

POLICY

Global Health Watch Canada?

Mobilizing the Canadian Public Health Community Around a Global Health Advocacy Agenda

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ABSTRACT

Growing poverty, collapsing health care systems, the AIDS pandemic and the widening of health and health care inequities within and between countries all point to the limited success of global public health interventions over the past few decades. Notwithstanding the efforts of multilateral agencies such as the World Health Organization and the many existing contributions from the Canadian community of health professionals, this commentary argues and appeals for further action particularly in relation to the social and political impediments to better health and justice. Specifically, it calls for the development of a robust instrument to assess the impact of Canada as a whole on the state of global health, and to monitor the performance of key Canadian institutions. It is suggested that such an instrument would result in a process that enhances global citizenship and public accountability, and buttresses the efforts of civil society to forge trans-national links in pursuit of a fairer and healthier world. Public health professionals, by virtue of their social standing as well as the nature and tools of their discipline, should be at the forefront of such civic efforts.

MeSH terms: Public health; lobbying; world health; bioethics

RÉSUMÉ

Depuis quelques décennies, nous voyons partout dans le monde une pauvreté grandissante, des systèmes de santé qui s'effondrent, une pandémie de sida et l'élargissement des inégalités en matière de santé et de systèmes de santé, tous indiquant le succès limité des interventions mondiales de santé publique. Malgré les efforts des organismes multilatéraux comme l'Organisation mondiale de la santé et les nombreuses contributions de la communauté canadienne des professionnels de la santé, il faut en faire davantage, croyons-nous, particulièrement pour surmonter les obstacles sociaux et politiques qui rendent difficile l'accès à de bons services de santé et à la justice. Plus précisément, nous plaidons ici en faveur de l'élaboration d'un instrument robuste pour évaluer l'influence globale du Canada sur l'état de santé dans le monde et pour surveiller la performance des principales institutions canadiennes. Ce genre d'instrument aurait pour effet de créer un processus qui renforcerait le sentiment de citoyenneté et la responsabilité publique à l'échelle mondiale, et qui appuierait les efforts de la société civile pour forger des liens transnationaux afin de créer un monde plus juste et en meilleure santé. Les professionnels de la santé publique, grâce à leur statut social et à la nature et aux outils de leur métier, devraient être au premier plan de cette action citoyenne.

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There have been tremendous public health advances in many parts of the world and many current initiatives to improve health are important and effective. But more than 25 years after the aspiration of 'health for all' was declared by the governments of the world, more people live in poverty than ever before; 30,000 children die every year from mainly preventable or treatable illnesses; and many health care systems are in a state of collapse or provide services that are out of the reach of the poorest.

What is the role and responsibility of the Canadian public health community towards this global health crisis? What kinds of actions are required and where do its responsibilities and obligations begin and end beyond the borders of Canada?

At the recent conference of the Canadian Public Health Association,* we argued that the Canadian public health community should not only allocate greater effort and resources to the challenges of global health, it must also adopt a more robust engagement with the social determinants of ill health and reassert (with vigour) the legitimate public health role of supporting civic campaigns and social movements engaged in promoting and protecting health.

Why global health?

For many, there is already a moral and humanitarian impulse to provide help and assistance. There is also self-interest. The potential for the rapid transmission of infectious epidemics across national boundaries, the threat to peace and human security that is fuelled by the poverty-disease-poverty cycle and by growing global inequalities, and the shared vulnerability of everyone to the effects of climate change, are strong reasons to connect the health of Canadians with public health interventions beyond Canadian borders.

But as citizens of a G8 nation, health professionals in Canada also have a moral, and arguably legal, obligation to do what is in their power to *avoid harm* by ensuring that their government and other actors under Canadian jurisdiction do not deny the fulfilment of universal human rights, including the right to health.¹ This is per-

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inent because many of the political and economic determinants of ill health globally are the same ones that underpin the greater wealth and health in developed countries such as Canada. The facts and details underscoring this assertion can be found elsewhere.^{2,4} But it is telling that the reverse subsidies from poor to rich countries – in debt repayments, unfair terms of trade, the control of natural resources and the loss of skilled professionals – are often excluded from a public discourse that is premised on the misguided belief that health and development assistance flows in one direction only.

Current inadequacies in response

In spite of widespread public support from Canadians and citizens of other developed countries for the Make Poverty History campaign, the outcomes of the 2005 G8 Summit in terms of reforming the global political economy to abolish poverty and reduce health disparities were dreadfully disappointing.⁵ The failure of the recent United Nations (UN) Summit to establish a more effective and just system of global governance confirms the view that politicians and governments are not rising to the challenge of protecting and promoting global health. Herein lies a further argument for the mobilization of the public health community – to bring the skills, values and ethics of the public health discipline to bear upon the decision-making processes of national governments and multilateral institutions. Public health professionals must act as a more central constituent and catalyst of civil society in shaping more humane, equitable, conscientious and publicly accountable systems of governance.

But doing so requires explicit recognition that the global health crisis is firstly a political problem. Reducing health disparities involves acting against exploitation, the abuse of power and the unfair control and consumption of finite resources. It needs to confront powerful and unaccountable actors. For example, when one looks at persisting barriers to trade reform, continuance of a debt regime that kills millions, resistance to protection of the global environmental commons and the exploitation of labour and lowering of occupational health standards, it is hard to escape seeing the hand of a corporate sector increasingly

free of democratic oversight. One sees not just large imbalances in power and wealth between countries, but also between citizenry, governments and the corporate sector more broadly.

The World Trade Organization's Agreement on Trade-Related Intellectual Property Rights (TRIPS) is one example of a global treaty, influenced by the corporate sector, designed with virtually no public debate, and which is ultimately bad for health.^{6,7} Civil society organizations – as yet only marginally supported by the public health community – are now fighting a rearguard action against TRIPS and the more draconian TRIPS-plus agreements that are pushed through bilateral and regional trade agreements by the United States of America and the European Union.

If public health professionals are serious about the Millennium Development Goals⁸ and a just world, we also have to find better ways of supporting social movements and processes to overcome political barriers to greater redistribution and justice, and ensure that social priorities take precedence over narrow commercial objectives.

What can the Canadian health community do?

Five months ago, the *Global Health Watch 2005/06* was launched as an alternative world health report.⁹ One aim of the Watch was to create an instrument for the international health community to monitor and hold to account the performance of key institutions and processes involved in improving health. It was designed less to report on the state of global health and more on what is (or is not) being done about it. It included chapters on the political economy of ill health; the collapse and disrepair of health care systems; the harmful policy effects and institutional weaknesses of the World Bank and International Monetary Fund (IMF); and the performance of the World Health Organization. In doing so, the Watch contributes to the development of a global public health advocacy agenda – one based on clearly defined social values and aimed at tackling social and political impediments to better global health.

The Canadian health community can enhance this initiative by creating a *Global*

Health Watch - Canada. As it stands, there is neither a process nor an instrument with which to assess the contribution Canada makes as a whole towards the state of global health. But it is possible to apply public health skills of research, monitoring, evaluation and surveillance to some discrete areas of Canadian influence, as a few examples show.

Canada and the WHO

There is a need for an effective World Health Organization, one able to fulfil its mandate as the lead multilateral agency in health and to act, in the words of former WHO Director-General, Halfdan Mahler, as the health conscience of the world. What is Canada's contribution towards this aim? How much does Canada contribute to WHO and what proportion of its funding to WHO is tied or conditional? What kinds of resolutions has Canada supported or opposed at the World Health Assembly (WHA)? To what extent does the official Canadian delegation to WHO consult with Canada's global health experts in the academic and non-government sectors? How does Canada allocate its funding between WHO and other global health institutions, and is it an appropriate spread? Did Canada's delegation to the WHA, for example, back or oppose a recent request from some developing countries that WHO examine the links between trade agreements and health? And what can Canada do to give greater voice to the needs and perspectives of the global majority poor at the WHA?

Canada and Overseas (Official) Development Assistance (ODA)

Not all overseas development assistance is well managed.¹⁰ The *Global Health Watch* identifies problems related to the maldistribution of aid between countries, the lack of donor coordination, the attachment of inappropriate conditionalities, the channelling of aid back into donor countries through the allocation of grants to donor country organizations and consultants, and the misuse of aid to support foreign policy or trade objectives. How well does our Canadian International Development Agency (CIDA) match up against these criticisms? Action Aid estimates that over half of Canada's ODA goes to hiring Canadian consultants or purchasing

Canadian goods.¹¹ These are not necessarily bad choices, but are these choices best from the perspective of the recipient countries? Will CIDA itself encourage the development of an instrument to facilitate greater transparency and public accountability of its performance? And when will Canada commit to reaching the 0.7% target set by the UN decades ago?

Canada and the International Financial Institutions

There are concerns that aid and debt relief programs instituted by the G8, through the World Bank and IMF, are being used to open up developing country sectors to foreign competition and privatization. Many developing country health care systems have already been subject to harmful structural adjustment and neoliberal policy reforms. What is the Canadian government's policy position on these issues? Will it make its role in these institutions transparent and accountable to its citizens, in the same way these institutions call upon recipient developing countries to act? What is the official view of the Canadian government on calls made by development non-governmental organizations (NGOs) for the reform of the World Bank and IMF? Does the Canadian public health community have a position on this issue?

Canada and the Global Private Sector

Canada is one of the world's mining giants. But who is monitoring the health impact of Canadian mining and other multinational corporations (MNCs) abroad? To what extent is Canadian corporate activity involved in environmental degradation or land misappropriations? Do Canadian MNCs participate in tax avoidance/evasion activities which contribute to the overall decline in public revenue for developed and developing countries alike? What is Canada's position on the closure of tax havens and the call to create new mechanisms for raising public revenue at the global level as a means of funding health and development?

Canada and Ethical Trade

One of the key drivers of disparities between countries is the general unfairness of the global trading regime. One way the Canadian public health community can take pro-active and concrete steps is by

insisting on and campaigning for ethical procurement policies within all health facilities and institutions in Canada. Put simply, we should be measuring the extent to which the health institutions of Canada promote fair trade. In other relevant domains, we should also be monitoring the extent to which our health facilities are carbon-neutral.

Global Health Watch Canada as a mobilizing tool

Canada has shown episodic but important leadership in some areas of global health importance in the recent past: its formative role in creating the WHO Framework Convention on Tobacco Control, its sizable funding for WHO's '3 by 5' HIV/AIDS treatment initiative, its establishment of the Public Health Agency of Canada, and its increased support to global health research through the concerted efforts of the Global Health Research Initiative and the Canadian Coalition for Global Health Research.¹² But it can, and must, do much more. Such imprecations are perhaps cliché, but consider Canadian author Ronald Wright's apocryphal tale of the Easter Islanders who, enslaved to their cult of the dead and to ever larger stone statues, denuded their island to roll their idols into position.¹³ The result was no trees, no insects, no mammals, no rain-water, no life. Worse yet, clan leaders could see the implications of their actions even as they goaded their kin to cut the last tree.

Our planet is becoming an Easter Island. The new cult is the market, not a living thing but an imperfect human invention to which, now unfettered and unchallenged globally, we are told 'There Is No Alternative.'

But there are alternatives. These lie in more vibrant participatory democracies where governments actively pursue the creation of public goods through effective social and economic policy; in states more willing and able to regulate and re-distribute the misappropriations and misallocations of 'market failures'; and in global institutions that can invent on an international scale the post-war welfare (well/fair) state of industrialized nations that rank as humankind's greatest feat of civilization. We need a renewed imagination in which a political discourse of equity and justice is

no longer simply fodder for conservative media ridicule. There are signs this is beginning to happen. The WHO's Commission on the Social Determinants of Health represents one of many new opportunities, as does the Commission on Innovation, Intellectual Property and Public Health. The growth of global civil society networks, including the Peoples Health Movement, is another.

Public health confronted devastating health crises almost two centuries ago, when industrialization and the growth of national capitalism engendered gross social inequities and health disparities. Evidence, advocacy, social mobilization and holding political and economic elites accountable contributed to healthy change then. These tactics – galvanized around a *Global Health Watch Canada* rooted locally and focussed globally – are needed even more today.

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