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Public health and emerging risks: Emerging countries' responsibility and international cooperation

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Public health and globalization

A globalizing world offers many opportunities and challenges for global health. The opportunity to convey health technology and know how from one region of the world to another offers significant hope for countries to gain knowledge to improve health. Communicating best practices and health promotion and prevention strategies that work effectively, for example, can provide the missing link for developing and emerging countries on the verge of significant health gains. Efforts to establish global norms and standards for technology transfer and advocacy are critical resources for emerging countries as well.

While a globalizing world offers many opportunities, it also poses risks to local populations. The hasty spread of SARS, the threat of avian flu, and the rapid growth in the spread of HIV/AIDS demonstrate that emerging public health risks have no geographic or socio-economic boundaries; they pose a threat to all. Moreover, at the same time that emerging public health risks call our attention to the possibility of major morbidity and mortality induced pandemics, the enduring threat of world poverty, remains a major health risk facing most developing and emerging economies.

Poverty, holistically conceived, constitutes not only material deprivation and low human development, but lack of voice and accountability and uncertainty and vulnerability to adverse shocks of economic, natural or health origins. Poverty is caused by multiple variables, involving economic, social and political factors which interact to either work to lift one out of poverty or exacerbate the multiple deprivations that rob individuals of their freedom to do and be what they want to be. Poverty is inextricably linked to health and is a major factor in understanding the acceleration or deceleration of emerging public health risks.

Shaping a broad and integrated view of health and its determinants

Seven years into the new millennium, the health of the world's citizens is remarkably uneven. A child born today in Japan can expect to live to age 82 on average, while it is unlikely that a newborn infant in Zimbabwe will reach his or her 34th birthday. Over several decades, scientific progress has expanded our ability to improve human health, and many regions of the world have achieved significant health gains. Yet extreme deprivation in health is still widespread. This paradox of significant health improvement in the midst of deprivation is one of the greatest global challenges of the new millennium.

Empirical evidence on the scope, trends, and determinants of global health inequalities suggests that health inequalities are wide and growing. Furthermore, the determinants of global health inequalities extend far beyond the health care and public health sectors. Findings from recent studies, suggest that countries with the poorest health outcomes in terms of adult and under-five child mortality have significantly lower economic and social outcomes as well. For example, countries with the worst health problems have four times the percentage of people living on less than \$1 per day (50% on average). They have one-fifth the outpatient visits, hospital beds, and physicians as their low-mortality counterparts. Furthermore, they have a 100 fold higher difference in inflation and currency instability; lower percentage of GDP in trade (an indicator of how connected a country is to the global economy); a more than two-fold percentage of individuals living in rural areas (70% on average); poorer communication and information technology and a nearly three fold higher female illiteracy rate (60% on average) compared to their low-mortality counterparts.

In terms of public health indicators, countries with the worst health problems have significantly lower immunization rates (in terms of measles, diphtheria, tetanus and pertussis (DPT)) (55% of children less than 1 year old immunized compared to 90% in low mortality countries); lower rates of access to improved water (50% access on average compared to 90% access in low-mortality countries); and lower rates of access to sanitation (43% access on average compared to 89% access for low-mortality countries). The conceptualization of health and its determinants at the global level must be extremely broad, including factors as macro-level based as international trade and the degree of international poverty (% of the population living on less than a dollar a day in international dollars.)

Supporting countries opportunities to articulate their own needs

The trends in global health inequalities and their determinants have implications for both global and domestic policy. The policy implications for global health governance focus on health improvement strategies for state and non-state actors world-wide, including, national governments, international and domestic markets, and international organizations such as the World Health Organization (WHO), the UN system, the European and Asian Development Banks and the World Bank.

Global actors and institutions, including emerging countries, should play a supportive and facilitative role. They should work to create the conditions in which societies can develop and flourish and promote the health of their populations. Global actors and institutions should promote a broad-based approach to addressing all determinants of health and poverty, not solely narrow and technical approaches. Global actors and institutions can also support countries by creating a level playing field and remedying global inequalities that exist in affluence, power, social, political and economic opportunities.

Multilateral and bilateral foreign development assistance, including that by emerging countries, in particular, should aim to facilitate economic growth in developing countries; promote global financial stability; finance international global public goods; enhance developing country participation in global fora; provide debt relief and development assistance; ensure fair trade by opening up markets to developing countries; provide technical assistance and know-how; provide global public goods and transfer knowledge and information.

Global health institutions in particular can play a supportive and facilitative role by assisting in the generation and dissemination of health knowledge and information; empower individuals and groups in national and global forums; provide technical assistance, financial aid and global advocacy to support development of equitable and efficient health systems and public health programs; and link to other institutions in a coordinated and integrated manner.

Global problems, local solutions

While global actors and institutions can play a supportive and facilitative role state's must assume a prior and primary responsibility. Among state's obligations include creating an institutional framework for the health sector through the regulation of medical equipment, medicines, facilities, and work-sites; overseeing training, licensing, accreditation of personnel; provision of sufficient hospitals, clinics, other health-related facilities; and generating and disseminating health-related knowledge and information. Another obligation of state governments includes ensuring equal access to quality health-related goods and services, which includes ensuring provision of necessary health care and public health, ensuring equal access to proximal and controllable determinants of health (for example, nutritiously safe food and potable drinking

water, basic sanitation, adequate housing and living conditions), and developing and sustaining an equitable and affordable health insurance system.

Support countries articulate their own needs

Global actors and institutions can help developing countries in achieving these goals through three primary functions: technical assistance, financial aid and global advocacy. They can provide technical assistance on issues of health financing; training medical and public health professionals; managing tertiary, secondary, and primary care facilities; and developing regulatory agencies to oversee the health system. Through this process of providing technical assistance that is demand-driven, global actors can support countries not only in articulating their own needs, but in achieving stated goals. Another type of support takes the form of financial aid, particularly for health system development and disease-specific programs. Combining financial aid for so-called horizontal and vertical programs simultaneously could be most effective in aiding developing and emerging countries in their health systems. A third area of support is global advocacy.

Linking health to foreign policy

Health issues are increasingly becoming important foci for foreign policy. This creates opportunities and challenges for global health. While an increasingly important role for health in foreign policy elevates the status of health in international relations, it also ties, in great measure, health issues to the national interests of individual nation-states. Indeed health as a foreign policy issue for any government would most likely involve the application of long-held practice in foreign policy and international relations to scrutinize any policy option in terms of the costs and benefits to the nation states as party to negotiations. This links health with the politics of international relations, which in many respects involves an interaction of negotiation and diplomacy and even militaristic action to deal with conflict and competition among countries with respect to a variety of international and sometime even within-border issues. In practice, health is at issue when it has direct implications for national security, economic standing, and politically strategic relations. National security and health are particularly related through threats of infectious agents such as influenza and HIV/AIDS and of bioterrorism.

The opportunities created by health's emergence as an important foreign policy issue stem from the mutual self-interest associated with ensuring global oversight and regulation of emerging diseases and pandemics. It is in every nation's self-interest to protect its population from life expectancy reducing infectious agents and chronic conditions and promote good health and well-being. Thus, efforts to tie the evidence-based foundation of epidemiology and public health with national interests have and continue to offer health a unique platform for global public policy.

What role for emerging countries

Emerging countries have a unique role to play in reducing global health inequalities and in assisting developing countries in improving the health of their populations.

First, however, it is important to note that while emerging countries (the so-called BRICS, Brazil, Russia, South Africa, India and China) may be emerging economically this does not necessarily mean that they are emerging public health and health care systems. They are also still developing many aspects of their own public health and health care systems, so they, too, require

assistance and support from the industrialized world. They also face many threats to the health of their populations. For example, China has experienced a considerable increase in tobacco consumption over the course of the past several years. This poses significant health challenges given that tobacco consumption is a major risk factor for a number of chronic health conditions including heart disease and cancer. Russia has experienced a rapid and significant increase in alcohol and substance use, both of which reflect and put individuals at risk for both mental health and physical health problems such as tuberculosis, HIV/AIDS and hepatitis. India has experienced a rapid rate of growth in its HIV/AIDS rates and, of course, South Africa continues to struggle with the HIV/AIDS epidemic in that country.

Second, emerging countries require assistance and support from the global health community. Attention from the global health community should be focused especially on the development of public health surveillance and control of infectious agents to assure the global community emerging countries can effectively handle, with support from international health organizations like the WHO, potential outbreaks of public health threats. They should also assure the global community they are not breeding ground for bioterrorism. The case of SARS in China, for example, exposed significant areas of improvement in the public health surveillance system in that country and highlights issues of transparency, failure to report, system response, and the process of international cooperation with international agencies (such as the WHO) and the global community at large.

Attention from the global health community should also be focused on health system development. As the case of HIV/AIDS in China demonstrates there is an important need for systems to screen and detect and treat individuals with HIV/AIDS and to ensure transparency and respect for human rights and the reduction of stigma and discrimination associated with HIV/AIDS, especially among high risk populations such as sex workers, injection drug users and men who have sex with men. Ensuring a safe and secure blood system is also essential.

Thus, as evidenced by SARS, emerging countries (for example, China), still require international assistance from global health institutions (for example, the WHO) to use international resources and leverage through technical oversight, the press, and an open and transparent process to stamp out the spread of infectious diseases that cross borders. The existence of infectious agents that cross borders and kill individuals in other countries create a rationale for a continued role for international organizations such as the WHO working in conjunction with country governments, including emerging countries, to ensure the best possible outcome from potential public health outbreaks.

Third, emerging countries have a role to play in helping developing countries through financial assistance. Emerging countries can provide assistance by investing in health care and public health and disease-specific programs in developing countries. In conjunction with international organizations, but also in augmenting those efforts, emerging countries can help fill gaps in health system development left by the existing international development architecture.

Fourth, emerging countries play a role in the supply of necessary medical goods and services, both through direct supply by exporting to developing countries and by providing an example of existing generic drug industries within country. For example, Brazil has developed a significant generic drugs industry that has enabled its government to provide free antiretroviral (ARV) to all individuals who need them. Similarly, India has a significant generic drug industry and is especially important due to its role in producing both final generic drugs and raw chemicals and ingredients that go into drug manufacturing. India also produces significant quantities of ARVs for its own citizens and for export abroad.

Fifth, emerging countries can also provide technical assistance and know how on the development of public health and health care systems. South Korea, for example, provides an example for developing countries of one route to expansion of health insurance to its entire population. Like China, South Korea developed quite rapidly. Over the course of a decade, it accomplished universal health insurance through a combination of private sector and government

activities. South Korea developed its health care and public health system alongside its economic development. Health care and public health system and development from emerging countries offer numerous examples for developing economies.

Sixth, emerging public health and health care systems offer lessons learned from the health and development process. For example, both Morocco and Mexico are currently involved in major health policy reforms. Morocco's reforms focus on the expansion of employer-related-health insurance and insurance for the poor; while Mexico's reforms guarantee universal health insurance coverage to its population.

Seventh, in terms of macroeconomic policy, emerging countries can assist developing countries grow their economies and reduce poverty since poverty is associated with poor health. Emerging countries can become a trade-partner and open markets to developing countries; provide foreign direct investment (FDI) in developing countries (for example China's growing investments in Africa); help build capacity among developing countries in global for a greater participation; and provide debt relief and development assistance which can free up financial debt burden for allocations to support social service spending.

Eight, emerging countries have a role to play in helping countries develop the institutional framework for health care and public health sectors through regulation of medical equipment, medicines, facilities, and worksites; overseeing training, licensing, accreditation of personnel; provision of sufficient hospitals, clinics, and other related health facilities; and generating and disseminating health-related knowledge and information. Establishing sustainable equitable and affordable health insurance systems is essential.

Finally, emerging countries have a role in global health governance. The current global health architecture is characterized by a multiplicity and plurality of actors and agendas including, but not limited to, the WB, WHO, UNAIDS, UNICEF, NGOs, think tanks, The Global Fund, Foundations such as the Gates, Ford and Rockefeller foundations, the EU, the USA, other developed countries and now emerging countries. The growth of emerging countries as new major international players with political and financial clout to influence global and domestic health agendas would add to the emerging pluralistic and fragmented global health architecture. Critical concerns here involve adding to the increasingly fragmented, uncoordinated, ad hoc and disparate global health agenda. The chance of success of emerging country activities would increase if efforts were made to avoid duplication and inadvertent consequences as a result of simultaneous and overlapping measures from other global health actors and funds. This creates and even greater rationale for an overarching convening institution to set the global agenda and coordinate policy. The WHO is one possibility in this regard, and the recent election of Margaret Chan as WHO Director-General promises greater links between WHO and China.