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Global health with justice: the United Nations' sustainable development agenda on health

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RECOGNISING THE FAILURE to meet the needs of the world's poor, the United Nations General Assembly, on 8 September 2000, unanimously adopted the Millennium Declaration. The Millennium Development Goals (MDGs), which followed the Declaration, are the world's most broadly supported and comprehensive development targets — creating numerical benchmarks for tackling poverty and hunger, ill health, gender inequality, lack of education, lack of access to clean water, and environmental degradation by 2015. The MDGs contain several discrete health-related goals: MDG 4 calls for a two-thirds reduction in the mortality rate of children under five years between 1990 and 2015; MDG 5 calls for a three-quarter reduction in the maternal mortality ratio between 1990 and 2015; MDG 6 aims to halt and reverse the spread of HIV and the incidence of malaria and other diseases.

Although there has been considerable progress, most MDG targets have not been met, partially as a result of four global crises: finance, food, energy, and climate change. The World Health Organization Director-General observed that while 'the health sector had no say when the policies responsible for these crises were made … health bears the brunt'. And despite the

considerable progress evident in achieving these health targets, by one vital measure they have barely improved the health of the world's poor — extreme health inequalities between the rich and poor have remained largely unchanged.

Consider two children — one born in sub-Saharan Africa and the other in Europe, North America, or another developed region. The African child is almost 18 times more likely to die in her first five years of life. If she lives to childbearing age, she is nearly 100 times more likely to die in labour. Overall, she can expect to die 24 years earlier than the child born into a wealthy part of the world. Collectively, such vast inequalities between richer and poorer countries translate into nearly 20 million deaths every year — about one of every three global deaths — and have for at least the past two decades. The same inequalities are starkly apparent within countries, with perhaps the best example being the cavernous disparities in health between Australian Aboriginal and non-Aboriginal populations. Put simply, the health gap between the rich and poor is pervasive and unjust, with no sign of improvement.

In 2012, the United Nations launched a process to formulate post-2015 sustainable development goals, including a focus on health systems. What should the health goals include, and how can they capture the imperative of global health with justice?

A Rawlsian thought experiment

In thinking about how the post-2015 development framework should redress these unconscionable health disparities, consider a Rawlsian thought experiment. Without knowing your life's circumstances (young/old, rich/poor, healthy/ill/disabled, or living in the Global South or North), suppose you were forced to choose between two stark options: (1) full access to health care services — doctors, clinics, hospitals, and essential medicines of uniformly high quality; or (2) reliably clean water

from a tap; fresh, unpolluted air; flushing toilets; sanitary and hygienic surroundings; safe, nourishing food; and freedom from infestations of malarial mosquitoes, plague-ridden rats, or other disease vectors.

Facing these options, there are compelling reasons to choose option two. Although most people would prefer a safe, habitable environment, it is nearly the opposite of how global health is structured today. I believe that the health-related post-MDG vision should address the full scope of the primary conditions in which people can be healthy and safe, focusing on three mutually reinforcing conditions needed for better lives: public health, health care, and socioeconomic determinants.

Public health services: a population-based perspective

The first condition addresses the task of building a habitable, safe environment for the population as a whole. Governments should provide all the goods and services needed for a safe and healthy life in a well-regulated society: hygiene and sanitation, potable water, clean air, nutritious food, vector abatement, injury prevention, tobacco and alcohol control, as well as built environments conducive to good health such as green spaces for recreation, walking and bike paths, safe vehicle and road design, and environmental controls. Public health requires surveillance, data systems, and laboratories to monitor health within the community. Creating these conditions should be prioritised domestically and through international health assistance and cooperation.

Consider the abysmal health outcomes for most poor populations, including native populations. The question to ask is, what do these populations suffer and die from primarily? The answer is evident. They die from mostly preventable causes, such as unsafe births, vaccine preventable diseases, contaminated water, poor nutrition, and mosquito-borne illnesses. They die from chronic diseases attributable to behaviour, which can

be changed, such as tobacco, alcoholic beverages, high-fat diets, and sedentary lifestyles. Yet, knowing this, governments around the world often focus predominantly on treating disease once it has occurred, rather than preventing it upstream — the classic public health approach.

Notice how the public health approach embeds justice into the environment, often avoiding hard political choices about economic redistribution. If government assures sanitation, clean water, and mosquito abatement — and if it conducts robust anti-tobacco and alcohol campaigns along with built environments conducive to healthy lifestyles — then everyone living in that environment will benefit equitably. This is not to suggest that government will not still have to dismantle barriers to access (for example, for the physically and mentally disabled and those living in remote areas), but the public health approach does go a long way toward a world with social justice.

Universal health coverage

The WHO supports Universal Health Coverage (UHC) as a key health-related sustainable development principle. UHC requires all vital health care services to be available, affordable, and accessible to the entire population — poor/rich, physically and mentally able/disabled, and urban/rural. Effective health systems require healthcare facilities (for example, clinics, hospitals, nursing homes), human resources (for example, doctors, nurses, community workers), and essential medicines to serve the full range of population needs. Achieving universal health coverage requires systematic, inclusive planning; engaging affected communities; training, education, and good career prospects for the full cadre of health professionals; adequate funding that is predictable and sustainable; and governance that is honest, transparent, and accountable.

UHC, of course, contains a prevention component. Doctors counsel patients about healthy lifestyles, they screen

for diseases (for example, mammograms and pap smears), and they vaccinate children. Still, most health care services are reactive — they intervene after the patient has incurred a serious injury or disease.

Socioeconomic determinants of health

The third essential condition is the assurance of socioeconomic determinants that undergird healthy and productive lives. Key underlying determinants include education, income support, housing, employment, social inclusion, and racial, ethnic, and gender equality. Effective interventions require action beyond the governmental health sector, and indeed beyond government — requiring an 'all-of-government' and 'all-of-society' strategy.

Although social and economic conditions are absolutely vital to healthy populations, they fall mainly outside the health sector in ministries of commerce, transportation, agriculture, and so forth. Thus, while they are vital, they also are hard to capture in a discrete, health-related goal. They also tend to involve a certain amount of economic redistribution and social engineering, which is politically divisive.

Toward a post-2015 sustainable health agenda

How, then, should these three conditions be translated into post-2015 development goals? The goals should target universal achievement of these conditions, with full coverage of public health and health care, and progressive realisation of key social determinants (for example, education, employment, housing, social safety nets). Equity should infuse the MDG framework, with particular attention to the needs of the most disadvantaged — both within and among countries. Post-2015 commitments should span the universal values of good governance: honesty and stewardship, accountability, transparency, inclusive participatory processes, and civil society engagement.

A Framework Agenda for Global Health

The future of health and development requires audacious thinking and action. A group of global health activists founded the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI) — a global network of civil society and academics committed to securing a global health treaty, the Framework Convention on Global Health (FCGH) — endorsed by Ban Ki-moon (UN) and Michel Sidibé (UNAIDS). Although JALI advocates for the FCGH as enforceable international law, Margaret Chan[1] (WHO) has proposed a 'soft' 'Framework on Global Health', perhaps as a WHO Code of Practice. The FCGH's mission, grounded in the human right to health, would be global health with justice — to achieve universally the conditions required for good health, while ensuring equitable distribution of benefits. The FCGH would establish an accountability framework, raise the priority of health in other legal regimes (for example, trade, intellectual property, migration, and the environment), and respond to challenges in global governance for health. Specifically, an FCGH would include the following principles:

- *Ensuring the conditions in which people can be healthy.* Universal coverage of broad conditions required for good health: covering high quality health systems (health care and public health services), together with the underlying determinants of health.
- *Ensuring the conditions in which people can live in dignity.* The necessary conditions for human rights include honest government, transparency, accountability, and free/open societies including a vibrant civil society.
- *Ensuring predictable and sustainable financing scalable to needs*. Embed domestic and international health financing targets, frameworks, and policies into international law.

- *Ensuring global health with justice.* Embed health justice in the environment in which people live and fairly distribute the benefits of health and social services, ensuring equitable access and non-discrimination for all.
- *Ensuring a well-regulated private sector.* Corporations have a duty of social responsibility. Governments have a duty to hold the private sector to account for healthy and safe activities for workers, consumers, and the environment.
- *Ensuring 'health-in-all policies'.* Government action for health should encompass multiple sectors — for example, agriculture, transportation, energy, and urban planning.

An FCGH would tackle the most vital challenges facing the global community — a 'bottom-up' strategy led by civil society and the Global South, founded on the human right to health. If the bold vision of a FCGH becomes a reality, it would empower communities to claim the right to health domestically and internationally.

Whatever vehicles governments and the international community choose, two prerequisites should be clear. First, national and global strategies must effectively address the primary causes of ill health and do so 'upstream', *before* individuals suffer disabling injuries and diseases. And second, the strategy must embrace a robust conception of health justice — both within countries and among them. The moral power of facilitating a fairer, more equal distribution of good health among populations is beyond doubt. Without equitable opportunities for good health, individuals, families, and whole communities cannot achieve the happiness, fulfillment, and ability to contribute to society that every human being deserves, wherever they may live.

Author note

This chapter is derived from my book, *Global Health Law* (Harvard University Press, 2014), available at www.hup. harvard. edu; email customer.care@triliteral.org; phone: (800) 405-1619.

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