

LETTER TO THE EDITOR: GLOBALISATION AND HEALTH

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I read Professor Stilwell's article 'Globalisation: Where do we go from here' (*NSW Public Health Bulletin*, Volume 12, Number 7) with great interest. Not unexpectedly, this article was written largely from a socioeconomic perspective. I would like to elaborate on the health consequences of globalisation highlighted in the article. As well as describing current world economic trends, the term 'globalisation' prescribes a strategy for development based on the liberalisation of markets, and on an assumption that the free flow of trade, finance, and information will produce the best outcome for economic development.¹ Although peripheral to the major driving forces of 'globalisation', as stated in Stilwell's article, the health of populations provide a reliable barometer for measuring its global effects.

Globalisation has serious implications for the nation-state, particularly for developing nation-states like Nigeria, where the imperative of liberalisation has led to reduced involvement in social sectors, with particular reference to the ability of governments to subsidise health services for the poor. When combined with Structural Adjustments Programs, many poor nation-states become too weak to resist powerful international groups, in an era that demands stronger nation-states to preserve people's rights and to maintain equity of access to the social sector—particularly to health services and to drugs.

The advantages of globalisation to health are unremarkable. In Britain, from the Industrial Revolution to the current era, it has been shown that the single best predictor of a person's health status is their socioeconomic status:^{2,3} 'the very fact of being poor is an independent risk factor for getting sick.'⁴ As the Human Development Report for 1997 pointed out,¹ 'globalisation has its winners and losers ... poor countries often lose out because the rules of the game are biased against them, particularly those relating to international trade. The Uruguay Round [of negotiations on multinational trade that led to the creation of the World Trade Organization] hardly changed the picture.' Thus, the rich, the minority, who already have access to the means for maintaining good health have more resources to do so, which leads to negligible incremental gains for the additional cost input. On the contrary, the majority poor are deprived of government

subsidies, are unemployed, underemployed, or underpaid, and are often unable to adequately fund their health care.

Further, a potentially important health-related advantage of globalisation—widespread availability and affordability of essential drugs—remains an illusion. Since its inception in 1995, the World Trade Organization has supervised a number of international agreements, such as the Agreement on Trade-Related Intellectual Property Rights (TRIPS). Unfortunately, the TRIPS Agreement appears to request member nation-states to treat pharmaceuticals like any other technological products, insofar as the granting of patent protection is concerned.⁵ However, drugs are not ordinary consumer products. As the current debate over the patenting of drugs for the treatment of Acquired Immune Deficiency Syndrome clearly shows, the new international economic and social context is having significant adverse effects on the equitable access of populations to health and drugs.⁶

In contrast to the uncertain advantages, globalisation has significant negative effects on health. Stilwell rightly mentioned the anti-ecological consequence of capital accumulation as one of the contradictions of globalisation. Specifically, poor nation-states, and poor communities within rich nation-states—who are already at risk locally from inadequate water, poor sanitation, and inadequate food—are faced with a 'double burden' of adverse environmental and health conditions as multinational industries relocate to such societies. The economically weak governments of these nation-states are more likely to value short-term capital investment at the expense of long-term health-promoting environmental standards. A large share of the burden of disease in developing countries—about a third—is related to environmental conditions, and children are the worst affected.⁷

Admittedly, globalisation has its winners and losers, but in relation to health, the major winners are probably the multinational corporations and their shareholders, not the vast majority of the earth's population. The adverse health effects of globalisation are closely related to poverty and exploitation, a point that was understated in Stilwell's article. Efforts to improve the public's health, locally and globally, must therefore address the problem of poverty. This requires not an 'old' agenda, requiring 'more of the same' but new challenges that call out for innovative forms of intersectoral collaboration, engagement with civil society, and an international agenda that responds to local concerns and priorities.

As part of the paraphernalia for ameliorating the adverse health effects of globalisation, a human rights perspective that, for example, advocates for equitable access by the poor for the benefits of globalisation, needs to be promoted by public health workers.

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