

“New Global Health” A Reversal of Logic, History and Principles

Alison Katz

The failure to achieve Health for All by the Year 2000 is a direct consequence of neoliberal economic policies and of the neoliberal approach to health which follows from and reinforces those policies. This neoliberal approach to health ignores public health principles and root causes of both poverty and disease, reflects one economic perspective to the exclusion of all others and recommends greater amounts of “charity/international aid” in order to preserve the status quo of a deeply unjust and irrational economic order. If we interpret the failure to achieve Health for All as the result of a series of unfortunate mistakes rather than the predictable result of certain policies designed to preserve the status quo, we will continue to play the game of the powerful.¹

Health for All became WHO’s slogan in 1978 at the historic WHO/UNICEF Conference on Primary Health Care, in Alma Ata, former Soviet Union. This followed “Les trentes glorieuses” (1945-1975) – thirty years of genuine progress towards a fairer – and therefore a healthier – world. This was the era of decolonization, when the need for redistribution of power and resources, including the right of peoples to self determination and control over national resources, was widely recognized and there was strong commitment to universal, comprehensive public services to meet basic needs for health. It was a time of optimism, moral vision and genuine progress. This optimism was fully justified because the world had – and still has – ample resources to ensure peace, security and the well being of all. Health for All

is no utopia. It was and is achievable even if it is far more ambitious than the Millennium Development Goals which are – quite literally – a set of half measures defined and delimited by the G8.

Health for All, based on social justice and human rights, is and always was, a political project. It is precisely because it represented a serious threat to power and privilege that it was so swiftly dismantled. The background to “new global health”, therefore, is 30 years of neoliberal capture and distortion of the social justice project declared at Alma Ata.

The “New Global Health” and the assault on Alma Ata

The international health establishment today presents itself as a neutral and objective authority armed with scientific facts. Its account of disease and death contains no actors, no causes, no interests and no power struggles. This apparently apolitical and ahistorical discourse is also – finally – amoral. The removal from the debate of these elements allows the status quo of grotesque injustice to continue. It is a political project of corporate, monopoly capitalism and neo-colonialism and it must be declared as such.

It is critically important to evaluate “New Global Health” in relation to the real interests and intentions of its architects: governments of the rich and powerful states (the G8), their transnational corporations and the international financial institutions. It is also critically important to understand that international “aid”, upon which the “New Global Health” is largely based, is an integral part of this geopolitical and financial architecture.²

The “New Global Health” is characterized by a number of reversals of logic, history and principles which seem to pass without comment even among progressive analysts. “Investing in health for economic development” is possibly the

Corresponding Author: Alison Katz
Institutions: CETIM (Centre Europe Tiers Monde),
People’s Health Movement and IndependentWHO
Address: Geneva, Switzerland
Email: katz.alison@gmail.com
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best example. The notion that attention to a few diseases will bring prosperity to individuals, their communities, and even whole nations, is the rationale behind a whole raft of international initiatives and programmes and is, of course, the thesis of the Sachs report³ (discussed below) which was WHO's flagship project and publication during Dr Brundtland's mandate (1998-2003).

Let us be clear. Poverty is the single most important determinant of poor health. Poor health, in turn, exacerbates existing poverty. But poor health is very far from being the single most important determinant of poverty. No amount of excellent medical interventions will make poor people or their country wealthy tomorrow if their national economy continues to be strangled by debt, unfair terms of trade and pillage of natural resources. It will merely allow individuals to survive a little longer in order to contribute their labour to the very system that has impoverished them in the first place. What must be understood is that the relationship between health and poverty is two way but it is not symmetric.

Health as an investment for economic development (or in more honest language for growth, productivity and GNP which have very little to do with genuine, emancipatory development) is incompatible with health as a human right. Indeed it reverses that very principle, making health a means to an end, rather than an end in itself. One might add that in today's world, large sections of the population (including the marginalized in rich countries) are excluded from making any contribution to productivity or GNP. These groups, together with children, the elderly, prisoners and the disabled, according to this rationale, would have a very weak claim to the right to health.

Health as an investment for development is also a reversal of public health history. A century of public health experience has shown that access to decent food, clean water, adequate sanitation, shelter and safety and so on, are the preconditions for a functioning immune system and therefore, the major determinants of health. As these facts are known even to lay people, and documented in hundreds of texts, they require no elaboration here. Unless miserable living conditions are addressed, shameful levels of avoidable disease and death in poor countries will continue,

interspersed with cosmetic and unsustainable "success stories" paraded as the "evidence base" for the way forward.

Miserable living conditions are highly unlikely to be addressed through interventions designed by the international community, mainly because this implies radical re-ordering of arrangements in the world, including redistribution of power and resources. More fundamentally, the right to health is not a matter of charity or international aid, even supposing for one moment that these were genuinely altruistic activities. "Philanthropic" foundations, whose colossal wealth derives from the very system that has impoverished billions of people on earth, have no legitimate role to play in public health policy making and their interest in doing so is an area urgently requiring research and exposure. The right to health, like any social and economic right, must be supported by a fair international order, including redistributive, progressive tax systems so that sovereign states may provide for their people's basic needs without foreign interference. Appropriately remunerated, our philanthropists may then contribute to health through taxation, like any other citizen.

Miserable living conditions will be addressed through macroeconomic reforms for social justice, finally enabling the realization of the Right to Development and the Right to Self Determination. And, like every other human right that has ever been won, they will almost certainly have to be fought for, by the people, through political and social movements. The most constructive response, on the part of the international community at this point in history, would be to support them in this struggle.

Development through charity?

These reversals of logic, history and principles bring us to the essential question in the area of macroeconomics and health. Should development efforts aim for millions through "charity/international aid" or billions and trillions through a fair international economic order recognising health and the conditions for health as human rights? The latter was, of course, the choice made by WHO member states at Alma Ata.

The Sachs Report "Investing in Health for Economic Development" has been adopted as the blueprint for global health policy making and it proposes a set of medical interventions to be

supported by donor financing. In the report of WHO's Commission on Macroeconomics and Health, nineteen of the world's most eminent economists, under Sachs' leadership, suggest that there is no means of distributing income and assets between countries *other than through international aid*.

There is a striking disproportion between the sums that could reasonably be raised through international "aid" – around US\$ 50 billion annually in total - and the sums that would be released through simple macroeconomic measures – hundreds of billions and possibly trillions annually. The Sachs report estimates US\$ 360 billion in economic gains per year between 2015-2020, if donors were to contribute US\$ 27 billion each year until 2015 (and thereon, US\$ 37 billion per year) towards a set of basic medical interventions.

To assess the value of this approach, this US\$ 360 billion (gain) must be balanced against the sums that are currently lost to poor countries every year in grossly unjust South to North international transfers and that conversely, would be released to poor countries, if macroeconomic reforms were implemented and a new international economic order established. These international transfers (South to North) include debt, unfair terms of trade and Northern protectionism, tax havens and capital flight, free trade zones, Structural Adjustment Programmes and Poverty Reduction Strategy Papers, foreign direct investment, intellectual property and TRIPS, the brain drain, aid itself and - a colonial practice which is enjoying a revival - the invasion of sovereign states for the forcible appropriation of resources.

Estimates of losses through these transfers vary but the following figures are indicative of the disproportion.⁴ US\$ 700 billion are lost annually through unfair trade; US\$ 382 billion through debt and US\$ 160 billion through capital flight and tax havens. Uncontrolled financial flows (US\$ 1.5 trillion daily) seriously destabilize poor countries' economies. If taxed, they would yield US\$ 250 billion annually. Foreign direct investment (FDI), which consists essentially of a transfer of ownership of the capital base and productive potential of developing countries to entities outside their borders, is the latest, highly profitable scheme. Argentina, the world's 7th

largest economy in 1972, has been gutted by foreigners through FDI.

Foreign aid on average brings one and half times more to the donor country than was "donated" to the beneficiary country. Today, much of the aid is used to service the debt and it is surely no exaggeration to suggest that this constitutes bonded labour at the level of nations. But the real value of debt, aid and many other mechanisms for transferring resources from South to North, is the stranglehold that they provide over poor countries' economic policies, notwithstanding the blatant contradiction this represents with conditionalities relating to democratic governance.

Developing countries must choose between US\$ 27 (or US\$ 37) billion in international aid per year yielding 360 billion per year (from 2015) or US\$ 700 + US\$ 382 + US\$ 160 + US\$ 250 billion (at the very least) per year released immediately through macroeconomic reform for use by populations in developing countries, with sovereign states providing for their people's needs, reliably and sustainably, without foreign interference. This is not a difficult choice, were it to be presented transparently to the people of the developing world.

Reappropriation of the social justice struggle for Health for All parallels the worldwide resistance to the imposition of neoliberal policies in all aspects of life. In a world of plenty, Health for All is no utopia. Another world is possible and so is Health for All. The challenge is to confront the instability of violence achieved through greed and exploitation with the stability of peace achieved through social justice and genuine respect for human rights.

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