EDUARDO MISSONI, GUGLIELMO PACILEO
AND FABRIZIO TEDIOSI

GLOBAL HEALTH GOVERNANCE AND POLICY

An Introduction

SECOND EDITION

ROUTLEDGE

Global Health Governance and Policy

This is an interdisciplinary textbook that examines the relationship between globalization and social, political, economic, and environmental health determinants. This new edition of *Global Health Governance and Policy: An Introduction* provides a unique insight into the global systems and processes that ultimately affect people's health.

Comprehensive and far-reaching, this book offers a concise overview of the structure, functioning, and the role of the main governmental, intergovernmental, hybrid, and non-state transnational actors, analyzing how they shape health policy and governance across the globe. Updated to reflect important changes since the COVID-19 pandemic, this second edition expands the analysis of specific health issues of global relevance, such as ecosystemic challenges, the global transformation of the food system, the spread of infectious diseases, the tobacco and substance abuse epidemic, human migration, the increasing levels of social and economic inequality, the global financial crisis, and trade and access to drugs. It looks in further depth into digital health and the rise of artificial intelligence, the geopolitical impact of regional conflicts, and the challenge of infodemics.

Providing an overview of health systems in the global landscape, global health financing, and career opportunities in global health, this fascinating textbook is an essential reading for students at all levels and professionals from a variety of disciplines with an interest in global health.

Eduardo Missoni has decades-long experience in international development cooperation and has pioneered teaching in global health and development in Italy. He currently teaches at the SDA Bocconi School of Management and at the Milano-Bicocca University and the Milano Statale University in Italy. He collaborates with the Instituto Nacional de Salud Pública in Mexico and previously lectured at the Geneva School of Diplomacy.

Guglielmo Pacileo leads the Center for Health Management Studies in the Department of Integrated Research and Innovation Activities (DAIRI), Alessandria. He teaches at SDA Bocconi School of Management and the University of Eastern Piedmont and has lectured at the University of Pavia and Milano-Bicocca. His research focuses on global health policies and healthcare management.

Fabrizio Tediosi is Associate Professor of Global Health at the University of Milan, Italy, and Adjunct Professor at the University of Basel and the Swiss Tropical and Public Health Institute. His academic career spans almost three decades of research and teaching on health systems, financing, and governance, with a focus on global health policy and implementation science.


Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

Global Health Governance and Policy

An Introduction

Second Edition

Eduardo Missoni, Guglielmo Pacileo and Fabrizio Tediosi

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

Designed cover image: The J. Paul Getty Museum

Second published 2027
by Routledge
4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 2027 Eduardo Missoni, Guglielmo Pacileo, and Fabrizio Tediosi

The right of Eduardo Missoni, Guglielmo Pacileo, and Fabrizio Tediosi to be identified as authors of this work has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

For Product Safety Concerns and Information please contact our EU representative GPSR@taylorandfrancis.com. Taylor & Francis Verlag GmbH, Kaufingerstraße 24, 80331 München, Germany.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

First edition published by Routledge 2019

British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-041-32630-4 (hbk)
ISBN: 978-1-032-84653-8 (pbk)
ISBN: 978-1-003-78369-5 (ebk)

DOI: 10.4324/9781003783695

Typeset in Sabon
by codeMantra

Contents


Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

List of figures

List of tables


Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

List of boxes

Acknowledgments

We would like to express our gratitude to the many people who encouraged us to pursue this endeavor and to all those who supported us, engaged in discussions, read our work, and offered their comments.

We owe our deepest thanks to 25 cohorts of undergraduate, graduate, and postgraduate students who, since 2001, have made our didactic effort meaningful through their encouraging feedback and have been the real inspiration for our work.

A heartfelt thanks go to all those who allowed us to share our experience with future generations of professionals in different disciplines, offering us—individually or as a team—the possibility to further explore and teach what we had learnt through both research and experience in the field at local, national, and global levels. Special thanks go to Alberto Giasanti, who allowed us to pioneer in global health education in Italy, at the Department of Sociology and Social Research University of Milano-Bicocca; to Elio Borgonovi, who opened for us the doors of the Bocconi University and the SDA Bocconi Management School, entrusting us with the then-innovative area of teaching and research in Global health and Development, at the Center for Research in Health and Social Care of the Bocconi University; to Colum Murphy who enthusiastically received our proposal to introduce Global Health governance teaching at the Geneva School of Diplomacy; to the colleagues of the Swiss Tropical and Public Health Institute, Marcel Tanner and Don de Savigny for their inspiring guidance and passion for Global Health Research; and to Nelly Salgado de Sneyder who prompted the collaboration with the Mexican Instituto Nacional de Salud Pùblica in Cuernavaca.

We thank Francesco Cicogna for his valuable comments on the chapter on the World Health Organization, to Lodovica Longinotti for her suggestions regarding development theories and UN-related issues, and to Serafino Marchese for his inputs on the World Trade Organization chapter.

Among the many good friends and colleagues with whom we have shared a passion for and initiatives to advocate for Global Health, we cannot avoid remembering Giovanni Berlinguer, who, in Italy, paved the way for the debate on the relations between globalization and human health.

Last but not least, we extend our sincere thanks to Maitreyi Sahu for her generous help with excellent proofreading, to Afua Asante-Poku for her immediate availability to help, and to Martina Ohene Oddo for her review of formats in the second edition of this book.

Finally, we thank our loved ones, who supported and encouraged us selflessly, despite the many hours that we took away from them during this endeavor.

List of abbreviations

ACT	Artemisinin-Based Combination Therapy
ACTA	Anti-counterfeiting Trade Agreement
ACT-A	Access to COVID-19 Tools Accelerator
AFRO	African Regional Office (of the World Health Organization)
AMC	Advance Market Commitment
AMFm	Affordable Medicines Facility for Malaria
AMR	Anti-Microbial Resistance
AMRO	American Regional Office (of the World Health Organization)
ASEAN	Association of Southeast Asian Nations
ASR	Age Standardized Rate
AUD	Alcohol Use Disorder
BCG	Boston Consulting Group
BINGO	Business Interest NGO
BRICS	Brazil, Russia, India, China, and South Africa
CCM	Chronic Care Model
CCM	Country Coordination Mechanism (GFATM)
CDC	Centers for Disease Control
CEB	Chief Executives Board
CESCR	Committee on Economic, Social and Cultural Rights
CETA	Canada Europe Trade Agreement
CHERG	Child Health Epidemiology Reference Group
CIFF	Child Investment Facility Foundation
CIPH	Commission on Intellectual Property Rights, Innovation and Public Health
COP	Conference of the Parties
CSDH	Commission on Social Determinants of Health

CSO	Civil Society Organizations
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
DAH	Development Assistance in Health
DALYs	Disability Adjusted Life Years
DaO	Delivery as One
DBS	Direct Budget Support
DCF	Development Cooperation Forum
DFID	UK Department for International Development
DHS	Demographic and Health Surveys Program
DPHAC	Diet, Physical Activity and Health (Global Strategy)
DUD	Drug Use Disorder
EBF	Extra-Budgetary Funds
ECOSOC	Economic and Social Council
EDCs	Endocrine-Disrupting Chemicals
EU	European Union
EURO	European Regional Office (of the World Health Organization)
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
FENSA	Framework of Engagement with Non-State Actors
FTAA	Free Trade Agreement of the Americas
G2H2	Geneva Global Health Hub
GATS	General Agreement on Trade in Services
GAVI	Global Alliance on Vaccines and Immunization
GBS	General Budget Support
GDP	Gross Development Product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GH	Global Health
GHD	Global Health Diplomacy
GHG	Global Health Governance
GHG	Greenhouse Gases
GHGs	Global Health Governance
GHI	Global Health Initiative
GHO	Global Health Observatory
GHSA	Global Health Security Agenda
GIFI	Global Innovative Financing Instruments
GNI	Gross National Income
GOe	Global Observatory on eHealth
GPEDC	Global Partnership for Effective Development Cooperation
GFF	Global Financial Facility
GPPP	Global Public Private Partnership
GSPA	Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property
HAART	Highly Active Antiretroviral Therapy
HDC	The Health Data Collaborative
HDI	Human Development Index

HER	Health Electronic Records
HEPR	Health Emergency Prevention, Preparedness, Response and Resilience framework
HIA	Health Impact Assessment
HLCM	High-Level Committee on Management—CEB
HLCP	High-Level Committee on Programme—CEB
HLPF	High-Level Political Forum
HNP	Health Nutrition and Population
IAVI	International AIDS Vaccine Initiative
IBRD	International Bank for Reconstruction and Development
ICC	Interagency Coordination Committee (GAVI)
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICJ	International Court of Justice
ICRC	International Committee of the Red Cross
ICS	Investor Court System
ICSID	International Centre for Settlement of Investment Disputes
ICT	Information and Communication Technology
IDA	International Development Agency (World Bank Group)
IFC	International Finance Corporation
IFFIm	International Finance Facility for Immunizations
IFI	International Financial Institutions
IFRC	International Federation of the Red Cross and Red Crescent Societies
IGWG	Inter-Governmental Working Group
IHDI	Inequality-adjusted Human Development Index
IHME	Institute for Health Metrics and Evaluation
IHP	International Health Partnership
IHR	International Health Regulations
IIs	International Institutions
ILLR	International Lender of Last Resort
ILO	International Labour Organization
IMF	International Monetary Fund
INB	Intergovernmental Negotiating Body
IOM	International Organization for Migrations
IoT	Internet of Things
IoMT	Internet of Medical Things
IPPC	International Plant Protection Convention
ISDS	Investor-State Dispute Settlement
JICA	Japan International Cooperation Agency
LHS	Local Health Systems
LDCs	Least Developed Countries
LICs	Low Income Countries
LLC	Limited Liability Company
LMICs	Low-Middle-Income Countries
MNCH&N	Maternal, Newborn, and Child Health and Nutrition
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys Program

MIGA	Multilateral Investment Guarantee Agency
MPI	Multidimensional Poverty Index
MSF	Médicins Sans Frontièrs
MTEF	Medium Term Expenditure Framework
NAFTA	North Atlantic Free Trade Agreement
NCD	Non-Communicable Diseases
NEE	Newly Emerging Economies
NEP	The National Evaluation Platform
NGO	Non-Governmental Organization
NIEO	New International Economic Order
NRCMS	New Rural Cooperative Medical System
NSAs	Non-State Actors
NT	National Treatment
OCC	Office of the Comptroller of the Currency
OCHA	Office for the Coordination of Humanitarian Affairs
OCP	Onchocerciasis Control Programme
ODA	Official Development Aid
ODAH	Official Development Aid in Health
OECD	Organization for Economic Cooperation and Development
OIHP	Office International d'Hygiene Publique
OH	One Health
OoP	Out of Pocket
OPEC	Organization of Petroleum Exporting Countries
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PCB	Programme Coordinating Board
PDP	Product Development Partnership
PEPFAR	President's Emergency Plan for AIDS Relief
PFAS	Per-and Polyfluoroalkyl Substances
PHC	Primary Health Care
PHEIC	Public Health Emergency of International Concern
PINGO	Public Interest NGO
POPs	Persistent Organic Pollutants
PoW	Plan of Work
PRND	Poverty-Related Neglected Diseases
PRSP	Poverty Reduction Strategy Papers
PWC	PricewaterhouseCoopers
QoC	Quality of Care
RBF	Regular Budget Funds
RoI	Return on Investment
RSSH	Resilient and Sustainable Systems for Health
RTA	Regional Trade Agreements
SAP	Structural Adjustment Program
SARS	Severe Acute Respiratory Syndrome
SBS	Sector Budget Support
SC	Security Council

SDGs	Sustainable Development Goals
SEARO	South-East Asia Regional Office (World Health Organization)
SIPs	Sectorial Investment Programs
SPS	Agreement on the Application of Sanitary and Phytosanitary Measures
SUD	Substance Use Disorder
SWAp	Sector Wide Approach
TA	Technical Assistance
TBT	Technical Barriers to Trade
THO	Transnational Hybrid Organization
TNC	Transnational Company
TPP	Trans Pacific Partnership
TRIPs	Trade Related Intellectual Property Rights
TTIP	Transatlantic Trade and Investment Partnership
UBRAF	Unified Budget, Results and Accountability Framework (UNAIDS)
UHC	Universal Health Coverage
UIA	Union of International Associations
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTC	United Nations Centre on Transnational Corporations
UNDESA	United Nations Department for Social Affairs
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNGA	United Nations General Assembly
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
UNO	United Nations Organization
UNODC	United Nations Office on Drugs and Crime
UNPD	United Nations Population Division
USAID	Unites States Agency for International Development
U5MR	Under Five Mortality Rate
WAHO	West African Health Organization
WEF	World Economic Forum
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WHR	World Health Report
WIPO	World Intellectual Property Organization
WMO	World Meteorological Organization
WTO	World Trade Organization
YLDs	Years Lived with Disability
YLLs	Years of Life Lost due to premature mortality
ZIKV	Zika Virus


Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

CHAPTER 1

Introduction

Despite being increasingly and widely used, there is no agreement about the meaning of "Globalization", which describes an essential characteristic of the contemporary era. Some consider globalization as just a new, captivating term to rename the expansion of the neoliberal development model (that we prefer to define as "neoliberal globalization"), while others see in it a century-old process of integration, which has seen an impressive acceleration since the second half of the last century, possibly slightly slowing down in coincidence with the COVID-19 pandemic.[1] Whatever the interpretation, due to the technological advances in communications and transport and the ever-growing level of world interconnectedness, ideas, people, goods, and diseases are moving fast across borders. World citizens and governments have to increasingly deal with these issues, which have transnational dimensions and require equally transnational responses, often challenged by powerful geopolitical and economic interests. In addition, the temporal dimension of globalization is modified with ever-faster technological, as well as environmental and microbiological changes. Additionally, cognitive changes have facilitated knowledge sharing but also impacted the traditional cultures and behaviors, including production, distribution, and consumption patterns. These have impacted health directly as have changes in the ecosystem. Humanity faces today unprecedented social, economic, and environmental global, i.e. planetary, challenges.

The consequences are particularly significant in terms of human health: new infectious diseases are emerging and spreading[2]; prevalence of chronic, degenerative, and socio-behavioral pathologies is increasing; the right to health is often questioned or denied; some approaches consider human health purely as a factor of economic growth, rather than a right in itself; access to care is often limited as part of macroeconomic interventions which include public expenditure reduction policies; and avoidable and unfair disparities in health outcomes, i.e. inequities[3] are increasing. More in general, inequities between the North and the South of the world are increasing, whereby "North" and "South" have lost any geographical connotation. Instead, this represents the distance between the few in the various Norths in whose hands wealth

DOI: 10.4324/9781003783695-1

and opportunities are concentrated, and the multitudes of the many Souths who are excluded from the benefits of modernity and suffer from poverty and marginalization. In 2021, 76% of global wealth was concentrated in the hands of the richest 10% of the world's population, while the poorest half owned just 2%. Latin America ranked as the most unequal region in the world.[4] These inequities also exacerbated health risks and threats, with critical implications for truly sustainable development.

Health has been increasingly recognized as a key element of sustainable economic development, global security, effective governance, and human rights promotion (Frenk 2010). Since the late 1990s, the role of health in global development policies has become more relevant, as shown by the fact that three out of the eight Millennium Development Goals (MDGs) set forth in the year 2000 by the United Nations Millennium Declaration—"the blueprint agreed to by all the world's countries and all the world's leading development institutions"—were related to health targets (MDG 4: Reduce child mortality, MDG 5: Improve maternal health, MDG 6: Combat HIV/AIDS, Malaria, and other diseases).

The Sustainable Development Goals (SDGs) approved in 2015 confirmed the central role of global health (GH) in the much broader agenda for global development as defined by the Agenda 2030 and its universal and indivisible 17 SDGs.[5]

Over the past 20 years, GH has moved to the center of the international agenda, bringing with it an extraordinary rise in financial resources for health programs and systems around the world. After years of steady growth, however, funding began to level off around 2013 and, by 2017, had fallen back to roughly the levels seen five years earlier.[6] The COVID-19 pandemic briefly reversed this decline: in 2020, governments, international agencies, and private foundations mobilized unprecedented funds to confront the crisis. Yet, as the emergency faded, GH financing once again started to shrink, raising difficult questions about how to sustain the gains made during those extraordinary years. The situation worsened in early 2025, when the United States abruptly paused—and then sharply reduced—its foreign aid, prompting similar cutbacks from at least ten other donor countries (Rasanathan et al. 2025). As a result, total external aid for health is projected to drop by more than 30% between 2023 and 2025, with official development assistance from OECD countries potentially falling by 40%, from about US$25 billion to US$15 billion (Zurn et al. 2025). If these trends continue, health aid will fall below its lowest level in a decade, marking a pivotal moment for the future of international development assistance for health (DAH).

Judging by the scope of topics covered by existing resources on "global health", almost everything has been thrown into the "global" pot, often re-labeling as "global" issues and modalities defined by terms (such as international) that have proven perfectly adequate in the past. "The health field has been equally guilty of this tendency, which, in turn, has led to conceptual and empirical imprecision" (Lee 2005).

Over the last two decades, international and bilateral institutions, as well as private organizations and the media, have increasingly referred to initiatives in health beyond national borders as GH initiatives or programs. GH was thus appropriated as a fast-growing market for transnational corporations, and new transnational public-private/multistakeholder partnerships were born under the global flag (Missoni and Tediosi 2020). This led to a highly complex scenario in GH governance and even challenged the World Health Organization's (WHO) mandate as the "directing and coordinating authority" in international health. WHO was progressively "captured"

by external interests (Matteucci and Missoni 2022). Indeed, the relative weight of the actors traditionally active in the health sector is changing. Economic forces strongly influence national and international public policies that tend to benefit the creation of favorable environments for economic investments, over health promotion and control of the determinants, negatively impacting on the living conditions and health of the populations. "Securitization" of public health, i.e. the focus on preparedness and response to health emergencies of international concern, losing sight of societal health determinants and population needs, has been pushed by epidemics expanding beyond national borders (e.g., SARS, H5N1 influenza, H1N1 influenza, Zika, Ebola), receiving an exceptional booster through the COVID-19 pandemic.

Nonetheless, an increased interest in the importance of the social, economic, political, and environmental determinants of health, which are influenced by decisions made in other global policy-making arenas (such as those governing international trade, environment, and migration), prompted the debate on the need to protect and promote health in global governance processes outside the GH system. This approach has been conceptualized as "global governance *for* health" (Frenk and Moon 2013).

According to the same trend, teaching "Global Health" also became fashionable. In 2009, Richard Horton, chief editor of the Lancet, highlighted that GH was becoming a critical aspect of the educational, scientific, and moral mission of universities (Horton 2009). Beyond the academic sector, the media increasingly referred the idea of GH. International and bilateral institutions, as well as private organizations, put increasing emphasis on it. The subject has attracted new generations of students and scholars. The offer of collegiate courses in GH has boomed over the last two decades. New journals have been dedicated to this field of study. The number of articles using GH in the title or abstract in MEDLINE increased by nearly 30-fold between 2001 and 2019 (Abdalla et al. 2020).

However, there is still a wide discrepancy about what GH stands for and about the content of GH courses offered around the world, whereby sometimes the denomination GH is arguably used to refurbish pre-existing courses in "international health", "tropical medicine", and others in a mere response to marketing needs (Koplan et al. 2009).

Primarily defined by institutions in the Global North, too often GH continues to be expressed in terms of the Global North's relations with low-income countries. For example, GH is reportedly defined by the United States' National Institutes of Health as "Research, teaching, clinical care, prevention, and outreach activities directed towards addressing health concerns that contribute a significant burden of disease and disability in low- and middle-income countries and that are of general concern to the international health community" (Macfarlane et al. 2008) (i.e., initiatives in the context of—and in continuity with—the traditional neocolonial North-South "development aid" relation). Indeed, for low-middle-income "aid" recipient countries, "GH" was business as usual: "An activity developed through the lens of rich countries, ostensibly for the benefit of poor countries, but without the key ingredients of a mutually agreed, collaborative endeavor" (Macfarlane et al. 2008). Even the online discussion about GH is not truly global. Opinions mostly originate from higher-income countries in the Global North, indicating a significant disparity in digital representation compared to the Global South. A digital discrepancy mirroring real-world inequalities in GH equity and governance, where dominant stakeholders are concentrated in the Global North (Arshad et al. 2024).

Such an approach to GH, still largely dominant, has been criticized as "the newest depoliticized and de-historicized iteration of colonial medicine" which is "often taught uncritically, without a deeper reflection on Western scientists' social position as part of the Global North's scientific enterprise and related positionality; power dynamics; historical context; and contemporary colonial approaches such as top-down GH governance and programming" (Irfan et al. 2021). Nevertheless, in the face of the phenomenon of neoliberal capitalist economic globalization, autonomous analyses have been developed that differ from the prevailing North-centric approaches to GH (Franco-Giraldo 2016; Solimano and Valdivia 2014).

As pointed out by Bozorgmehr (2010), "Social innovations are unlikely to evolve if 'Global Health' becomes or remains a cosmetic re-labeling of old patterns, objects, and interests" with no impact on social innovation and with little attempt to fully explain the definition and contents of the GH terminology.

Thus, the question arises, "what should be taught when we teach global health?" (Missoni and Martino 2011), and by extension, what is the scope of GH governance and policies?

Regarding the definition, there has been some debate over the years. The term GH was, and still is, applied liberally and with little attempt to fully explain the true definition and contents of the terminology (Bozorgmehr 2010). Clearly, once the GH community examines how health determinants and policies range beyond the interactions between nation-states, the inadequacy of the "international" attribute becomes evident (Missoni and Martino 2011). Similarly, the need to include multiple consolidated disciplines (sociology, political sciences, economics, anthropology, environmental sciences, and others) allows the understanding of GH as more than simply the global dimension of public health (Fried et al. 2010). Also, what is meant by GH policies and projects and how they are implemented are deeply discordant (Rieder 2016).

Bozorgmehr (2010) identifies four ways in which the term "global" is understood in the health literature. A first meaning for global is "worldwide" or "everywhere". The second criterion refers to health issues that are not limited by national boundaries (e.g., pandemics and the spread of infectious diseases). According to a third criterion, the term global refers to a broad-spectrum approach that is multidisciplinary in character. Thus, the study of GH is the study of social, political, economic, biological, and technological relationships that impact health in diverse means. Highlighting the diversity and complexity of those relations in the global space, Rieder (2016) synthetizes GH as "a set of processes that occur at the intersections of transnational networks". Finally, the term "global" refers to what Scholte (2002) coined "supra-territoriality", or social connections that move beyond simple territorial geography, a phenomenon which has increased exponentially both through the number of social media tools and the number of users. According to Bozorgmeher (2010), it is the fourth interpretation—supra-territoriality—that allows GH to focus "on the globality of the social determinants of health and the power relations in global social space" (Bozorgmeher 2010).

While helpful, the four interpretations that Bozorgmehr proposes for the term "global" miss two additional aspects. The first (and possibly the most important) is related to the Globe, the Planet, Mother Earth (*Pacha mama*, in the expression of many Andean populations), and the entire ecosystem. The second aspect imagines "global" as considering or including all parts of something (i.e., an integral, comprehensive, inclusive, and systemic view) (Missoni 2024). From such a perspective, for example,

COVID-19 is a "syndemic," i.e. an event characterized by biological and social interactions, which cannot be understood and adequately faced without "a vision encompassing education, employment, housing, food, and environment" (Horton 2020). Some scholars have also put forward a definition for academic GH involving education and research that reaffirms the systemic and ecologic, transdisciplinary approach, but with an added reference to "innovative, integrated and sustainable" solutions, an attribute evocative of the Global sustainable development agenda 2030 launched in 2015, and "the normative framework of human rights" (Wernli et al. 2016). Indeed, whatever the nuances of the definition, it must be emphasized that engaging with the promotion of health in a global dimension implies an ethical intergenerational commitment and an overarching ideal. As it was pointed out by the Commission on the Social Determinants of Health, addressing the inequities in worldwide health status has become one of the primary goals in all GH studies (CSDH 2008).

Lack of agreement on the definition of GH and a general discord regarding theories that can generalize findings do not yet allow the classification of GH as a self-standing discipline. Indeed, as pointed out above, an interdisciplinary approach is essential to understand this area of studies, and the complexity of this approach may have limited the education of practitioners and the emergence of an intellectually robust field (Kleinmann 2010).

More recently, the concept of "planetary health" was launched by *The Lancet* (Horton et al. 2014) and supported by the Rockefeller Foundation, with a scope supposedly going beyond the boundaries of "the existing global health framework to take into consideration the natural systems upon which human health depends". It was nevertheless presented as "A New Discipline in Global Health" (Rodin 2015), thus part of this interdisciplinary area of studies. In the original "Manifesto", Planetary Health is presented as "an attitude towards life and a philosophy for living" (Horton et al. 2014). The emphasis on people and equity, the recognition of the impact of neoliberal globalization on health and sustainability of human development, as well as the focus on equity and on "interdependence and the interconnectedness of the risks we face" (Horton et al. 2014), all belong to a comprehensive understanding of GH. The ecosystem is undoubtedly one of the most important determinants of human health, and in that sense, the emphasis that the promoters of planetary health place on the link between human health and a healthy planet is highly welcome.

Another holistic approach that examines human health in relation to life on the planet—with the aim of improving or safeguarding animal and human health—is the perspective of One Health (OH).

The OH approach has been traced back to ancient times but is increasingly used. It emphasizes that human and animal health are interdependent and bound to the health of the ecosystems in which they live. OH also takes a collaborative, multisectoral, and transdisciplinary approach—to be developed from the local to the global level—to achieve optimal health and well-being outcomes (OHC 2021). Accordingly, OH incorporates a whole-of-society approach to policy-making (Hill-Cawthorne 2019). In that sense, for example, at global level, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Organization for Animal Health (WOAH, founded as OIE), and the WHO joined to drive action required to mitigate the impact of current and future health challenges at the human–animal–plant–environment interface (FAO, UNEP, WHO, WOAH 2022).

It is evident that the concept of OH perfectly fits within a comprehensive understanding of GH, especially when exploring issues that extend beyond national boundaries and involve transnational processes and actors (Missoni 2024).

From the very beginning of the debate at the end of the 1990s, GH was recognized as a field of studies, research, and practice identified with the interaction between globalization and health. This would include the planetary dimension of the issues at stake; a people-centered, human rights, and health determinants approach, ethically minded and focused on equity. Thus, the GH goal would require global responses with solid roots in local awareness and action and moral responsibility toward future generations (Berlinguer 1999).[7]

Since 2008, we have adopted a definition that encompasses most of the elements discussed above, such as interdisciplinarity, focus on equity, people-centered and health determinants approach, and worldwide transnational dimension of both determinants and solutions:

> Global health is an emerging area for interdisciplinary studies, research and practice that considers the effects of globalization on health – understood as a complete state of physical, mental and social well-being – and the achievement of equity in health for all people worldwide, emphasizing transnational health issues, determinants and solutions, and their interactions with national and local systems.
>
> *(CERGAS 2011)*

The development and implementation of transnational, i.e. global solutions imply global governance and policies, a dimension of GH that, in our opinion, is still lacking an introductory, but comprehensive textbook in English language.

To this end, we use an interdisciplinary approach, combining health sciences with economic, social, and management sciences, in exploring GH, social, political, economic, and environmental determinants, and the role of both State and non-State actors in an increasingly complex global governance scenario. We recognize that research, education, practice, governance, and policy-making in the GH domain have been suffering from a neocolonial approach with multiple forms of global power—in which transnational corporations, global philanthropy, and, increasingly, multistakeholder initiatives and marginalized multilateral institutions—combine to perpetuate colonial structures of low-income countries' dependency on the Global North. In this sense, we also make an attempt to contribute to the imperative need to "decolonize global health", a counter-hegemonic vision of GH tracing the geopolitical imbalances that are at the core of GH issues (Montenegro et al. 2020), well aware that the conceptualization of GH should be left open to different cultures to let it evolve along with GH research, teaching, policy, and practice (Chen et al. 2020).

This book is organized into three sections that together provide a comprehensive account of GH policy and governance. The first section examined how globalization, economic development, and the determinants of health intersect and coevolve. The second section analyzes the institutions, actors, and mechanisms that form the contemporary global governance for health architecture. The third focuses on major GH challenges and the policy responses shaping today's GH agenda.

In the first section, an introductory chapter (Chapter 2) sets the theoretical bases that connect development, globalization, and health. It first briefly and critically illustrates how the concept of development was generated, and how it evolved in the context of the international agenda, situating health in that context. The chapter then explains the acceleration of the globalization process and uses its three dimensions (temporal, spatial, and cognitive) (Lee 2000) to illustrate how it relates with health. Finally, the chapter provides the reader with a framework linking globalization and societal determinants of health.

The following chapter (Chapter 3) analyzes how the rise in the importance of GH has been accompanied by the increasing need for global estimates of health indicators. It describes the need for GH estimates based on statistical modeling that has evolved in a new field referred to as the "science of global health estimates". It then reviews the sources of data and the main challenges of health information metrics and systems, showing how GH estimates are produced. Finally, Chapter 3 discusses the institutions involved and their funding and reflects some of the contemporary challenges in GH governance.

The next chapter (Chapter 4) in the section uses a "right to health" approach in historically describing the evolution of health policies, priorities, and practices in the context of the global development agenda, from the establishment of the WHO and the Universal Declaration of Human Rights to the Agenda 2030 for sustainable development, and beyond. It highlights the most significant passages, such as the Alma Ata Declaration, the primary health care strategy and counteractive emergence of selective approaches; the Structural Adjustment Programs and Health Systems Reforms; health promotion and health in the context of integrated poverty reduction programs; the emergence of the Global Public-Private Partnership and the multistakeholder model, with the emphasis put on the potential role of market and finance for health; the renewed commitment for a systemic approach to health; the trends in the sustainable development global platform; and COVID-19 and pandemic threats, the securitization of GH, ecosystemic challenges, conflicts, and geopolitics characterizing most recent years.

In the second section, a short chapter (Chapter 5) introduces and differentiates between the concepts of GH governance and global governance *for* health, i.e., prioritizing and promoting health through policies and processes in non-health sectors, and maps main actors in today's global scene.

The following chapters look into the organizational governance and role in influencing the health policies of the main actors in GH. First intergovernmental organizations (Chapter 6) are described, including the UN, and its funds and programs (e.g. UNICEF and UNFPA); its specialized agencies and specifically the WHO, and the Bretton Woods Institutions (IMF and World Bank); UNAIDS; and UN-related organizations, and specifically the World Trade Organization.

Then in Chapter 7, the reader is introduced to the role of "donor" countries, especially in the context of development assistance (developed separately in Chapter 13), but also in the multiple international forums where they exercise their influence. It also describes the origins, structure, functions, and influence of some specific "groupings" of countries, such as the G7–G8, the G20, and the BRICS, in orienting GH policies.

The following chapter (Chapter 8) analyzes the evolution of the participation and role of non-State actors in health, as well as their relevance in influencing policies

affecting GH. Transnational companies, civil society organizations, and global philanthropy are separately analyzed.

The notion and classification of Global Action Networks and Transnational hybrids and their relevance in GH are dealt with in Chapter 9. It describes their origins, governance models, management and financing arrangements, and policy influence. Particular attention is given to Gavi and the Global Fund as emblematic actors in the GH architecture.

The section concludes with Chapter 10, which reflects on the systemic challenges and uncertainties of contemporary GH governance, the narratives that shape reform debates, and the leadership and instruments needed to move toward more coherent global governance for health.

The third section addresses major global issues and their policy implications. Chapter 11 analyzes neoliberal globalization and its health consequences, using thematic domains to illustrate the breadth of GH challenges. These include ecological degradation and climate change, infectious disease emergence and pandemic preparedness, transformations in the global food system, the tobacco and substance-use epidemic, migration, macroeconomic instability and financial crisis, trade and the Intellectual Property Rights, Digital Health and Artificial Intelligence, Infodemics and the health impact of conflicts.

The next chapter (Chapter 12) analyzes the concept, objectives, functions, and actors of health systems as proximal health determinants. It focuses on investing in health systems and the challenge of building healthcare systems that can sustainably attain the universal health coverage (UHC) global target, *vis-à-vis* the impact of the global epidemic of non-communicable diseases and pervasive health consumerism. The chapter concludes by highlighting the need for a system thinking to address contemporary GH complexities.

Chapter 13 focuses on GH financing and DAH. It reviews the architecture of DAH, including innovative financing mechanisms, aid modalities, system-wide initiatives such as the International Health Partnership and UHC2030, and persistent challenges such as resource constraints, fragmentation, verticalization, and inequitable allocation. The chapter concludes by outlining directions for rethinking DAH in light of shifting geopolitical and financial dynamics.

The final chapter (Chapter 14) offers an overview of education and career opportunities, and professional roles in GH governance, management, and policy. It discusses evolving competency needs, opportunities for early-career engagement, and the importance of leadership and moral commitment of GH professionals.

It is our hope that this book, besides providing the theoretical and knowledge bases to engage in GH and to face the complex and challenging dynamics of its governance and policy-making, may contribute to the creation of new generations of people acting *for* health regardless of their discipline, sector of involvement, or position. These will be people who are willing to dedicate their personal and professional long-term commitment to their community and to the whole planet, sharing the goal of health and well-being everywhere and for every human being, including future generations.

Notes

1 https://kof.ethz.ch/en/forecasts-and-indicators/indicators/kof-globalisation-index.html.
2 https://wwwnc.cdc.gov/eid/.

3 Health inequities are systematic, unnecessary, avoidable, unfair, and unjust differences in health outcomes and their determinants between segments of the population (Whitehead 1990).
4 https://wir2022.wid.world/executive-summary/.
5 https://sustainabledevelopment.un.org/post2015/transformingourworld.
6 https://vizhub.healthdata.org/fgh/.
7 In Italy, a small group of experienced researchers and practitioners joined forces in 2002 and established the Italian Global Health Watch (OISG) to advocate global health concepts, research, policies, and action among Italian institutions and public. This led, among others, to nationwide initiatives for the teaching of global health including the creation of a specific network linking all those experiences and providing a forum to identify common understanding and methodological approach to global health (Missoni 2013). The authors of this book were part of those experiences and pioneered in 2001 the introduction of global health in non-health disciplines and contexts, such as the Faculty of Sociology at the Milano-Bicocca University (Missoni et al. 2013a) and the SDA Bocconi Management School (Missoni et al. 2013b), and later (in 2008) the Geneva School of Diplomacy, as well as the publication in 2005 of the first edition of a global health textbook in Italian (Missoni and Pacileo 2016).

Bibliography

Abdalla, S.M., Solomon, H., Trinquart, L., Galea, S., 2020. What is considered as global health scholarship? A meta-knowledge analysis of global health journals and definitions. *BMJ Global Health*, *5* (10), e002884. https://doi.org/10.1136/bmjgh-2020-002884

Arshad, Z., et al., 2024. Is global health truly global? A hashtag analysis of #GlobalHealth disparities on X. *Front Public Health*, 29 November, 12, 1413556. https://doi.org/10.3389/fpubh.2024.1413556

Berlinguer, G., 1999. Globalization and global health. *International Journal of Health Services*, 29 (3), 579–595.

Bozorgmehr, K., 2010. Rethinking the 'global' in global health: a dialectic approach. *Global Health*, 6, 19.

CERGAS, 2011. *Area Global Health and Development. Activity Report 2008–2010*. Center for Research on Health and Social Care Management, Area Global Health and Development. Milano: Bocconi University, 3.

Chen, X., et al., 2020. What is global health? Key concepts and clarification of misperceptions. Report of the 2019 GHRP editorial meeting. *Global Health Research and Policy*, *5*, 14. https://doi.org/10.1186/s41256-020-00142-7

CSDH, 2008. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Commission on the Social Determinants of Health. Geneva: World Health Organization.

FAO, UNEP, WHO, and WOAH., 2022. *One Health Joint Plan of Action (2022–2026). Working Together for the Health of Humans, Animals, Plants and the Environment*. Rome: Food and Agriculture Organization of the United Nations-United Nations Environment Programme-World Health Organization-World Organization for Animal Health. https://doi.org/10.4060/cc2289en

Franco-Giraldo, A., 2016. Salud global: una visión latinoamericana. *Revista Panamericana de Salud Pública*, 39, 128–136.

Frenk, J., 2010. The global health system: strengthening national health systems as the next step for global progress. *PLoS Medicine*, 7 (1), e1000089.

Frenk, J., Moon, S., 2013. Governance challenges in global health. *The New England Journal of Medicine*, 368 (10), 936–942.

Fried, L.P., et al., 2010. Global health is public health. *The Lancet*, 13 (375), 535–537.

Hill-Cawthorne, G.A., 2019. One health/ecoHealth/planetary health and their evolution. In: Walton, M. (eds.) *One Planet, One Health*. Sidney: Sidney University, 1–19.

Horton, R., 2009. Global science and social movements: Toward a rational politics of global health. *International Health*, 1, 26–30.

Horton, R., et al., 2014. From public to planetary health: A manifesto. *The Lancet*, 383, 847.
Horton, R., 2020. Offline: COVID-19 is not a pandemic. *The Lancet*, 396 (10255), 874. https://doi.org/10.1016/S0140-6736(20)32000-6
Irfan, A., Jackson, C., Arora, A., 2021. We must enhance—but also decolonize—America's global health diplomacy. *Scientific American*, April 5. https://www.scientificamerican.com/article/we-must-enhance-mdash-but-also-decolonize-mdash-americas-global-health-diplomacy/
Kleinman, A., 2010. The art of medicine. Four social theories for global health. *The Lancet*, 7 (375), 1518–1519.
Koplan, J.P., et al., 2009. Towards a common definition of global health. *The Lancet*, 373, 1993–1995.
Lee, K., 2000. Global dimensions of health. In: Parsons, L., Lister, G. (eds.) *Global Health: A Local Issue*. London: The Nuffield Trust, 6–18.
Lee, K., 2005. 20 best resources on globalization. *Health Policy and Planning*, 1, 20 (2), 137–139.
Macfarlane, S.B., Jacobs, M., Kaaya, E.E., 2008. In the name of global health: Trends in academic institutions. *Journal of Public Health Policy*, 29, 383–401. https://doi.org/10.1057/jphp.2008.25
Matteucci, N., Missoni, E., 2022. Strategie di cattura e governance multistakeholder: il caso OMS. In: Lello, L. e Bertuzzi N. (eds.) *Dissenso Informato. Pandemia il dibattito mancato e le alternative possibili*, Roma: Castelvecchi, 151–166.
Missoni, E., 2013. Global health education in Italy. In: Missoni, E., Tediosi, F. (eds.) *Education in Global Health Policy and Management*. Milano: Egea, 21–29.
Missoni, E., 2024. Global health, planetary health, one health: Conceptual and ethical challenges and concerns. *Theoretical Medicine and Bioethics*, 45 (3), 241–250. https://doi.org/10.1007/s11017-024-09670-6
Missoni, E., Martino, A., 2011. L'insegnamento della salute globale. In: Cattaneo, A. (ed.) *Salute Globale. InFormAzione per cambiare. 4° Rapporto dell'Osservatorio Italiano sulla Salute Globale*. Pisa: Edizioni ETS, 21–34.
Missoni, E., Pacileo, G., 2016. *Elementi di salute globale. Globalizzazione, politiche sanitarie e salute umana* (2nd updated edition). Milano: Franco Angeli.
Missoni, E., Pacileo, G., Giasanti, A., 2013a. Teaching global health in a Faculty of Sociology: Introducing a multidisciplinary, trans-cultural approach. In: Missoni, E., Tediosi, F. (eds.) *Education in Global Health Policy and Management*. Milano: Egea, 121–126.
Missoni, E., Tediosi, F., 2020. Old and new powers in development assistance in health. In: Olivié, I., Perez, A. (eds.) *Aid Powers and Policies*. Abingdon: Routledge, 255–271.
Missoni, E., Tediosi, F., Pacileo, G., Procacci, C., 2013b. Teaching global health and development in a school of management and economics. In: Missoni, E., Tediosi, F. (eds.) *Education in Global Health Policy and Management*. Milano: Egea, 97–112.
Montenegro, C.R., Bernales, M., Gonzalez-Agüero, M., 2020. Teaching global health from the south: challenges and proposals. *Critical Public Health*, 30 (2), 127–129. https://doi.org/10.1080/09581596.2020.1730570
OHC., 2021. What Is One health, One Health Commission. Available from: https://www.onehealthcommission.org/en/why_one_health/what_is_one_health/
Rasanathan, K., et al., 2025. Navigating health financing cliffs: a new era in global health. *Lancet*, 405 (10493), 1893–1895. https://doi.org/10.1016/S0140-6736(25)00720-2
Rieder, S., 2016. Interrogating the global health and development nexus: critical viewpoints of neoliberalization and health in transnational spaces. *World Development Perspectives*, 2 (C), 55–61.
Rodin, J., 2015. Planetary health: a new discipline in global health. *The rockefeller foundation*, July 16. https://www.rockefellerfoundation.org/blog/planetary-health-a-new-discipline-in-global-health/. (Accessed 9 August 2018).
Scholte, J.A., 2002. *What Is Globalization? The Definitional Issue - Again*. Coventry, Centre for the Study of Globalisation and Regionalisation (CSGR), Department of Politics and International Studies, University of Warwick; CSGR Working Paper 109/02.

Solimano, G., Valdivia, L., 2014. Salud Global en las instituciones académicas latinoamericanas: hacia un desarrollo e identidad propia. *Saúde E Sociedade*, 23 (2): 357–365. https://doi.org/10.1590/S0104-12902014000200001

Wernli, D., Tanner, M., Kickbusch, I., Escher, G., Paccaud, F., Flahault, A., 2016. Moving global health forward in academic institutions. *JGH*, 6 (1), 010409. https://doi.org/10.7189/jogh.06.010409

Whitehead, M., 1990. *The Concepts and Principles of Equity in Health*. WHO, Reg. Off. Eur.: Copenhagen (EUR/ICP/RPD 414 7734r).

Zurn, P., et al., 2025. Official development assistance for health: an expected 40% reduction [blog]. In: *P4H Network*, 23 April. Available from: https://p4h.world/en/official-development-assistance-for-health-an-expected-40-reduction/.

Unless otherwise indicated, all websites were accessed on 5 November 2025.


Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

SECTION 1

Globalization, development, health, and its determinants


Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

CHAPTER 2

Development, globalization, and health

2.1 The idea of development

Over the past decades, we have grown accustomed to the idea of a world divided into developed and developing countries, wherein "development" appears as the universally desired objective. Through a wide range of literature, the definition of "development" has been used to "encompass almost all facets of the good society, everyman's road to utopia" (Arndt 1987: 1). As a societal evolutionary process, development was hardly used as a concept before World War II. For example, the Covenant of the League of Nations, the predecessor of today's United Nations (UN), and the first permanent international institution, indicated the well-being and development of people living in countries "under the sovereignty of the States which formerly governed them" and that are "not yet able to stand by themselves under the strenuous conditions of the modern world", as a "sacred trust of civilization". The tutelage of those peoples was entrusted to "advanced" nations who would exercise it "as Mandatories on behalf of the League" (League of Nations 1919).

The first institution to explicitly include "development" in its mission was most likely the International Bank for Reconstruction and Development (IBRD), which is now part of the World Bank Group.

For the League of Nations, international cooperation meant the achievement of "international peace and security". By contrast, the Charter of the United Nations Organization, established in 1945, understood the notion of international cooperation as the resolution to global issues of economic, social, cultural, or humanitarian nature, and included, among its aims, the promotion and respect of human rights and fundamental freedom for all. The UN Charter engaged all members in international economic and social cooperation in the pursuit of a "higher standard of living, full employment, and conditions of economic and social progress and development" as well as achieving "solutions of international economic, social, health, and related problems, and international cultural and educational cooperation; and universal respect for, and observance of human rights and fundamental freedoms for all" (UN 1945).

DOI: 10.4324/9781003783695-3

In line with that approach, Polanyi Levitt states that "development in a meaningful sense implies a social and economic transformation to eradicate injustices of the past" (Polany Levitt 2012: 17).

In the aftermath of World War II, the reconstruction of Europe was among the most pressing issues. The launch of the Marshall Plan on the 5th of June 1947 responded to the dire need to restore the European economy that was battered by the war. The plan created a wide market for the American industry and simultaneously created a political and economic bloc for nations allied with the United States that could prevent the spread of Soviet communism.

The Marshall Plan (officially known as the European Recovery Program) is commonly seen as the prototype of international aid. From the Marshall Plan and the Conference of Sixteen (Conference for European Economic Co-operation) emerged the Organization for European Economic Co-operation (OEEC) in 1948, with the intention to establish a permanent organization that would continue working toward a joint recovery program and, more importantly, supervise the distribution of aid. In September 1961, the OEEC was superseded by the Organization for Economic Co-operation and Development (OECD). The former Development Assistance Group (DAG), formed as a forum for consultations among aid donors on assistance to less developed countries, was constituted as the Development Assistance Committee (DAC). Economic growth and the expansion of world trade were clearly spelled out as part of the OECD's aims and therefore linked with the idea of development.

Thus, the concept of development has been largely associated with the politics of development cooperation policies, and development studies have been limited to poor countries' economy and welfare, and to North-South relations. This approach entirely disregarded the global dimension and alternative perspectives.

Various authors refer to US President Harry Truman's "Inaugural Address" on January 20, 1949, as the inauguration of the "era of development" and development aid (Rist 1997). In his speech, Truman proclaimed

> a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas… a program of development based on the concept of democratic fair dealing.
>
> *(Truman 1949)*

The economic space replaced the concept of the world as a political space characteristic of the colonial era. According to a wide range of literature, the new discourse would serve for the emerging power of the United States to justify the dismantling of colonial empires and gain access to new markets (Rist 1997). As Truman stated, "The old imperialism– exploitation for foreign profit– has no place in our plans" (Truman 1949). Nevertheless, "donor" countries would still benefit from improved access to world resources.

> All countries, including our own, will greatly benefit from a constructive program for the better use of the world's human and natural resources. Experience shows that our commerce with other countries expands as they progress industrially and economically.
>
> *(Truman 1949)*

Development became the universal ideal that should guide the progress of the "underdeveloped" world, where, in this context, "underdeveloped" was being used as a term for "economically backward regions" and a state of deficiency, rather than a result of historical circumstances (i.e., colonial legacy effects).

The term "development" became a metaphor of economic growth measured through the increase of the Gross Domestic Product (GDP), and economics towered over all other aspects of life and well-being.

It must be noted that GDP only measures economic transactions of goods and services. Goods or services that are exchanged for free (presents, volunteering, etc.) do not concur to growth measured through GDP. In addition, economic growth is not qualitatively neutral. Depending on the type of goods and services that concur to GDP and its growth, their production cycle and their marketing, the impact on life conditions of the population (and life in general) may vary substantially. For example, a GDP based on the production of weapons or cigarettes has a very different social and health impact than one based on wealth created through healthy food or cultural production. The production and marketing of processed food have a very different health, social, and environmental impact than food produced according to "organic" or "bio" standards and consumed locally. In the technological era, an increase in production, leading to economic growth, is not necessarily associated with a rise in employment rates; rather, the opposite effect occurs. Not to mention the weakness of an economic growth based predominantly on financial dynamics, without increase in production.

In a society with an endless quest for economic growth, with a constant focus on stimulating competition and performance, a vicious cycle is established connecting mental health and poverty (De Schutter 2024).

A direct relation has been proposed between economic growth and the incidence rate of cancer, which increases linearly with per capita income, even after controlling for population aging, improvement in cancer detection, and omitted spatially correlated variables (Luzzati et al. 2018). While this observation does not allow for disentangling the role of lifestyle and environmental degradation on cancer, it is unequivocal that industrial production is linked to the introduction of carcinogenic pollutants. Thus, the effects of economic growth are necessarily different depending on the level of pollution of the production cycles and the renewability of energy resources utilized. In general, industry tends to "externalize" the impact of production, and therefore also its environmental and social costs, i.e. costs are transferred to the community and the State has to take on the burden of those costs. If those costs were accounted for as production costs, i.e. "internalized", goods resulting from non-sustainable productive processes and practices would lack profitability due to a substantial increase in their final price. As a consequence, companies would be pushed to increase their social and environmental sustainability. There are several ways in which government regulation can reduce detrimental externalities to consolidate the production and actual costs: legislation to force firms to internalize costs, imposition of taxes as high as the externalities produced by the firms, and pollution controls and emission standards, which are environmentally sustainable (Hayes 2017).

The conceptualization of "development" as economic growth also serves as a good example of how the language of politics is closely linked to politics of language, specifically in the realm of North-South relations, where "use and abuse of the language of politics" is evident and "Concepts such as 'development,' 'justice' and 'cooperation'

frequently have been associated with particular ideological agendas and not infrequently obscure the nature and content of political-economic relations and processes rather than illuminating them" (Petras and Veltmeyer 2001: 121).

Conceived in technocratic and quantitative terms, growth and aid were proposed as the only possible, paradigmatic answers, and "development" soon became "the password for imposing a new kind of dependency, for enriching the already rich world and for shaping other societies to meet its commercial and political needs" (George 1976: xvii).

During the 1950s, the international development agenda found support from the Modernization Theory, elaborated by Walt W. Rostow and other American economists. In his *The Stages of Economic Growth: A Non-Communist Manifesto* (1960), Rostow utilizes the "takeoff" concept as a metaphor to identify these five stages of growth leading to modernization: the traditional society, the preconditions for takeoff, the takeoff, the drive to maturity, and the age of high mass consumption.

In those years, development attention focused on the establishment of urban-industrial nodes as the basis for self-sustained growth, assuming that in the long run the "trickle-down effect" would spread modernization from urban to rural areas. In the following decade, the importance of agriculture was reassessed, as there was a growing recognition that employment does not grow along with industrial production.

The UN declared the 1960s as the "development decade" as it called for industrialized countries to considerably increase their Official Development Aid (see Chapters 4 and 13).

During the mid-1960s, the foundations of the classical development theory were also criticized. The dependency theory, developed mainly by Latin American scholars, such as Raúl Prebisch, Fernando H. Cardoso, Theotonio dos Santos, Osvaldo Sunkel, and André Gunder Frank, pointed out that the causes of underdevelopment should be sought beyond domestic economic factors (Muñoz 1981). According to these scholars, the principal cause for underdevelopment depends on the structural position of countries that are considered backward in the economic world, where resources tend to flow from the "periphery" of poor, underdeveloped states into the "core" of wealthy states. This dynamic enriched the latter at the expense of the former through progressive deterioration on the terms of trade. In addition, the interests of bureaucratic and political elites of those "peripheral" countries would functionally converge with those of the elites of the developed countries, promoting distorted forms of development that encouraged investments in areas with no direct benefit for the population, e.g. military expenditures (Prebisch 1950) and mega-projects, that were often ill-conceived and enormously costly, exemplified in the Trans-Amazonian Highway in the 1970s. In 1964, the UN established the Conference on Trade and Development under the direction of Raúl Prebisch in order to address the problems of export dependent peripheries.

In Africa, Julius Kambarage Nyerere, who served as the first President of Tanzania, decided to face "underdevelopment" in his country by making his fellow citizens rely mainly on their own forces. The Arusha Declaration (1967), passed by the Tanganyika African National Union on February 5, 1967, promoted the concepts of self-reliance and self-centered development. The self-reliance approach proposes to undertake the "war against poverty and oppression" in Tanzania by attempting to move "the people of Tanzania (and the people of Africa as a whole) from a state of poverty to a state

of prosperity". The Declaration indicated an alternative and autonomous, although not autarchic, way to development. This approach refused to rely on external aid and money provided through gifts and loans, as it "will endanger our independence". For Nyerere, the "foundation of development" was agriculture, the people, and their hard work, where money is considered "one of the fruits of that hard work". Land, people, good policies, and good leadership were the keywords of that strategy that oriented society "toward the development of man instead of material wealth" (Nyerere 1974: 32).

In the 1970s, the debate was fueled by the Movement for the New International Economic Order (NIEO) and the so-called basic needs approach. Both concepts were born from the observation that, despite the positive overall economic performance of the Third World, growth failed to alleviate poverty.

In 1972, the first Report of the Club of Rome[1] had already marked the existing "limits to growth" that demonstrated the quantitative restraints of the ecosystem. To avoid "the tragic consequences of an overshoot", the Report also called for "the initiation of new forms of thinking that will lead to a fundamental revision of human behavior and, by implication, of the entire fabric of present-day society" (Meadows et al. 1972: 185–196).

The so-called North-South Dialogue between industrial and developing countries led the United Nations General Assembly to adopt the Declaration for the Establishment of a NIEO (UN 1974), which focused on the restructuring of the world economy in order to allow greater participation by, and benefits to, developing countries.

A non-economic reinterpretation of "development" was attempted by the Dag Hammarskjöld Report in 1975. Through the initiative of the Hammarskjöld Foundation and the United Nations Environment Program, coordinated by Marc Nerfin, a group of approximately a hundred people from all the parts of the world concluded that development should be endogenous, arising from within the culture of every society, and cannot be reduced to the imitation of developed societies as there is no universal formula for development. Instead, satisfying the basic needs of the poorest populations should come first. These communities would have to rely primarily on their own strengths to succeed. According to this concept that is outlined in the report "What Now?", disadvantaged countries essentially depended on exploitation structures that originated in the North but were reproduced in the South by the leading classes who were both rivals and accomplices of the élites in industrialized countries (Rist 1997).

Even the President of the World Bank (WB), Robert McNamara, underscored the need of "a serious reexamination of earlier growth strategies … causing governments to focus more directly on … the hundreds of millions of individuals whose basic human needs go unmet" (McNamara 1976).

The basic needs approach was adopted by the 1976 World Employment Conference. It placed priority on policies and programs that ensured access to clean water, nutrition, appropriate shelter, health care, education, and security to the poorest populations (ILO 1976). During those years, modest reorientations clashed with the debt crisis of developing countries during the following decade and with the reaffirmation of the role of the market in the name of neoliberal principles.

The Reagan Administration in the United States and the Thatcher Government in Great Britain championed the neoliberal ideology with the International Monetary Fund (IMF) and the WB implementing those principles globally. According to that

approach, known as the Washington Consensus,[2] the state is the main obstacle to development, and every barrier blocking any market penetration must be removed in developing countries. Instead of international aid, foreign investments should provide external resources to developing countries whose governments are considered inefficient and corrupt and therefore incapable of a productive and efficient allocation of resources.

In response to the debt crisis, the WB and the IMF shared a similar perspective through the Structural Adjustment Programs, imposing neoliberal policies on developing countries with the effect of impeding their autonomous choices that, according to those financial institutions, "would end up damaging world trade" (Isernia 1995: 50).

Therefore, the global expansion of the neoliberal model entails large-scale privatizations, reduced taxation for the benefit of higher incomes, cuts in public spending and the dismantling of education, health, and social systems, the financial deregulation and the free movement of capital, the uncontrolled exploitation of environmental resources, and lastly, the export-oriented industrial production. Neoliberal policies led to the growth of inequalities and concentrated on the small sectors of the wealthy populations that emerged from the expansion of the economy.

The impact of structural adjustment policies on health and health systems is analyzed in further detail in Chapters 4 and 11.

Without questioning the assimilation of development with economic growth, some authors argued that the underlying production and consumption patterns should be reshaped in order to be compatible with the respect for the concern for justice. In 1987, the Our Common Future Report, better known as the Brundtland Report, which is the name of the research group coordinator, introduced the concept of "Sustainable development" defined as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (WCED 1987).

While recognizing the limits of the biosphere, the Report introduced the possibility that future knowledge would still allow the continuity of economic expansion:

> The concept of sustainable development does imply limits – not absolute limits but limitations imposed by the present state of technology and social organization on environmental resources and by the ability of the biosphere to absorb the effects of human activities. But technology and social organization can be both managed and improved to make way for *a new era of economic growth.*
>
> *(WCED 1987)*

According to Rist, the idea of sustainable, "durable", development was just another masking operation to prevent the radical questioning of the effects of economic growth. It was an invitation to ensure lasting development, i.e. to make continuous and everlasting growth (Rist 1997).[3]

Around the 1990s, neoliberal policies were criticized. As a result, there was a growing need to redefine the meaning, goals, and measurements for development.

The Nobel laureate Amartya Sen introduced the capability approach as a conceptual framework. In his view, development is seen as the improvement of peoples' lives through the expansion of people's capabilities such as to be healthy and well-fed, educated, knowledgeable, and able to participate in the life of the community. As Sen put it,