

Nadja Meisterhans

Medico International

## **Health for all: Implementing the Right to Health in the Post-2015 Agenda. Perspectives from the Global South**

*Im Fokus der „Post 2015 Agenda“ – der thematischen Erneuerung der Millenniumsziele (MDGs) – steht die Frage, welches Entwicklungsmodell den aktuellen Herausforderungen der Globalisierung im Kontext von Klimawandel, sowie Wirtschaft-, Gesundheits-, Energie- und Nahrungsmittelkrisen gerecht werden kann.*

*Offenbart die Post 2015 Agenda im Bereich der Gesundheit das Versagen der der globalen Gesundheitsdiplomatie, wie die Gesundheitswissenschaftlerin Ilona Kickbusch dem Prozess attestierte oder liegen in einer kritischen Auseinandersetzung Chancen, die sozialen und politischen Determinanten von Gesundheit auf die internationale Agenda zu setzen und darin Raum zu schaffen für eine Zurückweisung der zunehmenden Kommerzialisierung im Gesundheitsbereich.*

*Die Studie von medico Mitarbeiterin Nadja Meisterhans lässt die Stimmen der internationalen Gesundheitsbewegungen und der kritischen Zivilgesellschaft zu Wort kommen, darunter u.a. das Third World Network, das People's Health Movement und EQUINET, mit denen medico seit vielen Jahren für das Recht auf Gesundheit streitet. Übereinkommend gelangen diese Netzwerke zu dem Ergebnis, dass die Schwäche der MDGs und deren reduziertes Verständnis von Hilfe überwunden werden muss, wenn die Post 2015 Agenda eine Chance haben soll.*

### **I. Introduction**

Health politics have become a crucial part of the global agenda. In 2015 UN-member states will take decisions affecting the lives of billions of people as they agree on a new framework to replace the Millennium Development Goals (MDGs). One major question came up in the recent debate on the Post-2015 process that is to what extent the process will have the potential to oblige states, international organizations and private health actors to establish and contribute to health systems that are equally accessible to all.

In the past decades a significant progress has been made in raising awareness for the need to form a universal health approach. A variety of civil society actors, including social movements and academic experts, have been pushing forward the global health agenda.

Notwithstanding these manifold civil society organizations' activities within the health field, big challenges and dilemma remain: 100 million people are pushed into poverty due to the lack of public health services. Against this background various critiques from local and transnational social movements, especially from the Global South, have been articulated. Their main criticism concerns the incapacity of present health politics to address the needs of

the majority of the people, especially the poor and the rural segments coming from low and middle-income countries.<sup>1</sup>

The aim of this study is to shed light on these critical reflections and to analyze them in the perspective of political theory.<sup>2</sup> The analysis has a starting point in the idea that the recent Post 2015 debate can be interpreted as a political struggle involving many actors with competing and contradicting rationalities, interests, powers-claims and dependencies in the context of hegemonial i.e. asymmetrical power-constellations.

The study has two major objectives: First, to critically re-examine the Post-2015 debate with reference to critical interventions from the social movement networks, and secondly to relate these reflections to concepts of global governance and more specifically global governance for health. The analysis of critiques that were formulated by social movement networks will build the input to answer the research question how a comprehensive global health approach should look like.

The selection of the social movements that should be objects for analysis was made by a literature-based inquiry identifying those counter-movements from the Global South, which challenge the established global health regime by coordinating civil society actions in a transnational manner. All networks share the claim that health governance needs to be rethought systematically. I analyzed position papers and did semi-structured oral and postal interviews with representatives from the Peoples Health Movement (PHM), the Third World Network (TWN), the Community of Practitioners on Accountability and Social Action in Health (COPASAH), the Health Rights Advocacy Forum (HERAF), the Coalition for Health Promotion and Social Development (HEPS), the Network on Equity in Health in Southern Afrika (EQUINET), the Training and Research Support Centre (TARSC), the Society for Health Awareness, Research and Action (SOCHARA), the Centro Brasileiro de Estudos de Saúde (Cebes) and the World Social Forum. All these social movement networks work on the Post-2015 process, the human right to health and understand their work as a contribution to counter-hegemonic struggles.

The starting point of my argumentation is to understand challenges on/for global health as a *political problem*. That is to say global health issues have to be discussed in the context of complex power constellations having a deep impact on the well-being or non-well-being of societies and individuals.

My thesis is that what we can learn from the critical interventions from the Global South is that global governance for health only helps to improve the situation for the structural marginalized, if it is part of a *general transformation* of the given world order. Global governance in general needs to be reframed as bottom-up and human rights based approach empowering those who are affected by political decision making on the national and global level.

---

<sup>1</sup> R. Narayan: The role of the People's Health Movement in putting the social determinants of health on the global agenda, in: Health Promotion Journal of Australia 2006, p .186-189

<sup>2</sup> J. Butler/ E. Laclau./S. Žižek (ed.): Contingency, Hegemony, Universality: Contemporary Dialogues On The Left, London and New York: Verso, 2000 and C. Mouffe: Hegemony, Radical Democracy, and the Political, edited by James Martin, London: Routledge, 2013.

The argument will proceed in three steps: First, it gives a general overview about how the Post-2015 debate is perceived and evaluated by critical social movement networks. Second, it will identify three major topics that shape the recent debate: the human right to health, the concept of social determinants of health and approaches to Universal Health Coverage (UHC). In a third step these three topics will be linked with general reflections on the deficits of given global governance arrangements and thereon an alternative model of global governance for health based on critical interventions from social movements from the Global South will be outlined.

## II. Mixed expectations about the Post-2015 Agenda

At the moment, the international community is engaged in an intense debate about how an appropriate development model should look like. Many actors want to avoid repeating the shortcomings of the Millennium Development Goals (MDGs).

I want to start with a brief summary of the lessons learned from the MDG-Process, from the perspective of the Global South. Let us start with the positive impact of the MDGs: It is a shared opinion: the Millennium Declaration did provide a unique opportunity to redefine development and to shift from ‘business as usual’ to a more radical and transformational agenda.

Various social movement networks recognize that the millennium process did help civil societies to demand for the improvement of the global health situation. From this point of view, the MDGs served as an instrument for securing measurable commitments from countries and to put pressure on governments and donors as the successes in HIV, TB and Malaria related campaigns have shown.<sup>3</sup> Moreover, it is valued that this process has included thinking global poverty reduction as an aspect of human development and of well-being.<sup>4</sup>

However, one of the major overlapping critiques of all networks is that the MDGs *have not led to a fundamental change of power relations*. The MDG 8<sup>5</sup> for example did fail to achieve a structural transformation as far as the relationships between the Northern and Southern countries are concerned.<sup>6</sup>

---

<sup>3</sup> Edward Miano Munene, Health Rights Advocacy Forum (HERAF), Oral Interview, Health Rights Advocacy Forum (HERAF), June 27<sup>th</sup>, 2014

<sup>4</sup> At this point the MDGs do stand for a *paradigm shift* in global development policies as poverty has been marked as a non-acceptable global problem.

<sup>5</sup> Goal 8 refers to a commitment of international community to develop a global partnership for development

- Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and
- Target 8B: Address the Special Needs of the Least Developed Countries (LDCs)
- Target 8C: Address the special needs of landlocked developing countries and small island developing States
- Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

<sup>6</sup> David McCoy, Medact/PHM, Oral Interview, July 3<sup>rd</sup>, 2014, PHM and Medact, Oral Interview, June, 3<sup>rd</sup>, 2014

Evidence from the Participate initiative research<sup>7</sup> shows that those living in extreme poverty and marginalization have not significantly benefited from the Millennium Development Goals.<sup>8</sup> It is outlined that the MDGs were imposed in a top-down fashion by the rich industrialized countries of the Global North, while the countries of the Global South bore sole responsibility for making sure that the goals were implemented. Moreover, it is criticized that the MDGs were merely conceived as a *policy objective rather than as a binding standard under international law*.<sup>9</sup> Some even argue that the MDGs were duplicating or even weakening already existing human right norms.<sup>10</sup>

In the view of organizations like the Third World Network (TWN) these failures can be traced back to an one-sided concept of development *solely* focusing on poverty reduction not taking other relevant aspects of human development seriously into account.<sup>1112</sup> Due to these shortcomings, *wide gaps in access to resources for health* remain in many states in the Global South.<sup>13</sup> Therefore, the need is articulated to reconstruct the understanding of “Global Health through collective reflection towards a new paradigm.”<sup>14</sup>

The main accusation against global health policies in the context of the MDGs is that they express a monolithic-technocratic model and that they result from neoliberal top-down governance dominated by Global North perspectives.<sup>1516</sup> And there is a discomfort that this

---

<sup>7</sup> [www.participate.org](http://www.participate.org) “Participate Participatory Research Group (PRG)” ‘Work with us’ report

<sup>8</sup> Kenneth Mwehonge, Coalition for Health Promotion and Social Development (HEPS Uganda), Postal and Oral Interview, July 18th 2014, Postal Interview, July 18<sup>th</sup>, 2014

<sup>9</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup> 2014

<sup>10</sup> Human Rights Standards: Learning from Experience, International Council on Human Rights Policy. Versoix, Switzerland, 2006 available under: [http://www.ichrp.org/files/reports/31/120b\\_report\\_en.pdf](http://www.ichrp.org/files/reports/31/120b_report_en.pdf), 2014 and Centre for Economic and Social Rights: WHO WILL BE ACCOUNTABLE? Human Rights and the Post-2015 Development Agenda, available under: [http://cesr.org/downloads/who\\_will\\_be\\_accountable.pdf](http://cesr.org/downloads/who_will_be_accountable.pdf); [http://www.un-kampagne.de/fileadmin/downloads/news3/final\\_human\\_rights\\_and\\_mdgs\\_brochure.pdf](http://www.un-kampagne.de/fileadmin/downloads/news3/final_human_rights_and_mdgs_brochure.pdf)

<sup>11</sup> Y. Akyuz, Post-2015 Development Agenda and Sustainable Development: Perspectives of the South Centre, Working Paper South Centre, Published in October 2013, available under: [http://www.southcentre.int/wp-content/uploads/2013/10/Post-2015-and-SDGs-Perspectives-of-the-South-Centre1\\_EN.pdf](http://www.southcentre.int/wp-content/uploads/2013/10/Post-2015-and-SDGs-Perspectives-of-the-South-Centre1_EN.pdf); viewed May 15<sup>th</sup>, 2014

<sup>12</sup> People’s Health Movement: PHM supports a civil society statement calling for a stand-alone goal on EQUITY in the post-2015 development agenda available under: <http://www.phmovement.org/en/node/9485>, viewed May 29<sup>th</sup>, 2014

<sup>13</sup> EQUINET Training and Research Support Centre (ed.): Equity in health in the Post-2015 development goals, Policy Series 33, 2013, available under: <http://www.tarsc.org/publications/documents/Pol%20brief%2033%20post%202015.pdf>, viewed March 21<sup>st</sup>, 2014

<sup>14</sup> R. Narayan, SOCHARA, Bangalore, Postal interview, July 7<sup>th</sup>, 2014

<sup>15</sup> R. Balakrishnan/D. Elson: The Post-2015 Development Framework and the Realization of Women’s Rights and Social Justice, in: Working Paper of the Center for Women’s Global Leadership, School of Arts and Sciences Rutgers, The State University of New Jersey, available under: <http://www.eldis.org/go/home&id=63562&type=Document#.VUtBkpPIa8g>, viewed 2<sup>nd</sup> April, 2014

<sup>16</sup> Despite this critique some networks such as TWN reason to readdress the Millennium Declaration as a core document for the Post-2015 process, but recognize that the world has changed significantly economically and geopolitically since the 1990s. They argue that the MDGs did not correspond with the content of the Millennium declaration which offered an intersectional approach referring to human rights, to peace-building, security and good governance. In this sense, the declaration included a more complex understanding of development whereas the MDGs were one-dimensionally fixated to single goals neglecting interwoven fields of action. See: Radhika Balakrishnan/Diane Elson: The Post-2015 Development Framework and the Realization of

mistake will be repeated in the Post-2015 development agenda. Thus, expectations of social movement actors related to Post-2015 are mixed.

On the one hand, some actors are optimistic – as far as rising awareness is concerned – that the Post-2015 debate will improve the health situation for low and middle-income countries. It is argued that especially for governments in the Global South the Post-2015 agenda could be a wake-up call.<sup>17</sup> It could give them the opportunity to plan and prioritize national health policies. On the other hand, it is argued, it will be a great challenge to implement the new framework in these countries. Therefore, it will be necessary to differentiate the agenda context specifically facing the cultural, economic and political situation of each country. And this should also include rethinking the concept of international assistance. Rich countries should be obliged to engage in a process of redistribution on the base of an institutionalized solidarity principle.<sup>18</sup> At the same time, all social movement networks share the viewpoint that the improvement of the given development agenda is not so much about single goals being ratified. On the contrary, it is about overcoming the shortcomings of the MDGs by establishing a universal and holistic agenda that goes beyond a donor- and charity-based development paradigm. This includes enabling social movements to pressure for participatory governance structures.<sup>19</sup> Some members of social movement networks express the hope that new political actors will appear, who have their roots in civil societies as well as the local private sector, compensating for failing state-structures in countries of the Global South.

It is outlined frequently that community based knowledge production and political capacity building should be addressed directly in the health related parts of the Post-2015 agenda.<sup>20</sup> Above that, all networks share a central claim: the Post-2015 agreement should focus on systemic reforms based on a human rights approach and a strong notion of a bottom-up logic. The fundamental suggestion is to establish a process of (g)local participation in the context of governance for health.<sup>21</sup> Governments both in the North and South must take responsibility for charting a new development path that is inclusive, just, equitable and sustainable.<sup>22</sup>

But there is also skepticism how far the Post-2015 process will be capable of improving the situation in the Global South. Against this background it is argued that the agenda must be legally enforceable in order to be effective. This brings us to the first big topic in the Post-2015 debate – the right to health.

---

Women's Rights and Social Justice, 2012, available under:

<http://www.twinside.org.sg/title2/sdc2012/sdc2012.121201.htm>

<sup>17</sup> Edward Miano Munene, Health Rights Advocacy Forum (HERAF), Oral Interview, Health Rights Advocacy Forum (HERAF), June 27<sup>th</sup>, 2014

<sup>18</sup> *ibid.*

<sup>19</sup> Edward Miano Munene, Health Rights Advocacy Forum (HERAF), Oral Interview, Health Rights Advocacy Forum (HERAF), June 27<sup>th</sup>, 2014; Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014, Postal Interview, July 18<sup>th</sup>, 2014; David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>20</sup> Isabela Santos Soares, CEBES, Postal Interview, August 21<sup>st</sup>, 2014; Maria Zuniga, PHM Nicaragua, Oral Interview, August 11<sup>th</sup>, 2014

<sup>21</sup> V. Roudometof: Transnationalism, Cosmopolitanism, and Glocalization. *Current Sociology* 53 (1): 113-135, 2005

<sup>22</sup> IDS POLICY BRIEFING ISSUE 68 • JUNE 2014

### III. The human right to health

Around the world, health related local and transnational movements (re)start recognizing the importance of human rights as a *fundamental part* of social justice. All interviewed civil society actors and analyzed position papers make clear that the Post-2015 framework should be based on a human rights perspective.

The right to health is already codified through numerous global and regional legal bodies, most prominently the International Covenant on Economic, Social and Cultural Rights (ICESCR).<sup>23,24</sup> About 105 *national* constitutions worldwide address the right to health or specifically the right to medical care or public health.

Health is a common good demanding collective responsibility. Still, although the human right to health is a fundamental right sketched out in the Universal Declaration of Human Rights and later sealed in the International Covenant on the Economic, Social and Cultural Rights, governments around the world have failed to fulfill their obligations under international law. From the civil society perspective it is particularly emphasized that structural violations of the right to health are inevitable outcomes of deregulated capitalism. Thus, they argue: These kinds of violations are often unmonitored, unmeasured, and are too numerous to quantify. As they form a part of a process of systematic violations of other rights, any commitment for the right to health cannot be conceived in isolation from a broader human rights approach.<sup>25</sup> Such an approach should be intersectional and concerned with the idea of universal social protection as a key policy to human development.

Consequently, tackling structural marginalization and intersecting inequalities must be a priority for both governments and the international community. Therefore, a rights-based and people-centered approach is needed which explicitly focuses on social justice and recognizes the need for long-term policies and programs.<sup>26</sup>

Furthermore, thus it is stressed, if the right to health approach focuses on the individual subject only, there is a risk of missing the structural dimension of health. In this sense, equity should be regarded as a fundamental principle in the context of the right to health debate in order to realize “equal access to health services.”<sup>27,28</sup>

Moreover, interviewees emphasize, it is central for human rights standards to be formulated or at least informed by those who are affected by human rights violations. Social movements representing marginalized groups such as the poor, the handicapped and people discriminated

---

<sup>23</sup> “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (article 12).

<sup>24</sup> The right’s principles are detailed most prominently in the General Comment 14 of the UN Committee on Economic, Social and Cultural Rights.<sup>24</sup>

<sup>25</sup> Global Health Watch 3, An Alternative World Health Report, edited by Peoples Health Movement, Medact, Medico International, Third World Network, Health Action International, London/New York, 2011

<sup>26</sup> Edward Miano Munene (HERAF), Oral Interview, June 27<sup>th</sup> 2014; Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014

<sup>27</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014,

<sup>28</sup> Maria Zuniga, PHM Nicaragua, Oral interview, August 11<sup>th</sup>, 2014

against due to their sex, race, class and religion should be involved in the setting and implementation of the right to health agenda.

From a *normative perspective* this means postulating an internal relationship between democracy and human rights law. Namely in an ideal perspective, human rights law is only non-arbitrary and non-exclusive, if those who are addressed by a law are also the authors of the law.<sup>29</sup> Human rights have to be informed by those who are victims of unjust structures. This is essential to ensure that human rights are appropriately contextualised, clearly linked to social mobilisation, and based on deep political analyses of national and global structures and policies.<sup>30</sup>

Successful crisis management oriented towards an emancipative transformation of unequal power relations and unjust social structures often starts with *social struggles for political and legal recognition*. If conflicts become aware and inform (inter-)national law, legal conflictual learning can take place. Legal codifications oriented towards emancipation from oppressive and exclusive structures thus find their beginning in the scandalising of structural discriminations.<sup>31</sup> Social cries can be coped through public communication that may take the form of (counter-) narratives challenging the blind spots of a given human rights agenda and implementation process. In this sense the right to health is a powerful critical concept and an appealing drive. It can serve as a reference empowering health movement actions (as struggles around HIV/Aids medicines in some African countries demonstrate). In a word: references to human rights are important “ways of holding duty bearers accountable”.<sup>32</sup>

But then again universal claims are always endangered of being depoliticised and hegemonically distorted by powerful agents. By cynically integrating emancipative vocabulary into various forms of self-representation and calumnies states but also transnational corporations tend to veil social demands and to avoid concrete action.

Quite often, references to human rights norms made by states take the form of soap-box oratories having no impact on the realization of these rights. Moreover, transnational corporations, such as pharmaceutical concerns and insurance companies try to maximize their profit with vague linkages to the human rights talk as a form of health care marketing. Human rights projects are always at risk of becoming an elite-driven project disconnected from those who are affected by rights violations. That is to say that legal experts interpreting and producing human rights norms might be totally alien to the daily struggles of marginalized groups.

Hence, what does this mean for us reflecting on the necessity of putting the right to health in the centre of the Post-2015 debate? The answer local and transnational health-campaigners and human rights activists find is to use the human right talk (human right to health) as a

---

<sup>29</sup> J. Habermas, *Between Facts and Norms*, MIT Press, 1996

<sup>30</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>31</sup> N. Meisterhans: Normativität und Narration. Wie Unrechtsgeschichten den Menschenrechtsdiskurs vorantreiben, in *Kritische Justiz*, Volume 43, P. 22-28.

<sup>32</sup> Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014

reference for legal *and* democratic self-empowerment.<sup>33</sup> At the same time we have to be aware of the ambivalences of human rights in the form that they can be hegemonically and ideologically abused.

Furthermore, various social movement networks highlight that additional global legal requirements might be needed in order enable civil society to put pressure on national governments and to hold them accountable. This is especially true for the right to health, which is not well stipulated in the constitutions of some countries. In India for example the state has not passed any law guaranteeing the right to health care.<sup>34</sup> Uganda is another example where the right to health is not embedded into the constitution.<sup>35</sup> Therefore, it is accentuated that human rights standards should be backed by an international legal regime, which is binding to domestic laws, which are promoting equal access or rather equitable access to health care. A Framework Convention on Global Health (FCGH) for example could help extending and deepening the right to health.<sup>36</sup> Consequently it could be a crucial component of the Post-2015 process.<sup>373839</sup> However, it is outlined, such additional requirements are only legitimate and effective if they stem from (trans-)national social movements with a strong capacity to mobilize, pressuring international community to create and implement new rights.<sup>40</sup>

Against this background we can conclude that the conditions of realization of the human right to health depend on a bottom-up logic and the capacity of civil societies to organize campaigns on national and transnational level. Human rights express a societal learning process originating from social struggles for legal recognition (workers' rights, women's rights, civil rights, indigenous rights etc.). In this sense one can say that human rights struggles are based on the demand to have a right to rights (Hannah Arendt).<sup>41</sup> All rights are linked intersectionally and - this brings us to the next big topic of the recent debate on the 2015 process – also depend on social and political determinants.

#### **IV. The social determinants of health in the Post-2015 agenda**

Social determinants of health are economic, cultural, environmental and social conditions under which people live and which determine their health. Virtually all major diseases are primarily determined by specific exposures to these conditions. And these conditions are a result of social, economic, and political forces based on a “process of social determination.”<sup>42</sup>

---

<sup>33</sup> N. Meisterhans, *Menschenrechte als weltgesellschaftliche Herrschaftspraxis, Zur herrschaftsbegründenden Demokratisierung und Konstitutionalisierung der Menschenrechte*, Baden Baden, 2010

<sup>34</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>35</sup> Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014,

<sup>36</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>37</sup> Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014,

<sup>38</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>39</sup> “*To be realized, the right to health must be legally established, statutory and free at the time of use for every citizen*”. Interview, Isabella Soares Santos

<sup>40</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>41</sup> H. Arendt: *Elemente und Ursprünge totaler Herrschaft. Antisemitismus, Imperialismus, totale Herrschaft*, 2003, English translation: *The Origins of Totalitarianism* (1951)

<sup>42</sup> Maria Zuniga, PHM Nicaragua, Oral interview, August 11<sup>th</sup>, 2014



In 2011 the WHO convened a global conference in Rio de Janeiro, Brazil focusing on the implementation of an action plan dealing with social determinants of health that is also informing the debate on the Post-2015 agenda.<sup>43</sup>

Focusing on social determinants – it is argued – does help to raise awareness for the fact that health is an intersectional problem. In the “WHO Commission on Social Determinants” not only social inequalities but also their underlying factors are mentioned. Factors that are identified to be relevant are manifold reaching from war to migration<sup>44</sup>, from the displacement of people to racial and gender related discriminations, from to the ghettoization of the poor to the exploitation of natural resources etc.<sup>45</sup>

The High-Level-Panel of Eminent Persons will take a prominent role in the MDGs’ reformulation process and the Open Working Group on Sustainable Development (OWG) will inform this process. Two main principles are under focus: the one is “to leave no one behind” and the other is to “ensure healthy lives”. Both principles ought to be linked to a strong commitment to “equity”.

Many movements argue that the debate on the social determinants should be closely linked to the human rights approach. Especially because “(m)ost of the targets mentioned in the proposal for the SDGs are already recognized as part of the human right framework.”<sup>46</sup> For instance, the right to food is already recognized as human right under the ICESCR. Likewise, the right to water is recognized as a human right through a resolution of the UN-General Assembly.

However, even though human rights, including the demand for equity and accountability, are recognized as principles, yet there is little chance of their specific obligations being incorporated into the sustainable development goals (SDGs). Besides that, the recent SDG-approach lacks coherence by addressing various targets without offering systematic conceptualization.<sup>47</sup> Therefore it is underlined that there has to be a political will to implement these rights. And such a political will depends on the capacity of local, national and transnational civil societies to push governments and international community to be sensitive to the complex conditions of health and well-being.

In this sense it is obvious, why social movement networks point out that bringing up the issue of social determinants also indicates a referral to the political dimension of health. That is to emphasize that there is a need to make the political dimension of the social more explicit; that is to outline the internal connection between the social and political determinants of health.<sup>48,49</sup> If these interrelations are neglected – it is argued – there will only be isolated islands of progress in a sea of remaining grievances and persisting human rights violations.

---

<sup>43</sup> [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

<sup>44</sup> <http://www.healthallianceinternational.org/advancing-global-health/war-and-public-health/>

<sup>45</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>46</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>47</sup> P. S. Hill, K. Buse, C. E. Brolan and G. Ooms: How can health remain central post-2015 in a sustainable development paradigm? In: *Globalization and Health* 2014,10:18

<sup>48</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014

<sup>49</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

Many outline that the monitoring of indicators for the realization of the social determinants of health should be revised. There is a strong demand for a ‘data revolution’ in the SDG agreement including indicators to measure community participation and government accountability to communities. The MDG monitoring has shown that disaggregated data is not enough in order to get a broad picture of the complexities of people’s live-worlds, their everyday struggles and the ways in which they are subject to global and national decision-making, which is affecting their chances to have access to social services. Therefore the Post-2015 process in the health sector should be used for establishing a participatory account based on voices of citizens and civil society with a strong linkage to communities.<sup>50</sup> The focus should be, for example, on village development councils, and on a mandatory bottom-up planning.<sup>51</sup>

This attitude goes hand in hand with the insight that “(s)pecific attention must be given to promoting the empowerment of those traditionally excluded from participation.”<sup>52</sup> This would allow creating awareness for problems, which have been neglected so far such as non-communicable diseases. It implies to overcome the disease-specific and demographic-selective approach as it has skewed funding, resources and the global health narrative to the exclusion of other important causes of global morbidity and mortality. That is to say instead of focusing on specific health goals and isolated programs that tend to fragment health systems, an integrated health approach is needed based on a comprehensive understanding of human development.

Therefore, the task is to install a set of institutions capable of engaging in long-term planning for sustainable development and planetary stewardship, by including (local, national and transnational) civil society in the context of a bottom up-strategy.<sup>53,54</sup> These are challenges shared by countries at every point of the development spectrum. The SDG approach should make explicit that all stakeholders have to be involved on the base of democratic and transparent rules heading to a development agenda that is more sustainable, democratic and equitable.<sup>55</sup>

In terms of participation one could argue that to some extent there is progress in the recent SDG process, as the Global South has been invited to the 13 Open Working Group (OWG) meetings dealing with the social determinants. Being members of the G77 groups, the states from the Global South could manage to establish inequality as a main topic of the Post-2015 debate. In this regard, the SDGs are moving beyond the MDG paradigm. However, in order to secure greater equity between and within developing and developed countries the agenda should move beyond a “goal on ‘poverty eradication,’ otherwise “[it] risks losing its

---

<sup>50</sup> IDS POLICY BRIEFING ISSUE 68 • JUNE 2014

<sup>51</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>52</sup> Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014, Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>53</sup> Ministry of Health, 2011. *Uganda AIDS Indicator Survey*

<sup>54</sup> Edward Miano Munene (HERAF), Oral Interview, June 27<sup>th</sup>, 2014; Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014

<sup>55</sup> Edward Miano Munene, (HERAF), Oral Interview, June 27<sup>th</sup>, 2014

multidimensionality - including challenges related to access, discrimination, voice, and many other non-fiscal concerns.”<sup>56</sup>

The point is this: if the SDGs are reduced to poverty eradication they will not challenge the existing global power imbalances and miss the structural dimension recognizing equity as a central aspect of human development as the precondition for, and as well as an indicator and an outcome of progress in sustainable development. In conclusion, equivalent to the context of human rights, the SDG debate should be used as a projection foil for (re)politicizing global governance for health with special attention to those voices and people who have been so far structurally marginalized.

In this sense, the PHM calls for a revitalization of the principles of the Alma-Ata Declaration, which promised Health for All by the year 2000 and demands a complete revision of international and domestic policy that has shown to impact negatively on health status and systems. It is outlined that the right to health based on social and political determinants calls for universal access to comprehensive integrated health systems. And in this horizon it is accentuated that these systems should be grounded on Primary Health Care principles.<sup>57</sup>

This brings us to the third big topic of the recent debate: Universal Health Coverage.

## V. Universal Health Coverage

The WHO defines the goal of Universal Health Coverage (UHC) as a commitment “to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.”<sup>58</sup> In general the social movements welcome this goal. They argue, the UHC could help revitalizing the spirit of Alma Ata.

At the same time it is problematized that there are very different understandings of what UHC could mean and how it is implemented. This is because it is pushed by a number of different constituencies, but they do not all mean the same thing.<sup>59</sup> It can be a holistic concept demanding equitable health services, but if it is understood as a single target among others, there is doubt, if it will be interpreted with focus on political and social determinants and not be mistaken as a single-issue item leading to a technocratic approach.<sup>60</sup>

Social movements like PHM fear that UHC is at risk of being embedded in the mainstream neoliberal narrative leading to a “private sell out of the health systems.”<sup>61</sup> They point to a reductionist vision of health based on an *ideology of cost effectiveness* inherently neglecting principles of universality, non-discrimination and social protection. There is a serious concern that the mainstream narrative on the universal health coverage agenda will open the door for

---

<sup>56</sup> PHM: Statement Supporting Stand-alone Goal on Equality, available under: <http://www.phmovement.org/en/node/9485>, viewed September, 14<sup>th</sup>, 2014

<sup>57</sup> Statement by Medicus Mundi International to the 67th session of the World Health Assembly on agenda item 14.

<sup>58</sup> [http://www.who.int/universal\\_health\\_coverage/en/](http://www.who.int/universal_health_coverage/en/)

<sup>59</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>60</sup> *ibid.*

<sup>61</sup> *ibid.*

privatizing public health systems in the Global South and will be built on, and lend itself to, standard neoliberal policies”<sup>62636465</sup>.

In this sense, the “fear is that under UHC there might be an effort to reduce healthcare services into a minimum package”<sup>6667</sup>. The absence of adequate social security is addressed as a core problem and financial protection is addressed as one of the crucial items most countries in the Global South are struggling with.

Thus, there is a strong demand to create a political process where diversity and policy space is guaranteed enabling countries to implement their own model. UHC should be implemented as a public service-oriented tool and this should also involve ensuring health for all on the base of a publically funded financial protection scheme.<sup>68</sup> Therefore, more precise commitments are needed to address both national and international obligations to publically finance health.<sup>69</sup>

Also in the context UHC we can conclude that the debate should not focus on the ratification of single goals but reflect on the structures of global governance for health.<sup>70</sup> This brings us to a more systematic reflection on recent global governance arrangements. My thesis is that we need a radical democratization of global governance institutions, processes, policies and practices.

## **VI. Global governance: The solution or part of the problem?**

Some social movement networks like the Third World Network (TWN) argue the Post-2015 development agenda should focus on an institutional reform re-empowering the UN and the World Health Organization (WHO) as an adequate platform to discuss and make concrete recommendations, proposals and decisions in order to secure greater equity between developing and developed countries. The aim is to bring coherence among distinct sets of rules applying to various areas of economic activity such as trade and finance, labor and capital, intellectual property rights and technology, which are having a deep impact on the global governance for health. One aspect being highlighted for those who are more optimistic about the Post-2015 process is that the UN and WHO could take up a central and pro-active

---

<sup>62</sup> A. Sengupta: Universal Health Coverage: Beyond rhetoric, in: D. A. McDonald/ G. Ruiters (eds.): Municipal Services Project, 2013, [http://www.phmovement.org/sites/www.Phmovement.org/files/OccasionalPaper20\\_Sengupta\\_Universal\\_Health\\_Coverage\\_Beyond\\_Rhetoric\\_Nov2013\\_0-1.pdf](http://www.phmovement.org/sites/www.Phmovement.org/files/OccasionalPaper20_Sengupta_Universal_Health_Coverage_Beyond_Rhetoric_Nov2013_0-1.pdf), p. 2

<sup>63</sup> Ibid; M. Khor/ Third World Network: Experts attack shift in global health strategy, 2013, <http://www.twnside.org.sg/title/exp-ch.htm>

<sup>64</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014; A. Sengupta: Universal Health Coverage: Beyond rhetoric, in: D. A. McDonald/G. Ruiters (eds.): Municipal Services Project, 2013, <http://www.alames.org/documentos/uhcmit.pdf>, viewed May 16<sup>th</sup>, 2014

<sup>65</sup> There is suspicion that UHC will be designed in form of an insurance model and consequently upgrade the role of the private sector, especially the insurance lobby, neglecting that this model has its own limitations failing to include the most marginalized and poor.

<sup>66</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>68</sup> Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014, K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>69</sup> Some argue using the Abuja-declaration as a reference where the allocation of 15 % of the national budget to health is demanded: Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014

<sup>70</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014

role in global governance and global governance for health.<sup>71</sup> However, networks like PHM and COPASAH are very doubtful in how far this goal can be achieved. They argue that the UN related processes dealing with post-2015 agenda are likely to fail targeting the “looming crisis of capitalism, accelerated by the ascendant ideology of neoliberalism”.<sup>72,73</sup>

They claim that global governance in general is in crisis. International agreements are not sufficiently binding, and the current form of global governance lacks adequate legitimacy. Rather than resulting from a democratic process, global development policies are frequently determined by power-political interests. In this sense there is a general skepticism due to the fact that the structures that exist to shape the Post-2015 Agenda are the same structures that have perpetuated problems of inequality and inequity.<sup>74</sup>

Moreover, the UN institutions, which are considered relatively independent and representative, have largely been marginalized and increasingly depend on funding from private donors. More and more, the G-20, the World Trade Organization (WTO), the IMF and the World Bank are setting the global agenda. These groups' decision-making does not tend to be transparent. Therefore, it is argued, the current form of global governance should be reconsidered as an essential part of the Post-2015 debate. The financial and economic crisis, and the consequent failures and gaps in global governance the crisis revealed, demonstrate the urgent necessity for rethinking global governance in a radical way going beyond given proposals for reform.<sup>75</sup> And regarded from this point of view there are deep concerns in how far the UN but also the WHO is capable of functioning as a global agency working in the public interest.

## **VII. Weak international institutions – strong private foundations**

When it comes to the global governance for health the WHO is a good example to illustrate deficits of the given post-national institutional settings. Several NGO networks such as PHM scandalize the prominent role of private foundations funding the WHO. Recently there has been a strong protest against the decision of the WHO to give Melinda Gates (of the Bill and Melinda Gates Foundation – BMGF) the role of the keynote speaker at the 67th World Health Assembly. The Bill Gates Foundation is the second largest donor of the WHO not only lacking any form of democratic control, transparency and public accountability but also causing suspicion about its agenda in so far as “the “BMGF” is ‘tied’ to projects that the foundation has an interest in funding.”<sup>76</sup> The fundamental problem with these foundations is that not only do they open gateways to the private sector but they also have the tendency to detract their agenda from the critical public discourse by privileging a depoliticized health approach. It is no coincidence that projects funded by private foundations have a “techno-

<sup>71</sup> B. Muchhala/Third World Network: The role of the United Nations in global economic governance and accountability – key points of concern for the Post-2015 development in: [www.worldwewant2015.org/es/node/311167](http://www.worldwewant2015.org/es/node/311167)

<sup>72</sup> [Health in the Post-2015 Development Agenda: People’s Health Movement \(PHM\)](http://www.worldwewant2015.org/node/300158) <http://www.worldwewant2015.org/node/300158>

<sup>73</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>74</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014, Interview June, 3<sup>rd</sup>, 2014

<sup>75</sup> Dave Mc Coy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014, Interview June, 3<sup>rd</sup>, 2014

<sup>76</sup> <http://phm-sa.org/melinda-gates-addresses-the-world-health-assembly-civil-society-registers-its-protest/>

managerial focus” reducing health to a biomedical and disease-based episteme. Such logics not only include an improper paradigm of one-size fits all solutions but also contribute to a development where powerful agents undermine the demand for participation. Rather than supporting diversity and pluralism and “recognizing community based knowledge”<sup>77</sup> these foundations privilege the expertise from the pharmaceutical industry. The focus lies with “technological products but not on social programs, processes and initiatives capable of strengthening and representing community abilities”.<sup>78</sup> At the same time one can argue that the de-politicization of the health agenda serves as a power-technique, silencing any dissent.

The concern many social movements express is global governance for health becoming dictated by big donors disrespecting any alternative path to global governance for health by the people.<sup>79</sup> As a consequence a “devaluation of health systems at state level” takes place leading to the further “commodification and corporatization of the health sector” reacting “to market forces rather than community needs.”<sup>80</sup> Consequently, it is argued that health policies and “health system research has to move beyond technological innovation towards social innovation”.<sup>81</sup>

This also of importance because private foundations stand for a development agenda that is characterized as philanthrocapitalism cherishing the illusion “that inequity can be addressed through charity”.<sup>82</sup> The influence of private foundations (e.g. Bill & Melinda Gates) and public-private partnerships (e.g. GFATM, GAVI) is continuously growing and the question of WHO's place in that emerging configuration remains unresolved:

“The World Health Organization’s (WHO) ability to provide leadership in the arena of global health has been seriously compromised because its mandate has been usurped by multiple agencies, such as World Bank, the World Trade Organization (WTO), and global public-private partnerships”.<sup>83</sup>

The specific role of these partnerships will be analyzed in the next chapter. What is striking is the insight that a development agenda that is based on charity is per se undemocratic and paternalistic. It tends to veil conflicts of interest and hegemonic rationalities. By prioritizing a vertical, disease-based episteme of health a charity based development agenda serves the private sector maximizing profit and influence especially in low and middle-income countries.<sup>84</sup> Therefore, as long as institutions like the WHO depend on the voluntary input of the private sector, any holistic approach enabling a transformation of political processes is

---

<sup>77</sup> R. Narayan, SOCHARA, Bangalore, Postal interview, July, 7<sup>th</sup>, 2014 also on this IDS POLICY BRIEFING ISSUE 68 • JUNE 2014

<sup>78</sup> *ibid*

<sup>79</sup> *ibid*

<sup>80</sup> R. Narayan, SOCHARA, Bangalore, Postal interview, July 7<sup>th</sup>, 2014

<sup>81</sup> *ibid*

<sup>82</sup> D. McCoy, G. Kembhavi, J. Patel, A. Luintel: The Bill & Melinda Gates Foundation’s grant-making programme for global health, in: *Lancet* Vol. 373, 2009, See: [www.thelancet.com](http://www.thelancet.com)

<sup>83</sup> *Global Health Watch 3* (2011), An Alternative World Health Report published by Medact; People's Health Movement; Third World Network, Health Action International, Asociación Latinoamericana de Medicina Social, Medico international, p. 229

<sup>84</sup> D. McCoy, G. Kembhavi, J. Patel, A. Luintel: The Bill & Melinda Gates Foundation’s grant-making programme for global health, in: *Lancet* Vol. 373, 2009, See: [www.thelancet.com](http://www.thelancet.com)

counteracted.<sup>85</sup> The weakening of international institutions such as the WHO consequently not only shows the transformation of the UN Systems in favor of the corporate sector and large foundations but also demonstrates that this process has to be reorganized.

### **Post-2015 - Beyond aid and donorship – true partnerships and commitments are needed**

All analyzed networks emphasize that the Post-2015 agenda needs to overcome the weaknesses of the MDGs also because they were only applied to developing countries and translated to an aid-centered understanding of development. The problem is that the aid-centered paradigm gives donor governments too much power due to their role monitoring recipient governments, rather than enabling citizens and civil society to monitor their governments.<sup>86</sup> The aid-centered paradigm is also criticized for ignoring the economic inequality within and between countries not providing a development agenda based on a strong commitment to social policies and the global redistribution of wealth.

The main causes for an uneven development, which are identified by the analyzed networks, are unfair trade and investment regimes and the role of ‘intellectual property’ protection, the privatization of public goods and de-regulation of the state but also the reassessment of economic players into the health sector. Neo-liberal globalization is seen to be responsible for effecting and deepening the multiple crises related to the food sector, to ecological systems leading to social inequality and structural discrimination. Not only has this development paradigm failed to benefit the poorest and most marginalized people, it has frequently been the cause of, or has deepened their poverty.<sup>87</sup> What is clear now is that political decision-making has been distorted by national and transnational elites who have captured public institutions to advance their narrow interests.

The United Nations Panel of Eminent Persons calls for a renewed global partnership now that enables a people-centered development agenda beyond 2015.

It is highlighted that:

“Such partnership should be based on the principles of equity, sustainability, solidarity, respect for humanity and shared responsibilities in accordance with respective capabilities. Our vision is to end extreme poverty in all its forms in the context of sustainable development and to have in place the building blocks of sustained prosperity for all.”<sup>88</sup>

However, deep concern is articulated as to what kind of multi-stakeholder process will be initiated to set and implement the agenda of such partnerships. There is a certain apprehension about these “New Global Partnerships” that might, like the MDG 8, be reframed as a cooperation-scheme between governments, multilateral agencies and large multinational

---

<sup>85</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>86</sup> TARSC (2013) Equity in health in the post-2015 development goals, available under: <http://www.equinetafrica.org/bibl/docs/Pol%20brief%2033%20post%202015.pdf>

<sup>87</sup> IDS POLICY BRIEFING ISSUE 68 • JUNE 2014

<sup>88</sup> <http://undesadspd.org/Poverty/WhatsNew/tabid/1347/news/345/Default.aspx>

corporations<sup>89</sup> instead of providing a robust framework founded on human rights and sustainable development commitments making stakeholders credible to accountability mechanisms and responsive to civil society demands.<sup>90</sup> This “donor-type” of relationship will be failing to address international systemic issues and to institutionalize a political process where the right to development could be realized.<sup>91</sup> For many it seems symptomatic that in many UN documents on the Post-2015 agenda civil society and the private sector are mentioned in the same breath ignoring a crucial conflict of interest and of rationalities.<sup>92</sup>

The crucial question is who should be involved in the "New global partnerships". And many social movements keep a close eye on the fact that especially the business sector is addressed to play a central role. The report of the "High Level Panel of eminent persons" focuses on a development model based on economic growth similar to the Global Compact<sup>93</sup> that identifies deregulated investment policies as the driving motor.<sup>94</sup>

In this context the UN, the World Bank and the IMF promote the guiding principle of Corporate Social Responsibility as an element of good governance especially advocating global development politics in the horizon of public-private partnerships.

What is problematic in this matter is that public-private partnerships advance to be the predominant actors of structural policies in economically weaker states of the Global South: “PPPs are often specifically targeted to firms from donor countries”, which are a form of “aid tying”. [ ] This practice not only undermines the value of private sector development in developing countries, but also creates a de facto exclusion of developing-country firms.”<sup>95</sup>

Private Public Partnerships contribute to the globalization of a neo-liberal model of statehood and social policies, thwarting sustainable development in particular related to the empowerment of the structurally disadvantaged.<sup>96</sup> Namely, it veils a fundamental conflict of interest between profit-oriented enterprises with a transnational orientation and societies being subject to public-private partnerships.<sup>97</sup>

---

<sup>89</sup> R. Bissio, New Development Goals Need to Include Commitments by the Rich. 2014, from Social Watch: <http://www.socialwatch.org/node/16362>, viewed March 12<sup>th</sup>, 2014

<sup>90</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>91</sup> A Renewed Global Partnership for Sustainable Development IBON Policy Brief, April 2014: [http://peoplesgoals.org/download/1397204726IBON\\_policy\\_brief\\_April\\_2014%20%281%29.pdf](http://peoplesgoals.org/download/1397204726IBON_policy_brief_April_2014%20%281%29.pdf)

<sup>92</sup> UN System Task Team on the Post-2015 UN Development Agenda: Realizing the Future We Want for All, 2012: [http://www.un.org/en/development/desa/policy/untaskteam\\_undf/untt\\_report.pdf](http://www.un.org/en/development/desa/policy/untaskteam_undf/untt_report.pdf), for critique see: : L. Pingeot: Corporate influence in the post-2015process. Aachen: Misereor, 2013

<sup>93</sup> The Global Compact promoted by the United Nations is a concept that asks for the involvement of the private sector in form of Private Public Partnerships. To quote UN Secretary-General Ban Ki-moon: “ The Global Compact asks companies to embrace universal principles and to partner with the United Nations. It has grown to become a critical platform for the UN to engage effectively with enlightened global business.” Available under: <https://www.unglobalcompact.org/>, viewed February 23<sup>th</sup>, 2014

<sup>94</sup> High Level Panel report cf. <http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf>

<sup>95</sup> Bhumika Muchala: A Renewed Global Partnership for Sustainable Development IBON Policy Brief, April, p. 3

<sup>96</sup> *ibid.* 2014, [http://peoplesgoals.org/download/1397204726IBON\\_policy\\_brief\\_April\\_2014%20%281%29.pdf](http://peoplesgoals.org/download/1397204726IBON_policy_brief_April_2014%20%281%29.pdf)

<sup>97</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014



While the former are primarily focused on entering into new markets, in the interests of sustainable development policies it is necessary to establish public institutions on the base of human rights and inclusive social and political participation. Therefore, there is the risk that “the Post-2015 development agenda will be skewed towards the marketization of health care” and will lead to further commodification of health policies.<sup>98</sup> These trends might advance the situation of middle and upper middle classes, but will leave the structurally marginalized behind.<sup>99100</sup> At the same time poverty continues to be treated more or less as a natural phenomenon, rather than as the result of unequal power relations.

### **VIII. Neoliberal Ideology – Austerity Politics – Moderating Nation States**

The other problem is that as a consequence of the global financial crisis austerity politics in many countries prevent states from investing enough in the social and environmental infrastructure.<sup>101</sup>

“(D)eveloping countries face pressure from aid agencies and foreign investors to pursue policies consistent with their ideologies in line with a neoliberal agenda. The top-down aid conditionality imposed by Washington-based institutions adds further pressure to introduce neoliberal reforms and makes developing countries’ governments more accountable to donor institutions than to their people”.<sup>102</sup>

To some it becomes apparent that the guidelines of the IMF and World Bank oriented towards “balanced budgets” can take the form of a disciplining instrument not questioning the dominance of global financial elites and economic elites. In this light, the development agenda of the current global governance expresses a hegemonic concept inherent to the neoliberal Zeitgeist.<sup>103</sup>

Consequently, in the context of neo-liberal ideology of the free markets, development politics are either reduced to profit-oriented investment policies and/or framed as international aid policy in which the rich countries of the North and BRIC countries act as donor countries and thus reinforce existing power imbalances. Various networks stress that health politics are linked with economic development and that this responsibility for economic development lies with the nation state.

“Given the profit-seeking mission of the private sector, balancing social and financial returns requires the state to implement a complex and nuanced balance of laws (e.g. labor, environmental) and regulatory systems (e.g. tax, investment) to ensure that private activities contribute to rather than undermine economic and social development.”<sup>104</sup>

---

<sup>98</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>99</sup> Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17<sup>th</sup>, 2014

<sup>100</sup> Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18<sup>th</sup>, 2014

<sup>101</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>102</sup> The Campaign for People’s Goals for Sustainable Development (the People’s Goals) - See more at: <http://peoplesgoals.org/about-us/#sthash.rMsY4iYp.dpuf/>

<sup>103</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>104</sup> B. Muchala: A Renewed Global Partnership for Sustainable Development IBON Policy Brief, April???

But the state can only act in a certain international environment and in this sense in the context of global governance “especially developing countries need to have adequate policy space”.<sup>105</sup>

The problem is that this policy space has become limited because world wide a new *raison d'état* has emerged changing the role of the state. More and more states act upon an ideologically framed role as a manager of global problems, as moderator and facilitator of so-called “good governance”. The consequence is that public duties become delegated to private initiatives and actors in form of private public partnerships. By doing so, states integrate multinational corporations and give them a key role in organizing local, national and global politics and become less accountable to their citizens.

## **IX. Civil society – independent actors?**

What all social movement networks highlight is the necessity to establish a new paradigm of development where the structurally marginalized are no longer reduced to the role of beneficiaries.<sup>106</sup>

Civil society actors have indeed been granted a primary role in the post-2015 process. This is a response to the criticism that the MDGs were formulated in a non-inclusive procedure. Right now in many UN documents rhetorical commitments to the importance of participatory governance are made. However, the new inclusiveness must be viewed with caution. Whether it will actually realize is questionable.

There is a severe concern that the post-2015 agenda, like the MDGs, will be the outcome of a top-down process which does not adequately reflect and emphasize the differential needs and priorities of regions and communities within countries and across countries. Likewise, the involvement of civil-society organizations does not necessarily guarantee that the dominant development paradigm will be revised in any meaningful way.<sup>107</sup> That is because first it has to be ensured that recommendations by civil societies “are not ignored, set aside or altered beyond recognition by governments while social movements remain passive spectators after all these consultations are over and done with”.<sup>108</sup> Moreover, thus it is argued, the Post-2015 development agenda process has been distracted, due to a confusing chronology and various parallel bodies, lobbies and platforms making the participation of many social movements, particularly those from the Global South who have limited funding and less access to information, more difficult.

From a general point of view it must be recalled that, at the UN level in particular, the current model of global governance has been organized as a multi-stakeholder process since the 1990s. Procedures explicitly incorporate non-state actors. It is of particular relevance that civil society has been upgraded. This is due to a general development where financiers of health

---

<sup>105</sup> Y. Akyüz [http://www.southcentre.int/wp-content/uploads/2013/10/Post-2015-and-SDGs-Perspectives-of-the-South-Centrer1\\_EN.pdf](http://www.southcentre.int/wp-content/uploads/2013/10/Post-2015-and-SDGs-Perspectives-of-the-South-Centrer1_EN.pdf), p.3

<sup>106</sup> Health in the Post-2015 Development Agenda: People's Health Movement (PHM) <http://www.worldwewant2015.org/node/300158>

<sup>107</sup> Maria Zumiga, PHM Nicaragua, Oral interview, August 11<sup>th</sup>, 2014

<sup>108</sup> <http://peoplesgoals.org/on-positioning-governance-in-the-post-2015-agenda/>

politics inspired by neoliberal ideology, favor market-based reforms and reckon on civil society rather than states in order to realize programs. Since their rise to prominence in the last decades, health-related NGOs for example have grown exponentially in size and stature. Frequently, NGOs carry out development measures that should be performed by the state. In the context of the new *raison d'état* states are increasingly, giving up leadership roles, thus systematically delegating the provision of public services to non-state actors.<sup>109</sup>

NGOs are still considered as the "good guys", especially by the public. However, this view ignores the fact that NGOs compete with each other for funding from governments and private-sector corporations. Therefore, NGOs do not operate outside of system constraints; rather, they face a certain amount of pressure to professionalize and they risk becoming dependent on donors.<sup>110</sup> Moreover, it is argued that they are at risk of being instrumentalised and coopted by both national governments and international organizations.<sup>111</sup> By involving civil-society players, governments are increasingly able to legitimize undemocratic decisions. When NGOs mitigate crises, they – often unintentionally – help to stabilize unjust power structures.<sup>112</sup> “The other issue is that there is often a gap between the analysis and description of the problems and the solutions that are being put forward. The solutions tend to be those that are always praised in ways that will be acceptable to all parties and the powerful interest groups.”<sup>113</sup>

From this perspective, the Post-2015 process must find a way to fully realize the potential of NGOs to have strong linkages with social movements. This is essential. But, it is debatable to what extent the international community is heeding calls for a serious re-orientation of the current development agenda. Critical social movements with roots in social struggles usually are the ones who pressure for structural transformation. Statements, lobbying, legislative actions on the part of progressive movements are of tremendous importance, but they can be only successful when there are strong social movements on the ground. Critical movements are recognized, but as they represent minority positions, also within the NGO community, they might not be taken into account in the Post-2015 debate. There are huge and well-funded NGOs, in the Global South as well, which tend to be not very critical but much more technocratic and single-issue oriented.<sup>114</sup> They can be part of the given hegemonic constellation, not only because they are funded by big foundations like GAVI, but also because they are subconsciously reproducing established modes of thinking of neoliberal ideology.<sup>115</sup> Even though there might be a general discomfort with the present ideology, there are manifold forms of self-censorship due to the expectations - quite often unconscious - that elites, in the context of the Post-2015 consultations, will not change their beliefs and

<sup>109</sup> Aziz Choudry and Dip Kapoor (eds): *NGOization. Complicity, Contradictions and Prospects*, London 2013

<sup>110</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>111</sup> K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

<sup>112</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014; K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014; David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>113</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014,

<sup>114</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014

<sup>115</sup> David Sanders, PHM, Oral Interview, July 27<sup>th</sup>, 2014; David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014.; K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6<sup>th</sup>, 2014

structures are immutable. Thus, they might not see themselves as part of the hegemony still they operate in the system.

Hence, two crucial insights: First, civil society is not necessarily in opposition to the state, business or International Organizations<sup>116</sup>. Rather civil society can be framed as the “extended state” insofar as it provides public services traditionally associated with the state. “NGOs can be part of a constellation of actors that represent and promote the interests of powerful minority groups. They are not always just depending on donors, but are often constructed to be part of the political machinery.”<sup>117</sup> Second, civil society involves not only the good guys, such as social movements pressing for a better world.

### **VIII. So how should global governance look like?**

Which conclusions can we draw from these discussions? First and foremost, we need a development agenda that is based on universal human rights outlining precise commitments. In this sense it is a good starting point to anchor UHC and the SDGs in the right to health.

In reference to Hannah Arendt one could say, the success of revolutionary processes and emancipative struggles can be seen in the shifts within the constitution (constitutional revolutions).<sup>118</sup> If the task is “to address the right to health in a globalized world” this could include a Framework Convention for Health (FCGH), and a legal upgrading of the WHO as an institution competent to set international law.

What is significant is that the Post-2015 Agenda should not just propose policy goals, but also establish legally enforceable procedures. Under international law, obligations for states and private businesses must be clearly defined. This is an essential precondition for addressing the structural impact of poverty and inequality and for respecting ecological and economic boundaries.

In addition, comprehensive changes to development policy, economic policy, financial policy and production and consumption habits are needed. Furthermore, we must establish a form of global governance that allows the people affected to participate in policy-making. Political structures must be created at the national and supranational level that suit human-rights based bottom-up logic oriented towards democratic self-empowerment.

That is the only way to continuously break up and subvert hegemonic power. This perspective has implications far beyond the Post-2015 process.

In the end it is about a fair world order, it is about how processes are organized and who is going to be part of these processes, and especially in how far critical civil society will have the chance not only to irritate the given process and institutions but also to formulate a position, which is connected to the needs and demands of the structurally marginalized.

---

<sup>116</sup> David McCoy, Medact/PHM Oral Interview, July 3<sup>rd</sup>, 2014

<sup>117</sup> *ibid.*

<sup>118</sup>

Taking all of this together we will have to ask for much more than just eight or nine or ten or fifteen goals. It is much more about democratizing local, national and global politics. This implies to deconstruct false promises for recognition and to establish counter-hegemonic political processes and institutions. At the same time, the Post-2015 debate opens a window of opportunity for social movements to use promises for partnerships, human rights and democracy as references for their emancipative struggles pressuring for a better world. This also involves creating a new paradigm for development. Interesting impulses are coming from Central America and Latin America in the context of the so-called BUEN VIVIR debate. These stem from social movements and provide a strong link to indigenous communities. The point is that alternative development paradigms and models of governance already exist – now it is time to bring them into the Post-2015 debate.