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The Globalization of Public Health, II: The Convergence of Self-Interest and Altruism

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ABSTRACT

The transnationalization of disease and health risks will require global awareness, analysis, and action and indicates a need for global cooperation. Transnational actions must be built on firm local and national foundations, but they also require new forms of transnational collaboration in order to minimize risks and build on opportunities. In a world characterized by the globalization of public health, countries and communities will need to look beyond their narrow self-interests in defining and confronting the shared problems that are emerging. In fact, a strong case can be made that enlightened self-interest and altruism will converge in the increasingly interdependent world being shaped by the process of globalization. (*Am J Public Health*. 1998;88:738–741)

Introduction

The globalization of public health means that global awareness, analysis, and action must be improved in the coming century. It also means that charting a different course of development for the coming century is an ethical imperative, for this and future generations. Addressing future health challenges will require coordinated responses at many levels: individual, family, community, national, and global.[1]

The development of transnational actions will need to be supported by a strengthened educational and research capacity extending to schools of public health, health sciences faculties, and research bodies. At the global level, influential nations such as the United States should use their strengths to build partnerships for health for the 21st century in key areas of global concern. This will require that countries and communities go beyond narrow self-interests in order to address the problems and take advantage of the opportunities of globalization.

Although national action remains vital, transnational action needs to complement "domestic" initiatives. However, this will not happen if states cloak themselves in policies that attempt to insulate and shield them from transnational threats.

The Need for Global Awareness, Analysis, and Action

The spread of bovine spongiform encephalopathy (BSE, or "mad cow disease") to cattle herds in many European countries in exported feedstuffs and the risk that this agent may pass through the food chain to humans provide an important lesson of what may happen when international vigilance, cooperation, and action fail. When international vigilance and action break down, as in the case of BSE, governments may find themselves in a de facto quarantine.[2] Moreover, the BSE experience demonstrates that in an interdependent world, international strategies are needed for promoting health. The following analysis maps out a global strategy for avoiding such unfortunate errors.

Awareness

There is a need for all health professionals and the general public to receive information regularly about the health consequences (both positive and negative) of globalization in order to promote awareness of the transnational dimensions of health. This information should be based on sound empirical analysis. Particular attention needs to be given to understanding the consequences of national policies and actions for health in "far-off" lands. Koop's[3] statement concerning the United States' use of Section 301 of the 1974 trade act provides a good example of such action at a distance:

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TABLE 1—Examples of International Public Health Law

International Instrument	Purpose	Obligation of Signatory States	Executing Body	State of Development
International health regulations	International control of communicable diseases	Binding international instrument	WHO	Adopted by WHA in 1948
Codex codes of practice and guidelines	Standards and recommendations for countries on food safety	Standards binding on acceptance by countries; recommendations nonbinding	FAO/WHO Codex Alimentarius Commission	Codex program established in 1962
International code on marketing of breast milk substitutes	Promotion of breast-feeding and regulation of marketing of breast milk substitutes	Nonbinding recommendations	WHO	Adopted by the WHA in 1981
Framework tobacco convention	Facilitation of national and international tobacco control strategies	Binding multilateral convention on ratification	WHO	Proposed in Resolution WHA49.17 and now in the planning stages

Note. WHO = World Health Organization; WHA = World Health Assembly; FAO = Food and Agriculture Organization.

> The inconsistency between U.S. tobacco trade policy and U.S. health policy increasingly is obvious and denounced in the international health community. . . . At a time when we are pleading with foreign governments to stop the export of cocaine, it is the height of hypocrisy for the U.S. to export tobacco.

Prospects for effective global health advocacy have profoundly improved with the development of new communications technologies and the growth of the global media. These opportunities have yet to be fully harnessed. Modern communication and information networks can provide a vehicle for developing world public opinion concerning, for instance, environmental health issues, trade and health problems, and the health repercussions of "downsizing" and health system reform. The global media can help to illuminate health concerns that have not been given sufficient attention.

However, the media's attention span is very limited. Therefore, mechanisms need to be developed to translate awareness of global health problems and advocacy for change into long-term action. Specifically, an independent transnational organization, a "global health watch," could be established as a tool for advancing global health awareness and vigilance. Such an organization could also monitor and assess, on a regular basis, how well governments, United Nations agencies, nongovernmental agencies, and even the private sector fulfill their health development commitments.[4]

Action

In order to effectively address the transnationalization of health risks and diseases, efficient information and surveillance systems are a top priority. Although monitoring and surveillance require and are dependent upon strong local and national systems, global capacity is also essential. For many health threats, such as infectious diseases, international risk assessment of the cross-border food trade, and trade of harmful commodities, monitoring systems are already evolving. In the area of infectious diseases, the World Health Organization is in the process of strengthening its global monitoring and alert systems, which will link together specialized laboratories and disease surveillance systems from all countries via electronic and printed media.[5] More specifically, in the case of foodborne diseases, collaboration between European countries in the Salm-Net project provides a shared mechanism for laboratory surveillance of *Salmonella,* thereby alerting member countries about food safety problems transcending state borders.[6] In this regard, however, it is important that global early warning systems exist that are not confined to a small group of industrialized countries.[7]

In other areas, such as the monitoring of health risks associated with tobacco use, a critical mass of data is being collected. For example, the *1997 Tobacco or Health: Global Status Report*[8] compiled, for the first time, economic, social, legal, and other health information from 190 countries pertaining to the tobacco epidemic. Nevertheless, available data concerning the dynamics of the tobacco trade and the potential effects of trade liberalization on the global burden of disease associated with tobacco use are poorly documented.[9] In other areas of trade, such as trade in health services, data are scant.[10] Important areas of transnational action such as these pave the way for a shared global research program and implementation strategy for public health in the coming century.

The tools of surveillance and research must be augmented by international instruments (i.e., norms and standards). Although it is generally recognized that the need for "global norms and commitments (sometimes reflected in legally binding instruments)" will become more important as global interdependence accelerates,[11] it is ironic that international public health law instruments are so poorly developed and that educational capacity is at only a rudimentary stage of development.[12] International legal experts have observed that better use of international legal instruments in public health would encourage the development of national health legislation, thereby helping to achieve improved global health outcomes in the 21st century.[13]

Various international legal instruments (in addition to existing/proposed public health law; Table 1[14,15]) encompassing multilateral treaties, specific health conventions, international/world health charters, international codes and standards, regional arrangements incorporated into a legal regime over a period of time, and/or the incorporation of disease control strategies as an international human rights issue[16] could be used to address the problems associated with globalization. Moreover, international agreements such as the United Nations Convention on the Rights of the Child have proven to be an invaluable advocacy tool for advancing the health needs of the world's children.

The public health community could learn a great deal from those involved in international environmental law, an area

where the development of legal instruments to protect the global common good is gathering momentum. For instance, Global Legislators for a Balanced Environment (GLOBE) comprises 300 parliamentarians who aim to create a "web of global governance" for environmental protection.[17] Legal instruments and regulatory principles, such as the "polluter pays" principle and "imposition of nondiscriminatory charges, taxes (e.g., carbon taxes), and various economic incentives" to encourage consumers and producers to conform with environmental standards,[18] have been placed on the international policy agenda, even if international compliance cannot yet be assured.

Moreover, the environmental sector has been more successful than the health sector in getting environment issues onto the World Trade Organization policy agenda. In particular, the Uruguay Round negotiations commited to a widened scope to deal with issues not included in previous trade negotiations; trade and environment issues were placed at the top of this list. The Marrakesh ministerial declaration confirmed the establishment of the World Trade Organization Committee on Trade and the Environment, which was commissioned to examine issues including the export of domestically prohibited goods, the relation between the General Agreement on Tariffs and Trade dispute settlement system and international environmental agreements, environmental measures having an impact on trade, and the relation between the environment and market access.[19] No such recognition of the health sector was made, and no World Trade Organization committee on trade and health exists.

It is unrealistic to assume that global norms and legal instruments in health (or, for that matter, in any other policy domain) will develop into an extensive body of enforced norms and principles as in domestic law. Rather, the globalization of law will likely be confined to "a narrow, limited set of specialized phenomena."[20] The reform of the international legal system will be confined to shared areas of concern that "generate globally parallel legal responses."[20] This does not, however, mean that enforceable public health instruments are not possible at the global level. Already, "globally common and enforceable rules are beginning to emerge."[20] A circumscribed area of relevant global public health law is a practical, obtainable, and desirable goal.

Vigilance

The 3 approaches discussed here need to be seen as operating simultaneously. Anticipation should be based on systems of constant vigilance over the key determinants of health and their influence on health status. Health monitoring and active surveillance systems need to be expanded worldwide to include economic, trade, agricultural, climatic, and other data in order to provide better predictions of future threats to populations. Governments have a vital role in creating an enabling environment for these intersectoral links to occur. Similar sentiments were expressed recently by British Prime Minister Tony Blair, who called on the member states of the European Union to focus on "issues that matter to people [such as] public health, fraud and the environment."[21] The "knee-jerk political responses"[21] in Europe to the BSE problem underscore that the public health community needs to prioritize multisectoral approaches that focus more on the "risk factors associated with diseases and determinants of health."[21] These strategies require that a global public health workforce be educated to meet new interdisciplinary challenges.

Why Should Countries Think Beyond Their Own Self-Interests?

One of the crucial questions remaining unanswered is the following: Why should powerful countries such as the United States look beyond their own narrow self-interests with regard to transnational public health policy?

The Institute of Medicine's recently published report *America's Vital Interest in Global Health*[22] provides an extensive overview of transnational health problems and argues that the "direct interests" of the American people are served when the United States promotes world health. The institute bases its arguments for a more extensive engagement in world health on 3 key US interests: protecting America's population, enhancing the economy, and advancing America's international interests. The report concludes that the United States should lead from its "unsurpassed" position of strength in the health sector. In partnership with other countries and international organizations, the United States can lend a great deal in the areas of research and development, surveillance, education and training, and coordination and leadership.

The importance of international engagement in a globalized world has also been emphasized in other countries, such as Canada. According to a recent report, *Connecting with the World: Priorities for Canadian Internationalism in the 21st Century*,[23] "withdrawal and disengagement make no sense in this age of global markets; global pollution and climate change; changes to the role of the nation-state; of refugees, ethnic hostility, violence, and mass migration; and the growing poverty and intractable disease that does not respect international borders." In this transnational context, it is concluded that Canada's foreign policy is only an enlargement of "national" policy issues, and thus, investment in transnational partnerships to address these issues is in the country's self-interest.[23] Similarly, in developing countries such as South Africa, the economic value of supporting health and development initiatives in other areas is appreciated. In this case, healthy populations will be able to trade more vigorously with South Africa, thereby allowing for industrial development in areas of Africa currently beset with disease and malnutrition. Similar motivations were behind the US support for malaria control and for development of the yellow fever vaccine so necessary for Central American development projects.[24]

There is also a strong case to be made that the rationale for countries to become engaged in world health development is not only reducible to enlightened self-interest. In an increasingly interdependent world, it can be argued that "altruism" and enlightened self-interest converge. For instance, continued wealth in industrialized countries is not sustainable against a backdrop of poverty, disease, and warfare in many of the world's poorest countries.[23] These problems will have spillover effects for the richest counties. Therefore, in a world of shared global problems, the moral imperatives of addressing these problems also bring mutual benefits. The urgent need to forge knowledge partnerships between rich and poor countries so as to develop an effective, affordable malaria vaccine, which would primarily benefit the poorest areas of the world, is an example of such an "altruistic" project. President Clinton's recent resolve to launch a global research campaign to develop an AIDS vaccine within 10 years is a good example of public health optimism. Another positive step is reflected by the current commitment of the United States to shift its foreign policy to place more emphasis on crucial global issues such as environment, science, and technology.[25]

Our Global Health Future

The common health challenges facing the world community have the potential to

enhance international cooperation in a community of sovereign states. This is because international cooperation strengthens the political will of governments by bringing to bear on health problems the power of the international community. We as public health practitioners and policymakers must respond in a timely manner or we will be left in the dust of these sweeping changes. Figure 1 provides one possible vision of a rejuvenated public health for the 21st century. Issues of shared global security (mutually assured progress) need to replace the pessimism of the mutually assured destruction of the darkest Cold War days. In this development scenario, fortresses of military independence are replaced by a shared interest in building human and social capital and reducing cross-national disparities in terms of health and disease risk.

In the future, if humanity is to maintain and improve upon the unparalleled gains of the 20th century, we will have to accept the following:

> We are increasingly confronted, whether we like it or not, with more and more problems which affect mankind as a whole, so that the solutions to these problems are inevitably internationalised. The globalization of dangers and challenges—war, chaos, self-destruction—calls for a domestic policy which goes beyond parochial or even national items. Yet, this is happening at a snail's pace.[26]

Soon we will begin a new millennium. To ensure the health and well-being of future generations, it is ethically imperative that present generations not continue to address transnational policy issues at a "snail's pace." □

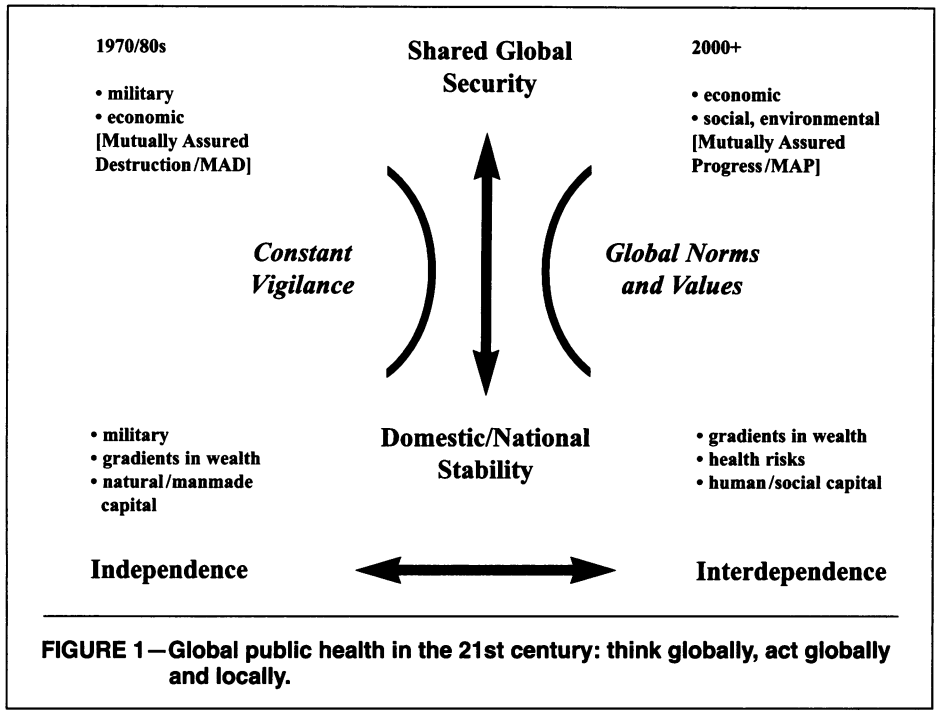

FIGURE 1—Global public health in the 21st century: think globally, act globally and locally.

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