

International-health series

Globalisation of international health

Gill Walt

40 years ago, activities in international health were the domain of WHO, governments (based on bilateral agreements), and non-governmental organisations. This has changed. Today, new players (such as the World Bank and, increasingly, the World Trade Organisation) have an influence on international health. As globalisation of trade and markets takes hold, new coalitions and alliances are forming to examine and deal with the direct and indirect consequences on health. This paper examines the changing context of cooperation in international health, and voices concerns about rising potential inequalities in health, both within and between countries. The question of how such changes will affect the actions of organisations working in international health is also addressed.

Cooperation between countries on health issues has a long history. The first international meeting was held in Paris, France, in 1851, and collaboration this century was formalised through the United Nations (UN) and its various agencies, such as WHO. Resources for health development have been channelled by the multilateral organisations of the UN, by bilateral organisations such as the UK Department for International Development, and by non-governmental organisations through grants, loans, and technical assistance. These resources have benefited both rich and poor countries.¹

But circumstances have changed since these institutions were founded. There will have been many direct and indirect challenges to health care and health in the year 2000 compared with 1950 (panel), when the UN was established. Although the processes of change are complex, increasing interdependence and globalisation are clearly challenging national control of health policy. The issue of how well the bodies established to promote international health are meeting those challenges must therefore be raised. This paper first sets out the context of change, then questions the potential impact of these challenges on international organisations concerned with health. Although some of these challenges are recognised, how they are best met is more elusive. This paper does not provide solutions, but opens a debate that needs airing.

Background

WHO, once the main player in "directing and coordinating international health work" is now one of many. Other UN organisations are concerned with health; the World Bank now plays an increased financial and technical role in the sector, and bilateral agencies make significant contributions to health both at global and at national level. The private sector—consisting of a wide range of non-profit organisations, such as non-governmental bodies (eg, Oxfam) or foundations (eg, Rockefeller), and profit-making organisations (such as pharmaceutical firms or insurance companies)—has a firm niche in international health. In so far as financial resources confer power and influence, overall bilateral aid (government to government) is more influential than

multilateral aid (through the UN system); the former provided about US\$55 billion net disbursements in 1996, the latter roughly \$5 billion.²

Global comparisons of official development assistance specifically for health are difficult, but about 10% of total development assistance is spent on health activities.³ Although most activities assist countries of low and middle income, it must be recognised that—with a few important exceptions—less than 20% of funds spent on health and health care in those countries comes from international sources;⁴ most resources are generated nationally. The concern nevertheless remains that, despite rapid growth in the global economy, overall aid is falling—official development assistance decreased by 17% between 1992 and 1997,⁵ a fall which puts greater pressure on international organisations to ensure that multilateral resources focus on international collective action, and avoid tasks that can be financed by national resources.

The UN and many of its organisations, such as WHO, have faced a barrage of criticism over the past decade.^{6,7} However, an increasingly interdependent world working within a global economy, and the entry of new players such as the World Trade Organisation, suggest a greater role rather than a diminished one for the multilateral organisations of the UN system.^{2,8} Specialised agencies, such as WHO, are perceived as neutral,⁹ and cannot be replaced by bilateral organisations that are directly bound by domestic and foreign policy. Non-governmental organisations are increasingly involved and active within the UN, since they see the UN as a vehicle for broader representation and pressure for change.¹⁰ Although a shift in approach towards global cooperation might have taken place (panel)—from high expectations in 1950 to a more critical and detached view in industrialised countries in the late 1990s—this shift has not been reflected in the withdrawal of financial resources (except perhaps in the case of US non-payment of contributions to the UN). Financial support from countries belonging to the Organisation for Economic Cooperation and Development (OECD) to UN organisations dispensing multilateral aid has not significantly changed since 1975, fluctuating between 9% and 11% of overall aid²—although more control is being exercised by means of the balance of contributions made through extrabudgetary or non-core funding, by which countries can specify where and on what they want their money spent.

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Health Policy Unit, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK (G Walt PhD)

Perceived challenges to health in 1950 and 2000

Issues	1950	2000	Challenges
Health care			
Predominant disease pattern	Communicable	Non-communicable Resurgence of old diseases New and emerging infections	Some countries face significant levels of both Known treatments not always effective; costs of drugs high No current cures
Interventions			
Drugs	Promising and inexpensive drugs	Drugs resistance	Poor prescription practices; pharmaceutical innovation slower
Technology	Limited	Increasingly sophisticated	New ethical, financial, and medical-legal resource issues (eg, gene therapy, fertility treatment, transplantation, euthanasia)
Indirect			
Trade and markets	Regional, national (colonial networks)	Liberalised, privatised, global, multinational	New winners and losers within and between countries; financial instability; increasing unemployment possible; pressure on natural resources; increasing pollution, global warming
Transport, mobility of people	Ship, rail, fairly limited	Air, car, increasing travel	Spread of disease through greater contact; food exchange; road accidents; pollution
Illegal and legal drugs, arms sales	Largely limited to regions	Increasingly multinational, global	Increasing availability of legal (eg, tobacco) and illegal substances, rise in related illness, conflict and violence
Population	Population growth	Ageing, refugees, and displaced people	Pressure on resource allocation, conflict between groups
Communications	Radio	Film, television, electronic networks	Widespread cultural diffusion leading to increased expectations and demand
Approach to international cooperation	High expectations for international cooperation through UN; end of period of global conflict	UN heavily criticised, growth of civil society groups (non-governmental organisations); growth in conflict, emergencies	Rich countries more detached from world issues; self-interest defined in domestic terms; attention on relieving conflicts

Despite criticisms, therefore, many still see a role for international organisations, in terms of both self-interest and international development. The question is, what kinds of changes are needed for these institutions? They no longer have a dominant position in international cooperation, but are players in a complex and rapidly changing arena. The elimination of polio, for example, has been spearheaded by several governments, WHO, and Rotary International working together for an agreed end; the Intergovernmental Panel on Climate Change, on the other hand, is a multidisciplinary body of scientists established by the UN in 1988, which has a continuing concern with the effects of climate change, including its implications for human health. Several global networks exist on health research, working independently or with international organisations. Is there a danger that the growth in different methods of organisation at international level—made possible by the telecommunications revolution—will lead to marginalisation of some countries (and individuals), duplication of activities, and wastage of resources? What role do international organisations have in the monitoring and promotion of international cooperation in this changed world?

Direct challenges to health care in the year 2000

Although many of the direct challenges to health will be met by domestic health policies, some will depend heavily on international collaboration. Health care will be affected directly by predominant disease patterns, such as emerging infections, and by interventions to address them; health care will be affected indirectly by issues such as increased pollution. The understanding, monitoring, and treatment of emerging infections and resistance to existing drug therapy will demand global cooperation and exchange of information. Monitoring

and surveillance systems (especially for infectious diseases) need updating and modernising. Surveillance into the next century, once the task of WHO, will require cooperation between different organisations—cooperation that the telecommunications revolution should facilitate, and which WHO is already exploring. Yach and Bettcher¹¹ suggest the establishment of a transnational organisation: a Global Health Watch to advance global awareness and vigilance in this area. The difficulty will be to overcome institutional interests.

Old scourges remain in many countries and are imported into others. Malaria and tuberculosis are the main diseases of global concern, and treatment is complicated by resistance, lack of resources, and poverty. As technical interventions improve and populations age, new issues about ethical, financial, and human resources must be addressed, not just nationally, but globally. New challenges will arise, ranging from the management of “healthy aging” to intensified debates over euthanasia, the right to control end of life,¹² and gene patenting and manipulation.

All these challenges demand broad public-health discussion and political courage. Although some international organisations have helped raise awareness about the magnitude of these challenges, they have been less active in advocating specific policies to meet them. Such challenges highlight issues of national and global concern, and call for international leadership and vision (thereby supporting and legitimising national policies). Tobacco-related morbidity, disability, and mortality, for example, should be at the top of WHO’s agenda.¹³ In future, WHO may need to lobby the World Trade Organisation to exempt tobacco sales from free-trade principles on the grounds of tobacco’s serious consequences on health. The UK Government justified their policy reversal to allow tobacco sponsorship for

Formula One motor racing by arguing that a global ban is needed to prevent the sport moving to another country in which advertising is permitted. Stimulation of debate, the building of consensus on controversial policy issues, and acceleration of exchange of information and experience can be brought about by international (or regional) organisations through training, research, conferences, and other methods.¹⁴

Indirect challenges to health

Globalisation is increasingly acknowledged as a force that is changing many aspects of life far beyond financial markets and trade. Although some indirect challenges to health in the next century will not necessarily result from globalisation, changes in trade and markets, the movement of people, goods, and services (including trade in legal and illegal substances and in military arms), and communications over the past half-century will have consequences on health in the next 50 years (panel).

The greatest indirect challenges to health probably occur through global liberalisation of trade, and the resulting movement of goods and services within a world economy. Although increased exchanges bring benefits, they also carry risks, such as the international trade in illegal products and contaminated foodstuffs, inconsistent safety standards, and the indiscriminate spread of medical technologies.¹ Electronic media and the Internet may provide opportunities for rapid communication, but they also allow, for example, the sale of prescription drugs that have not been approved by national drug-monitoring bodies.¹⁵ International regulations to control some of the risks associated with a global economy are limited.¹¹

As capital, trade, and markets open up, the policies of different countries and sectors affect one another. "Poison fog blanket threatens world climate" was typical of newspaper headlines in 1997;¹⁶ such headlines referred to Indonesia's forest fires, which, coupled with unfavourable winds and drought, polluted the atmosphere of several South-East Asian countries, and led to an increase in respiratory disorders. Deregulation, privatisation, and weak governmental regulations have led to the loss of more than 1 million hectares of Indonesian forest per year through logging for provision of paper and palm oil. The health disorders caused by the smog may have been short lived compared with the long-term disturbances to the ecosystem from carbon dioxide released by slow-burning peatlands, species loss, and food chains broken by non-pollination.¹⁷

Trends to liberalise trade and increase privatisation are also cause for concern, since they could accelerate the destruction of the regenerative capacities of ecosystems on which future generations will depend. Excess carbon dioxide, methane, and other gas emissions are widely acknowledged to contribute to global warming. Climatic change will have both direct effects (ranging from respiratory disorders and infections caused by contaminated drinking water and food, to changed transmission of vector organisms) and indirect effects (through alteration of the range, proliferation, and behaviour of a large number of vectors, intermediate hosts, and the viability of infectious agents).¹⁸ Such changes affect groups differently, depending on levels of poverty, age, nutritional status, and geographical location.

Changes in modes of transport and greater access to them have increased the mobility of people, goods, and services; how far these developments have affected health and health care, however, is unclear. On the one hand, health systems tend to be distinctive,¹⁹ health policy the domain of national governments, and the mobility of patients across borders limited. Although the migration of providers from lower-income to higher-income countries has been significant, this migration may be slowing with increasing immigration restrictions and unemployment of indigenous health professionals. Even in the European Union, health professionals have made limited use of their rights to practise in other European countries.¹⁴ "Medical tourism", on the other hand, may increase as patients seek effective or less expensive care, especially if the Internet provides information on available facilities. The Australian government has introduced a "medical visa" for those from abroad seeking health care in Australia, and an excess of hospital beds in the USA has prompted major marketing campaigns to reach potential foreign patients. As trade restrictions are lifted, more foreign investment in health services is being allowed, although often with national partners.²⁰ The implications of greater freedom and deregulation of trade on the practices of health professionals are only just being explored.

Winners and losers in the global economy—emerging health inequalities

Although the extent to which globalisation is affecting health is unclear, winners and losers in the world economy will undoubtedly emerge—both between and within countries. During the past two decades, for example, the least developed countries—which make up 10% of the world's population—have halved their share of world trade, and today account for only 0.3% of it.²¹ Whether or not such inequalities result primarily from globalisation, they have potentially severe repercussions for relations between countries, including economic migration, political instability, violent conflict, and social unrest.

Inequalities within countries continue to take their toll on health, and may be widening.²² Wilkinson²³ has argued that egalitarian societies are healthier (and socially more cohesive) than those with large income differences between groups. Although quantification of such social relations is difficult, few would disagree that levels of health and well-being depend on the quality of these relations. The fall in life expectancy of Russian men (from 64 years in 1989 to 59 in 1993) resulted partly from a reduction in real income, increased stress, stress-related behaviour (eg, alcohol consumption), and a breakdown in health services;^{24,25} but it may also have been exacerbated by a loss in the longer term of egalitarian ethics, public spirit, and comradeship.²⁶

Inequalities within countries have increased partly because employment opportunities have diminished. Although the relation between globalisation and unemployment is not precise, little doubt exists that the labour market is rapidly changing. In the UK, Hutton²⁷ has drawn attention to what he calls the "40:30:30 society", in which 40% of the working population are in full-time, long-term employment; 30% are in part-time, insecure jobs; and another 30% are unemployed or working for poverty wages. Though unemployment may

be a short-term difficulty, as individuals adjust to demands for greater flexibility and technological competence in the global workplace, it may also signal "the end of work" as we know it,²⁸ the repercussions of which could deepen inequalities between social groups. The term "social exclusion" is increasingly used to highlight the implications of long-term unemployment and the move from universal to targeted welfare provision.²⁹ Low-income countries are affected similarly by changes in the global division of labour, which are altering the nature of work worldwide.

Evidently, challenges to health in the next century are many. What can international organisations do to meet these challenges?

Rethinking the role of international organisations

In view of the challenges that affect health care directly and indirectly, priorities need reordering and hard choices must be made. More attention needs to be paid to which functions international organisations are best able to undertake, and what national governments should be doing. Some functions may be better organised through intergovernmental networks than through multilateral organisations (issues of public-health regulation, for example).

International organisations may have to increase their advocacy roles—on medical-legal issues, for example. The results of trade liberalisation and World Trade Organisation decisions in relation to tobacco or pharmaceutical production and trade may need to be monitored and challenged when their health effects are clearly deleterious, or when grave inequalities between countries are exacerbated. Just as the United Nations Children's Fund (UNICEF) challenged the World Bank over structural adjustment policies with its 1987 publication *Adjustment with a Human Face*,³⁰ so WHO or the World Trade Organisation. Clearly, international organisations must make broader links and partnerships with groups in civil society, from academic and research institutions to interest groups at the community level. Many have begun to do so. International organisations will need to keep up with the burgeoning network of new groupings in international cooperation, to avoid duplication and waste.

Finally, international organisations need to regain lost moral ground. There are still significant and influential groups in all nations that recognise the need for global cooperation, leadership from international organisations, venues for debate and advocacy, and the exchange and monitoring of information. International organisations must respond to the demands of such groups by avoiding domination by a handful of countries, or by being blinded by conventional wisdom. But before the role of international organisations can be rethought, every nation—rich or poor—must recognise that it is not in its interest to retreat into a domestic sphere, or to detach itself from global responsibility.

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