

“Health Is at the Heart of Social Justice”: Priorities for Global Health Governance

Dr Tine Hanrieder highlights the pressing need for policymakers to address global health challenges and suggests how they can do this.

What is currently on the agenda in global health governance?

In 2024, the world is still trying to learn lessons and recover from the Covid-19 pandemic. The Covid outbreak put a spotlight on global health disparities – which most [impact](#) those with preexisting conditions or who are socioeconomically disadvantaged – and in its wake, inequalities are [worse than ever](#). The lack of public health preparedness left countries around the world vulnerable to the spread of the coronavirus; and current moves to address these deficits through multilateral commitments like a “pandemic treaty” or revised international health regulations do little to address the [underlying lack of public capacity](#) after decades of neoliberal downsizing. The [ongoing negotiations](#) also seem to be headed towards an ever more watered-down agreement that will have little to offer in terms of global health equity. Plus, the [jury is still out](#) on whether states will even reach an agreement by the May 2024 deadline.

Additional worldwide crises such as climate change, wars, inflation, and crippling debt burdens further jeopardise people’s livelihoods and health. While the poor in developing countries are hit the hardest, even the United States and the United Kingdom are seeing a fall in life expectancy. Infectious diseases like cholera are [on the rise](#), food insecurity affects hundreds of millions, and a backlash against human rights, women, and LGBTQ+ groups makes the universal right to health an ever more distant ideal. Meanwhile, in many places the global goal of achieving “universal health coverage” has been [reinterpreted](#) as – at best – a bare minimum healthcare package for the poorest in society that does not meet even the most basic needs.

Adding to these issues is the [“great resignation”](#) and [“great migration”](#) of frontline health workers (mostly women) – workers who try to [fight for their rights](#) and better public services but often leave their jobs or migrate to richer parts of the world – at the same time as ageing populations are in need of more healthcare workers. The consequences

of these compounding global health crises are grim, to say the least.

What are the main priorities for the next 12 months?

Short answer: All of the above. Health is an intersectoral challenge and requires continuous broad commitment. What is more, improving global health cannot happen without equity. Specific priorities depend on where you sit and what you can influence.

Obviously, there are many time-critical developments. Debt restructuring is a pressing concern across the Global South. For indebted countries, access to new loans from the International Monetary Fund still comes with painful public-sector cuts. And so-called “social spending floors” to provide health and social services [often do not go far enough](#). On top of that, ongoing wars are causing humanitarian disasters that need to be urgently addressed. Climate change is a health crisis, too. And for every new incentivised pharmaceutical, regulators must ensure that the world’s poorest will have [access](#) to it. This is even more true in light of the [sobering](#) capitulation of the World Trade Organization – where no agreement could be reached on waiving intellectual property rights for pandemic-related technology in the face of the Covid-19 disaster – and the bleak [outlook](#) for a breakthrough on health equity during the ongoing negotiations at the World Health Organization (WHO).

Finally, it is imperative to address the health workforce crises. Even high-income countries like the [UK](#) and [Germany](#) cannot attract or retain enough health workers, and they are seeking to fill the gaps with recruits from lower-income countries. Health worker shortages (especially in rural and underserved areas), precarious working conditions, and violence against health workers all undermine public health and social development. While WHO member states have committed to implementing the 2010 WHO Global [Code of Practice](#) on the International Recruitment of Health Personnel, its provisions are too soft to meaningfully support health systems in developing countries, to ensure equitable agreements between destination and source countries of migrant health workers, and to safeguard migrant workers’ rights. Moreover, many states also rely on “volunteer” [community health workers](#), leaving this workforce especially vulnerable to exploitation and precarity and in urgent need of [support](#).

What would be your advice to policymakers?

One: Envision and aspire to health as a **positive vision** for society, a public good, and a human right worth defending. Health is at the heart of social justice and what it means to live together on an endangered planet. Good healthcare policy thus cannot be disconnected from the vision of healthy and [caring economies](#) that are guided by notions of wellbeing instead of growth.

Two: Build **coalitions** with relevant stakeholders and sectors. Find allies in the frontline workforce and in communities that know why health matters, and build cross-sectoral initiatives that can confront the social – and planetary – determinants of health.

And three: Invest in **public capacity**. Governments and international organisations have tended to [outsource](#) critical expertise and agenda setting, and they have become increasingly dependent on private sector know-how, capacities, and agendas. But public stewardship of health infrastructure and evidence production is indispensable for working toward more healthy societies.

The views expressed in this post are those of the author and do not reflect those of the International Development LSE blog or the London School of Economics and Political Science.

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Featured image: Healthcare worker at Thailand Bamrasnaradura Infectious Disease Institute, Ministry of Public Health. Image credit: UN Women Asia and the Pacific via [Flickr](#).