



## **Introduction to the Commonwealth Civil Society Policy Forum 29 April 2022**

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I'm delighted to be delivering the opening remarks to this important and timely event. And before saying anything specific on the topic I want to applaud the organisers. The annual policy forum of the Commonwealth Health Professions and Partners Alliance (CHPA) always seems to have its finger on the pulse: tackling well-trodden issues from a completely new perspective or – as in this case - flipping the script altogether.

We all know the social determinants of health: the non-medical factors that influence health outcomes at the individual, community, and national level. We all know that where we are born, where we grow up and live and work and grow old – that all of these factors heavily influence our health for better or worse.

But why do we restrict consideration of the non-medical influences on our health outcomes to social factors alone? That focus is wrong because it tells just one part of a much more complicated story. It is wrong because it misdirects our attention and our anger.

Health outcomes are, for example, directly influenced by the quality of governance. Good governance, governance that is focused on meeting the needs of citizens, is a reliable predictor of a healthy society. A country or society that is riven by corruption; a country whose administration is characterised by mismanagement, lack of transparency and lack of accountability will be a country where the citizens are deprived of their right to health. The resources and energy that should be supporting their health are being wasted or stolen. Political determinants of the right to health are real, and they are all around us.

And then we come to the subject of this forum: the commercial determinants of health or, as I would like to rephrase slightly, of the *right to health*. This is such a complicated subject, and we should all be grateful that the elephant in the room is finally getting noticed. Like governance, the story has both positive and negative aspects, which are sometimes themselves intertwined. For example, commercialisation clearly helps drive the kind of innovation and scaling up we desperately need to keep up with current health challenges. But there are also real conflicts: conflicts between what is best for the health of an individual, a community, a planet; and what makes money for private interests – and sometimes also for government.

When I raise this in conversation, a common response is an expression of relief that so much of the world is not like the United States, where the commercialisation of health is so deeply entrenched that it is impossible to imagine any meaningful disentangling of interests. But we

should not be so quick to compare ourselves down in this way. The influence of commerce, of corporations on health and health outcomes are real and present in every country, and at the global level. The pandemic taught us painful lessons about the reality of corporate power when it comes to the creation, manufacture and distribution of vital medicines, vaccines, and medical supplies. Across the world and with only a very few exceptions, it was corporations that were calling the shots, not governments or the people they exist to serve. And it is the very effective lobbying of states and intergovernmental organisations by corporate interests that has prevented the kind of transformational changes in our current approaches that we so desperately needed.

It is heartening to see that the World Health Organisation – that beleaguered, underfunded, and overburdened symbol of our collective commitment to the idea of global health – is taking up this issue. That is not before time. The private sector needs to be at the table when it comes to developing strategies to improve affordability of medicines and access to them. Labour standards in pharmaceutical supply chains are an issue for industry as much as they are for the workers and host governments. We need to have everyone on board to tackle global health challenges: from communicable diseases to maternal and child mortality. I should sound a note of caution here though: while we must work together; while everyone must be at the table; while partnership is paramount; we must be alert to very real conflicts of interest. We must resist the temptation to hand over the reins of public policy. It is governments, not corporations or private philanthropists, who are responsible for delivering on the right to health. It is governments that must be held to account when things go wrong.

In the end, we should keep our eye on the prize: a world where everyone, everywhere, has access to publicly funded health care services. That is what deserves our attention; our support; our united advocacy. Commonwealth Health Ministers must be reminded of the goal of universal health care – and of their legal and moral responsibility to make this happen. They must be reminded – loudly and clearly – that health is a public good. That it is not a commodity.

Thank you and I wish this important forum every success.