

## **Emerging Civil Society Movements for Global Health Justice**

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Donations to global health have quadrupled over the past two decades—from \$5.6 billion in 1990 to \$21.8 billion in 2007. Even with the financial crisis, global health budgets have not be significantly reduced. President Obama’s Global Health Initiative pledged to invest \$63 billion over 6 years (FY2009-2014), and his 2011 budget increases PEPFAR funding 2%.

Yet, despite unprecedented levels of funding, the future of global health is demoralizing. While this level of funding may appear generous, it pales in comparison to comparison to the annual \$1.5 trillion spent globally on military expenditures (2.4% of global GDP), and the \$265 billion spent on agricultural subsidies. Almost all OECD countries have not come close to keeping their promise of devoting 0.7% of GDP to development assistance, and the US is near the bottom of the list.

At the same time, global health activities are badly fragmented, with actors competing with themselves, or worse, competing with local health clinics. Priorities are all wrong, focusing on high-end technologies rather than basic needs. The budgets of “big donors” (e.g., WHO, Global Fund, and the U.S.) are badly skewed when compared with the actual burdens of disease in the world—most people die from basic causes such as chronic disease, injuries, dehydration, and respiratory infections. Women and children die because of the failure to deliver basic care during pregnancy, childbirth, and infancy.

Civil society movements around the world are seeking innovative solutions, even if the big donors are stuck in the same ways of doing business. The South African AIDS Law project has changed its name, and mission, to SECTION27 to reflect socioeconomic rights in the SA constitution, and will focus on health and human rights, taking up the mantle of global health governance (GHG) reform. Medico International, which won the Nobel Prize for its landmine campaign, will push for fundamental reform at its autumn conference. An international group of global health advocates recently met in Oslo to push the GHG agenda. Latin American human rights groups are joining the chorus.

The Global Health Justice Campaign is joining with civil society groups to launch three bold global health plans—the Joint Learning Initiative (JLI), the Global Plan for Justice (GPJ), and the Framework Convention on Global Health (FCGH). These global plans work together, and are progressively more difficult to achieve, ranging from a research and advocacy agenda (JLI), to a global compact (GPJ), through to a full-blown treaty (FCGH). Thus, building from research and

advocacy, to a global compact, and ultimately a treaty, would be a way to progressively realize the human right to health.

### **The Joint Learning Initiative**

The JLI seeks a full understanding of national and global responsibilities for health under a human rights and health security approach. The purposes are to:

- Clarify the essential package of health-related goods and services that all human beings should receive as a matter of realizing their right to health;
- Clarify to which extent all states, even the poorest, have a national responsibility to provide the essential package of health-related good and services to their inhabitants;
- Clarify the principles of good governance, both nationally and globally, including transparency, honesty, and accountability.
- Assess the gap between the conditions (financial and others) for the provision of the essential package to all people and the domestic capacity of developing countries—the gap for which the international community should take responsibility;
- Propose a coherent governance architecture to coordinate the interaction between national and global responsibility for health.

### **The Global Plan for Justice**

The Global Plan would guarantee a universal package of essential services, comprising three core components:

- Assure access and affordability for essential vaccines and medicines. Public health emergencies such as Influenza A (H1N1) underscore the crucial need for fair allocation
- Prioritize basic survival needs, including sanitation and sewage, pest control, clean air and water, tobacco reduction, diet and nutrition, and well-functioning health systems.
- Fully fund projects to help the world's poor adapt to climate change. Disadvantaged populations live on the edge and lack the capacity to ameliorate the devastating effects.

### **Framework Convention on Global Health**

A FCGH would represent an historical shift in global health, with a broadly imagined global health governance regime. The initial framework would establish the key modalities, with a strategy for subsequent protocols on each of the most important governance parameters. A FCGH would incorporate a bottom-up strategy substantively focused on

- Building capacity, so that all countries have enduring and effective health systems.
- Setting priorities, so that international assistance is directed to meeting basic survival needs.
- Harmonizing the currently fragmented activities of myriad global health actors.
- Harnessing the creativity and resources of key stakeholders such in philanthropy, business, and civil society.

The international community must do more than lament ongoing, unconscionable health inequalities. It must act boldly and with a shared voice, such as through a JLI, GPJ, and ultimately a FCGH. To accomplish these bold ideas it will take the unified action of civil society, pressing international organizations and states to act decisively. If the world does not act, then the avoidable suffering and early death among the world's least healthy people will continue unabated. And that is a breach of social justice that is no longer ethically acceptable.

We invite you to join us. To sign on to our ***Global Health Justice Campaign***, write to [oneillinstitute@law.georgetown.edu](mailto:oneillinstitute@law.georgetown.edu).