The state and global health: Reflections for a post-democratic world

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Three real ‘Grand Challenges’ for global health

- Global reorganisation of production, increasing economic inequality and wealth concentration
- Retreat from liberal democratic institutions
- Global environmental change
‘After all, nobody got up one balmy afternoon on the Capitoline Hill sometime in the fifth century and said that the Roman empire was over and the Dark Ages had begun’ (Rieff, 1993)
Figure I.1. Income inequality in the United States, 1910-2010

The top decile share in U.S. national income dropped from 45-50% in the 1910s-1920s to less than 35% in the 1950s (this is the fall documented by Kuznets); it then rose from less than 35% in the 1970s to 45-50% in the 2000s-2010s. Sources and series: see piketty.pse.ens.fr/capital21c.
The rise of the top decile income share since the 1970s is mostly due to the top percentile. Sources and series: see piketty.pse.ens.fr/capital21c.

THE 85 RICHEST PEOPLE OWN THE SAME WEALTH AS THE 3.5 BILLION POOREST PEOPLE.
‘Over the next 20 years, 500 people will hand over $2.1 triillion to their heirs’ (Hardoon, 2017)
A. Production and inequality

- Reorganisation of production into global supply chains, ‘labour arbitrage’ mean distributional conflicts no longer contained within national borders
GLOBALISATION: ‘global supply-chains connecting cheap workers on one side of the world with rich consumers on the other’

(The Economist, 2002)
Eight months after the plant closure, only one in four of the 485 displaced union workers had found work. Sixty-eight had full-time jobs; the others were in contract or part-time jobs. Marriages were crumbling, and food bank use was climbing (Grant, 2012).
A. Production and inequality

- Reorganisation of production into global supply chains, ‘labour arbitrage’ mean distributional conflicts no longer contained within national borders
- Within national borders, ‘secession of the successful’ (Reich, 1991)
‘People who have swimming pools don't need state parks. If you buy your books at Borders you don't need libraries. If your kids are in private school, you don't need K-12. The people here, or at least those who vote, don't see the need for government’ (Arizona voter quoted by Silverstein, 2010)
A. Production and inequality

- Shopping for nationality by ultra-wealthy individuals, transnational corporations – ‘fiscal termites’ (Tanzi, 2001 and later), capital flight
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'[M]any countries are already more receptive and accessible to wealth managers, who are acting on behalf of the world’s richest people, than they are to elected representatives from their own governments’ .... [T]he high-net-worth individuals of the world are largely ungoverned, and ungovernable. ....What this is doing to the Westphalian host system is similar in some respects to what e-commerce has done to bricks-and-mortar business, destroying it in a race to the bottom’ (Harrington, 2016)
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‘[L]evying heavier taxes on the rich so as to increase social spending that benefits disproportionately the poor’ is conceptually attractive, but ‘it would not be practical to push this very far, because too many of the Latin rich have the option of placing too many of their assets in Miami’ (Williamson, 2004)
A. Production and inequality

- Shopping for nationality by ultra-wealthy individuals, transnational corporations – ‘fiscal termites’ (Tanzi), capital flight
- Private fortunes and the policy agenda, domestically (e.g. U.S. post-\textit{Citizens’ United}; see generally Mayer, 2016) and globally (Bill & Melinda Gates Foundation, Bloomberg Philanthropies)
The strange case of the H8:

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2015

Raising taxes on tobacco

Made possible by funding from Bloomberg Philanthropies
B. Retreat from liberal democracy

‘The ultimate measure of a state’s effectiveness is its contribution to the wellbeing and flourishing of the people that it governs. On this there is no real debate’ (Evans, Huber & Stephens, 2015)
B. Retreat from liberal democracy: Three ‘realist’ motifs

- Douglass North and colleagues (North & Wallis, 2009; North et al., 2013) remind us that Weberian monopolies of the use of force within a territory are a relatively recent historical phenomenon, and that in much of the world states are characterized by ongoing contests among elites over access to the means of violence, which is not infrequently used to consolidate elite power domestically
B. Retreat from liberal democracy: Three ‘realist’ motifs

- States are best understood with reference to *ongoing process of exchange* between rulers and ruled, with highly unequal distributions of resources (including access to means of violence) meaning that large proportions of the population may be effectively excluded from influence.

- ‘Illiberal democracy’ (Zakaria, 1997) is on the rise!
Improvements and declines in Freedom House aggregate score, 2006-2015

Source: Freedom House
'First, there has been a significant and, in fact, accelerating rate of democratic breakdown. Second, the quality or stability of democracy has been declining in a number of large and strategically important emerging-market countries, which I call “swing states.” Third, authoritarianism has been deepening, including in big and strategically important countries. And fourth, the established democracies, beginning with the United States, increasingly seem to be performing poorly and to lack the will and self-confidence to promote democracy effectively abroad’ (Diamond, 2015)
‘[T]here is a class of regimes that in the last decade or so have experienced significant erosion in electoral fairness, political pluralism, and civic space for opposition and dissent, typically as a result of abusive executives intent upon concentrating their personal power and entrenching ruling-party hegemony’ (Diamond, 2015)
B. Retreat from liberal democracy: Questions for global health

- China: development, air pollution and authoritarianism
- The Rwanda conundrum
- The Bangladesh paradox
- Financing universal health coverage
- The global map of poverty
Beijing, winter

http://www.china.org.cn/environment/2013-09/12/content_30007807.htm
Is wealthier healthier? The ‘richer-is-greener curve’
Will the Kuznets curve hold under conditions of deepening authoritarianism?

http://www.china.org.cn/environment/2013-09/12/content_30007807.htm
Abuja Declarations: Promises of commitment and solidarity

Government health expenditure as a % of government expenditure by country, 2001 to 2011

Source: WHO Global Health Expenditure database

2001: [List of countries with their respective percentage values]

2011: [List of countries with their respective percentage values]

Source: African Union, 2013
Rwanda 20 years on: investing in life


Two decades ago, the genocide against the Tutsis in Rwanda led to the deaths of 1 million people, and the displacement of millions more. Injury and trauma were followed by the effects of a devastated health system and economy. In the years that followed, a new course set by a new government set into motion equity-oriented national policies focusing on social cohesion and people-centred development. Premature mortality rates have fallen precipitously in recent years, and life expectancy has doubled since the mid-1990s. Here we reflect on the lessons learned in rebuilding Rwanda’s health sector during the past two decades, as the country now prepares itself to take on new challenges in health-care delivery.

Introduction
In 1994, the genocide against the Tutsis led to the deaths of 1 million people in Rwanda (nearly 20% of the population at the time), as well as the displacement of millions more. During the 100 days after Easter, 1994, a bitter post-colonial divide linked to eugenic constructs of race rooted in a previous century—but grimly familiar to those who remember the crimes of the Nazis—tore the country apart. Whether survivor, perpetrator, or member of the diaspora, no Rwandan emerged unaffected. Much of the rest of the world stood idly by.

The health effects of the genocide lasted long after the physical violence stopped that July. An estimated 250,000 women had been raped, and thus did HIV become a weapon of war. One of the 20th century’s largest cholera epidemics exploded in refugee camps along Rwanda’s western border. Fewer than one in four children were fully vaccinated against measles and polio in 1994.

At least of any country in Africa. Some development experts even advised withholding primary care services from children to stave off population growth and prevent what they called a “Malthusian abyss.”

From the outside, it appeared that for years to come, Rwanda would be vulnerable to the donor community’s shifting whims and divergent prescriptions.

Progress was halting in the years immediately after the end of the genocide. In 1998, the new government launched a consultative process to create a national development plan, which led to a document called Vision 2020. The idea was to move from the disaster of the mid-1990s towards becoming a middle-income country by 2020. The plan invokes the principles of inclusive, people-centred development and social cohesion. Central to this vision was health equity. Prosperity would not be possible without substantial investments in public health and healthcare delivery.
‘The global elite's favourite strongman’ (Gettleman, 2013)
Bangladesh: Innovation for Universal Health Coverage 1

The Bangladesh paradox: exceptional health achievement despite economic poverty

A Mushtaque R Chowdhury, Abbas Bhuiya, Mahbub E Alahi Chowdhury, Sabrina Rasheed, Zakir Hussain, Lincoln C Chen

Bangladesh, the eighth most populous country in the world with about 153 million people, has recently been applauded as an exceptional health performer. In the first paper in this Series, we present evidence to show that Bangladesh has achieved substantial health advances, but the country’s success cannot be captured simplistically because health in Bangladesh has the paradox of steep and sustained reductions in birth rate and mortality alongside continued burdens of morbidity. Exceptional performance might be attributed to a pluralistic health system that has many stakeholders pursuing women-centred, gender-equity-oriented, highly focused health programmes in family planning, immunisation, oral rehydration therapy, maternal and child health, tuberculosis, vitamin A supplementation, and other activities, through the work of widely deployed community health workers reaching all households. Government and non-governmental organisations have pioneered many innovations that have been scaled up nationally. However, these remarkable achievements in equity and coverage are counterbalanced by the persistence of child and maternal malnutrition and the low use of maternity-related services. The Bangladesh paradox shows the net outcome of successful direct health action in both positive and negative social determinants of health—ie, positives such as women’s empowerment, widespread education, and mitigation of the effect of natural disasters; and negatives such as low gross domestic product, pervasive poverty, and the persistence of income inequality. Bangladesh offers lessons such as how gender equity can improve health outcomes, how health innovations can be scaled up, and how direct health interventions can partly overcome socioeconomic constraints.

Introduction

Bangladesh has a population of about 153 million, and is the eighth most populous country in the world, and
ASHULIA, Bangladesh — The fire alarm shattered the monotony of the Tazreen Fashions factory. Hundreds of seamstresses looked up from their machines, startled. On the third floor, Shima Akhter Pakhi had been stitching hoods onto fleece jackets. Now she ran to a staircase.
HUNDRED AND FIFTY PERISH IN FACTORY FIRE; WOMEN AND GIRLS, TRAPPED IN TEN STORY BUILDING, LOST IN FLAMES OR HURL THEMSELVES TO DEATH.
Chatham House on financing universal health coverage (UHC) in LMICs

- Estimated cost of a minimum package of essential health services at US$ 86
- Recommended that all countries commit to government health expenditure of 5% of GDP from domestic revenue sources (as against e.g. 0.7% in Pakistan, 1.2% in India, 1.6% in Cameroon, 2.7% in Ghana), but
- Recognised that for many countries this would bring them nowhere close to the $86 figure (Centre on Global Health Security, 2014)
Financing UHC in LMICs: Taxation matters

‘Taking the Indian government as an example, in 2011 it spent $28 per person on health. If India increased tax revenue from 10.4% of GDP to 14.4%, the proportion seen in middle-income countries, it would generate additional revenue of $44.3 per person—ample to finance Chatham House’s UHC goals’ (Reeves et al., 2015)

* Actually it wouldn’t, quite: that Chatham House estimate is US$86, and the sum indicated is $72.30, but the analytical point remains clear
Experts question how India will meet promises on public health after cut in budget for 2015-16

Ganapati Mudur

New Delhi

A proposed 16% cut in funding for the Indian health ministry for the coming fiscal year has triggered concerns over how the government will keep the pledges it made last year to provide free drugs and diagnostic tests and universal healthcare coverage.

The Indian government’s budget for the year beginning 1 April 2015, presented by the finance minister Arun Jaitley on 28 February, has allocated Rs297bn (£3bn; €4bn; $4.5bn) to the health and family welfare ministry—less than the previous fiscal year’s budget of Rs352bn.

The central government said that a modified financial plan aimed at increasing devolution of tax revenues would provide states across the country with extra funds for use in health, among...
The global map of poverty is changing ... but is this grounds for optimism?

‘[I]n the not-too-distant future, most of the world’s poor will live in countries that do have the domestic financial scope to end at least extreme poverty ... This will likely pave the way for addressing poverty reduction as primarily a domestic issue rather than primarily an aid and international issue; and thus a (re)framing of poverty as a matter of national distribution and national social contracts and political settlements between elites, middle classes and the poor’ (Sumner, 2012)
References


