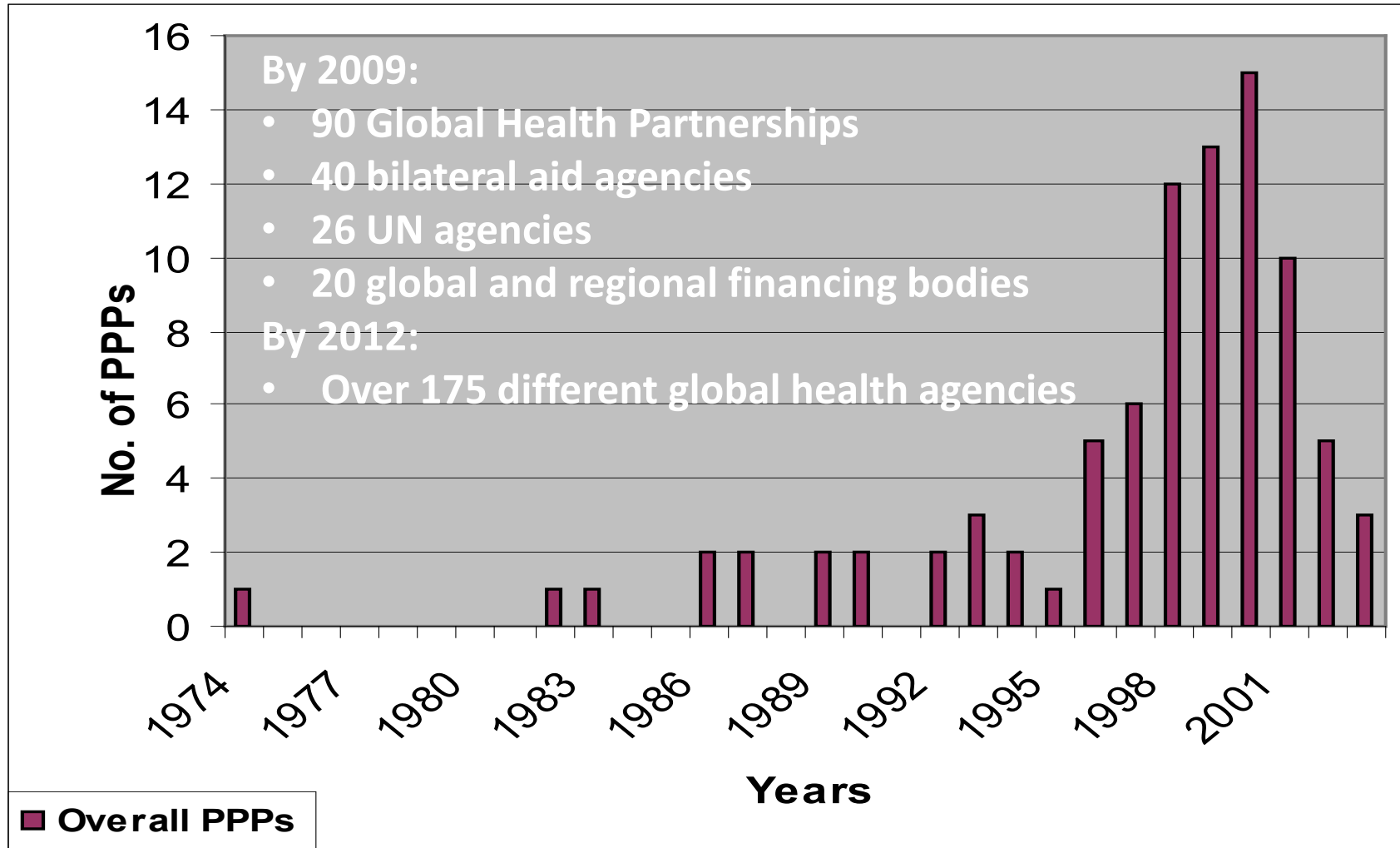


**GLOBAL HEALTH
GOVERNANCE**



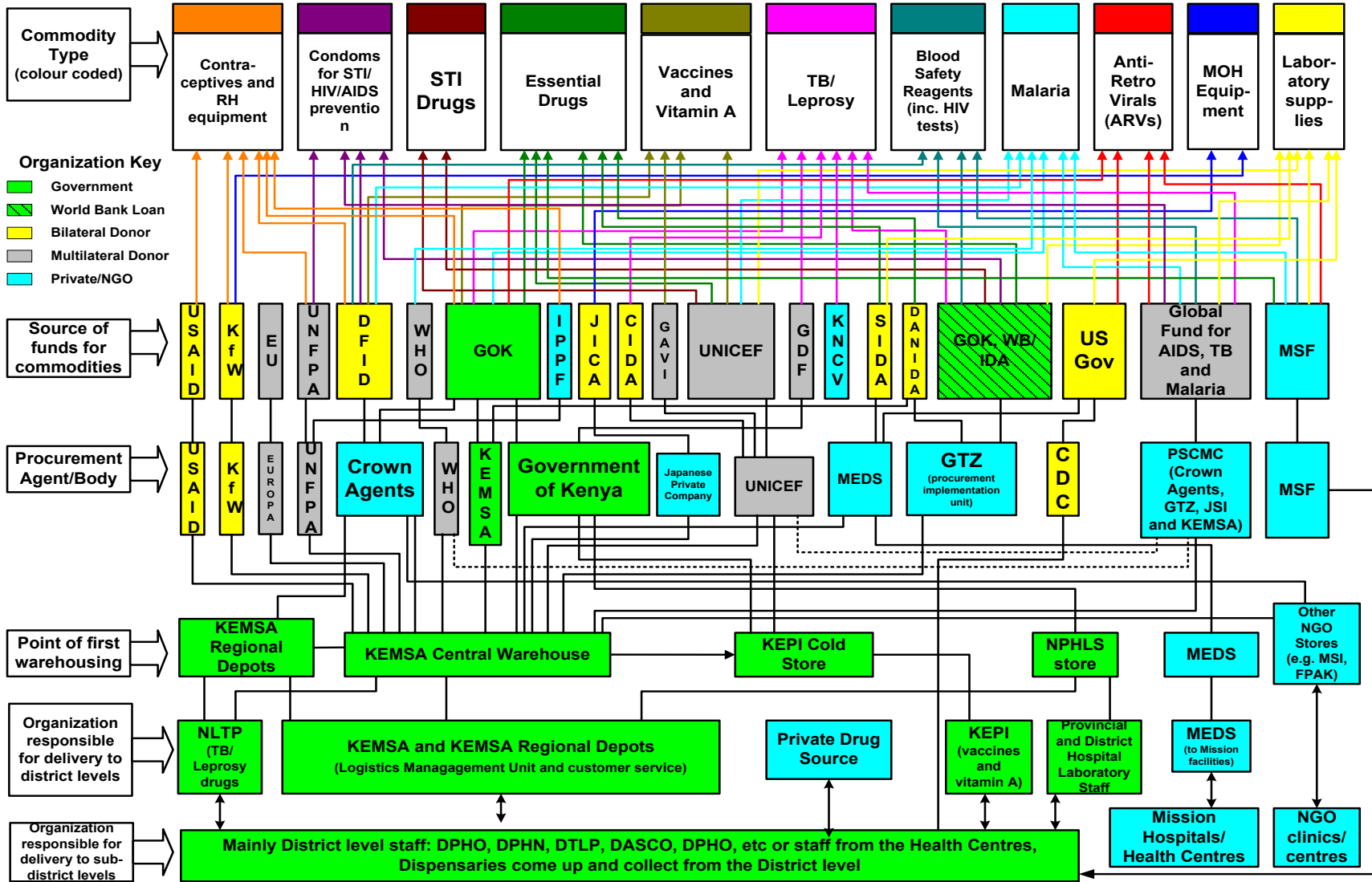
JEREMY YOUDE

Global Health Partnerships established 1974-2003



Supplies Logistics System in Kenya (as of January 2007)

Constructed and produced by Steve Kinzett, RHSC/PATH - please communicate any inaccuracies to skinzett@path.org or telephone +32 (0) 2 210 0221



The Public Health Cost of PPPs

- Yum! Brands (which owns several global fast-food chains) partnered with a major US cancer charity to sell pink buckets of fried chicken
- UNICEF Canada lent its fund-raising name to Cadbury chocolate bars
- Hershey's partners with the American Dietetic Association and includes in an on-line service to dieticians a daily ration of chocolate as part of a healthy diet
- Save the Children, originally in favour of soda taxes to reduce soft drink consumption, suddenly did an about-face after receiving a grant from Pepsi-Cola and applying for another one from Coca-Cola

Source: Freedhoff and Hébert, *Editorial CMAJ* 183(3) Feb. 2011



Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION



Global Governance *for* Health

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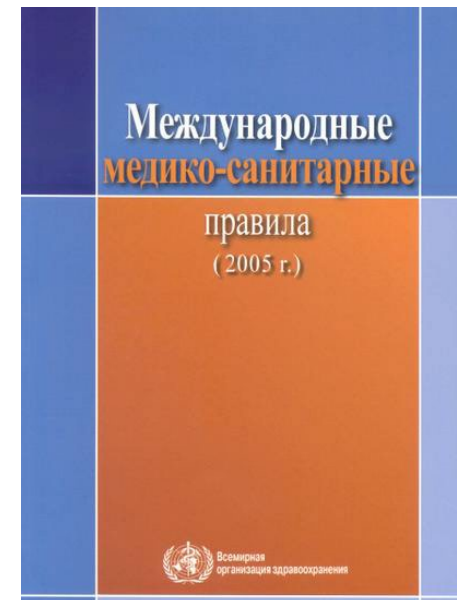
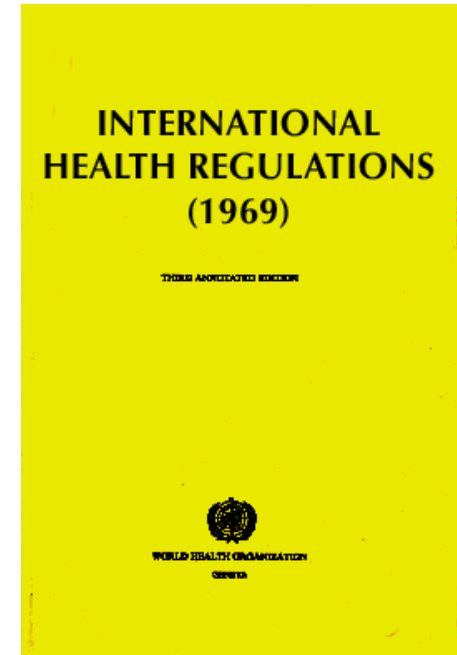


So what global governance tools do we presently have?

- International law
 - Human Rights Conventions
 - ILO Labor Rights Conventions
 - The Paris Agreement
 - International Health Regulations
 - FCTC
 - International Environmental Agreements
- Declarations
 - Alma Ata Declaration
 - AMR Declaration
 - MDGs
 - SDGs
 - UNGASS Declarations

Brief History of the International Health Regulations (IHR)

- 1851: first International Sanitary Conference, Paris
- 1951: first International Sanitary Regulations (ISR) adopted by WHO member states
- **1969: ISR replaced and renamed the International Health Regulations (IHR)**
- 1995: call for Revision of IHR
- 2005: IHR (2005) adopted by the WHA
- **2006: IHRs enter into force in June 2007**



Post-SARS Major Changes in International Health Regulations (2005)


- Widened scope: *to report all major events, that may constitute Public Health Emergency of International Concern (PHEIC)*
- Notification by designated National IHR Focal Points
- National core capacities for detection and response
- Real time event management system

RESEARCH

Open Access

A survey of International Health Regulations National Focal Points experiences in carrying out their functions



Corinne Packer¹, Sam F. Halabi^{2,3}, Helge Hollmeyer⁴, Salima S. Mithani⁵, Lindsay Wilson⁵, Arne Ruckert¹, Ronald Labonté¹, David P. Fidler⁶, Lawrence O. Gostin² and Kumanan Wilson^{5,7,8*} 

- Insufficient intersectoral collaboration
- Limited cooperation from other ministries
- Lack of authority to act/report independently
 - Inadequate resources
- Worried of repercussions of reporting a PHEIC to WHO
- Half knew little or nothing of IHR legal responsibilities



Health, human rights, and foreign policy

- Human rights treaties impose core obligations on states parties
- States parties are obliged to ensure that their foreign policies do not infringe upon their own ability, or that of other states, to meet their obligations under human rights treaties
- This implies the necessity of human rights impact analyses of all such foreign policies and international treaty negotiations

Article 12 and General Comment 14

- General Comment 14 elaborates on resources beyond basic health care services including such key underlying health determinants as ‘safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and health-related education and information, including on sexual and reproductive health.’
- These are not ‘core’ obligations (which refer more to basic primary care, and which must be immediately available) but obligations for which there is ‘progressive realization.’

TRIPS, vaccines and human rights

- UN human rights treaty monitoring bodies have also made it clear that a failure to support the TRIPS waiver would violate obligations under ratified international human rights treaties and other international human rights law. These include obligations of international co-operation to ensure rights to health (Article 12 ICESCR) and life (Article 6 ICCPR).
- Article 12: ‘prevent, treat, and control epidemic diseases’ and ‘make available relevant technologies...to...enhance immunization programmes’
- Article 6: ‘take measures to address prevalence of life-threatening diseases’
- ICESCR Article 15: right ‘to enjoy the benefits of scientific progress and its applications’

Contentions in Human Rights Law

- States are generally seen as duty-bearers in human rights treaties; and the state-centric nature of these treaties in a world in which non-state actors exert enormous policy influence has come under criticism.
- Others argue it detracts attention and potential social mobilization away from more critical engagement with capitalist power relations.
- Apart from when international human rights are written into national laws, there is no judicial enforcement mechanism, only 'naming and shaming' during periodic country reviews, or other forms of normative pressure.



Defining neoliberalism:

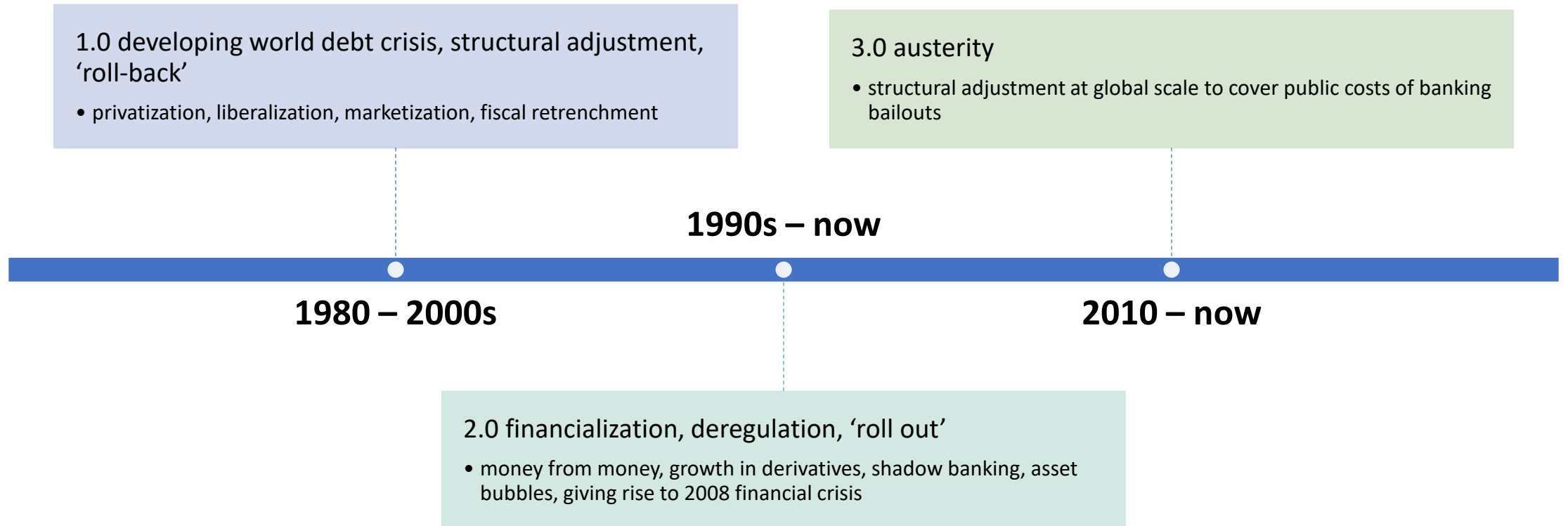
...a belief that free markets, sovereign individuals, free trade, strong property rights and minimal government interference is the best recipe for enhancing human well-being.

Friedrich Hayek

Economy is too complex for governments to regulate so let markets regulate themselves



Neoliberalism's Three Phases



Rise of derivatives (trillions of \$)

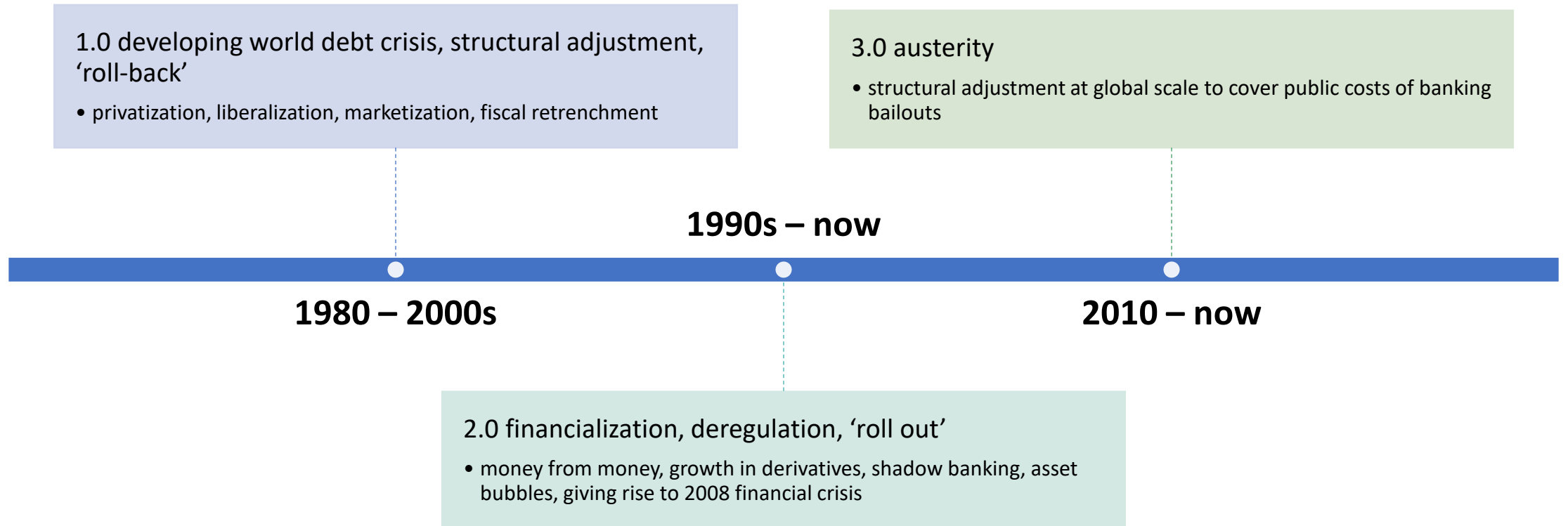


Source: Bank for International Settlements Derivatives Statistics, updated 14 Sept 2014. Available at: <http://www.bis.org/statistics/derstats.htm>. Accessed on 18.9.2014

And then there was 2007/2008



Neoliberalism's Three Phases



Costs of the Financial Crisis

- Direct public subsidy to banks:
 - Over **USD 100 billion annually** by the US/UK governments
 - Total bank bailouts: **USD 15 trillion**
 - Total stimulus: **USD 2.4 trillion**

Sources: Andrew Haldane, Executive Director, Financial Stability, Bank of England: *The \$100 Billion Question*. Institute of Regulation and Risk, Hong Kong, 30 March 2010; UNICEF, *A Recovery for All?* 2012.



Enter austerity, stage right, to reduce public debts mostly incurred by bailing out private bank debts



AFTER THE CORONA CRISIS

WHAT'S
LEFT?



- Central banks quantitative easing, pumping too much new money into locked down economies?
- Demand/supply imbalances?
- The war in Ukraine creating global fossil fuel price spirals?
- Looming developing country debt crises arising from pandemic borrowing on international markets in US dollars?
- Corporate profiteering?
- All the above?

Austerity Redux: The Post-pandemic Wave of Budget Cuts and the Future of Global Public Health

Alexander Kentikelenis¹  | Thomas Stubbs² 

- 83 of 189 countries will see contractions in their public spending compared to pre-pandemic levels
- Half of IMF pandemic loans require fiscal austerity
- Health, education, and social welfare spending should be protected (perhaps) but what about protecting spending in the social determinants of health?
 - water & sanitation, housing, formal employment growth, agriculture support to rural populations

The vulture funds are on the prowl



- Developing country debt servicing 2023: >\$380 billion
- 53 countries considered in some distress
- Majority of debt now with private creditors now official bilateral or multilateral creditors
- Private creditors unwilling to participate in debt restructuring

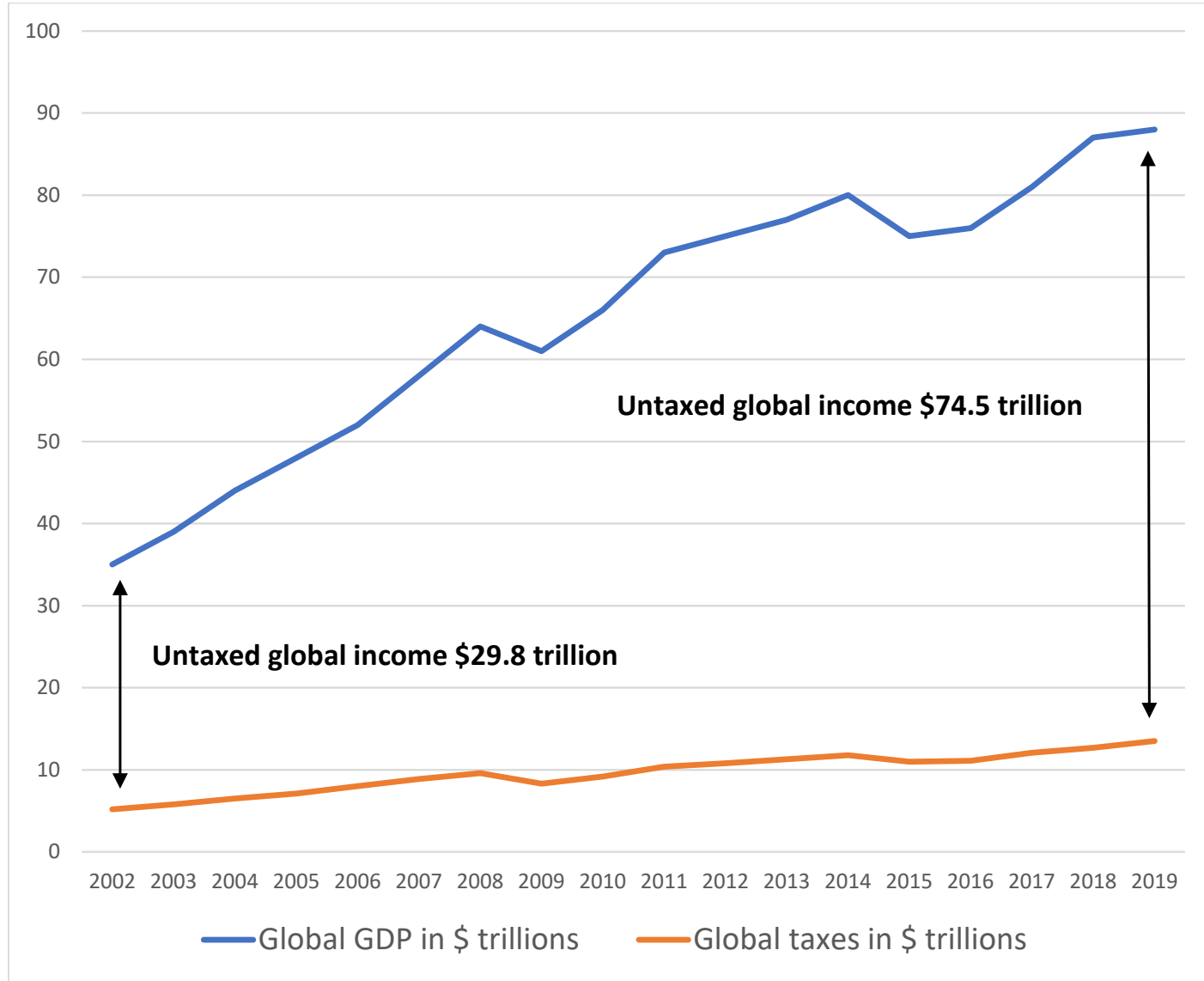


Increase
progressive income
and corporate
taxation

Close loopholes
and tax havens

Impose/increase
wealth/inheritance
taxes

Impose financial
transaction tax





UN Secretary General signals support for UN tax convention

Privatizing the Global Commons

- In 2018, 69 of the world's 100 richest entities were transnational corporations.
- The value of the top 10 corporations alone exceeded that of the world's bottom 180 countries.
- <20% of WHO funding from member state assessed contributions, rest voluntary, philanthropy
- Most recently (and like most UN agencies): private funders, in WHO case excludes only tobacco, arms