

Global Governance for Health

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Outline

- We face a crisis in global health
- The crisis has been curated by the prevailing regime of global governance, including global health governance
- Global health governance is not independent of the broader structures of economic and political governance; it is a sub-domain of global governance
- The crisis in global health arises, in part, from the instabilities of the global economy and also from the disciplines imposed through the structures of global governance to manage those instabilities
 - the instabilities of the global economy
 - the agenda of neoliberal globalisation
 - the impact on global health
- The neoliberal regime is contested and unstable: this instability presents new risks and new opportunities
- Critical engagement with global health governance is a key pillar of PHM strategy

We face an ongoing global health crisis

- Social conditions for health
 - hunger
 - water
 - sanitation
- Health care
 - access to treatment, including access to medicines
 - health care impoverishment

The crisis in global health has been curated by the current regime of global governance including global health governance

- The weaknesses of WHO contribute to our failure to address the GH crisis
 - trade and health
 - access to medicines
 - 'universal health cover'
- But WHO weakness is a symptom of GHG failure rather than a cause
 - inadequate and conditional finance; donor bullying
 - regional dysfunction
 - lack of accountability of member states
- The wider failures of global health governance arise well beyond WHO
 - development assistance for health
 - some achievements but also adverse consequences
 - corrupted by the legitimisation agenda
 - national sovereignty over health undermined by imperialist interference
 - US support for the 39 drug companies who sued South Africa in 1997
 - US Super 301 and the continuing threat of trade sanctions
 - EU seizures of generic drugs in transit
 - global economic policy (neoliberal globalisation) shaped by the transnational corporate agenda
 - global economic integration on terms which serve the interests of the large TNCs
 - agriculture and food, patents and medicines, restrictions on labour mobility and wages and conditions, free trade in goods and precarious employment, free trade in services and privatisation of health services

Terminology

- Governance – management of the course of events in a social system (institutions, norms and practices)*
- Health governance – management of health care and the conditions which shape population health
- Global governance – management of the structures and dynamics which shape the development of human society globally
- Global health governance - management of the structures and dynamics which shape health care and the determinants of population health globally
- Government and governance



Government as an institution of governance

- Tribalism, feudalism, war lordism
- Early state: governance by divine right (kings, emperors and popes)
- Modern state: representative government (electoral democracy) operating within a wider field of power and accountability
 - pluralism
 - Marxism
- Globalisation (beyond the state)
 - from international diplomacy (war, negotiations, treaties)
 - to global 'governance' (intergovernmental organisations plus)



The structures and pressures of global governance

- Formal regulatory structures: multilateral institutions and agreements
- Empires, big powers and nation-states
- Institutions which mediate market discipline
- Transnational corporations (and peak bodies)
- Classes, constituencies and social movements
- Institutions which mediate the creation and flow of information, knowledge and ideology



Global health governance

- Health as a semi-autonomous domain of governance?
 - WHO (IHRs, FCTC, IMCI), UNICEF, UNAIDS, etc
 - international ‘development assistance for health’ (DAH) industry
 - GPPPs, big pharma, private and bilateral donors and OECD DAC
- Health as a sub-domain of global economic governance?
 - role of big powers in containing the role of WHO (and of the WHA) and preferencing the GPPPs
 - role of IMF in structural adjustment (including currency crises as well as debt)
 - role of WTO and bilateral/regional trade agreements in shaping the structural determinants of health
 - role of ‘DAH’ in legitimating neoliberal globalisation



Global economic governance and global health

- SAPs and nutrition
- TRIPS and access to drugs (market failure)
- GATS, health insurance and privatisation
- Global economic integration and the exploitation of labour
- Low tax extortion and fiscal crisis
- AoA and small farmers' loss of livelihood (and health consequences)
- Global financial collapse and austerity / precarity
- Global warming

The global health crisis arises in part from the instabilities of the globalised economy and the disciplines imposed through the structures of global economic governance in order to manage those instabilities

- The global economy is unstable (economically, financially, socially, environmentally and politically)
- The neoliberal program for managing global economic instabilities yields security for the large transnational corporations but at the cost of exacerbating the economic, social and environmental crisis



The crisis of over-production

- Where productive capacity (with slowing employment and wages growth) exceeds ‘demand’ owing to
 - saturated (‘mature’) markets and
 - markets with real needs but limited purchasing capacity
- Neoliberalism as a policy package designed to protect the large transnational corporations from the consequences of ‘over-production’
- With devastating impact on global health



The corporate response to reduced profitability

- Reduce wages (union busting, relocation)*
- Replace well paid labour with technology*
- Reduce corporate taxation
- Externalise costs (including to labour and to the environment)
- Consolidate production and increase market share through mergers and acquisitions*
- Increase market power (and capacity to increase prices)
- New markets, new products and better marketing (including through the commodification of (what were) family, community and public functions)



The neoliberal policy package for managing the crisis

- 'Free' trade
 - opening up new markets for established (TNC) producers (but preventing establishment of local producers)
 - ISDS to facilitate foreign investment (but/by preventing public health regulation)
 - stronger enforcement of easier intellectual property to protect profits of knowledge intensive TNCs (but at the cost of high priced medicines)
- Unfair trade (brain drain, escalating tariffs, dumping of agricultural products, transfer pricing, capital flight)
 - maintaining the profits of the Northern TNCs (but preventing local development)
- 'Fiscal discipline' (but for borrowers, not the big lenders)
 - irresponsible lending encouraged by the bail out (TBTF) but tight discipline imposed on borrowers in trouble
 - IMF conditionalities serve to keep indebted countries integrated within the global economy
- Development assistance for health
 - addressing the most embarrassing health needs
 - shoring up the legitimacy of the prevailing regime

The crisis of over-accumulation

- Reduced flow of profit into green field investment
- Increased flow of profit into the financial sector (banks, investment funds, etc)
- Corporate consolidation through debt-funded mergers and acquisitions
- Increasing reliance on debt to fund household consumption, government expenditure and corporate consolidation
- Debt funded asset speculation creates instability and periodic crashes

Tracing the influence of the neoliberal policy imperative on global health governance



The global economy since WW2

- 1945-1975:
 - decolonization,
 - the 'long boom' (and trickle down)
 - the non-aligned movement and the New International Economic Order (NIEO)
- 1970 onwards
 - looming threat of 'over-production' and the rise of neoliberalism
 - continuing dynamic of the 'long boom' (eg in China from 1980s)
- 1980s:
 - the debt crisis
 - structural adjustment
- 2007-09:
 - US sub-prime mortgage crisis
 - global recession
 - debt boils over, value destroyed, start again
- 2009-2018
 - the neoliberal regime resumes
 - rising debt again
 - inequality, austerity, precarity, anger, desperation
 - but business expansion and GDP growth through reduced corporate tax, privatization, intensified exploitation of labour



From Bretton Woods to 'Investing in Health' (1944-93)

- 1944: Bretton Woods (IMF, WB, GATT)
- 1948: United Nations (and the influx of newly decolonized countries)
- 1955: Bandung Conference and birth of the Non-Aligned Movement (more confident Third World voice)
- 1964: UNCTAD 1 (and G77) leads to call for New International Economic Order adopted by UN in May 1974
- 1978: Alma-Ata Declaration (PHC, reference to NIEO)
- 1975-80: End of the long boom, onset of stagflation, emergence of neoliberal paradigm
- 1981: escalating interest rates, the debt trap, structural adjustment
- 1981: 'Selective PHC' (the response to Alma-Ata)
- 1980s: rise of AIDS/HIV
- 1986: commencement of Uruguay Round (leads to WTO in 1994)
- 1987: 'Adjustment with a Human Face'
- 1993: WB: 'Investing in Health' (SAPs can be compatible with health development)



WTO to Iraq (1995 - 2003)

- 1995: WTO established
- 1997: South African parallel import legislation passed, challenged (challenge defeated April 2001, note role of MSF and other NGOs and internet)
- 1999: WTO in Seattle: outrageous process; dramatic protests
- 2000: GAVI launched
- Dec 2000: People's Health Assembly and People's Health Charter
- April 2001: Defeat of big pharma in South Africa
- Sept 2001: 9/11
- Nov 2001: Doha and the Statement on Public Health
- Dec 2001: WHO's Commission on Macroeconomics and Health ("globalization is on trial")
- 2002: GFATM commences
- Mar 2003: Invasion of Iraq (Bush Blair unilateralism; widespread opposition)



The crisis deepens (2003-2018)

- Nov 2003: Cancun: G21+China stands up to G7; deadlock over agriculture and 'Singapore issues'; US moves to focus on bilateral and regional FTAs
- 2006: WHO Commission on Innovation, Intellectual Property and Public Health
- 2007: Formation of IHP+
- Feb 2008: Sub-Prime Mortgage Crisis breaks
- Sept 2008: Report of WHO Commission on Social Determinants
- Oct 2008: WHR on PHC
- Dec 2008: US Subprime Mortgage Crisis and Global Financial Crisis
- Oct 2010: WHR on UHC
- 2011: European Sovereign Debt Crisis
- 2013: TTIP negotiations commence
- 2016: TPP negotiation conclude; US withdraws
- 2018: RCEP negotiations completed



“Another world is possible”

- Delegitimation of SAPs
- Jubilee 2000 and the Drop the Debt campaigns
- MAI-non!
- Doha 01 - TRIPS and access
- Cancun 03 – advancing the demand for agricultural reform and resisting the Singapore issues
- Miami 04 – resistance to US ambitions for a FTAA
- Delegitimation and the role of (globalised) popular movements
- Emergence of the PHM

The (contested) neoliberal agenda

- Transnational capitalist class
 - progressing the neoliberal agenda
- Progressive people's movements
 - opposing neoliberalism
 - demanding equity, democracy, human rights, ecologically sustainable development
 - striving to build international solidarity and a convergence across movements
- Populist demagoguery
 - rhetorically critical of neoliberalism
 - exploiting the fear and insecurity created by neoliberalism
 - cultivating nationalism and xenophobia



Alternatives to neoliberalism

- Restore sovereignty to the Nation State (regulate the transnational corporations and banks)
- Move towards greater democracy in global governance (away from big power hegemony)
- Protect local production, local supply, local services (the Chinese path)
- Forge new alliances between progressive forces in the North and in the global South
- Domestic security (economic and cultural) as a condition for generosity (eg to refugees)
- Living well (buen vivir) as alternative to materialism
- Communication and personal contact as conditions for solidarity

Learning from experience

- South Africa and parallel importing (1997-2001)
- WHO Trade and health resolution (2005-06)
- Debates in WHA over
 - implementation of TRIPS flexibilities
 - action on substandard and falsified medicines (separate from issues of intellectual property)
 - delinking R&D funding from profits based on patent monopoly

Lessons from case studies

- Value of closer collaboration among MOHs from developing countries (as in Trade & Health case)
- Using WHO
 - status of WHA resolution
 - use of WHO Secretariat to provide advice
- Supporting intersectoral collaboration at
 - national level (MOH & Trade, Finance, etc)
 - international level (eg at WTO)
- Collaboration between progressive governments and civil society globally, regionally and nationally
- Solidarity across difference

PHM's critical engagement with global health governance

- Monitoring global health status and promoting both policy directions and structural reforms
- Monitoring movements in different fields of global health policy; engaging in policy debate while developing the structural critique
- Building community awareness of the influence of movements in global health policy with respect to local health needs
- Developing strategies at the local, national and regional levels which can address the local and immediate health issues in ways which also contribute to challenging the macro forces
- Building the awareness, solidarity and cooperation needed to support the convergence of different social movements from different countries to drive the policy directions and structural reforms needed to achieve HFA,
- Including a more equitable and ecologically sustainable global economy

WHO Watch

- A resource for advocacy, mobilization and capacity-building
 - global health policy analysis and structural critique
 - grass roots activists engaging with the global dimensions of the problems they are facing
- Also an intervention in global health governance:
 - generating support for a reformed WHO
 - greater accountability of member states
 - democratizing the decision making within WHO
 - supporting delegations from smaller countries
 - changing the balance of power framing global health governance
 - new alliances
 - new information flows
 - popular mobilisation