

SUMMARY

**Highlights of the Second Committee Panel
“Globalization and Health”
24 October 2008**

As part of the GA Second Committee side events, a panel discussion on “Globalization and Health” was held to address challenges of public health in a globalizing world. Chaired by H.E. Ms. Uche Joy Ogwu (Nigeria), Chairperson of the Second Committee, the panellists were: Prof. Jeffrey Sachs of Columbia University, Dr. Margaret Chan, Director-General of WHO, H.E. Mr. Luvuyo Ndimeni, Deputy Permanent Representative, Permanent Mission of South Africa to the United Nations in Geneva, Dr. Nils Daulaire, Chief Executive Officer, Global Health Council and Dr. Daniel Halperin, Harvard University School of Public Health. Prof. Sachs and Mr. Ndimeni were also moderators.

Ms. Uche Joy Ogwu (Chairperson of the Second Committee) opened the meeting by noting that although all countries are affected by globalization and its impact on health and development, developing countries are more vulnerable than developed countries to the effects of an unhealthy environment, a lack of social services, and inadequate infrastructure. An effective approach to improving health in a globalized world would require the involvement all of the sectors and actors related to health outcomes. Governments and international organizations need to adjust and improve governance systems that tend to result in fragmented policies.

Prof. Jeffrey Sachs (Columbia University) noted that the panel met at an opportune time, as this year, the UN marks the 60th anniversary of the Declaration of Universal Human Rights, the 30th of Alma Declaration (a call for health for all by 2000) and the mid point of the Millennium Development Goals. He highlighted the complexities of the impact of globalization on health. On the one hand, the development of technology and the advancement of medicine have contributed to the reduction/eradication of many diseases; lessons of scaling up can be learned from the Global Fund to Fight AIDS, Tuberculosis and Malaria. On the other hand, the increasing trade and interaction between people have brought new types of diseases. Increased movement of people across borders has also led to brain drain of healthcare workers. Climate change brings new health threats. While malnutrition affects 1 billion hungry people, 1 billion to 1.5 billion people suffer from obesity which is related to changing diets and urbanization. Prof. Sachs concluded his speech by emphasizing the need for greater global commitment to confront unmet challenges.

Dr. Margaret Chan (WHO) pointed out that the health sector bears the brunt of the current crises when it had no say in the policies responsible for the financial, fuel and food crises as well as climate change. She referred to WHO’s annual World Health Report which assessed the way health care is organized, financed and delivered. The report found striking inequalities in health outcomes, access to care. She noted with irony how the costs of health care themselves have become a cause of poverty for millions of people. She referred to the report of the WHO Commission on Social Determinants of Health, which challenges governments to make equity an explicit policy objective in all government sectors.

She stressed that health is the foundation of economic productivity and prosperity, and that balanced health status within a population contributes to social cohesion and stability.

Economic development will not automatically protect the poor or guarantee universal access to health care. Neither will health systems automatically gravitate towards greater fairness and efficiency. She stated that gaps in health outcomes are markers of policy failure, and stressed the essential role of the government in dealing with public health issue.

Dr. Chan called for more farsighted policies governing the international systems and to look beyond financial gains, benefits for trade and economic growth for its own sake. In the recession that followed the 1978 Almata, huge mistakes were made in the restructuring of national budgets. Still, many parts of the world have not recovered from these mistakes. Dr. Chan warned that there is too much at stake right now to make the same mistakes yet again.

In response to the questions and comments from the floor, Dr. Chan stated that governments should set regulations for the market and be both a protector and facilitator to ensure equity, coherence, social justice and universal access to health. Private sector, civil society and faith-based organizations are important service providers, but governments must provide the environment. She mentioned the need for constant innovation in medicine and suggested that WTO, WIPO and UNCTAD could examine solutions regarding intellectual property rights regime. She also stressed the importance of prevention. She called for increasing solidarity and strengthening coherence and coordination, and expressed the full support of the WHO for the 2009 AMR.

H.E. Mr. Luvuyo Ndimeni (Deputy Permanent Representative of South Africa to UN Geneva) provided the background on Foreign Policy and Global Health, stating that the issue of global health should be tackled by all nation states through coherent action. Since the issues of health are cross-cutting in nature, it is essential to recognize that they do not belong only to the ministries of health and the WHO. There was a growing trend to approach foreign policy through a health lens. He also stressed the importance of inclusion of all relevant stakeholders, specially the participation of civil society organizations. He stressed that the partnership between private and public sectors may positively change the scope of the future framework of public health and that coordination and inclusiveness on health-related initiatives will be a key.

He recalled the Foreign Policy on Global Health Initiative launched in March 2007 by the foreign ministers of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand. The initiative focused on preparedness, controlling infectious diseases, governance, trade policy, human resources for health, natural disasters and other crises, as well as the relationship between health, conflict, the environment and development. A resolution is hoped to be tabled to the General Assembly on this issue.

Dr. Nils Daulaire (President, Global Health Council) spoke to the Committee on two sets of issues: civil society and the United States government's potential in this field. On civil society, Dr. Daulaire praised the increased access to information and resources that civil society has received in recent years and stressed that much of the health care in poor countries was provided by civil groups. Although he noted the emergence of global consensus on the right to reasonable standard of health based on equity and justice, he expressed his desire for the globalization of responsibility and commitment to the needs of the poor. In addition, Dr. Daulaire highlighted the rise in chronic diseases in poor countries, adding greater stress to overwhelmed health systems. The civil sector, Dr. Daulaire suggested, often provides the energy necessary to push governments to action.

Dr. Daulaire observed that the new administration in the US will have the opportunity to form new policy in the global health field. However, he stressed that global health has already

been embedded into US foreign policy and there has been growing recognition of its importance, including its relationship to security. Ten years ago, U.S. invested less than \$1 billion annually in global health issues; this year, it reached \$8 billion and is still increasing. Financial crises had demonstrated the dangers of separating benefits from risks; the same can be said about globalization and health. He hoped that US politicians remembered global health and the world's poor in their continued response to the financial crisis. He called for a new compact between governments, multilateral organizations, civil society and private sector.

Dr. Daniel Halperin (Harvard University School of Public Health) noted that of all the MDGs, the one on HIV/AIDS had already been met. However, HIV/AIDS remain concentrated in high risk groups, and prevention could be improved by basing policies on evidence, not on consensus views.

Dr. Halperin discussed the new direction and shifting priorities in the battle against HIV/AIDS, especially in Sub-Saharan Africa. He pointed out the striking variability of AIDS prevalence around the world, with Sub-Saharan Africa bearing the majority of the disease burden, and even within the regions of Africa, where southern Africa still has alarmingly high prevalence. Dr. Halperin explained that in Sub-Saharan Africa, the prevalence of concurrent partnerships has contributed to complex sexual webs that allow HIV to spread through communities very quickly. In addition, programs have stressed the importance of condom distribution and education generally, but especially for those in the sex trade industry.

Dr. Halperin suggested that behavioral change has made a significant impact in lowering transmission rates and cited the effectiveness of the “zero grazing” and religious programs in Uganda. Uganda's programs which began 20 years ago required very little money. The issue of male-circumcision was also addressed, and this method of transmission reduction is catching on in Southern Africa. He also touched upon other diseases that are neglected.