

Psychological aspects of multilateral social development policy and the global development agenda¹

Odile Frank, Sc.D.²

The topic of social determinants of mental health raises at least three psychological issues that can help us understand the current landscape, as well as the rate of progress - or absence of progress - in the global agenda for development³. The three psychological issues discussed are:

First, the deleterious impact on psychological well-being of material and social poverty, and the means to prevent it;

Second, the compartmentalization of disciplines and loyalty to conceptual frameworks and ideas, which hinders progress; and

Third, in reference to the global arena of the politics behind the multilateral development agenda, a speculation on the balance between empathy and altruism on one hand and hedonistic wealth maximization on the other.

1. Poverty damages psychological well-being and mental health.

First, and most importantly, it is critical to give due consideration and acknowledge the true measure of the impact of poverty on psychological well-being. In terms of causation, whereas there are examples of mental health disorders that are implicated in downward social mobility, the reverse, the impact of material poverty and of social privation on psychological well-being and mental health is well documented and presents a far greater problem. Persistent chronic impoverishment creates grievous hardship on adults, while it can have deleterious and lasting impact on children and their development, both physiologically and cognitively. And research shows that acute impoverishment creates distress and can be traumatic for both adults and children, even if short-lived or recoverable. The psychological impact and outcomes for persons of all ages is worsened in situations of privation due to conflict and of experiential threats to security, safety, and survival.

Direct interventions to address mental ill-health, such as the occurrence of anxiety, depression or the post traumatic stress disorders, are scarce in situations of poverty, and are costly. Furthermore, in the case where and when mental health is being harmed by worsening economic and social circumstances, the fact that those circumstances deteriorate in the

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² Representative of APA/EFPA/FSP to UNOG and the Specialized Agencies at Geneva.

³ This commentary essentially addresses the social determinants, bearing in mind that although embedded broadly in the social environment, commercial determinants of mental health may arguably lend themselves to more focused and specific interventions, for example in the area of policies to limit exposure to harm from interference and undue influence of health-harming industries (see <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>).

knowledge that they will cause psychological harm is a deep injustice, especially as they can still do irreparable harm even if there remains the potential to intervene directly *ex post facto*. It should be noted that, on the basis of moral and philosophical arguments, the very existence of wide disparities in social and economic circumstances, and the presence of deep inequalities are already in themselves unjust and should be alleviated to bring about improvements in psychological well-being and mental health⁴.

Accordingly, we should seek out intervention favourable to mental health through means of preventing it *ex ante*, i.e. through indirect intervention upstream to prevent or correct the social (and economic) determinants of mental ill-health.

The deleterious impact of social and economic conditions on mental health opens the obvious question of identifying means not only to end further harm, but also to reverse, as far as is possible, the psychological consequences by alleviating their impact. In this case, there is much evidence of the benefits of universal social protection on improving life circumstances, lessening poverty and exclusion, and reducing the risks and distress of impoverishment. Whereas examples abound – a better-known example is the documented benefit to children of the *Bolsa Familia* in Brazil – its benefits in general mean that universal social protection is now considered a pre-condition for social development globally⁵.

Furthermore, social protection derives from a right to social security that is enshrined in the Universal Declaration of Human Rights⁶ and its Covenants and was reaffirmed in the Committee on Economic, Social and Cultural Rights' General Comment 19 of 2008⁷. It thus rests on public international law.

Accordingly, the multilateral global agenda of sustainable development includes social protection as a fundamental tool of poverty eradication as the objective of target 3 of Sustainable Development Goal 1 to *Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable*⁸.

The guiding instrument of public international law that outlines the agenda for social protection is the Social Protection Floors Recommendation 202 of the International Labour Organization adopted in 2012⁹, in time to be integrated in the preparatory process of the Sustainable Development Goals agenda for 2015-2030. The Recommendation provides for 4 basic and

⁴ See, for example, Daniel Chandler (2023): "Free and Equal: What Would a Fair Society Look Like?" London, Allen Lane, based on John Rawls' (1971) "A Theory of Justice" and (2001) "Justice as Fairness: A Restatement", both published in Cambridge: Harvard University Press.

⁵ See the International Labour Organization's brief for the forthcoming Second World Summit for Social Development to be held at Doha, Qatar in November 2025; <https://www.ilo.org/publications/universal-social-protection-precondition-accelerating-social-development>.

⁶ See United Nations General Assembly Resolution 217 of 10 December 1948: A UNIVERSAL DECLARATION OF HUMAN RIGHTS and <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

⁷ See UN Committee on Economic, Social and Cultural Rights (CESCR): General Comment No. 19: The right to social security (Art. 9 of the Covenant), 4 February 2008; <https://www.refworld.org/legal/general/cescr/2008/en/41968>.

⁸ See United Nations General Assembly Resolution A/RES/70/1 of 25 September 2015: Transforming our world: the 2030 Agenda for Sustainable Development at <https://docs.un.org/en/A/RES/70/1> and <https://sdgs.un.org/2030agenda>.

⁹ See https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524.

universal social security guarantees, which are the backbone of the contribution of social protection to the eradication of poverty as stated in SDG 1: to “*End poverty in all its forms everywhere*”:-

- a) The first guarantee is **access to essential health care** - including maternity care - that meets the criteria of availability, accessibility, acceptability and quality;
- b) The second guarantee is **basic income security for children**, providing access to nutrition, education, care at the least;
- c) The third guarantee is **basic income security for persons who have insufficient income** due to unemployment, sickness, disability, and maternity; and
- d) The fourth guarantee is **basic income security for older persons**.

There are other international instruments of public international law that also play a significant role in determining how implementation of the right to social security and the global deployment of systems of social protection and social protection floors should expand, especially in regard to the groups that social protection must address in priority. In particular, all age groups must be included. In addition to the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW, 1979)¹⁰; the *Convention on the Rights of the Child* (CRC, 1989)¹¹; and the *Convention on the Rights of Persons with Disabilities* (CRPD, 2006)¹², the Human Rights Council very recently voted to establish an open-ended intergovernmental working group to draft an international legally binding instrument on the human rights of older persons at its 58th Session (24 February 2025 to 4 April 2025) in accordance with Resolution A/RES/78/324 of the UN General Assembly adopted 14 August 2024¹³. This Convention is widely supported by civil society, notably the Coalition to Strengthen the Rights of Older People¹⁴.

2. Compartmentalization of disciplines and loyalty to conceptual frameworks and ideas

A major social determinant of mental health, as we have argued, is the level of social development, and its promotion and advancement through systems of universal social protection. As a more targeted intervention, social protection systems can accelerate the indirect and long-term benefits of development itself in reducing poverty through job creation and income growth.

Protecting mental health through prevention and the alleviation of the burden of mental ill-health springs from the enjoyment not only of the right to social security but also of the right to health, similarly enshrined in the Universal Declaration of Human Rights and its Covenants and reaffirmed in the Committee on Economic, Social and Cultural Rights’ General Comment 14 of 2000¹⁵.

¹⁰ See United Nations Office of the High Commissioner for Human Rights: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>.

¹¹ See United Nations Office of the High Commissioner for Human Rights: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.

¹² See United Nations Office of the High Commissioner for Human Rights: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>.

¹³ See <https://docs.un.org/en/A/RES/78/324>.

¹⁴ See “Strengthening Older People’s Rights: Towards a UN Convention” at <https://social.un.org/ageing-working-group/documents/Coalition%20to%20Strengthen%20the%20Rights%20of%20Older%20People.pdf>.

¹⁵ See United Nations Office of the High Commissioner for Human Rights: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/ec1220004-general-comment-no-14-highest-attainable>.

Whereas, however, as elaborated earlier, the first guarantee of universal social protection, which is access to essential health care - including maternity care - that meets the criteria of availability, accessibility, acceptability and quality, speaks to the goal of eradication of poverty of Sustainable Development Goal 1, it also ties social protection firmly to the *goal of ensuring healthy lives and well-being for all* of Sustainable Development Goal 3, equally founded on the right to health. The health priority of the two Goals would argue for them to be addressed together, and might even call into question why we are dealing with two different goals. Yet Sustainable Development Goal 3 is composed of other targets and guided by another global agenda, that for Universal Health Coverage.

In practice, we can see that these two social development approaches to improving mental health are proceeding concurrently rather than jointly. That is not to say that they do not share the same ambitions with respect to improved social determinants, but that they don't necessarily work in partnership along the way.

These components of the multilateral global agenda for development – Universal Social Protection (which includes universal access to essential health care) and Universal Health Coverage – are the principal charge of different UN Specialized Agencies that have different histories, both of which long preceded the establishment of the United Nations in 1945, and are loyal to different disciplines and rely on two different conceptual knowledge frameworks. The World Health Organization, the idea of which originated at least as early as the First International Sanitary Conference of 1851 held in Paris¹⁶, and transited through the League of Nations Health Organization (LNHO) created by the League of Nations to meet a need in 1920¹⁷, while the ILO was established by the Treaty of Versailles in 1919¹⁸. Both were absorbed into the United Nations system after the creation of the UN in 1945; the ILO as the sole organization of the League of Nations to survive into the post-war period joined the United Nations by resolution in 1946, and the World Health Organization in 1948, when its Constitution came into force on 7 April.

This history highlights the very long tradition and institutional identity of each of these Specialized Agencies. The differences between them over their century-long construction go beyond territoriality or turf wars. Their specialism, expertise and disciplinary approaches have been forged over generations of training, and molded by the hierarchical transmission of modes of operating within the promotional structures of the agencies. In respect of this transmission within the health community in the interwar years, Dubin states (Dubin, 1995)¹⁹:

¹⁶ See Fidler, David P. (2001): The globalization of public health: the first 100 years of international health diplomacy, *Bulletin of the World Health Organization*, 79: 842-849 at <https://www.repository.law.indiana.edu/cgi/viewcontent.cgi?article=1597&context=facpub>. See also https://en.wikipedia.org/wiki/International_Sanitary_Conferences.

¹⁷ See Boudreau, Frank G. (1934) "HEALTH WORK OF THE LEAGUE OF NATIONS", *Milbank Memorial Fund Quarterly*, 13: 1-22 at <https://www.milbank.org/wp-content/uploads/mq/volume-13/issue-01/13-1-Health-Work-of-the-League-of-Nations.pdf>.

¹⁸ See https://webapps.ilo.org/public/libdoc/ilo/1920/20B09_18_engl.pdf.

¹⁹ See Martin David Dubin (1995). "The League of Nations Health Organisation" pp. 56-80 in *International Health Organisations and Movements, 1918-1939*, edited by Paul Weindling at <https://www.cambridge.org/core/books/abs/international-health-organisations-and-movements-19181939/league-of-nations-health-organisation/0A25D328AD38CFF408610704C3E594F6>.

“An elite of biomedical and health specialists functioning through the League of Nations Health Organisation (LNHO) in the interwar decades contributed to the development of the public health profession. They served as a co-ordinating body — a sort of executive committee — for a worldwide biomedical/public health episteme that recently had acquired confidence in its ability to alleviate human suffering by reducing, if not eliminating, disease. This new confidence reflected new consensual knowledge about the aetiology and epidemiology of many diseases... This regime had the unusual quality of being largely self-transforming in response to new scientific knowledge developed within the episteme.”

The cognitive shaping of these institutions and of their domains and specializations makes communication difficult, even if they share the same ultimate objectives of betterment for all, in this case, one in the manifestation of decent work for all, and the other in the manifestation of health for all. More generally, across the system, despite the overall political ambition of Member States to achieve a holistic agenda for development, the Sustainable Development Goals are interpreted, applied and implemented to a large extent still in silos²⁰. Even with the self-consciously acknowledged “turbo-charge” of the multilateral development agenda in the Pact for the Future adopted by the United Nations General Assembly on 24 September 2024²¹ to make the needed global development attainment reach beyond the sum of its parts, a truly comprehensive programme of economic and social development is still just beyond our grasp. Despite sustained interagency efforts, it remains difficult for disciplines and dedicated agencies to think “out of the box”.

3. The balance between empathy and altruism and the search for control and power

We are currently living in a time of polarization that we experience in many ways. It is likely that polarization has always been prevalent, but it is probable that at some times it is more salient than at other times. This comment is not so much in regard to political polarization in democracies, which is obvious and which is all the same subjected to elections and voted outcomes, as to issues that arise more broadly in the global arena in the balance between humanitarian approaches and authoritarian and even autocratic approaches seeking to centralize power and control, which can occur both within and outside democracies. Humanitarian and power approaches are based on two very different philosophies, which also have their counterparts in psychology. Societies value and promote different individual attributes, and the structures of society, both material and immaterial, encourage and reward those attributes, thereby shaping their salience.

Empathy, which has both an affective component (we respond to the pain of others on the basis of how we feel) and a cognitive component (we recognize and name the pain of others on the basis of our conceptualizations), is not only characteristic of individuals and associated with different personalities, but is also a value that can be cultivated and shared at community and

²⁰ One may note in this regard that the reaffirmations of the rights to health and to social security were adopted on 11 August, 2000 (CESCR General Comment 14) and 23 November 2007 (CESCR General Comment 19) respectively, and little influenced the Millennium Development Goals of the Millennium Declaration adopted 8 September, 2000 (see United Nations General Assembly Resolution A/RES/55/2 of 18 September 2000 at https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_55_2.pdf, whereas they largely had the time to influence the elaboration of the Sustainable Development Goals that took place between 2012 and 2015, but paradoxically may have strengthened differentiated thinking.

²¹ See United Nations General Assembly Resolution A/RES/79/1 at <https://docs.un.org/en/A/RES/79/1> and “Pact for the Future, Global Digital Compact and Declaration on Future Generations” at https://www.un.org/sites/un2.un.org/files/sotf-pact_for_the_future_adopted.pdf.

societal level. In principle, it can be attributed to a number of religious ethics that value and teach sharing, mutual aid and charity.

It rests mostly on a philosophical posture of social justice; principles of equality and fairness; and solidarity. Importantly, this approach underlies the notion of “no-one left behind” that is a foundation of the entire multilateral global agenda for development. For its implementation and realization, social justice at global level relies on a rules-based international order, wherein all lives are considered to have the same value, and each individual, as stipulated in our Human Rights instruments, both international and national, is endowed with inalienable rights.

The countervailing approach has a different philosophical foundation and also has its psychological counterparts. It is the general philosophy of utilitarianism, which emphasizes the greatest good for the greatest number of people, thereby maximizing the overall well-being, or happiness, of the community or society, even if at the cost of some of its members. For its purposes, it is acceptable, even if not planned nor anticipated, that some will be left behind. One of its manifestations is in neo-liberal economics when unregulated. For example, wealth maximization permits changes that increase overall economic surplus even if some parties lose, so long as the winners could in principle compensate the losers (assuming they do), for example through transfers and taxation, but allowing that wealth maximization should in general determine resource allocation. Collectively, greater economic control and political power are acquired, but there are winners and losers, and some are inevitably left behind.

Individual and group ambition for power and control have important psychological underpinnings, including hedonism and egotism, competitiveness, promotion of individual pursuit of wants and preferences, and prioritizing the enjoyment of individual rights even when they trample the rights of others. Critics of utilitarianism point out that wealthier parties can in practice dominate poorer ones and determine outcomes, and that utility ignores justice. This approach institutionalizes inequality as a necessary part of maximizing wealth and the greater good. Importantly, also, in situations of belligerence, whereas under a fairness approach, belligerence would be justified, among other things, by the protection and defense of the innocent (in keeping with the notion of a just war according to a traditional philosophical model dating to Saint Augustine, for example), under utilitarianism, belligerence need not necessarily be proportionate, depending on its ultimate objective, which may include territorial expansion, wealth accumulation, population capture and other such maximization goals.

In these times, we are experiencing readjustments and confrontation between empathy and altruism and the hedonistic pursuit of wealth maximization, and it is a delicate balance that is currently in disequilibrium. The multilateral agenda, based as it is on “no-one left behind” intrinsically tends toward social justice, whereas there are individual Member States that lean towards wealth maximization. One could say that the multilateral agenda aspires to be greater than the sum of its parts and to transcend utilitarianism. Yet wealth maximization creates a counterbalancing weight of utilitarian power and control. This imbalance partly explains donor fatigue and the loss of appetite to address social injustice, and even a loss of consensus on the way forward to achieve the global agenda for development.