
Policy for improving global health

KOMMENTAR OG DEBATT

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A commission chaired by the University of Oslo in collaboration with *The Lancet* journal has studied ways to improve worldwide governance systems for global health. The report summarises knowledge with regard to unacceptably wide inequities in health and health services between and within countries. There is a lack of discussion on the consequences of climate change for global health and how these can best be dealt with.

The commission presented its report at a meeting in Oslo on 11 February 2014 [\(1\)](#). The report states that political and other power structures at both international and national level are of high importance for health, and that there is insufficient cooperation between various state and non-state actors.

The importance of economic, social and political factors with regard to health is underlined. Asymmetric power structures and poorly coordinated global governance structures are an impediment to improvement. The problems are exacerbated by weak institutions, failing democratic control and corruption.

The commission recommends allowing wider participation in global governance and decisions concerning health, with a perspective that encompasses more policy areas. The commission therefore proposes the establishment of a multi-stakeholder platform as a forum to highlight health effects, influence decisions and propose better solutions that promote global health. The platform should include states and supranational power structures and organisations such as human rights organisations, representatives from international trade and finance, international organisations and civil society/voluntary organisations.

The establishment of a scientific panel is further recommended to monitor social and political determinants of health globally and to study how complex societal conditions and power structures impact upon the status of health.

Skewed income distribution and poverty

The need to reduce the current wide inequities in resources, health and health services is emphasised. Horton & Lo point out that significantly stronger economic growth is expected in poor countries than in wealthy countries in 2014 (5.3 % versus 2.2 %) [\(2\)](#).

The difference in Gross National Product (GNP) is not mentioned. A growth of 5 % of a GNP of USD 600 per capita in Tanzania corresponds to USD 30, whereas a growth of 2 % of a GNP of around 100 000 per capita in Norway is USD 2 000. This illustrates the immense problems of income distribution globally.

Climate and health

The report addresses the international debate on global targets for health and sustainable development, and calls for an economy that is managed in accordance with ecological sustainability and human health. However, there is no discussion of the consequences of climate change and how these can be dealt with. Climate change has been described by a previous *Lancet* commission as the greatest threat to human health of our century [\(3\)](#). Now we must also talk about planetary health. Good global health in the years to come requires prevention of climate change in conjunction with a reduction in poverty-related as well as other health problems.

A policy for economic development and poverty reduction should therefore be seen in the context of sustainable energy production. The poor need material growth. If we do not manage to produce sufficient renewable energy to ensure better living conditions for the poor of today, but continue to invest in fossil fuel-based growth in poor countries, climate change will soon have consequences that more than undermine the progress we have seen in global health in recent years. As Richard Horton indicated in his comments at the Oslo meeting: What use are other measures if the planet dies?

Political will is crucial

It is not difficult to agree to the report's conclusions, which say that current health inequities are morally unacceptable and that global governance mechanisms for health must have solidarity and shared responsibility as underlying values. The question is whether political leaders have an interest in changing the distribution of wealth and power, and whether they wish to control the powerful economic forces that multinational corporations, and especially the oil industry, represent.

Horton & Lo also indicate that safeguarding good health is a major challenge for capitalism (2). Solving the problem of great health inequity will require another, deeper understanding of the causes and, not least, identifying how best to create the necessary will for radical change among politicians globally.

From words to action

For the commission's work to result in improved governance mechanisms for decisions relating to health, all actors described by the commission will need to familiarise themselves with, and follow up on, the commission's recommendations. A group should urgently be appointed, preferably by the UN Secretary General, which can start work on establishing the platform outlined in the report.

Close cooperation should be established with the UN Climate Panel and others with knowledge of the health consequences caused by climate change, and how these consequences can best be prevented. Another *Lancet* commission is currently studying the links between climate and health. In the development of the post-2015 development agenda the results from these two commissions should be viewed in conjunction. This may increase the likelihood of ensuring good and sustainable health. The extent of the health consequences of climate change that we see already will gradually increase, but may still be prevented through an effective climate policy that rapidly ensures reductions in emissions, and necessary adaptive measures.

LITERATURE

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