Global governance for health

Experts in global health and health diplomacy have focused increasing attention on the im-
phacts – on populations’ health and health systems – resulting from non-health sector policies
defined and implemented at the global level.

This trend explains the interest in the report by The Lancet-University of Oslo Commission
on Global Governance for Health, published by the renowned British journal (Lancet 2014;
383:630-67). The report analyzes how the distribution of health risks is still extremely and un-
acceptably unequal, and that contrary to expectations, the current global governance system
fails to protect the population’s health, with disastrous effects on the poor, vulnerable, and
marginalized.

Through their policies and actions, powerful global actors are responsible for many of
these inequities. Such actors include transnational corporations, governments of powerful
countries, and even UN agencies, which frequently ignore the negative effects of their initia-
tives on the populations’ health and health systems. The Commission attributes such “politi-
cal” determinants of health to a profound power asymmetry, most often determined by exclu-
sive market interests.

The Report cites several examples, including the neoliberal fiscal austerity policies im-
posed by the “troika” (IMF, European Central Bank, and European Commission) on peripheral
countries (vis-à-vis the central circuit of the capitalist economy), such as Greece, Portugal,
Spain, and Ireland. These countries have suffered the resurgence of previously controlled dis-
eases and the dismantling of public social and health institutions built over the course of the
20th century.

The Commission attributes the adverse effects of global political determinants of health
to five dysfunctions in the global governance system (democratic deficit, weak accountabil-
ity mechanisms, institutional “stickiness”, inadequate policy space, and missing or nascent
institutions), and proposes three principal initiatives: (1) Creation of a multi-stakeholder plat-
form on global governance for health, including global civil society, the UN, the business com-
pany, and NGOs, to function as a discussion forum for policies and agenda-building and
the evaluation of their impact on health and health equity, in addition to proposing adequate
solutions and overcoming barriers to their implementation; (2) An independent scientific
monitoring panel on the influence of global governance processes on health equity through
mandatory impact analyses on levels of health equity in international organizations; (3) Uti-
lization of human rights instruments in health such as the Special Rapporteurs and stricter
sanctions against a broad range of violations committed by non-state agents, through the in-
ternational legal system.

The task at hand is to publicize the Commission’s proposals (as CSP is now doing with this
Editorial, in solidarity) and to mobilize the various stakeholders in promoting health equity
and in correcting policies to make them more effective. An excellent opportunity is the current
negotiation of the Global Development Agenda Beyond 2015, of the UN and its member states,
guaranteeing that global policy and the governance mechanisms resulting from it definitively
address the negative impacts of non-health sector policies on health.

The issue also includes drawing on countries like Brazil with equivalent proposals for joint
action by government and civil society to block external forces identified as producing ineq-
uites or inducing poor health conditions, as with the tobacco and pesticide industries. The
challenge also involves including health equity on the national agenda, which means fully and
speedily achieving the principles set out in Art. 196 of the 1988 Federal Constitution and the
comprehensive implementation of the Unified National Health System.

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