EDITORIAL

GLOBAL HEALTH POLICIES: ONE SIZE FITS ALL?

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Sacrificing the right to design a country's own health policies and adopting a "one-size-fits-all" approach can create significant risks for sovereignty, particularly where international policies are rigid or fail to allow for local adaptation.
Some of those risks include:

1. Loss of decision-making autonomy
The State may become subordinate to guidelines defined by external actors — for example, the World Health Organization, financial institutions, regional blocs, or even transnational corporations — even when those guidelines do not reflect its demographics, epidemiology, or institutional capacities.
This can erode a core function of sovereignty: the ability to determine public policy according to national priorities.

2. Mismatch between policy and local realities
A protocol designed for countries with a particular infrastructure, disease burden, or social structure may fail in different contexts.
Examples:

- Countries with large rural populations may require different access models.
- Regions with specific endemic diseases may need distinct priorities.
- States with budgetary constraints may require phased implementation.

Without adaptation, policy may become technically unsuitable.

3. External dependency
When health policy becomes tied to external standards, financing, supplies, or approvals, dependency may grow in relation to:

- global supply chains,
- multinational pharmaceutical companies,
- health data platforms,
- conditional funding.

This can reduce room for manoeuvre during crises.

4. Risk of regulatory capture
If international norms are shaped by the interests of major powers or corporate actors, a country may end up adopting rules that serve external agendas more than domestic needs.
This may arise in areas such as:

- intellectual property for medicines,
- digital surveillance,
- emergency protocols,
- biotechnology regulation.

A historically debated example is the impact of the World Trade Organization and the TRIPS Agreement regime on access to medicines.

5. Weakening of domestic democracy
If health decisions come to be perceived as "external obligations" rather than policies debated through national institutions, this may diminish:

- parliamentary oversight,
- accountability,
- public deliberation,
- social legitimacy.

That can shift power away from representative institutions towards external technocratic structures.

6. Geopolitical vulnerability
Health may become an instrument of influence.
A country that does not control its own health strategy may be exposed to pressure through:

- access to vaccines,
- critical supplies,
- health certifications,
- trade or mobility restrictions.

In conflict or crisis, this can become a strategic issue.

7. Erosion of long-term state capacity
If policy design is externalised, a nation may lose capacity over time to:

- generate its own evidence,
- plan responses,
- sustain robust health institutions.

This affects not only legal sovereignty, but the practical capacity to govern.

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