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**A Global Social Contract
for a Healthy Global Society:
Why, What and How**

Introduction: Interdependence, Empathy and Solidarity

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The world was appalled when HIV/AIDS was ravaging sub-Saharan Africa but lifesaving treatment was priced out of reach of 99% of the population in 2001. It was heartbroken when an earthquake brought unprecedented devastation to Haiti in 2010 and to Japan in 2011. It was outraged when 15-year old Malala Yousafzai was shot in the head for advocating that girls be educated in 2012. And it was shocked when thousands of civilians in Syria were attacked with chemical weapons in 2013.

We live in an increasingly global society. This global society is one that is marked – like all societies – with diverse and often conflicting values, views and interests, and by societal arrangements that can be grossly unequal, oppressive, or unjust. But it is also marked by new possibilities for solidarity. The social distance between individuals and communities worldwide is arguably decreasing due to the globalization of information and social media, increased travel and migration, and the reality of economic, security and environmental interdependence. To each of the events mentioned above – and innumerable more – there has been a social response marked by empathy and collective action, however imperfect.

However, unlike at national level, this global society is not yet underpinned by a global social contract. The concept of a social contract as the basis for legitimate government has deep roots in political philosophy, dating back at least several centuries to Locke and Rousseau. Stated simply, the concept is that individuals consent to be governed by a state that will, in return, ensure the welfare of its population. Central to the notion of a social contract is the notion of a society – a group of individuals sharing some common bonds of identity, culture, or history. While distinct identities, cultures and histories will continue to characterize the global population, globalization offers the possibility of strengthening a sense of shared history and identity as human beings.

If we consider all members of the human race to belong to a global society, what kind of global social contract of rights and responsibilities could be constructed to promote its overall welfare? In the absence of a global government, how could it be upheld? And why might we need a global social contract at all?

Global Challenges to the National Social Contract

Protecting the health and well-being of a population is a central objective of the social contract. Within the system of international rules by which we have organized ourselves, primary responsibility for the health of a population lies with the nation-state. However, the factors that affect health are increasingly beyond the control of any single government. National health systems are struggling for money, staff, medicines and other supplies. And they are struggling to regulate powerful actors in order to protect public health.

How can we expect them to function when globally we are not training enough healthcare workers to meet societal needs, and failing to stem the braindrain of highly-educated health personnel from poorer to richer countries? When international intellectual property rules allow drug prices to be set at unaffordable levels, while failing to stimulate research into the diseases primarily affecting the poor? When the global threat of pandemic influenza is not matched by an adequate system of vaccine production and global access? When the rapid movement of capital across borders undermines the national tax base required to finance health systems? When health budgets are slashed by austerity policies and financial crisis? When international investment treaties tie the hands of governments to regulate the marketing of tobacco, for example, or to ban dangerous chemicals? When imported goods are manufactured beyond the scrutiny of national regulatory authorities? When global media make it easy to evade national regulations on the marketing of alcohol or other restricted products to minors? When the changes in climate induced by the greenhouse gas emissions of a handful of countries create unprecedented threats to human well-being in all countries?

In other words, in a globalized and interdependent world, nation-states acting alone cannot fulfill their national social contracts. But in the absence of a robust global social contract, how can social welfare be protected and promoted?

Health in the Social Contract

Health is a compelling theme around which a global social contract could begin to take shape. Achieving health for all has long been a shared global aspiration. In 1946, UN member states agreed to the WHO Constitution, which began, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,” and mandated WHO to pursue “the attainment by all peoples of the highest possible level of health.”¹ Importantly, it conceptualized health in broad terms, as “a state of complete physical, mental and social well-being.” The idea that health is a universal value and human right is reinforced in numerous international normative statements, from the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights, to the 1978 Alma Ata Declaration on Primary Healthcare, which declared Health for All as a global goal by the year 2000. More recently, the 2012 Rio+20 Declaration on the Future We Want reaffirmed this value, recognizing health as “a precondition for, an outcome of and indicator of sustainable development.”² These ideas have not been limited to words on paper, but rather, have inspired concrete action. For example, the mobilization of considerable human, political and financial resources behind the Millennium Development Goals, a majority of which focused on health or its immediate determinants, posited global responsibility for achieving a minimum standard of life, dignity and well-being for all.³ Finally, recent momentum around achieving universal health coverage in every country of the world underscores the widespread importance placed on health. These developments suggest that a global society characterized by some degree of solidarity among its members is not necessarily a radical proposition. Traces of it can already be discerned.

Despite the universality of health as a social value, however, current institutions of global governance fall far short of delivering on these aspirations. In other words, although the faint contours of a global society are emerging, there is no coherent social contract undergirding it.

Not incidentally, public health has been central to many national social contracts. Today in the advanced economies, the visible signs of health as an essential component of the social contract include institutions such as: national armies and police forces to provide physical security; national health insurance to ensure access to at least a minimum level of healthcare; national unemployment and disability insurance, and pensions to provide a minimum level of income; special programs to ensure food, housing, healthcare and education to children; national regulatory authorities to ensure the safety of food, medicines and other goods; environmental agencies to mitigate the harmful health effects of pollution; labor and oc-

cupational health agencies to ensure safe working conditions; and national agencies for health research. Most of these institutions, if not all, are financed through taxation – that is, the mandatory transfer of resources from individuals to a common pool intended to serve the public interest.

What does the evolution of national social contracts suggest about what may be required at the global level?

Function: Four Elements of a Global Social Contract

While a global social contract cannot merely mimic those at national level, existing national experiences offer useful guidance on what might be needed (see Table 1). Building on Frenk and Moon's four functions of the global health system (mobilizing solidarity, managing externalities, providing global public goods, and stewardship),⁴ below are four potential elements of a global social contract for protecting and promoting health.

I. Resource pooling for social protection (mobilizing solidarity): Social protection (also often referred to as social safety nets or social insurance) is intended to provide a minimum standard of living below which no member of society should be allowed to fall. Social protection measures often include minimum guarantees of healthcare, food, housing, education & training, and income for those unable to work. The concept of a global minimum standard is not new. As noted above, the MDGs included targets on reducing extreme poverty, maternal and child health, infectious diseases including universal access to HIV interventions, and education, among others. Specifically in the health sector, in 2009 the Taskforce on Innovative International Financing for Health Systems defined and estimated the costs of providing a minimum package of healthcare for all.⁵ And in 2010 the chief executives of the UN system launched a social protection floor initiative, and created an advisory group led by Michelle Bachelet that published in 2011 a report that further detailed the concept of a global social protection floor, adopted the next year at the ILO Conference.

Proposals for a pooled global social protection fund to support implementation of such a floor have been advanced by scholars, intergovernmental organizations, and the UN Special Rapporteurs on food (Olivier de Schutter) and extreme poverty (Magdalena Sepulveda)^{6 7 8} De Schutter and Sepulveda argue for a fund that would serve two functions: subsidizing costs for the Least Developed Countries and providing insurance against risk for all countries. Gradually, as countries graduate out of LDC (or LIC) status, the fund could shift in emphasis to a risk-pooling fund to help countries cope with volatility and shocks such as natural disasters, financial crises, or food price spikes.

As at national level, such funds would need to be predictable and guaranteed, strongly suggesting the need for binding norms and methods of resource generation – whether through traditional national taxes or innovative financing mechanisms (e.g. financial transaction tax). Though few examples of binding norms for international contributions exist, there are precedents in the system of assessed contributions to UN agencies and other intergovernmental organizations. The 40-year persistence of the norm that wealthy countries should dedicate 0.7% of GDP to official development assistance – even if more honored in the breach than the observance – suggests it is possible to develop international norms for resource-sharing, albeit difficult to enforce.*

2. Regulation (managing externalities): Regulations to protect public health are also needed to ensure well-being. Public health rules, such as on food and drug safety or air pollution, have historically been implemented and enforced by national governments' regulatory authorities. But when national regulation is inadequate, such as in situations of cross-border externalities, global norms and rules may be required. Examples of global rules for public health include the 2005 Framework Convention on Tobacco Control to counteract a globalizing tobacco industry; environmental treaties to regulate trade in harmful substances such as the 1992 Basel Convention on hazardous waste; WHO standards on medicines quality; and health-related provisions in other treaties, such as the 2001 Doha Declaration on TRIPS and Public Health or permissible health exceptions to other WTO agreements. However, in the absence of a hierarchical political authority, sovereign state compliance with these rules can be very difficult to enforce. In jurisdictions with weak regulatory capacity, it is also difficult to ensure compliance of private actors to such norms. Furthermore, despite the proliferation of international rule-making over the past two decades, many important threats to public health remain under-regulated at the international level, such as environmental pollutants (including but not limited to greenhouse gases), marketing of unhealthy food, beverage and alcohol, and migration of health workers. Stronger norms with more robust enforcement mechanisms are likely to be required.

3. Global public goods: Ensuring the adequate provision of global public goods, such as information, knowledge, rules, security or financial stability, demand robust forms of cooperation between sovereign nation states – but this remains the rare exception rather than the rule. At national level, governments play a central role in ensuring the provision of public goods due to widely-recognized failures of private markets to do so. (Public goods are defined as goods that are non-rival (consumption by one person does not reduce the amount of good available to others) and non-excludable (no one can be excluded from consuming the good) – non-excludability makes it difficult for a private provider to recoup the costs of supplying the good, leading to under-supply.) Existing institutions for global public goods include UN peacekeeping operations, early warning systems for natural disasters such as tsunamis or outbreaks of infectious disease, open access policies for scientific research publications,⁹ or WHO's rule-making function. Proposals for a global R&D treaty or fund are one example of a missing institution for global public goods. Since all populations are expected to benefit from global public goods, there is a strong rationale for all countries to contribute according to their ability to pay.

*See also the 2011 Maastricht Principles on Extraterritorial Obligations of States in the Area of Economic, Social and Cultural Rights.

4. Legitimate Global Governance (stewardship): Building an effective global social contract will require more legitimate approaches to global governance. A social contract involves not only population welfare,

but also the consent of the governed, which provides legitimacy and authority to those who govern. This very basic concept has significant implications for how global policy decisions are made. Good governance is not easy, but it's not rocket science. Some of the principles are quite well-established: basic human rights for all, equal participation, fair representation, transparency and public accountability. Yet many, if not most, processes of global governance do not reflect these basic principles. Building a legitimate global social contract will require changes in the norms, rules and decision-making processes of global governance (see also Paper 2 on transparency).

Tabla 1 National Institutions to Fulfill the Social Contract and their Global Analogues

| NATIONAL INSTITUTION | GLOBAL ANALOGUE |
|---|---|
| Public services: <ul style="list-style-type: none"> - National armies and police forces - National health insurance - National unemployment and disability insurance - Pensions - Special programs for children | Resource pooling for social protection |
| Regulatory authorities: <ul style="list-style-type: none"> - National regulatory authorities for food, medicines and other goods; - Environmental agencies - Labor and occupational health agencies | Regulation |
| Public goods: <ul style="list-style-type: none"> - National agencies for health research | Global public goods |
| Democratic governance | Legitimate global governance |

Form: What Could a Global Social Contract Look Like?

A global social “contract” does not have to mean a written document such as a formal treaty or constitutional text. Rather, a global social contract could be comprised of a set of formal and informal norms and rules that lay out expectations of the rights and obligations of the members of a society. Some of these already exist and are explicitly codified, such as the rights laid out in the major human rights instruments. Some may not reach the status of formal international law, but still have strong normative force, such as the Declaration of Helsinki on the ethics of medical research. Others have yet to be articulated, debated, negotiated or agreed – precisely where gaps in the contract need to be filled in.

In the absence of a global government, for now and the foreseeable future, a single overarching text seems neither realistic nor desirable.

The scope of topics is too broad and the willingness of governments to negotiate such sweeping new international laws too limited. Yet, we need new institutions – new funds, new rules and regulations, new courts, new enforcement mechanisms, and new decision-making procedures – to better protect the health and well-being of a global society. A layered, piece-by-piece construction of a global social contract that gradually solidifies norms on universal rights and responsibilities may be the most practical approach.

Conclusions

The traces of a global society are beginning to emerge, and globalization may present the opportunity to build stronger social ties between far-flung communities around the world. While there is not yet a set of institutions that could reasonably be called a global social contract, its contours can be glimpsed in evolving norms around minimum standards of a decent life, universal human rights as well as cross-border obligations, and rules that aspire to create a better-governed world. Because of its universality, health may be a powerful central pillar around which to begin building a more concrete, operational global social contract.

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