



Rights, Regulation and Redistribution: Globalization Policies for a more Health Equitable World

Ronald Labonté
Canada Research Chair
Globalization/Health Equity
University of Ottawa
Institute of Population Health

rlabonte@uottawa.ca
www.globalhealthequity.ca



Outline

1. Challenges social and economic development innovation poses for health and health systems
2. How globalization affects that innovation, and the role of plural disciplines and methods in generating that knowledge
3. Challenges this poses for developing countries in becoming 'health innovators'



Institute of Population Health

Globalization and Health Equity



uOttawa

L'Université canadienne
Canada's university

Globalization and Health Knowledge Network:
Research Papers

Towards Health-Equitable Globalisation: Rights, Regulation and Redistribution

*Final Report to the Commission on
Social Determinants of Health*

Globalization Knowledge Network

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Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY



World Health
Organization



Commission on
Social Determinants of Health

Closing the gap in a generation

Health equity through action on
the social determinants of health





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“Poor social policies,
unfair economics and
bad politics are killing
people on a grand
scale.”





Health System Roles in Acting on Social Determinants of Health

- Educator/watchdog
- Resource broker
- Community developer
- Intersectoral partner
- Advocate/catalyst



Jeff Sachs has a point:

A typical tropical sub-Saharan African country has an annual income of perhaps \$350 per person per year...

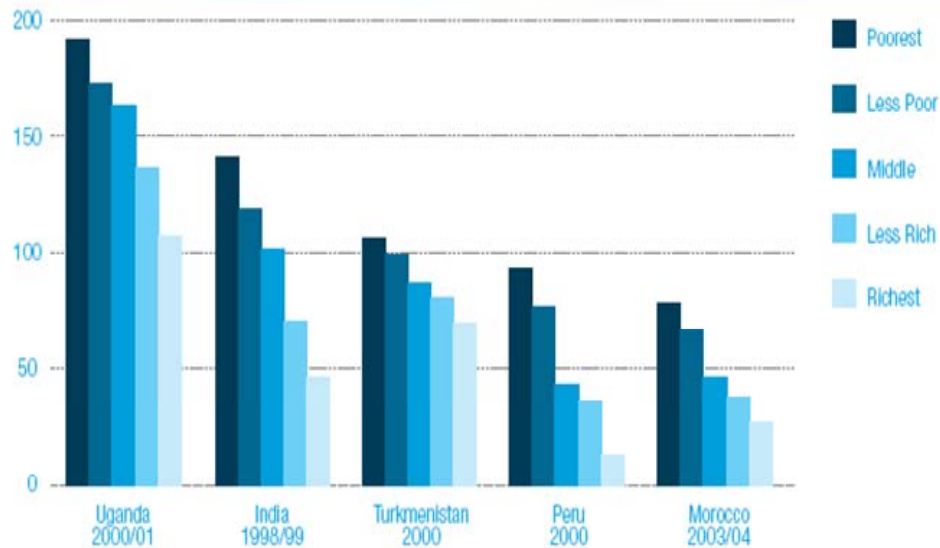
The government might be able to mobilize 15 percent of the \$350 in taxes from the domestic economy...

The health sector is lucky to claim \$10 per person per year out of this, but even rudimentary health care requires roughly four times that amount...

Foreign aid is therefore not a luxury for African health. It is a life-and-death necessity.

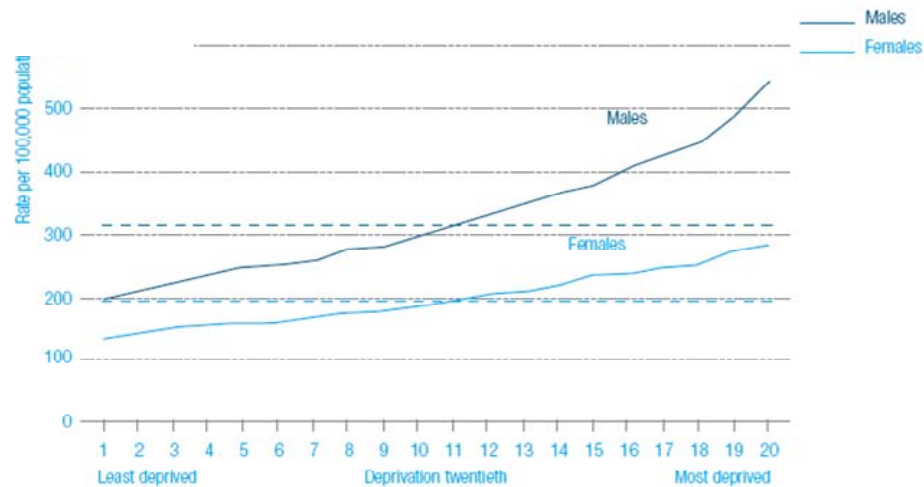
(Sachs, *Foreign Affairs*, 2007).

Figure 2.2: Under-5 mortality rate per 1000 live births by level of household wealth.



Source: Gwatkin et al. (2007), using DHS data.

Age-standardized, for all causes of death by deprivation
4 years, 1999-2003, United Kingdom (England and Wales).



Dashed lines are average mortality rates for men and women in some areas of the United Kingdom (England and Wales).



Explaining the gradient

- Generals:

- “The tendency for insufficiently digested micronutrients to succumb to the pull of gravity”

Explaining the gradient

- Generals:

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- Privates:

- “Sh*t rolls downhill”

(and hits everyone along the way)



Closing the gap in a generation

Health equity through action on
the social determinants of health



1. Improve daily living conditions
 - emphasis on early childhood development and education
 - living and working conditions
 - generous social protection policies
2. Tackle the inequitable distribution of power, money and resources
 - strengthened public sector and government
 - supports to strengthen civil society
 - accountability by private sector
 - investments for collective benefit
3. Measure and understand better the problems to assess better the interventions
 - health equity assessments of all major national and international policies
 - improved health information systems in all countries



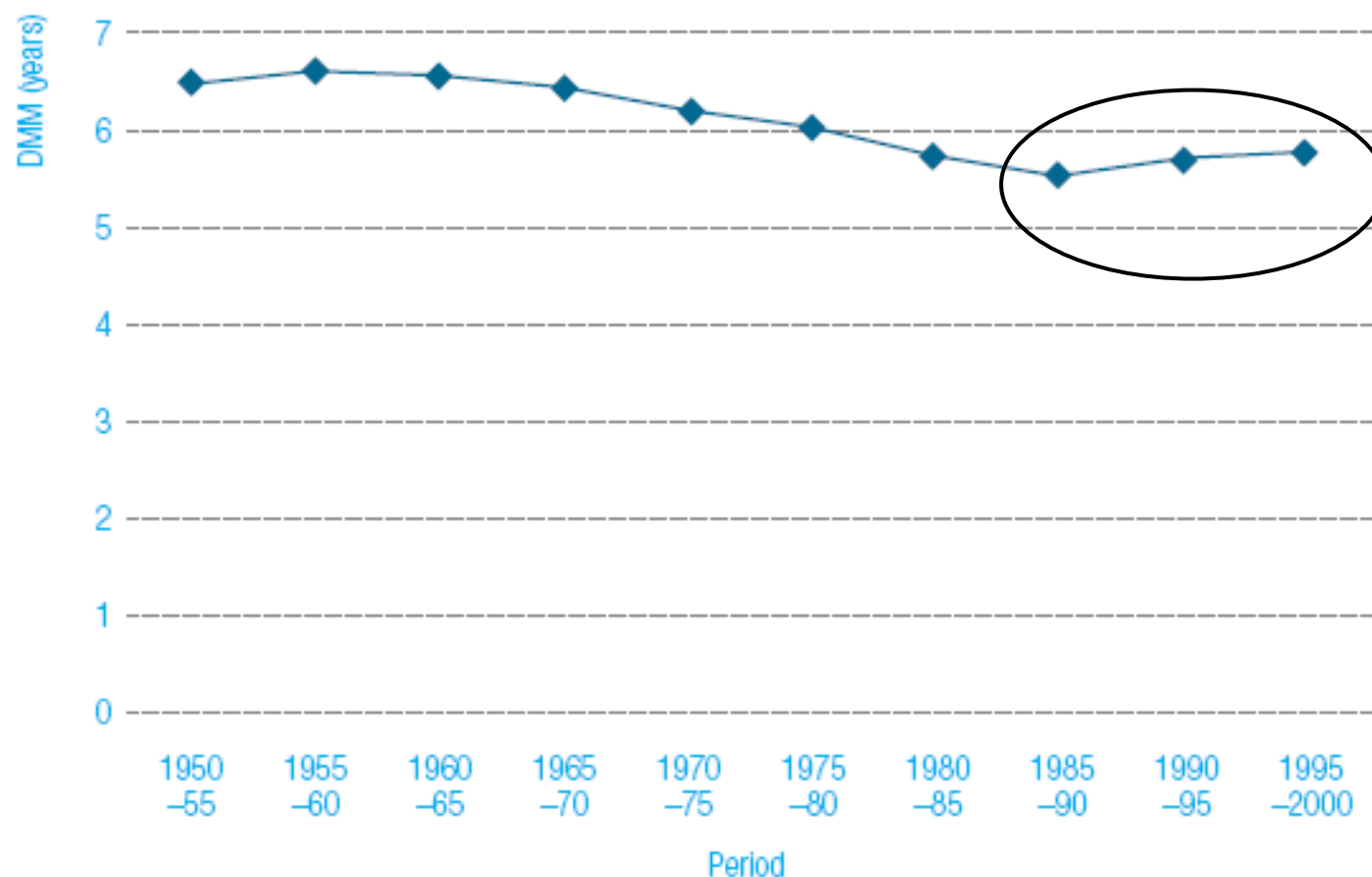
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The Global Production Chain



Trend in the dispersion measure of mortality (DMM) for life expectancy at birth, 1950–2000.



Reprinted, with permission of the publisher, from Moser, Shkolnikov & Leon (2005).



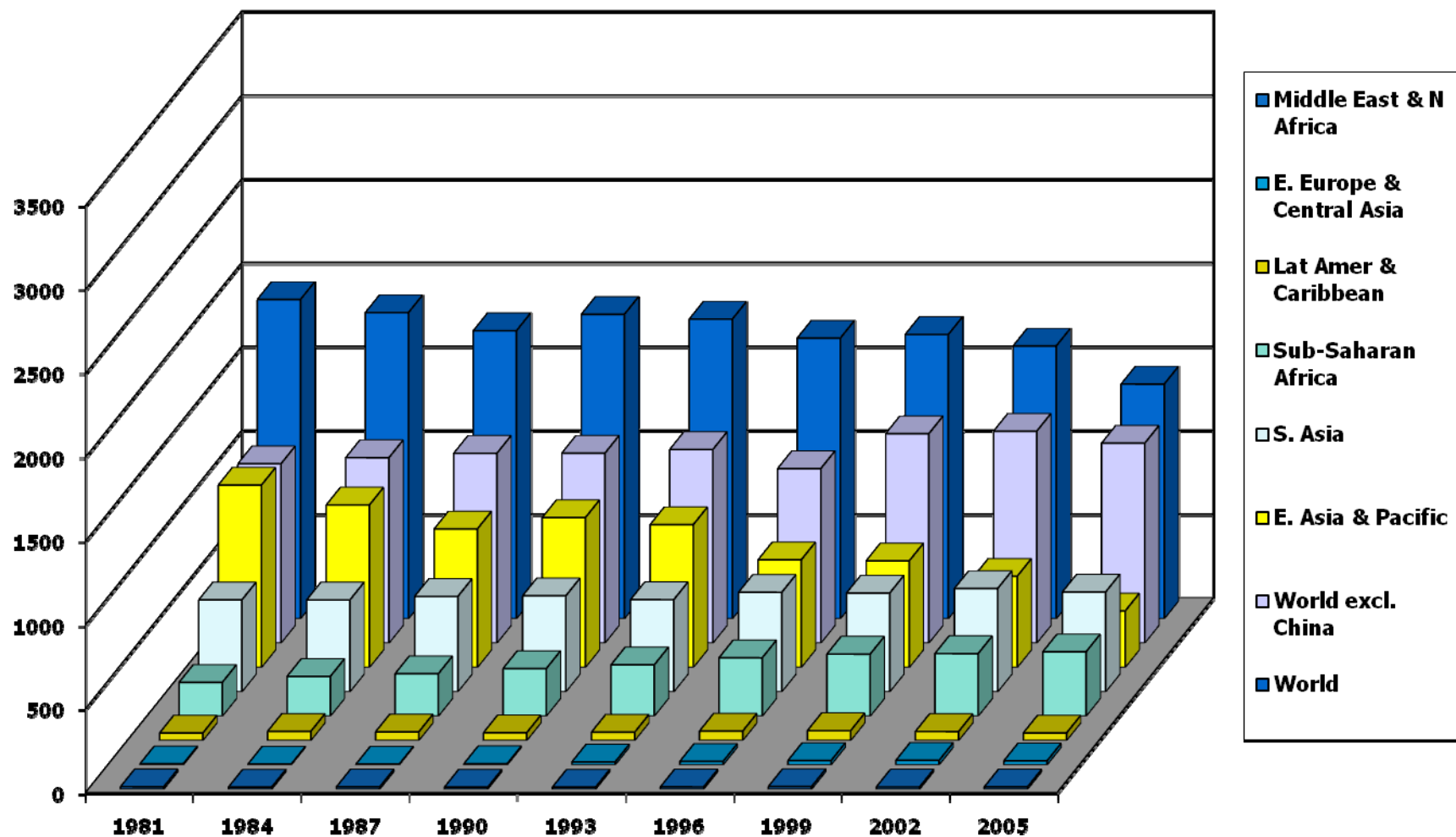
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“Global economic policy
influences hit hard at
social spending and
social development.”



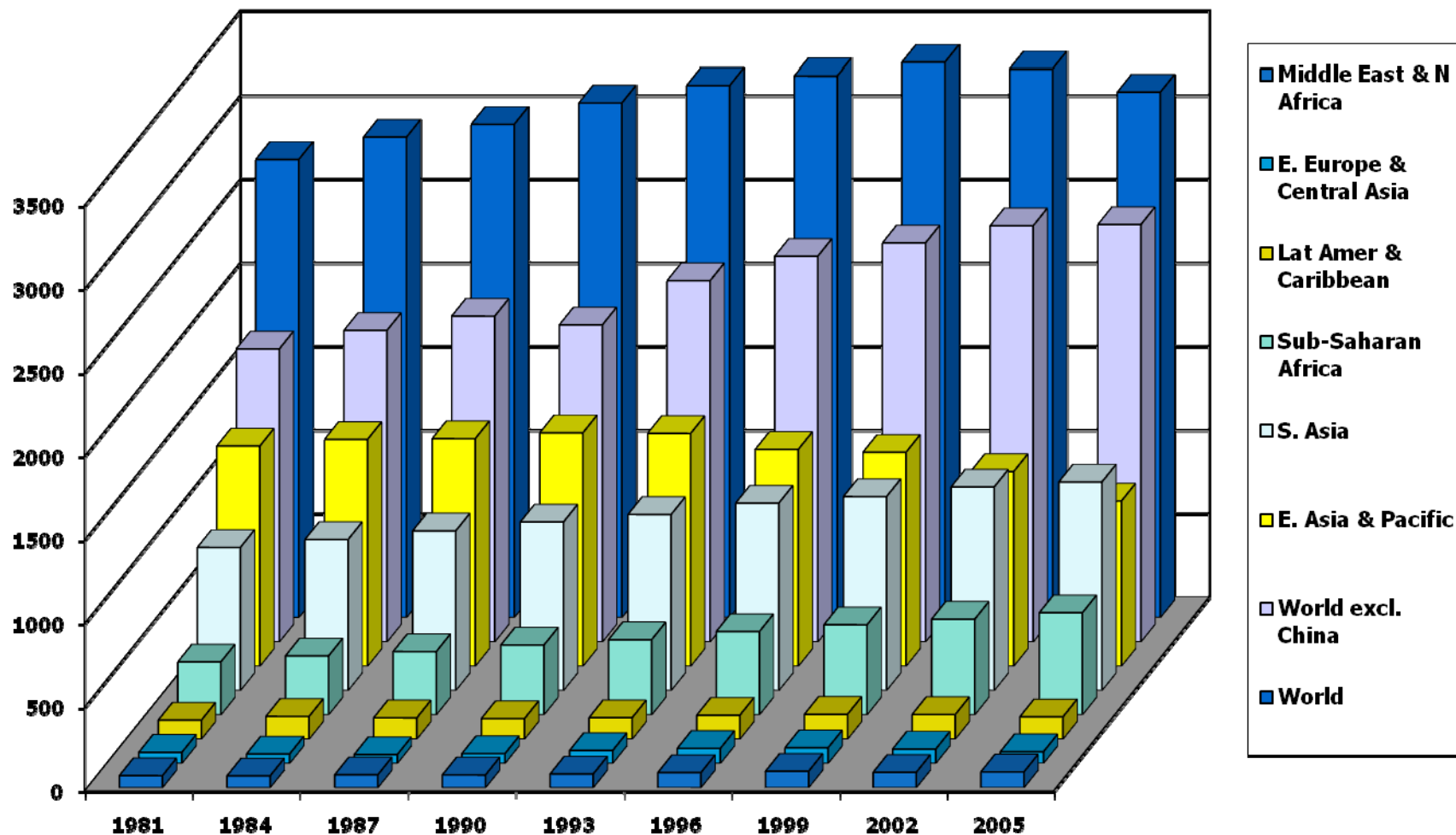
Global poverty: World Bank \$1.25/day poverty line



Source: Chen & Ravallion, 2008.

Note that East Asia and Pacific includes China; South Asia includes India

Global poverty: World Bank \$2.50/day poverty line



Source: Chen & Ravallion, 2008.

Note that East Asia and Pacific includes China; South Asia includes India



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- Policy-driven aspects of globalization have slowed trends in health gains and may have reduced worldwide potential LEB gains worldwide by **1.53 years** since 1980 (relative to counterfactual continuation of 1960 – 1980 trends), due primarily to increases in income inequalities, economic instability, slower improvements in the provision of health services and stagnation in vaccination coverage *and*

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- By **0.13 years** even when accounting for gains through improved health technologies

The Global Production Chain





Textile workers in Bangladesh get paid as little as ten cents an hour to make cheap clothes for UK and US companies.

'Ethical' work totals 60 hours a week.

Chinese Toy Factory Hours

Work: 08-12.00

Lunch: 12.00-1.30

Work: 1.30 – 6.00

Dinner 6-7

Work 7-10.30

Sunday nights free
one day/month free





Fashion Victims

The true cost of cheap clothes at
Primark, Asda and Tesco



War on Want's new report, *Let's Clean Up Fashion 2007*, highlights the appalling conditions and stark injustices within the high street fashion industry.

UK high street retailers do not pay developing country garment workers a living wage, whilst reaping vast profits and paying spokesmodels and CEOs millions of pounds.



The Tipping Point?

- Labour's share of global income/wealth (relative to capital's share) in OECD countries has declined with globalization, a disincentive to further global market integration.
 - Since 1975:
 - Wages as share of global GDP (G10)
 - fell from 63% to 58%
 - Corporate share of global GDP (G10)
 - rose from 11% to 16%
 - Top 1% earner share of wages (USA)
 - rose from 8% to 16%



Average tariffs recovery: Low and middle income countries

- Middle income countries: 40% – 60%
- Low income countries: 0% – 30%
- For 28 low income countries:
 - 6 replaced lost tariffs
 - 10 partially replaced tariffs
 - 12 replaced no lost tariffs
 - between 25% and 50% of total possible public revenue *because*
- Tariffs account for 25% – 50% of all public revenue in the world's 53 poorest countries

Source: Globalization Knowledge Network Final Report

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“High- and middle-income countries should not demand further tariff reductions in bilateral, regional and world trade agreement negotiations with low-income countries until alternative methods of revenue collection, and the institutional capacity to sustain them, are well developed.”





CCPA

CANADIAN CENTRE
for POLICY ALTERNATIVES
CENTRE CANADIEN
de POLITIQUES ALTERNATIVES

November 2005

The GATS and South Africa's National Health Act

A Cautionary Tale

By Scott Sinclair



Redistribution, regulation and rights

“[Global] policies [adopted by nations] should provide for:

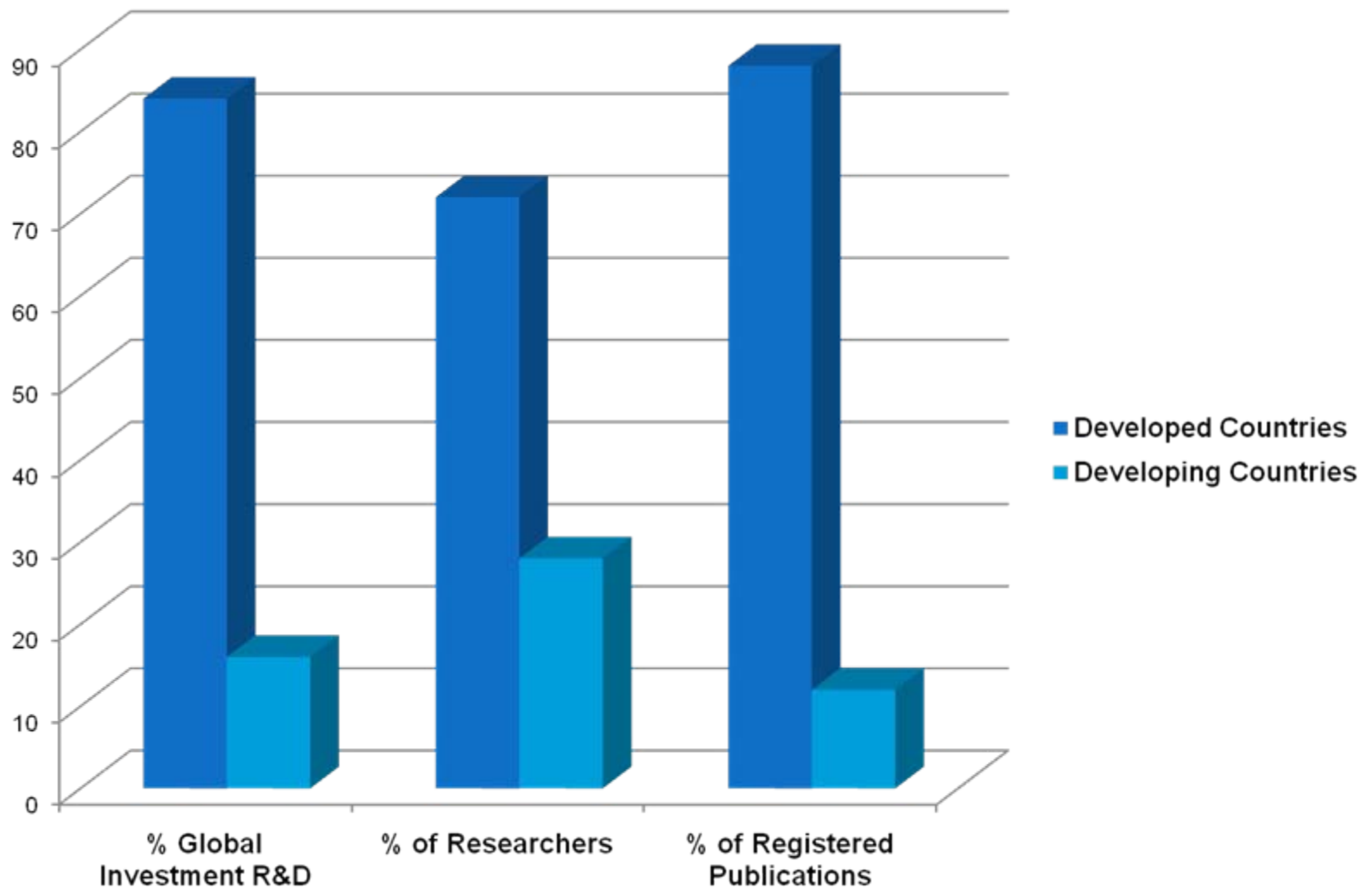
- systematic resource **redistribution** between countries and within regions and countries to enable poorer countries to meet human needs,
- effective supranational **regulation** to ensure that there is a social purpose in the global economy, and
- enforceable social **rights** that enable citizens and residents to seek legal redress” (Deacon et al., 2005)



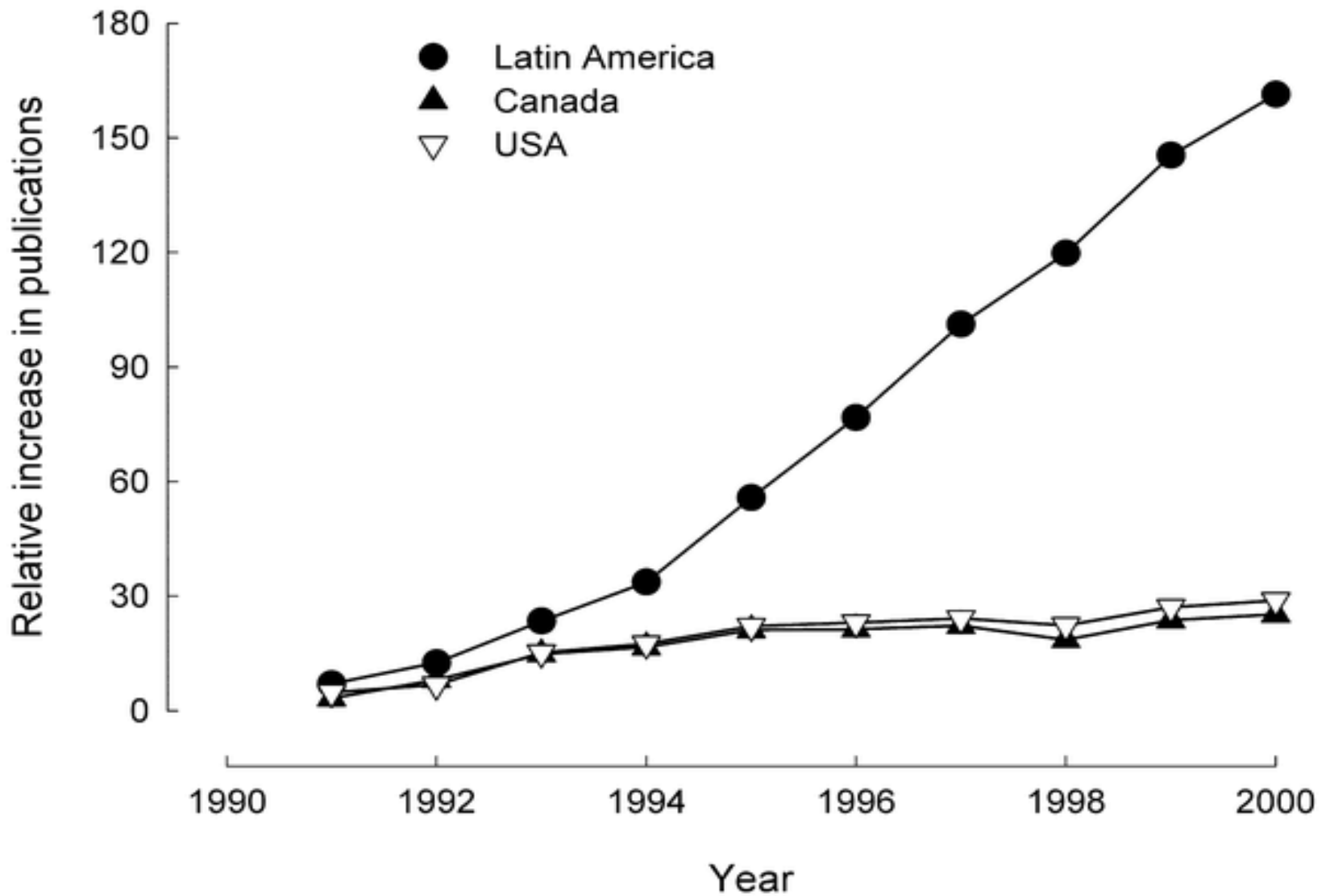
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UNESCO Report on Global Distribution of Scientific Resources, 2007

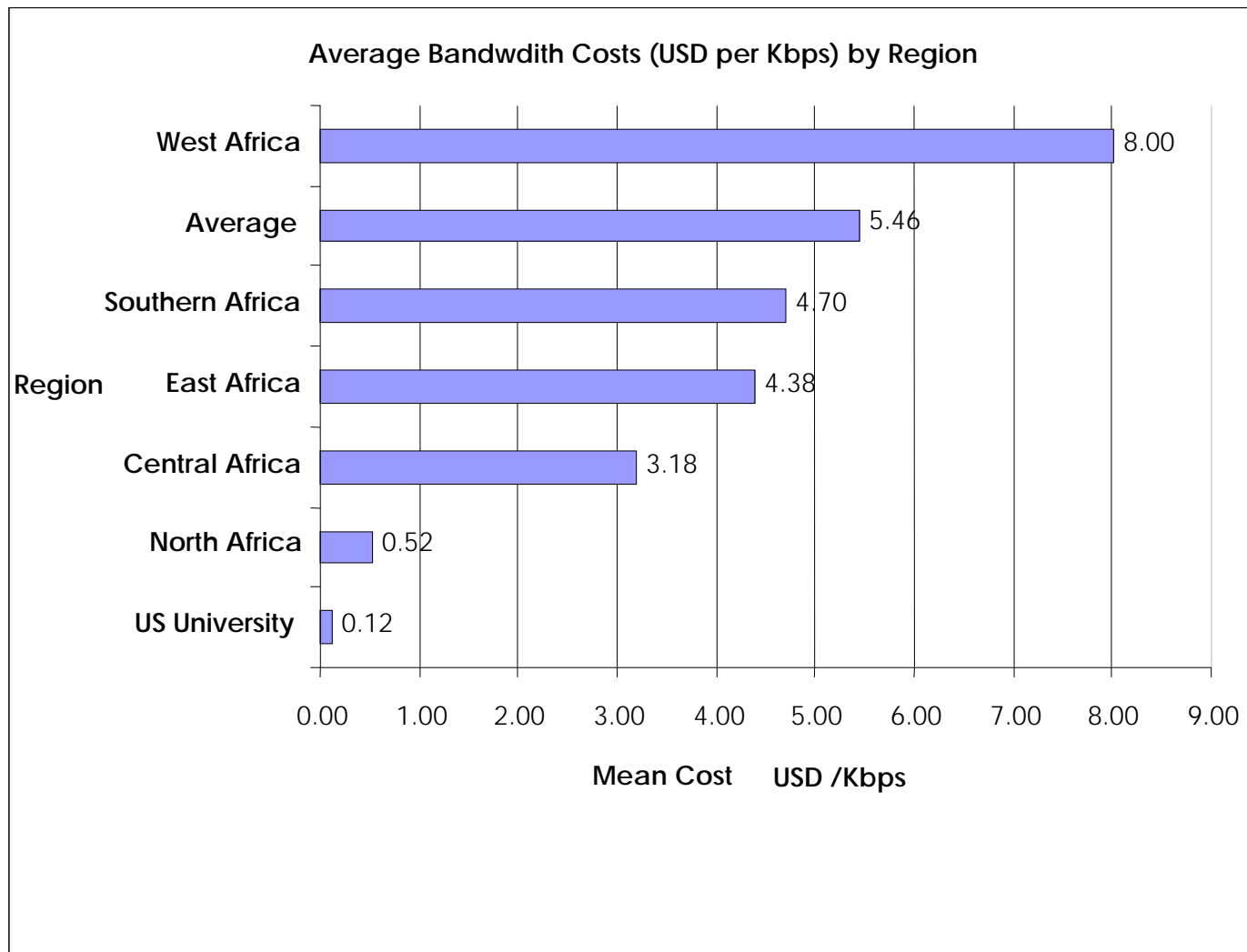


CRICS 8 16 - 19 September 2008



Source: Holmgren M, Schnitzer SA (2004) Science on the Rise in Developing Countries. PLoS Biol 2(1)

CRICS 8 16 - 19 September 2008



Source: Promoting African Research and Education Networking, IDRC/CRDI, January 2005

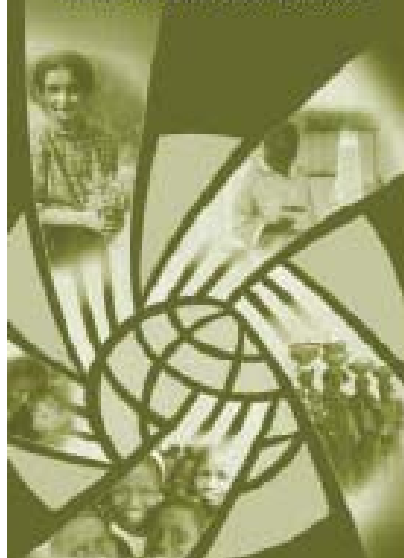
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CCGHR CCRSM
Canadian Coalition for
Global Health Research Canadian coalition pour la
recherche en santé mondiale

**PROMOTING MORE EQUITY IN GLOBAL HEALTH
RESEARCH AND BETTER HEALTH WORLDWIDE**



- By 2030, sub-Saharan Africa will become the largest single health problem in the world, causing an estimated 8.5 million deaths annually.
- In the past 20 years, HIV/AIDS has killed more than 31 million people and infected 44 million. There are 15,000 new infections every day most of them in Sub-Saharan Africa.
- In the world, 2 million children die each year due to environmental hazards and accidents.
- Malaria has been estimated to cost Africa more than US\$ 12 billion every year in lost GDP even though it could be controlled for a fraction of that sum.
- The past 30 years of economic globalization have failed to lift the majority of the world out of health-damaging poverty.
- Climate change and depletion of food resources such as ocean fish threaten the future health of all of us.

There are just a few of the global health challenges requiring urgent attention.



The Canadian Coalition for Global Health Research promotes better and more equitable health worldwide by:

- Mobilizing greater Canadian investment in global health research
- Mentoring productive partnerships among Canadians and people from low- and middle-income countries
- Bringing research into action.

Our Coalition's primary focus is on research to improve health in low- and middle-income countries (LMICs) in Africa, Asia and Latin America. We are concerned that:

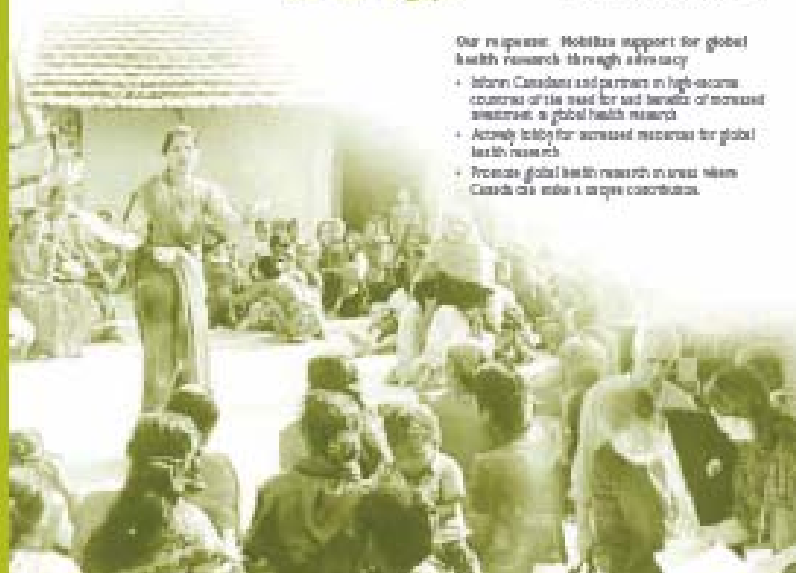
- Health issues with high impact on LMICs attract small research investment
- Canada's contribution to global health research has not been increased and may decline in our considerable financial and health research resources.

"Every year, more than US\$70 billion is spent on health research and development by the public and private sectors. An estimated 10% of this is used for research into 90% of the world's health problems. This is what is called 'the 10/90 gap.'"

(Statistics of Health Research: The 10/90 Gap in Health Research, 2001, WHO)

Our response: Mobilize support for global health research through advocacy

- Inform Canadians and parliament on high-income countries' role and for and benefits of increased investment in global health research
- Actively lobby for increased resources for global health research
- Promote global health research in areas where Canada can make a unique contribution.



<http://www.ccghr.ca/>

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“A small group of thoughtful people could change the world. Indeed, it is the only thing that ever has.”

Margaret Mead, Anthropologist



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Thank you gracias obrigado

