

Referee comments on the Global Solutions Paper:

Sunisha Neupane, Zoe Boutilier, Ilona Kickbusch, Ali Mehdi, Miriam Sangiorgio, Michaela Told, and Peter Taylor (2018). SDGs, health and the G20: a vision for public policy. Economics Discussion Papers, No 2018-14, Kiel Institute for the World Economy. <http://www.economics-ejournal.org/economics/discussionpapers/2018-14>

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This highly topical global solutions paper provides a useful summary of policy issues the G20 should address to boost “health for all.” In addition, the paper provides a practical roadmap to international efforts at policy coordination and outlines steps already taken to create regional and global policy fora on health issues and global health policy. The authors thus provide a service that can benefit both policy makers and scholars wishing to join and influence the policy process.

In this comment, I will focus on ways to improve the paper. For a start, it could make a greater effort to establish a convincing rationale why global health does matter for the G20. The paper’s introductory section merely cites various official declarations that the United Nations and G20 leaders have adopted since September 2015 with respect to global health. More substantial reasons should be spelled out as to why individual countries alone cannot be trusted to make the health investments required to reduce poverty, boost economic growth and labour productivity as well as greater equity, gender equality and human development. Are these anticipated benefits from greater health investments not in the best interest of each individual country – even without global policy coordination?

In response, the paper could point out, inter alia, that many countries are too small and insufficiently endowed with local expertise to manage health reforms effectively and that a global policy community can provide valuable opportunities for learning from other countries’ experiences. Moreover, some specific challenges are of an inherently international nature. In the case of infectious diseases and above all antimicrobial resistance, no country can stop their spread across borders.

To further bolster its case, the paper might also cite empirical studies that attempt to quantify the international dimension of the health and health policy issues that warrant the G20’s attention.

As the paper proceeds towards a more specific policy agenda, the so-called “findings” from the 2-year process of consultations and dialogue that led to “the vision for G20 political leadership on global health” might be better called “priorities” – as they relate to future action.

The rather bold idea of integrating “health in all policies” is thought-provoking and challenging and perhaps the most tricky of these priorities. To provide its readers with better guidance, the paper should explain what specific health investments are actually being proposed as a result of the 2-year process.

Next, it would be helpful to elaborate what actually distinguishes the “economic case” from the “human rights perspective” on global health. Here again, the paper does not make fully clear why “building on the economic case alone is insufficient to achieve health for all.” Is there not a large economics literature on health inequalities and how to address them that could be mentioned? And if we are to believe that a human rights perspective is required to gain additional insights, some more specific hints as to what these insights might be, how they should be translated into policy practice, and at what cost, would be helpful.

Prioritizing the most vulnerable, as the paper seems to infer from the human rights perspective, is surely important and urgent. But the paper should again be more specific as to who the most vulnerable populations are and how they can be identified. At first, the paper seems to suggest the most vulnerable are ethnic minorities, refugees, women and people living in rural areas, and this may be true in many countries.

But then the paper suggests the most vulnerable could be identified on the basis of health access and outcomes, as well as wealth. This prompts the question: Are the most vulnerable groups of people with exogenous, perhaps even time-invariant characteristics, who will remain vulnerable no matter how good the health system becomes, or are the most vulnerable those that existing health systems have neglected or even excluded – in some countries perhaps deliberately so?

In this context, the lack of references to the long-standing work of the World Health Organization (WHO) is striking. Prioritizing the most vulnerable can hardly be discussed without asking whether health systems should prioritize care that meets basic needs, as for example the WHO list of essential medicines intends to do, or whether the adoption of universal health care should be used as a vehicle to introduce systems that provide much more comprehensive care for all. The paper seems to be silent on this, although it recognizes quality of care as an issue for health system governance.

To engage citizens and communities in the search for evidence and solutions is an interesting policy idea that the paper advances. But it might say more about the tricky practical question how citizen engagement in data collection, among other monitoring and feedback activities, might conflict with the need to improve data quality. In the context of data gaps and the poor quality of many existing data, mentioning and exploring some of the pervasive measurement issues and practical challenges in generating evidence on good health care and policy would be a very good addition to the paper.

For a policy solutions essay, the paper is generally well written, but some room for improvements in style and wording still exists. For example, revise the rather difficult sentence “Findings suggest that the health of the most vulnerable is prioritized rather than aiming for the ‘lowest hanging fruit’ as a way of demonstrating more rapid success in meeting targets, within the G20 national contexts and in low and middle-income countries (LIMCs) where health programming is funded by the G20 countries.” For a start, should it say “should be prioritized” instead of “is prioritized”? And how could the rest of the sentence be simplified or split up?

In the penultimate sentence of the concluding section, the word “triangulate” may be out of place. But what exactly is meant here, anyway?