

# A HEALTHY ROLE FOR UN

By Dr. Joe Thomas



Headquarters of the World Health Organization in Geneva, Switzerland. WHO is the directing and coordinating authority for health within the United Nations system.

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*The United Nations (UN) turns 70 on 24 October 2015. This September, the UN is expected to broker a set of seventeen historical, ground-breaking Global Sustainable Development Goals, with health among them. Here, the author argues that the role of the UN does not end with merely gratifying general development goals. Additional decisive actions are necessary to empower the World Health Organization—the UN branch empowered to provide global health leadership through a proposed Framework Convention on Global Health.*

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*Dr. Joe Thomas is Executive Director of Partners in Population and Development (PPD), an inter-governmental alliance of 26 developing countries mandated to promote South-South Cooperation in the area of Reproductive Health, Population and Development. PPD was inceptioned in conjunction with the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. PPD is a Permanent Observer at the United Nations General Assembly*

**E**ach and every individual on the globe—all 7.2 billion of us—aspire to good health. However, the World Health Organization, the effective leader globally mandated to ensure we can live with good health, is facing a myriad and complex challenge: Worldwide, major social determinants of health are falling under the jurisdictions of government ministries other than Health—and hence remain out of reach of Ministries of Health and the 194-member-country World Health Assembly, the supreme decision-making body which determines the policies and mandate of the WHO. With Ministries of Health unable to influence critical determinants of health, striking health inequities have arisen within and between nations.

This article briefly discusses some of the general challenges in global governance for health, the WHO's leadership role specifically, and the potential role the United National General Assembly could take under a proposed Framework Convention on Global Health.

According to the Global Burden of Disease Study 2010, infectious diseases, maternal and child illness, and malnutrition now cause fewer deaths and less illness than they did 20 years ago. The dominant causes of death and disability worldwide have shifted to non-communicable diseases such as cancer and cardiac health issues, with an alarming number of young and middle-aged adults dying or suffering from these preventable diseases and injuries due to accidents or domestic and interpersonal violence.

There is an increasing demand that decisive action on health determinants from ministries and sectors other than health be marshalled

by the United Nations General Assembly: in short, for empowering a global architecture of health. Commentators are increasingly recommending a Framework Convention on Global Health—preferably under the mandate of the UN—to empower the WHO to effectively address the core anomalies of health in a globalized world.

According to Georgetown University Law Professor Gostin and his colleagues, a Framework Convention on Global Health, once ratified by all governments, “would universally ensure three conditions that are essential for a healthy life: a well-functioning health system providing quality health care; a full range of public health services, such as nutritious food, clean water, and a healthy environment; and broader economic and social conditions conducive to good health, such as employment, housing, income support and gender equality”.

2015 is an impressive year in our efforts to reduce poverty and improve health and well-being. Covering the period 1990 to 2015, the time-bound Millennium Development Goals (MDGs) comprising 8 goals, 18 targets and 48 indicators, and collectively agreed upon by 189 countries for combating poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women, is on the eve of expiry.

The United Nations Conference on Sustainable Development (UNCSD), also known as Rio 2012, Rio+20 or Earth Summit 2012 was the third international conference on sustainable development aimed at reconciling the economic and environmental goals of the global community. The open working group, mandated by the UNCED to develop a set of Sustainable Development Goals (SDGs), as a follow up to MDGs, for consideration and appropriate action by the General Assembly at its sixty-eighth session.



The SDGs present additional challenges to harness the creativity of diverse stakeholders and empower WHO to achieve health related SDGs. The SDGs with the 17 proposed goals are expected to be approved by the UN General Assembly in September 2015. Right now, 'health' is to be covered under just one SDG and that is SDG-3: "Ensure healthy lives and promote well-being for all at all ages". This Goal has nine targets that cover a wide range of health issues extending from maternal and child health to environmental health. Each of the 17 SDGs focuses on an individual issue, health directly or indirectly represented in every SDG.

The interrelationship between health and other sectors and issues has been succinctly explained in the Adelaide Statement on Health in All Policies and the need to engage leaders and policy-makers at all levels of government. 'It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. This is because the causes of health and well-being lie outside the health sector and are socially and economically formed'. Health is closely linked to many of the other 16 proposed goals; detailed analysis of these linkages will be fertile ground for research in future.

Health is a contributor to, and a beneficiary of ending poverty, ending hunger, achieving food security and adequate nutrition, sustainable agriculture, equitable and inclusive quality education and life-long learning opportunities, gender equality, empowering women and girls, secure water and sanitation, access to affordable, sustainable, and reliable modern energy, strong, inclusive and sustainable economic growth and decent work, sustainable industrialization, reducing inequality within and among countries, inclusive, safe and sustainable cities and human settlements, sustainable consumption and production patterns, addressing climate change, conservation and sustainable use of marine resources, oceans and seas, sustaining ecosystems and halting biodiversity loss, peaceful

and inclusive societies, rule of law, effective and capable institutions, and global partnership for sustainable development.

Health statistics are key metrics of progress towards sustainable development. Good health and well-being depend on a wide range of economic, environmental and social improvements.

The leadership of Global Governance of Health, particularly WHO needs to develop a decisive strategy for coordination and partnership among multiple stakeholders at an unprecedented level to interpret and extract health-related benefits from other SDGs.

For many developing countries, to achieve health-related SDGs present a unique opportunity to link it up with SDG-17, since advocating "strengthening the means of implementation and revitalizing the global partnership for sustainable development" presents a plan of action towards increased global responsibility towards development. The SDG Target 17.2 presents specific obligations of developed countries towards this direction: "Developed countries to implement fully their social development assistance commitments, including providing 0.7 per cent of gross national income in social development assistance to developing countries, of which 0.15 to 0.20 per cent should be provided to least developed countries."

SDG-Target 17.4: The call to assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress". Fostering debt financing, debt relief and debt re-structuring could be linked with health goals.

SDG-Target 17.5: "Adopt and implement investment promotion regimes for least developed countries" must have specific focus on promoting investment in health and population.

SDG-Target 17.6: Similarly, the call "to enhance North-South, South-South and triangular regional and international cooperation on and access to



science, technology and innovation and enhance knowledge sharing” must have specific focus on health and population goals. Ensuing access to essential drugs and commodities to reduce maternal and infant mortality is a perennial challenge for many countries.

SDG-Target 17.7 “Sustainable development goal related to the promotion, development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed” must provide significant opportunities for improving access to essential drugs and medicines.

SDG-Target 17.8: The call to” fully operationalize the technology bank and science, technology and innovation capacity building mechanism for LDCs by 2017, and enhance the use of enabling technology, in particular information and communications technology” must have a preferential option for lifesaving drugs and medicines.

SDG-Target 3.a: Based on the lessons from MDGs, certain Health Specific goals will demand sophisticated diplomatic skills and expertise to facilitate collaboration, coordination and partnership among multiple stakeholders to “support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration” in the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health that affirms the right of developing countries to use to the full the provisions in the Agreement on TRIPS regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

Setting priorities in global health is a contested arena. Global health governance needs to be empowered in its role in setting priorities to fulfil the conditions needed for good health, strengthening health systems and addressing social and economic determinants of health. Global health is entwined with social determinants of health such as

poverty, education, race/ethnicity, gender, housing and employment, and essential public health measures such as sanitation, potable water, food and nutrition, clean air, disease surveillance, built up environment, control of harmful food items, tobacco, drugs and alcohol.

It seems, there is a shift in the major stakeholders in global health policy making from UN agencies towards financial institutions and private institutions and foundations. Currently, global public health policies are concentrated on selected conditions around infectious diseases and on technological solutions for them. Addressing infectious diseases in the South is important to reduce the global disease burden. However, several health matters are increasingly being left for private actors to deal with and Global health policy making is increasingly aligned with industrial and trade policies.

A division between regulation and normative actions both at global and national levels will be increasingly contesting the leadership of WHO to provide normative leadership such as; mediating and ensuring predictable health financing will be a critical challenge to WHO. The proposed FCGH under the UNGA may provide mandate and normative guidance in this area.

Resource for ensuring ‘health for all’, domestically as well as globally, is below desirable levels with short term goals. According to WHO, in 2001 about US\$3.059 trillion—approximately 9 per cent of global gross domestic product (GDP)—was spent on health care worldwide. However, only 12 per cent of this amount was spent in Low and Middle Income Countries (LMICs) that account for 84 per cent of the global population and 92 per cent of the global disease burden.

WHO’s normative roles are further challenged, because of the different accountabilities of the various multilateral and bilateral organizations, global funds, alliances, and private foundations. Coordinating global health financing policy has become increasingly complex. Given that international redistribution of wealth is central to



meeting basic health needs in many poor countries, the lack of an effective international mechanism to enforce agreed-on transfers of wealth is problematic. Under these circumstances, the global community through WHO must help countries prioritize on investing in health on the basis of realistic expectations of promised donor assistance and harmonization.

Financing for health was not a specific goal of MDGs. Lessons from MDGs such as MDG-8, to advocate for a global partnership for development are mixed. Though, the official development assistance is now at its highest level, aid is shifting away from the poorest countries. SDG-17 talks about the need to strengthen the means of implementation and revitalize the global partnership for sustainable development.

SDG-17 is also specific about development financing. Developed countries are called to:

- Implement fully their official development assistance commitments
- Provide 0.7 per cent of the gross national income in official development assistance to developing countries, of which 0.15 to 0.20 percent should be provided to LDCs (SDG Target 17.2)
- Mobilize additional financial resources for developing countries from multiple sources (SDG Target 17.3).

Both SDG-Target 17.2 (“developed countries to implement fully their ODA commitments, including to provide 0.7% of GNI in ODA to developing countries of which 0.15–0.20% to least-developed countries”) and Target-17.17 (“encourage and promote effective public, public-private, and civil society partnerships, building on the experience and resourcing strategies of partnerships”) present opportunities for advocating for financing of health.

WHO enjoys a default leadership in global health diplomacy to ensure maximum effectiveness for shared global health responsibilities. However, the institutional capacity and human resource requirements of many developing countries to practice global health diplomacy are still in their

infancy. Skills and expertise from health diplomacy will be increasingly called upon to promote ‘health in all policies’ and to engage diverse sectors and issues that have interrelationships between health and well-being in a globalised context.

Global health diplomacy derives theory and practice from the disciplines of public health, international relations, management, trade, law and economics and focuses on the context and negotiations that shape and manage the global policy environment, determinants and consequences of health. WHO will have to play a proactive role to support the development of a more systematic approach to identify and understand international, particularly the trade context that impacts global public health and to build capacity among Member States to support the necessary collective action and take advantage of opportunities and mitigate the risks for health.

Ratification of SDGs by the UN General Assembly is a significant milestone in human endeavour to address some of the existential challenges of human race. However, the complex and myriad challenges to the Global Health Leadership require a paradigm shift in the Governance of Global Health. To empower WHO, in addition to the WHA, the WHO leadership needs to work with other core agencies of the UN – UN General Assembly and Security Council – to be mandated by the ‘Framework Convention on Global Health’. Harnessing the creativity of hitherto unexplored wide and vast stakeholders of health, facilitating the collaboration, coordination and partnership among these stakeholders, through pre-agreed conditions essential for public health such as robust health systems, and efforts to address social determinants of health will continue to remain the key challenges. Creativity and innovations will require addressing the penultimate challenge of financing universal health. A global South-South, international cooperation on population and health goals will remain as an important strategy to achieve the goal of ‘Health for all’. A mandate, derived from the Framework Convention on Global Health, may credit WHO with the much needed enhanced legitimacy to provide a normative leadership in global health.