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Book Review

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In their report, "Fatal Indifference: the G8, Africa and Global Health," Ronald Labonte and colleagues aim to examine the performance of the Group of Eight Nations (the G8, which includes Britain, Canada, France, Germany, Italy, Japan, Russia, and the United States) by preparing a "report card" on the commitments made by G8 countries at three joint summits in Cologne (1999), Okinawa (2000), and Genoa (2001). In their work, Labonte *et al.* examine the effect of such commitments on both health and the determinants of health and in so doing pose two main questions: (1) "Have the G8 kept their promises?" and (2) "Are the prescriptions the G8 promotes for global integration the right ones for health and development?" In particular, their report explores whether G8 countries have met their summit commitments and whether the level of G8 commitment is indeed sufficient to address issues raised in the growing research on globalization and health. They also take a particularly close look at the New Partnership for Africa's Development (NEPAD) proposal, which resulted from the 2002 G8 Kananaskis summit, and is aimed at improving physical infrastructure and economic growth, particularly in Sub-Saharan Africa.

The Labonte *et al.* report finds that the G8 could be doing more to improve health, education and nutrition in developing countries and that in general, the resources that the G8 has committed to these areas are insufficient for meeting a number of developing country requirements. They also examine G8 Overseas Development Assistance (ODA) policies and like other recent studies of ODA, such as

that done by the Organization for Economic Co-operation and Development (OECD) and the World Health Organization (WHO) Commission on Macroeconomics and Health, this report finds that the long-term trend in development aid has been one of declining ODA from developing countries and that few if any countries are reaching the ODA target of 0.7% of gross national product (GNP) devoted to development assistance. The report includes estimates of an additional US $109 billion that would have been available for developing countries in 2001 had all G8 countries reached the 0.7% commitment level. Moreover, in examining tariffs and other barriers to trade, the report, consistent with analyses by the World Bank, OXFAM and the International Monetary Fund (IMF), finds that G8 countries perform unsatisfactorily, concluding that industrialized countries in general can do more to open their markets to developing country exports, especially textile and agricultural products. The report is particularly critical of what it sees as the neo-liberal macroeconomic policy agenda of the G8 and many other industrialized countries, concluding more broadly that the macroeconomic prescriptions presented in G8 documents and policy statements and the NEPAD document, more specifically, do more harm than good in achieving international health and human development goals.

A focus on the performance of the G8 is appropriate in the context of global influences on health in developing countries precisely because the G8 has emerged, alongside an existing network of United Nations and multilateral development agencies, as a considerable force in the shifting landscape in global governance. As the authors and others note, the G7 (the G8, excluding Russia) comprise roughly 12% of the world's population, but account for nearly 45% of global economic activity (the United Nations Development Programme estimates this number to be 64% of world GDP) and 47% of global exports; together these nations comprise significant economic power and influence over the global economy. The overall conclusion of the report is a critique of what the authors see as a conservative neo-liberal macroeconomic policy agenda that favors nation-states that have the most to gain from the hegemony created by a dominant G8 cluster of nation-states. As a result, the authors conclude that without a change in overarching macroeconomic policy, perhaps in support of a more liberal global agenda, the "fatal indifference" of the G8 countries will fail to subside.

It is in this context that the emergence of an alternative paradigm of global governance for health is needed. While Labonte *et al.* regard the G8's claim to "emergent global governance, backed by economic clout," as a form of "governance" in which wealthy countries manage the "world economy for their own benefit," the academic and policy community is yet to come up with an alternative framework for addressing health and its distribution in an increasingly globalizing world. The Labonte *et al.* report leaves this theoretical work unaddressed (it was not the intent of the analysis), leaving a gap between its analysis and an alternative exemplar of global governance for health.

In terms of a theoretical framework for how the G8 countries might responsibly act in light of an increasingly unequal distribution of health both between and within countries, there has been relatively little thought given to an alternative model for G8 performance in the traditional academic fields of political science, international relations and development economics (1). The few international relations scholars and practitioners who do address health, for example, have offered three primary frameworks for thinking about international health cooperation: domestic and global economic development; national and security interests; and international human rights (2). Two years ago, for instance, the WHO Commission on Macroeconomics and Health advocated international cooperation on health due primarily to the national and global economic impact of such investments; demonstrating the powerful influence of economic approaches to global health governance. Similarly, decades earlier, sovereign states, primarily European, saw investments in controlling the spread of yellow fever and cholera as essential foreign policy to prevent external threats to the health of their populations. More recently, human rights have as such attempted to address a gap in the international discourse in global health left void primarily by economic and geo-political governance frameworks for international health issues. However, the human rights approach has had limited effectiveness, for instance in attempts to combat the HIV/AIDS epidemic, and international relations as an academic discipline has not focused on providing a theory – based in moral and political philosophy – of global governance as it relates to health. As such the Labonte *et al.* report, while useful in highlighting a number of trends in G8 commitments

to assist developing countries both multilaterally and bilaterally, provides little theoretical grounding for thinking about the social obligations expected of the G8 to improve health in developing countries.

An alternative theoretical perspective that relies on a normative framework for responding to global health disparities and for relating health to development (3) is, however, emerging and provides a broad paradigm for evaluating individual well-being, social arrangements and public policy (4). This perspective purports that international and national responses to health disparities be rooted in core ethical values about health and its distribution (5,6); because ethical principles have the power to motivate and hold global actors accountable for achieving common goals, like the Millennium Development Goals (7). As such a normative framework is necessary to identify ethical issues raised by global health inequalities and to define ethical principles for international and domestic actors in a position to address these concerns.

In the past several years I have proposed such a framework – one that relates to health and its determinants and to development (8,9). This perspective is rooted in Aristotle's political theory (10,11) and Amartya Sen's capability approach (12,13). This viewpoint sees the opportunity for health and health care as "constituent components of development," obviating the need to justify their importance in terms of their indirect contribution to the growth of gross national product, personal income or individual preferences, as is the case with other evaluative frameworks based on utilitarian, income-based, resources-based or welfare economic theories. It also recognizes the inter-relatedness of health and other valuable social ends (e.g., education), while simultaneously emphasizing the importance of health for individual agency – the ability to live a life one values. From this perspective, deprivations in people's health are unjust because they unnecessarily reduce the capability for health functioning and the exercise of agency. The special moral concern rests in the reduced opportunity for physical and mental functioning or even for being alive. Thus, deprivations in the capability to function rob individuals of the freedom to be what they want to be.

What does this normative framework imply for the G8? The G8 have an important role to play in reducing global health inequalities, but much effort is also required on the part of developing country

governments, domestic and global institutions and other global actors as well. A new perspective on global health governance, informed by a capability point of view, places individual health and well-being and human rights at the center of global governance (1). It recognizes the importance of addressing health needs in developing countries on multiple fronts, in multiple domains of policy that affect all determinants of health. It stresses the integration of public policies into a comprehensive set of health improvement strategies delivered through a plurality of institutions. It recognizes the strengths of the market and the global economy alongside those of other institutions and takes the view that globalization and global integration, *per se*, are not the main affront to global justice. Rather a focus should instead be placed on institutional and market reforms needed to address the imbalance in the distribution of gains and losses from the globalization process. In other words, this perspective does not entirely reject the notion that the global economy has the potential to improve the well-being of individuals in developing countries through, for example the spread of modern technology, trade and financial markets, and social and political ideas and norms. Rather this perspective takes the view that institutional reform is necessary to remediate global inequalities in affluence, power and social, political and economic opportunities (14). As Amartya Sen notes, "even though the operation of a given market economy can be significantly defective, there is no way of dispensing with the institution of markets in general as a powerful engine of economic progress". The critical concern is the reform of both global and domestic institutions and policies that create enabling (or disabling) conditions (such as fair trade, legal rules and negotiating power; debt relief to free up resources for institutional development and social investment; regulation of global arms trade; domestic social security systems, investments in health and education; and democratic governance and opportunities for political participation).

In conclusion, the Labonte *et al.* report has provided useful background information regarding the performance of G8 countries in terms of financial commitments and development assistance and has highlighted some key concerns about globalization and the need to restructure the global economy. As such a central goal of international cooperative efforts in a globalizing world should aim to reform global and domestic institutions and policies in order to

ensure a more fair and equitable distribution of social, economic and political opportunities that are integrally linked to the opportunity to be healthy. Reforms of both domestic and global institutions are necessary in efforts to expand individuals' health opportunities worldwide and the G8 is critical to the success of such global and domestic reforms.

REFERENCES

1. Ruger JP. Towards a theory of a right to health: capability and incompletely theorized agreements. *Yale J Law Humanities*. 2005, in press.
2. Fidler DP. Fighting the axis of illness: HIV/AIDS, human rights, and US foreign policy. *Harvard Human Rights J*. 2004;17:99–136.
3. Ruger JP. Health and development. *Lancet*. 2003;362:678.
4. Ruger JP. *Aristotelian Justice and Health Policy: Capability and Incompletely Theorized Agreements*. Ph.D. Dissertation, Harvard University, Cambridge, MA; 1998.
5. Ruger JP. Health and social justice. *Lancet*. 2004;364:1075–80.
6. Ruger JP. Ethics of the social determinants of health. *Lancet*. 2004;364:1092–7.
7. Ruger JP. Millennium development goals for health: building human capabilities. *Bull WHO*. 2004;82(12):951–2.
8. Ruger JP. Global tobacco control: an integrated approach to global health policy. *Development*. 2005;48(2):65–9.
9. Ruger JP. Health, capability, and justice: toward a new paradigm of health policy, law and ethics. *Cornell J Law Public Policy*. 2005, in press.
10. Aristotle. *The Nicomachean Ethics*. Translated by Welldon JEC. Amherst, NY: Prometheus Books; 1987.
11. Nussbaum MC. Nature, function, and capability: Aristotle on political distribution. In: von Gunther PH, editor. *Aristoteles politik*. Gottingen: Vandenhoeck & Ruprecht; 1990.
12. Sen AK. *Commodities and Capabilities*. Amsterdam: North-Holland; 1985.
13. Sen AK. *Inequality Reexamined*. Cambridge, MA: Harvard University Press; 1992.
14. Sen AK. How to judge globalism. *Am Prospect*. 2002;13:1.

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