

An alternative agenda for global health

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AN ALTERNATIVE WORLD HEALTH REPORT

Global Health Watch

2005–2006



GLOBAL HEALTH WATCH

An Alternative World Health Report

Global Health Watch

2



GHW2: 27 chapters

Development

- An alternative paradigm for development

Health Sector

- Health systems advocacy
- Mental health: culture, language and power
- Health care for migrants and asylum-seekers
- Prisoners
- Medicine

Beyond health care

- Carbon trading and climate change
- Terror, war and health
- Globalisation, trade, food and health
- Urbanisation
- The sanitation and water crisis
- Oil extraction and health in the Niger delta
- Humanitarian aid
- Education

Global health governance

- The global health landscape
- The World Health Organization
- The Gates Foundation
- The Global Fund to Fight AIDS, TB and Malaria
- The World Bank

Government aid

- US foreign assistance and health
- Canadian and Australian health aid
- Security and health

Transnational corporations

- Protecting breastfeeding
- Tobacco control: moving governments from inaction to action

Postscript: Resistance



Health for All Now!

People's Health Movement



challenging barriers to health



Outline of Session

Presentation

- State of global health and development
- Examine global health response
- Propose an alternative / complimentary approach for the global health community

Discussion +/- small group discussion

State of global health and development

- Not an optimistic or positive picture

Is the glass half full or half empty?



State of global health and development

- Poverty and development
- Climate and Ecology
- Disease
- Conflict and War

Crisis of Poverty and Under-Development

In spite of decades of global economic growth and an explosion in scientific and technological advancement the number of people living in poverty has grown

Income Poverty line		1981	2004	Change
\$1		1,470	970	- 500 (- 34%)
	(excl China)	836	841	+ 5 (+ 0.1%)

Crisis of Poverty and Under-Development

Income Poverty line		1981	2004	Change
\$2		2,450	2,550	+ 100 (+ 4%)
	(excl China)	1,576	2,096	+ 520 (+ 33%)

Multi Dimensional Poverty Line (UNDP)

- Composite measure of poverty: covers education, health, nutrition and standard of living
- Provides a fuller portrait of poverty than simple income measures
 - Ethiopia: 90% of people are 'MPI poor' but 39% are estimated to live on less than \$1/day
 - Tanzania: 89% live on less than \$1/day compared to 65% who are 'MPI poor'
- Overall figures are somewhere in between the numbers estimated between living on \$1/day and \$2/day

- ‘Ethical Poverty Line’
 - defined as the income level below which further income losses materially shorten life expectancy
 - estimated at between \$2.80 - \$3.90 / day

Peter Edward (2006) “The ethical poverty line: a moral quantification of absolute poverty”. *Third World Quarterly*, 37(2): 377-393

August 2008 publication presented a “major overhaul to the World Bank’s past estimates of global poverty, incorporating new and better data”

Shaohua Chen and Martin Ravallion
Development Research Group, World Bank

http://www-wds.worldbank.org/external/default/WDSCContentServer/IW3P/IB/2008/08/26/000158349_20080826113239/Rendered/PDF/WPS4703.pdf

“Extreme poverty - as judged by what ‘poverty’ means in the world’s poorest countries - is found to be more pervasive than we thought”.

“Because of lags in survey data availability, these estimates do not yet reflect the sharp rise in food prices since 2005”.

“The developing world is poorer than we thought, but no less successful in the fight against poverty”

MDG Progress Report 2010 (UNDP)

- “The global economic crisis has slowed progress, but the world is still on track to meet the poverty reduction target”
- Robust growth in the first half of the decade reduced the number of people in developing regions living on less than \$1.25 a day from 1.8 billion in 1990 to 1.4 billion in 2005, while the poverty rate dropped from 46% to 27%.
- An optimistic and positive account of the facts?
- A manipulation of the facts?
- Propaganda?

While GHW and WHO were producing their world health reports, Merrill-Lynch was producing the **World Wealth Report**

celebrating the 10 million people with investable, liquid funds worth US\$ 40 trillion

Increasing income inequality among countries

Gross national income per capita in nominal US\$			
Year	Richest countries*	Poorest countries*	Ratio
1980	US\$ 11 840	US\$ 196	60
2000	US\$ 31 522	US\$ 274	115
2005	US\$ 40 730	US\$ 334	122

*Containing 10% of the world's population. Data derived from Table 1 in the World Bank's World Development Reports for 1982, 2002, and 2007, respectively, and market exchange rates in the relevant years. The ratios among these nominal US\$ figures are comparable across years.

Reprinted, with permission of the publisher, from Pogge (2008).

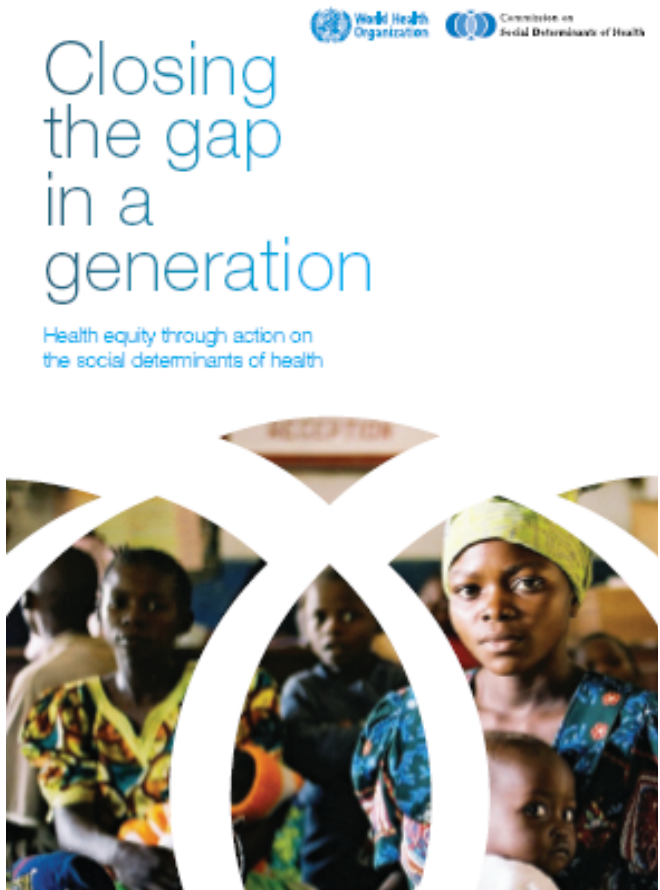
World Distribution of Household Wealth

- $\text{Wealth} = \text{real property} + \text{financial assets} - \text{debts}$ (more than income)
- richest 1% owned 40% of global assets in 2000
- richest 2% owned 51%
- richest 10% owned 85%
- bottom half owned barely 1%

Davies, Sandström, Shorrocks and Wolff, 2006. *World Institute for Development Economics Research (WIDER)*

Commission on the Social Determinants of Health

Economic Governance Matters



“ in many cases, there is **a net financial outflow from poorer to richer countries** – an alarming state of affairs” (p 38)

“Structural inequities in the global institutional architecture maintain unfairness in trade-related processes and outcomes” (p 132)

The CSDH highlights the influence of the World Bank and the IMF

- “These two institutions have taken on a powerful voice in the field of global governance, not only in their direct financing relations with countries, but also indirectly through their influence over the dominant paradigm of development policy and practice”. (p 169)
- But questions their legitimacy:
 - “ their institutional processes and democratic credentials – to enable the diverse perspectives of countries’ development priorities, including priority for health equity – are, to say the least, questionable.” (p 169)
- And their approaches to development:
 - “From a social determinants of health point of view, the Poverty Reduction Strategy Process has been something of a missed opportunity. Many PRSPs remain devoid of attention to major determinants of health, such as employment”.

Other concerns about global economic governance

It notes the power of TNCs:

“The revenues of Wal-Mart, BP, Exxon Mobil, and Royal Dutch/Shell Group all rank above the GDP of countries such as Indonesia, Norway, Saudi Arabia, and South Africa”.

And expresses concern about their growing influence ...

“The political, economic, financial, and trade decisions of a handful of institutions and corporations are having a profound effect on the daily lives of millions of people whose own voice and aspirations are not listened to or are dismissed by more powerful interests”.

It notes the problem of the hyper-mobility of financial capital and high-income individuals

Tax havens cost developing countries US\$ 50 billion per year

Losses due to capital flight, money laundering, the illegal shifting of profits and falsely declared import and export prices are higher

Capital flight from Africa estimated at \$148 – 278 billion annually

Illicit capital flight: \$800 – 1000 billion / year

Half this dirty money originates from LMICs.

5% due to political embezzlement and corruption

- The crisis of poverty and under-development is also a crisis of wealth and governance

Crisis of Climate and Ecology

- Global warming
 - 2 degree rise in temperatures inevitable
 - Threat of ‘tipping points’

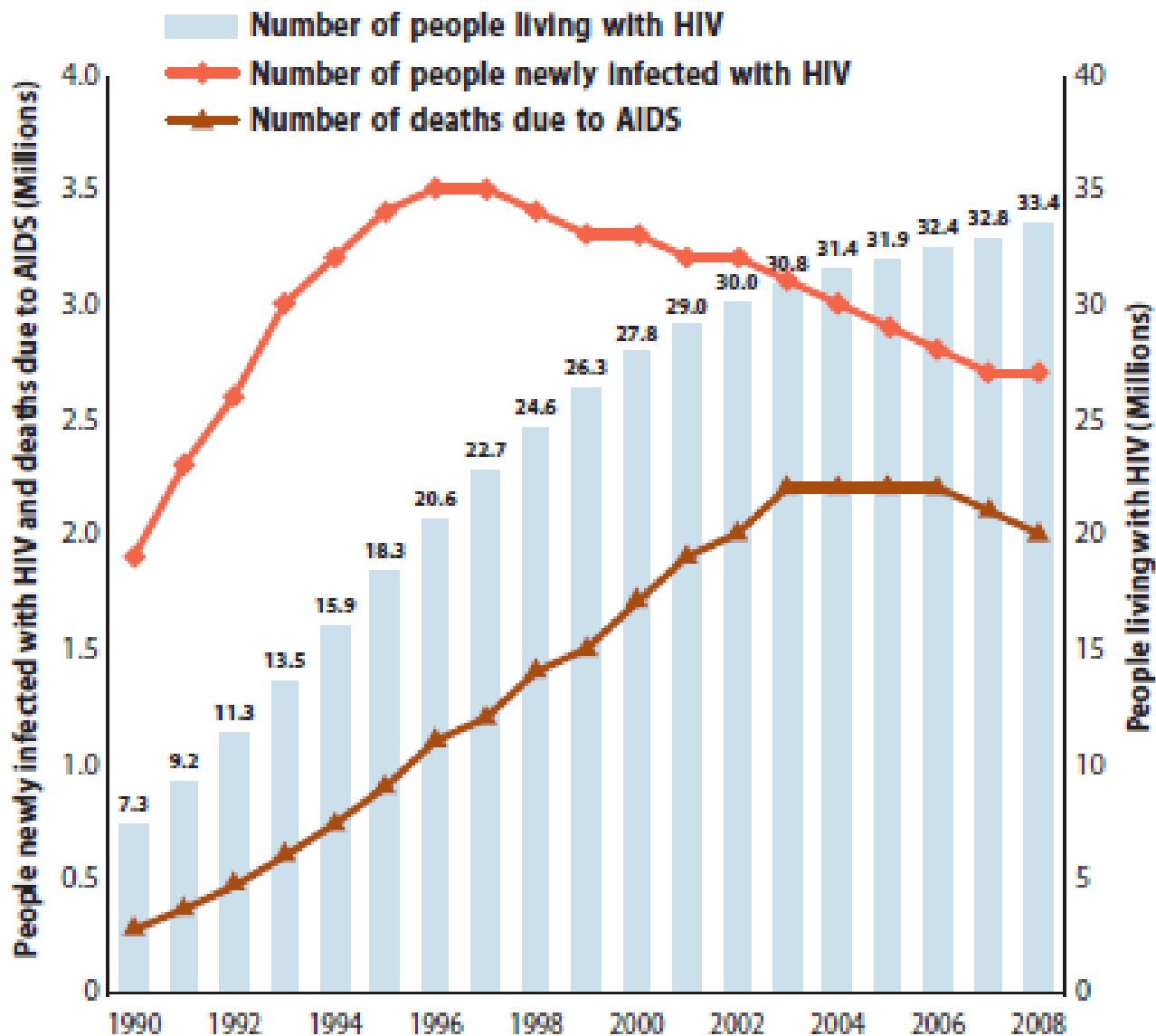


Crisis of Climate and Ecology

- We're failing on poverty *and* climate change
 - Poverty: the greatest *cause* of ill-health
 - Climate change: the greatest *threat* to health?
- We need *more* growth to reduce poverty faster; but we need less growth to limit carbon emissions and control climate change
- We *must* tackle both – but how??
- Copenhagen – disaster
- Financial crisis - resolute refusal to link the global economic recovery programme to a low-growth, sustainable model

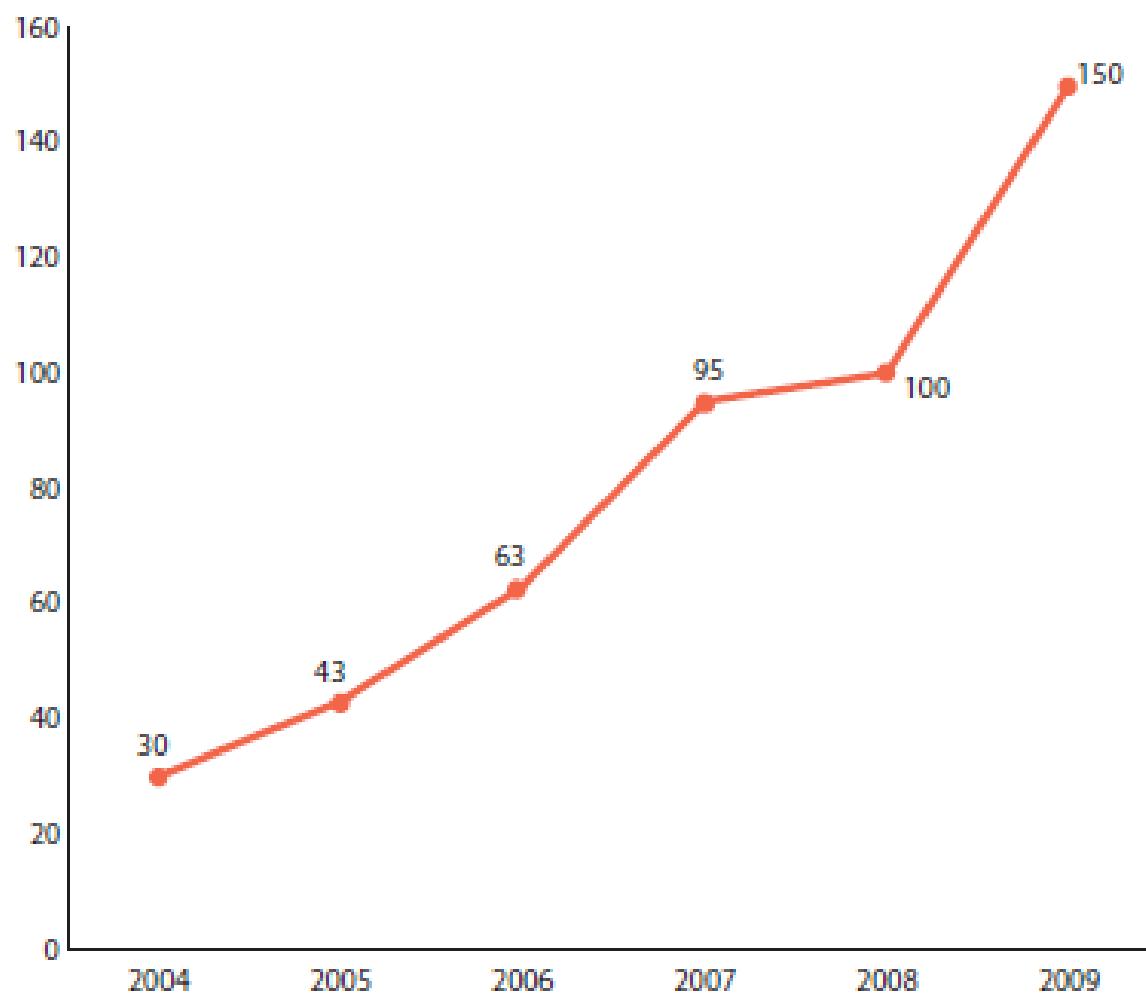
Crisis of Disease

- Quadrupling in financing for HIV/AIDS, TB and Malaria
- A golden age of Global Health



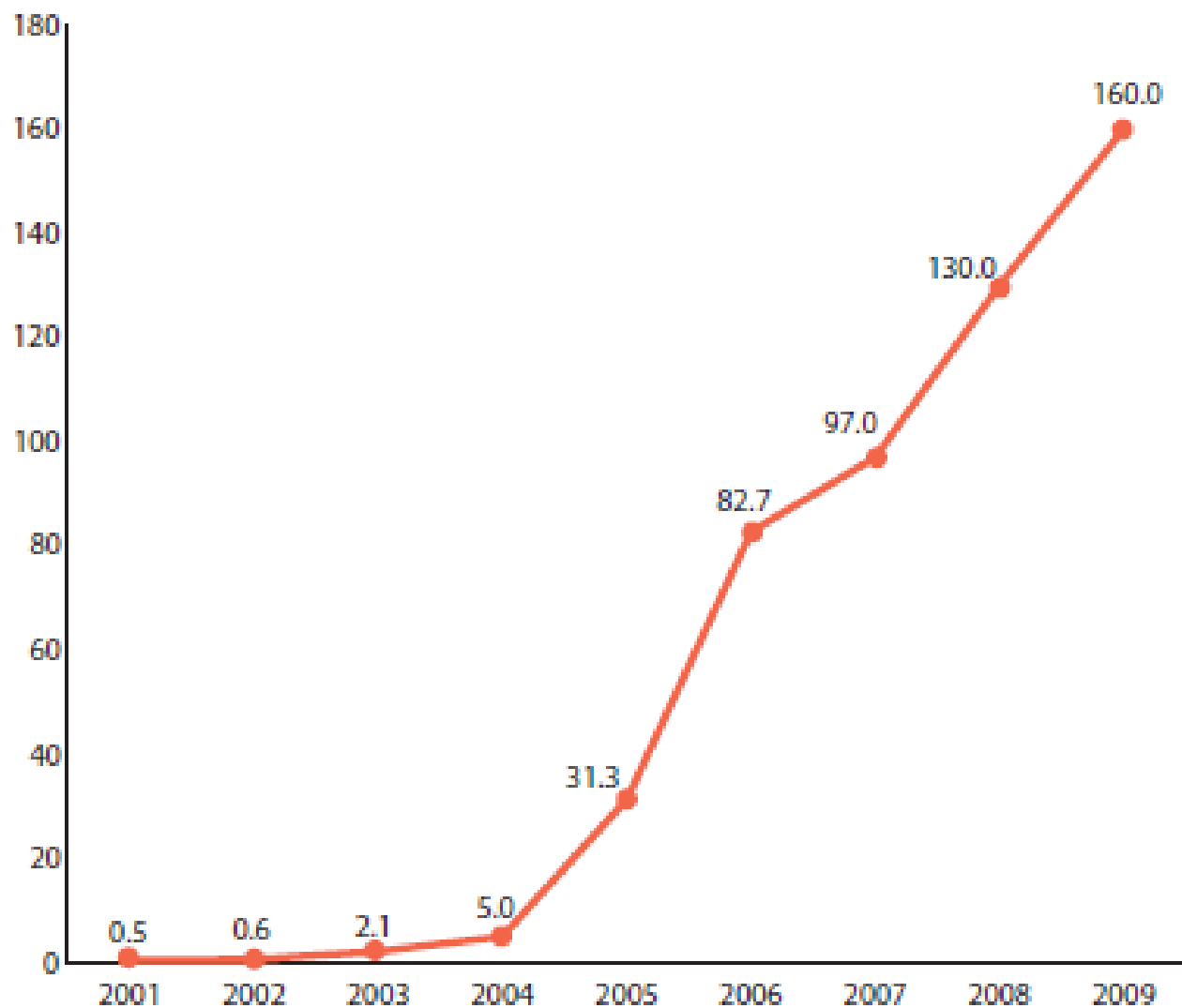
Approximately 2.9 million deaths have been averted because of antiretroviral drugs.

Global production of long-lasting insecticidal bed nets, 2004-2009 (Millions)



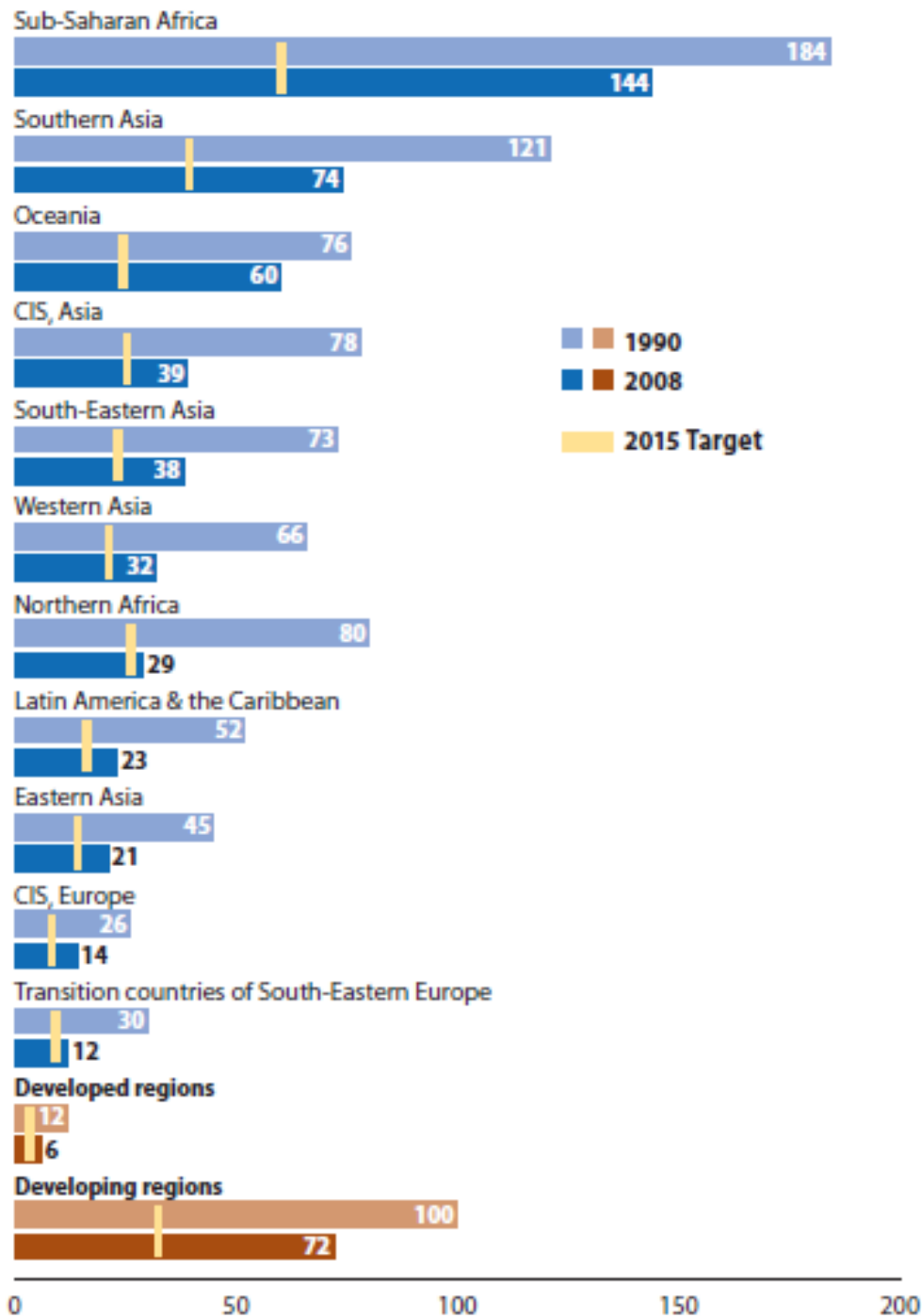
Note: Data for 2007-2009 are based on estimated production capacity.

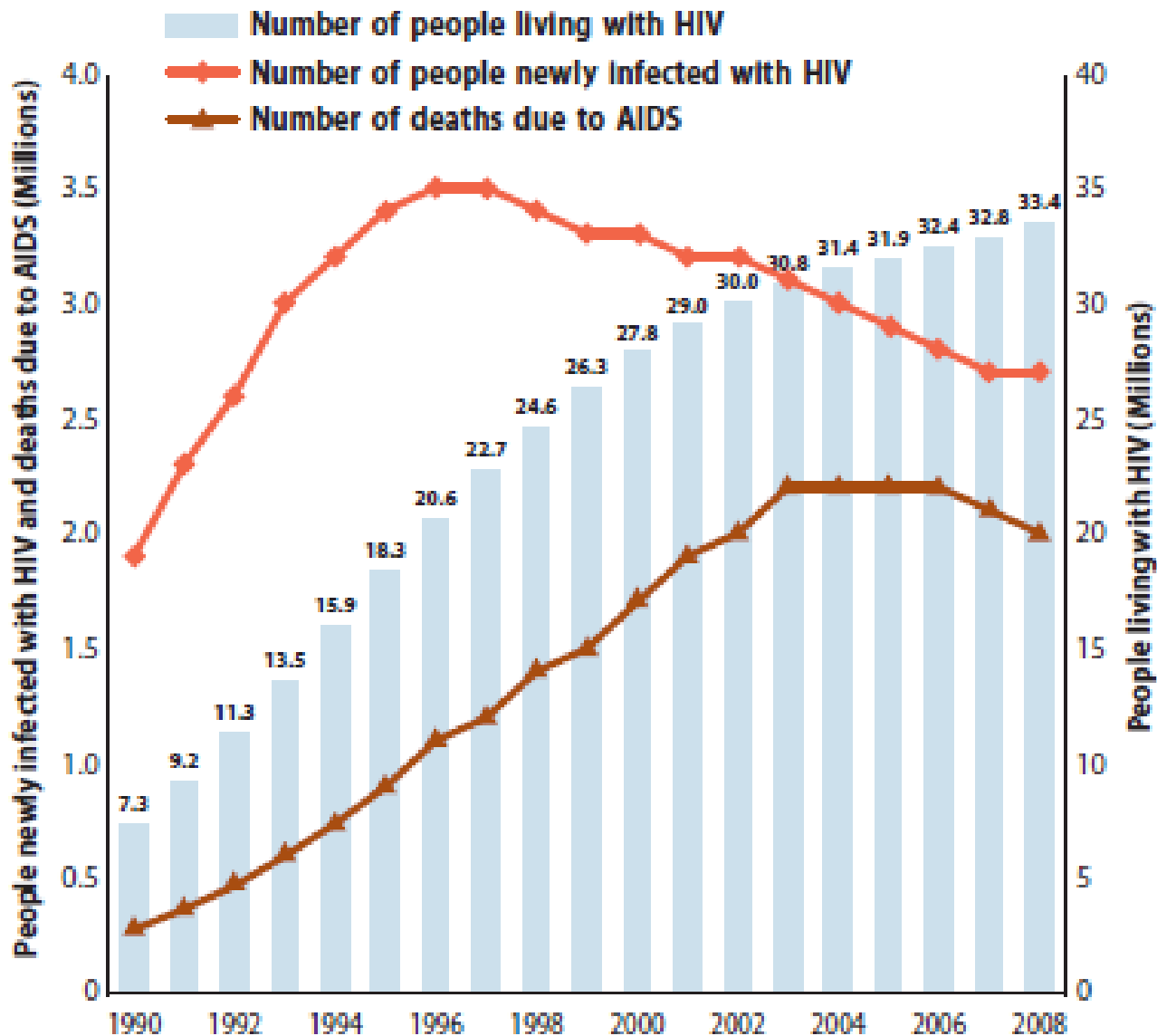
Number of doses of artemisinin-based combination therapies procured worldwide, 2001-2009 (Millions)



MDG 4

Under-five mortality rate
per 1,000 live births, 1990
and 2008





The rate of new infections continues to outstrip the expansion of treatment

For every two individuals who start treatment each year, five people are newly infected with HIV

Reduction in incidence and mortality partly a natural effect of all infectious diseases

Crisis of Disease

- New viral threats
- Antibiotic resistance
- Demographic and ecological pressures
- Global Health Governance is in a state of mess

GHW2: Global health architecture

Over-populated

Fragmented and uncoordinated

Inefficient

Competitive

Corrupt

GHW2 Chapter on WHO

- Commercial capture
- Funding problems
- Disempowerment
- Technical shortcomings

GHW2 Chapter on Gates Foundation

- Extra spending on health welcome, but
 - Extremely influential and powerful
 - Unaccountable and domineering
 - Inappropriate and top-down
 - Un-evaluated
 - Neglect of social determinants
 - TRIPs-friendly
- Politically and conceptually

A counsel of despair and gloom?



- The glass isn't even half empty
 - Transformative change is required
 - The international health community must escape the role (trap) of global ambulance

A new global public health agenda?

Global Economic Governance Needs to be Reformed and Democratised

- The rules, systems and structures that govern global economic policy, trade, finance and tax policy need to be understood as global health challenges

The End of History Has Not Arrived

- The free market and capitalism has not been triumphant
 - Socially-directed economic policy (economic policy and capital serving people)
- Implications for international health community
 - Read, learn and understand political theory
 - Stop the self-censorship
 - Acknowledge the massive propaganda

Politics is medicine on a larger scale

The CSDH highlights issues of power and politics

- “The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally,” (p 1)
- The unequal distribution of health-damaging experiences “is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics” (p. 1)
- “Any serious effort to reduce health inequities will involve changing the distribution of power within society and global regions....” (p. 18)
- “Achieving this vision will take major changes in social policies, in economic arrangements, and in political action”. (p 28)
- “The Commission seeks to foster a global movement for change”. (p 27)

The CSDH calls for social and political mobilisation

“Over centuries, collective actions, such as the emancipation of women, universal franchise, the labour movement, and the civil rights movement, have contributed to the improved living and working conditions of millions of people worldwide. Although not explicitly concerned with health, such movements have advanced people’s ability, globally, to lead a flourishing life”. (p 33)

Climate Change

- New development paradigm is needed
 - Low-growth, no-growth development (economic and demographic)
 - Healthy living = Green living
 - Healthy eating = Green eating

New Global Health Campaigns - Tax and Financial Regulation

Multiple benefits of tax

- Revenue generation
 - Redistribute
 - Re-price
 - Representation
-
- Reframe globalisation
 - Regulate
 - Reduce corruption
 - Remove reliance on bilateral aid

Goals

- CTL
- International Tax Authority
- Banking regulation
- Accountancy standards

Understand the instrumentality of aid and charity and use it with greater discretion

- The revolution will not be funded!
- Even the CSDH noted the limitations of charity:
 - “Corporate social responsibility has been promoted as a vehicle for improving the positive social impacts of private sector actors. To date, however, corporate social responsibility is often little more than cosmetic. One of its principal shortcomings is that, being voluntary, it lacks enforcement, but also that little evaluation has been attempted. Corporate accountability may be a more meaningful approach”.

Corporate regulation

Unaccountable state and corporate power is a problem

The health community has a particular role to play by demanding better management of 'global public bads'.

The CSDH, for example, noted:

“Global governance mechanisms – such as the Framework Convention on Tobacco Control – are required with increasing urgency as market integration expands and accelerates circulation of and access to health-damaging commodities”.

“Processed foods and alcohol are two prime candidates for stronger global, regional, and national regulatory controls” (p 14).

**Strengthen and Support the WHO and some of the new
global health partnerships**

In conclusion

- A new international public health agenda based on:
 - Political and Social determinants
 - Governance, Accountability and Democracy
 - Emergency Climate Protection
- and optimism (or rather hope and stubbornness)