



ODUMUNC 2011
Issue Brief for the
Non-Governmental Organization (NGO) Forum

The Renewal of Global Health Initiatives

By: Laura Gwathmey
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the Graduate Program in International Studies, Old Dominion University

Introduction

Health is one of the most fundamental aspects of human existence, yet access to the tools required for healthy living are unevenly distributed throughout the world. Closely linked to a variety of social, environmental, economic, and political factors, health has become a priority on the global agenda as international actors have begun to recognize its importance in a functioning and vibrant constituency. For United Nations deliberations, public health raises difficult issues of priorities (which initiatives and regions to stress) dependency and sovereignty of recipient countries (the need for aid versus the desire to maintain authority), and the funding commitments and influence of donors (especially the need to show accountability for spending and results).

Current Status and Initiatives

The field of global health encompasses not only those issues directly related to individual well-being, but also environmental and social factors. Morbidity and mortality in a population result from numerous interrelated factors, yet significant discrepancies exist between developed and developing regions. In the developed world, for example, the greatest causes of death are non-communicable diseases, such as heart and respiratory diseases, while developing countries attribute the majority of mortalities to communicable diseases, such as HIV/AIDS and diarrheal diseases.¹ Global health addresses all aspects of life which contribute to mortality – economic stature, clean water, access to health facilities and trained personnel, education, and vaccinations are just a few.

In 2000, international actors solidified their commitment to improving health through the [Millennium Development Goals](#) (MDGs). Spearheaded by the United Nations, the MDGs offer measurable targets designed to eradicate extreme poverty, hunger, and disease by 2015. The eight goals are:



GOAL 1: Eradicate Extreme Hunger and Poverty

- Reduce by half the proportion of people whose income is less than \$1 a day

¹ <http://ucatlas.ucsc.edu/cause.php>



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- Achieve full and productive employment and decent work for all, including women and young people
- Reduce by half the proportion of people who suffer from hunger



GOAL 2: Achieve Universal Primary Education

- Ensure that all boys and girls complete a full course of primary schooling



GOAL 3: Promote Gender Equality and Empower Women

- Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015.



GOAL 4: Reduce Child Mortality

- Reduce by two thirds the mortality of children under five



GOAL 5: Improve Maternal Health

- Reduce maternal mortality by three quarters
- Achieve universal access to reproductive health



GOAL 6: Combat HIV/AIDS, Malaria and other diseases

- Halt and reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Halt and reverse the incidence of malaria and other major diseases



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GOAL 7: Ensure Environmental Sustainability

- Integrate principles of sustainable development into country policies and programmes; reverse the loss of environmental resources
- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
- Halve the proportion of people without access to safe drinking water and basic sanitation
- Improve the lives of at least 100 million slum dwellers by 2020



GOAL 8: Develop a Global Partnership for Development

- Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- Address special needs of the least developed countries, landlocked countries and small island developing States
- Deal comprehensively with developing countries' debt
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies

The MDGs are the single most important issue on the global health agenda today. Last month, the United Nations and world leaders reaffirmed their commitment to accomplishing the goals at a summit which coincided with a High-Level Plenary Meeting of the UN General Assembly. Summit participants adopted a revised global action plan and committed more funding in order to accomplish the goals by 2015. Both public and private entities participated in the summit, demonstrating universal interest in global health.²

² UN Summit Closing Press Release:

<http://www.un.org/en/mdg/summit2010/pdf/Closing%20press%20release%20FINAL-FINAL%20Rev2.pdf>



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Such initiatives have elevated the profile of global health on the international agenda. Public, private, and hybrid entities have rallied to combat the global burden of disease, recognizing that healthy populations offer residual benefits through expanded markets and productive workforces. While the UN has taken the lead in developing the agenda, it has galvanized states and private actors to do the actual implementation.

Even as state funding has suffered under the global economic crisis, governments continue to fund health and development initiatives. Under the terms of the [Monterrey commitment](#), the 28 member countries of the European Union will donate a collective average to 0.56% of GDP, amounting to 20 bn Euros (\$27 bn) in 2010. The United States recently allocated \$63 billion over the next five years for its [Global Health Initiative](#), which provides funding to numerous entities, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, USAID, and PEPFAR.³ European Union and developed states also deploy resources to developing countries; China and Cuba in particular are notable for their international interests in international health and development.

States, then, remain the primary actors in funding the global health agenda, yet non-governmental organizations, both policy- and field-based, are critical to its execution. As mentioned, UN organizations like UNICEF and UNDP, along with partners such as the WHO and World Bank harness state funding to further the MDGs. Non-governmental organizations and private voluntary organizations (NGOs and PVOs), such as the Bill and Melinda Gates Foundation, CARE, and Save the Children, utilize mostly private donations to combine advocacy, scholarship, and field work in global health. They operate outside of the policies dictated by states, typically priding themselves on better meeting recipient country needs by working within the local culture to improve health.

The Debate

The central debate over global health, thus, is not whether to improve health or implement MDGs, but how to do so and who should do it. Inseparable from the debate over development, global health policies of states are often determined according to the dominant state policies on security, politics, and the economy. More developed states like those in the West tend to implement their development agenda in the name of altruism, yet the agenda remains supported

³ <http://nihroadmap.nih.gov/globalhealth/>



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by domestic policies and the will of constituents. The United States, for example, is a significant supporter of agricultural development in Africa (re AGOA), yet it refuses to develop agricultural markets abroad to the extent that they will compete with domestic producers. From a cultural perspective, developed states sometimes approach aid with the value that because the donor state successfully achieved development, it should be able to replicate development elsewhere using a similar model.

Large developing states, such as China and India, however, tend to view development more opportunistically, promoting health and development funding as an investment. China in particular is notable for its significant infrastructure and development projects throughout Africa. In return, it develops goodwill and a future market for the goods it produces. At the same time, Chinese investments in oil- and mineral-rich Africa generate resources for its own growing population.

Those with the greatest stake in the development debate, recipient countries, typically have the least involvement in what initiatives are implemented in their own countries. Resulting from cultural values of accountability and responsibility, donor governments and organizations often impose guidelines to oversee project implementation, creating tension between recipients who may disagree with the guidelines and funders. The debate over development, then, is ultimately a debate over sovereignty, as recipient states struggle to maintain autonomy even when accepting the assistance of more developed states. Emerging from such conversations is the inherent integration of health in the economic, social, political, and environmental profiles of states. Issues of global health, ultimately, are but one integral factor of the overall international agenda.



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For further reading

1. Center for Strategic and International Studies, The [Commission on Smart Global Health Policy](#)
2. Easterly, William. *The White Man's Burden: Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good*. New York: Penguin Press, 2006.
3. [The EU contribution towards the Millennium Development Goals](#) (MDGs)
4. [Gates Foundation](#)
5. [Global Issues.org](#)
6. Moyo, Dambisa. *Dead Aid: Why Aid Is Not Working and How There is Another Way for Africa*. New York: Farrar, Straus and Giroux, 2009.
7. Sachs, Jeffrey. *The End of Poverty: Economic Possibilities for our Time*. New York: Penguin Books, 2005.
8. The [Council on Foreign Relations](#)
9. United Nations September 2010 [Millennium Development Goals Summit](#)
10. [World Health Organization](#)

Author's Biography: Laura Gwathmey is a Director of Global Health Programs for Physicians for Peace, an international non-profit organization that mobilizes volunteer health care professionals to assist developing nations with unmet medical needs and scarce resources. She has a Master's degree in International Studies from Old Dominion University, and a Bachelor's degree in French and Communications.