Global change and health - the good, the bad and the evidence

Debates over the merits and demerits of globalisation for health are increasingly polarised. Conclusions range from globalisation being essentially positive for health, albeit with a need to smooth out some rough edges\(^1\), to one of utter condemnation, with adverse effects on the majority of the world’s population.\(^2\) Anyone wading into this debate is immediately confronted by seemingly irreconcilable differences in ideology, opinion and interests. Both camps agree that global changes are occurring, and with them many of the determinants of population health status.\(^3\) While some skepticism persists about whether “globalisation” has value beyond being a fashionable buzzword, most agree that we need better understanding of these changes. Two difficult questions arise: (i) What are the health impacts of these changes; and (ii) how can we respond more effectively to them?

To move beyond the stand-offs that have already formed within the health community, this paper reviews the main empirical evidence that currently exists, summarises key points of debate that remain, and suggests some ways forward for the research and policy communities. In particular, there is need for an informed and inclusive debate about the positive and negative health consequences of globalisation.

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Defining globalisation in relation to health

The first task is to define “globalisation” clearly. Definitions can often be so value-laden as to detract from understanding. For example, globalisation has been positively equated with openness, cosmopolitanism and integration, but also more negatively with western imperialism, corporate domination and rampant consumerism. The essence of globalisation is a range of processes that is changing the boundaries that separate human societies from each other, in some cases resulting in greater interconnectedness, but in others new divisions. These boundaries can be spatial, temporal or cognitive.

First, globalisation is redefining how societies are organised territorially. Since the seventeenth century, the organising principle of the world has been the system of modern states based on principles of sovereignty and territorial integrity. Globalisation is challenging the relative importance of the nation-state, as well as creating novel forms of “space” such as cyberspace and virtual reality, that open new possibilities for social relationships.

Second, globalisation is leading to changes in how we experience and perceive time. The speed at which we can interact with others is a function of prevailing technologies and social structures. Globalisation continues to accelerate our capacity to move about the world and to communicate fluidly. Accompanying this capacity are many opportunities and risks from faster and more frequent human contact.

Third, globalisation is affecting how we think of ourselves and our world. Our thought processes include culture, values, ideologies, knowledge and beliefs. In the transition to a so-called post-industrial or information society, an increasing range of institutions is concerned with influencing how we think - education...
systems, advertising, mass media, research institutions, consultancy firms, religious groups, political parties, public relations companies, and so on. New global information and communication systems mean that this influence can be wielded more effectively than ever before to a global community of minds.

Economic globalisation, a high-profile characteristic of today’s world, combines all of the above, entailing increased interconnectedness over space, time and thought. Barriers to trade in goods, services and capital are being steadily lowered by the multilateral agreements under the World Trade Organization (WTO). This has resulted in the volume of foreign direct investment and currency transactions growing substantially, accompanied by hopes of wealth creation through improved efficiencies and market growth. Critics argue, however, that the emerging trading system privileges economic considerations above those of social welfare, labour standards, public health risks and environmental management.

Of course, processes of global change have long been with us. Indeed, it may be argued that a form of globalisation has taken place since Homo erectus first left Africa 1.7 million years ago. Many writers have described the worldwide spread and convergence of infectious diseases, dietary cultures, managed ecosystems and environmental dominations over recent millennia, particularly since the advent of settled living, agrarianism, long-distance trade and exploration. Similarly, global environmental change from natural processes is a planetary constant, which has always occurred. However, today’s globalisation is different; distinguished by the breadth, speed and intensity of movements in people, other life forms, capital, goods and services. It is a globalisation structured around certain social, economic and political institutions, informed by particular values, beliefs and ideologies, characterised by an unequal distribution of power and other resources across population groups, and by unprecedented human-caused impacts on the natural environment.

Defined in this way, we can begin to explore how the diverse changes from contemporary globalisation processes are affecting human health. Of key importance is that global changes affect individuals and population groups differently depending on their socioeconomic status, geographical location, sex, gender, level of education and other factors. Whether globalisation is “good” or “bad” for your health, in short, depends on who you are. A review of some of the empirical evidence below illuminates these varied impacts, and helps to identify key points of contention that presently challenge the research and policy communities.

The health consequences of economic globalisation Assessment of the health impacts of the emerging global economy elicits sharply divided opinions. The cited evidence leads us to wonder whether we are looking at the same data – and often we are not. Timeframe, selection of countries, definitions of “open” and “liberalised economies” vary. Whether contemporary globalisation is leading to more costs or benefits for health hinges on a number of key points of contention that bedevil the subject of macroeconomics as a whole. Put simply, believers in a benign globalisation see it as creating greater economic wealth and thus better health. Those societies that open their economies to trade and foreign direct investment, it is argued, have better health indicators than less globalised societies. Critics of current forms of economic globalisation, however, dispute this version of events on various counts. They argue that globalisation may actually be leading to reduced economic growth or, if increases in wealth do occur, they are accompanied by greater disparities between rich and poor. Others caution that the critical issue is not only whether globalization takes place, but what form and within what institutional structures.

The balance between winners and losers remains disputed, but both sides acknowledge that there are adverse health effects from economic globalisation for certain population groups. How large these groups are, what the causes of these negative impacts are, and what prescriptive measures are needed to deal with them continue to be debated. Supporters of greater economic globalisation believe that it is only a matter of time before sufficient wealth trickles down to improve the lives and health of those who remain disadvantaged. Critics argue that the global economy, as currently structured, is inherently unfair and requires concerted means of wealth redistribution, poverty alleviation, debt cancellation and environmental protection before health for all can be achieved.

The multilateral trade agreements (MTAs) under the WTO are a particular case in point. A growing number of studies find that the agreements do not give sufficient attention to the protection and promotion of health. The prime goals of MTAs are to facilitate international trade in goods and services. Permitted provisions to protect health must pose the least necessary interference with trade, rather than those possible to optimise health benefits. The recent dispute under the trade related aspects of intellectual property rights (TRIPS) agreement between pharmaceutical companies and the South African government over parallel importing of drugs to treat HIV/AIDS illustrates the potential