Intangible Cultural Assets of the Framework Convention on Global Health

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Approaching 2015, the global community awaits the results which will reveal whether priority countries achieved their Millennium Development Goal (MDG) targets. Global health monitoring bodies such as the World Health Organization, advocate for Universal Health Coverage (UHC) as the primary focus of post-2015 sustainable development goals (UNESCO 2012). The Framework Convention on Global Health (FCGH) would create a template for a legally binding global health treaty rooted in the right to health. Although costly to rollout, the framework convention would be advantageous for advancing and achieving health justice; it could do this by countering intellectual property laws that reduce access to essential medicines, reforming environmental health policies that currently protect the drivers of environmental pollution and by increasing financial transparency of health sector budgets. Universal health coverage would also be beneficial in leveraging public health efforts to improve availability, accessibility and acceptability of health services and interventions on the population-level. Furthermore, establishing a legal obligation for the government to provide a standard quality of care and coverage could increase overall health efficacy of communities and health seeking behaviors of individuals.

In some high income countries, such as the United States, health insurance coverage is not universal which creates a seller's market for insurance policies. Health care consumers must sift through quality and cost information until they find a health plan offering reasonable value for an estimated need of protection. Consumers are forced to negotiate between quality of care and cost; this is often motivated by insurer pressure—or judgment that suggests one's selection of insurance policy is a reflection of their investment in the protection of their health. However, factors that affect premium costs such as age, geographic location, tobacco use, individual versus family enrollment and plan category, are used as a proxy for determining one's health status (Healthcare.gov 2014); thus, policy, economic, institutional and environmental level factors impact individual health decisions and outcomes. Interestingly, "the same social forces which affect the distribution of disease also lead to varying perceptions, conceptions, and experiences of health status. This explains why people differ in making their way to various providers and institutions to seek care," (Brown 1995:39). The health insurance system is like double-edged sword—consumers are penalized for utilizing insurance or conversely, pay exorbitantly high out-

of-pocket costs if one becomes ill and is uninsured. The social construction of health insurance builds meaning around the idea that health insurance attainment is a moral responsibility and an act of self-efficacy. However, "the social causation of health status is actually a prerequisite, or at least a concurrent requirement" [for health insurance attainment]. One of the cardinal principles of the sociology of health and illness is that social factors are integral to health status," (Brown 1995: 38). The FCGH could alleviate differential access to services due to one's financial ability to purchase health care insurance. Furthermore, culture, as an influencer of health beliefs, behavior change and -efficacy, can be used to sustain interventions out forth by the FCGH.

The implementation of the Framework Convention on Global Health can be strengthened by fostering the intangible assets of communities—culture and collectivism. However, cultures are dynamic and in order to ensure that interventions are inclusive of population needs, particularly that of vulnerable populations, using a Community-Based Participatory Research approach could be advantageous in this process. Community-Based Participatory Research (CBPR) is a 'collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings' (Katz 2004). The CBPR approach combines a social justice framework, with (experiential) knowledge from communities, evidence-based research and action, to improve health outcomes and ultimately, eliminate health disparities (USDHHS 2013). This qualitative research and action approach can inform how intangible cultural assets contribute to resiliency factors related to good health achievement and sustainability of post-2015 health and development efforts. When community members themselves are active participants in and contributors to public affairs, it fosters trust in public institutions, promotes positive health behaviors and 'values related to environmental stewardship' (UNESCO 2012). Hence, culture-led development can work to increase health promotion, gender equity, living conditions, self-efficacy, and health-seeking behaviors. "Culture-sensitive approaches have demonstrated concretely how one can address both economic and human rights dimension of poverty, while providing solutions to complex development issues in an innovative way" (UNESCO 2012) particularly, in the African context.

Africans are intrinsically communal beings. Culture is nested in collectivism, a tenet of African culture and the "ontological element of [the African] worldview," (Fairley 2003:557). Social inequality, in order to successfully maintain the status quo, requires differential treatment

of people—class division, income inequality, racial hierarchy and gender inequity to reproduce the power structure (Navarro 2007); this counters traditional African rhetoric which emphasizes social cohesion through cultural ties. Richard Gerald Wilkinson, a British social epidemiologist, defines social cohesion as, "participation in public affairs, civic responsibility, [and] involvement in public life…the amount of individual participation in social groups in the community," (Navarro 2001:333). Without careful consideration of the cultural context and strategic incorporation of cultural assets in the development and application of UHC policies and post-MDG strategies, the FCGH could lack sustainability. Culture is transversal and affects all areas of development. The United Nations Scientific, Educational and Cultural Organisation has "devised policies, legislations, standards, operational guidelines, monitoring and evaluation tools, capacity building programmes, international funds, as well as concrete operational actions that safeguard and promote culture, contribute to development of cultural institutions, build networks of professionals, and actively involve local communities" (UNESCO 2012). Culture-led development uses a human-centered approach allowing targets of the intervention to be owners of/contributors to the process; this will improve sustainability of post-MDG efforts due to personal but shared investment. This is particularly critical for the most vulnerable and marginalized populations—such as persons with disabilities, children and ethno-religious minorities, whose plight may be overshadowed by the concerns of the majority group(s).

The UN System Task Team proposed four next steps for the post-2015 development agenda. The first being the integration of culture into governance; specifically, "integrating culture in the conception, measurement, and practice of development with a view to advancing inclusive, equitable, and sustainable development," (UNESCO 2012). The second step forward is to capitalize on the contribution of the cultural sector in economic development and poverty reduction. This step suggests the potential value of sustainable cultural tourism, creative industries and culture-based revitalization to catalyze local development and entrepreneurship. This step requires protection of cultural assets specifically the natural environment, cultural centers, historical sites and communities themselves. The third measure is to capitalize on traditional knowledge in order to foster environmental sustainability; this creates a synergy between 'traditional environmental practices' and modern technologies which is a practical measure in the Ugandan context where the country is transitioning from low technology farming to a mechanized agricultural system. The fourth step reinforces the point of the argument—to

build on culture to promote social cohesion. Respecting and promoting intercultural dialogue is critical within communities and between communities. Governing bodies of the framework convention must exercise cultural humility to increase success of the FCGH's application. Cultural humility can be applied by respecting human histories, identities, and experiences as rich and valid sources of information; furthermore, by supporting community-derived mechanisms to monitor, identify and report human rights and health violations to governing bodies. Reciprocal learning can greatly impact government understanding of how populations engage in health systems, confront health challenges and achieve positive health outcomes. Thus, embracing the cultural assets of populations will increase receptiveness to and sustainability of the Framework Convention on Global Health.

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