

Note

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The Governance of Global Health

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A.

Introduction: Why Global Governance?

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The past few years have seen unprecedented attention among both scholars and practitioners to the relationships between global governance and health (Ng & Ruger, 2011). This growth can be attributed to at least three underlying factors. First, the rise of health on the global agenda has sparked new interest from a broad range of actors (Slezak et al., 2010), leading to a proliferation and diversification of organizations working in the field of global health. Joining the well-established international health actors, such as the World Health Organization (WHO) and national governments, are a broad range of civil society networks and organizations (CSOs), the private sector, foundations, researchers, media, and “hybrid” organizations such as public-private partnerships. The multiplication of actors over the past 10-15 years has highlighted the questions of both *what* governs the behavior of these organizations, and how they could be better governed.

Second (and relatedly) is the growth in resources being spent on health, which includes both domestic spending by national governments, firms and individuals, as well as cross-border financial flows generated by development assistance for health (DAH). With total health spending near one-tenth of the global economy, and DAH having quadrupled over the past two decades (Ravishankar et al., 2009), the question of how to govern the use of such resources becomes increasingly salient. There is a sense of increased urgency around these questions due to the economic crisis, with governments and households struggling to meet rising healthcare costs amid shrinking budgets, and with levels of DAH now stagnant or even in decline for the first time in a decade (Murray et al., 2011). How is the use of scarce resources for health governed, and how can it be improved?

Finally, the scope and scale of health challenges has increased with globalization. The intensified movement of goods, people, resources and ideas across borders, which are the hallmark of globalization, have tightened conditions of interdependence and demand more effective cross-border governance arrangements in response (Chen, Evans, & Cash, 1999).

Recent high-profile policy debates that highlight the impact of global governance processes on health can roughly be divided into three broad categories: those relating to DAH policies, to health policies more broadly, and to issues arising from decision-making outside the health sector:

- Development assistance for health: examples of key debates: how the global community should respond to the HIV/AIDS pandemic, re-emerging infectious diseases such as drug-resistant tuberculosis, maternal and child health needs in LMICs, immunization policies, health systems strengthening, the Millennium Development Goals and post-2015 agenda

- Health: examples of key debates: the global economic and security threat of pandemic flu, universal health coverage, migration of health workers, the rise in non-communicable diseases in low- and middle-income countries (LMICs)
- Multiple sectors: examples of key debates: access to medicines and the intellectual property regime; the effect of trade and investment agreements on tobacco control; the impact of agricultural, trade, and aid policies on nutrition and food security

Against this backdrop, ISGlobal's interest in working more deeply on governance issues is timely, relevant, and has the potential to bring important voices and underrepresented perspectives into the debate. In order to construct its agenda for work in this area, it may be useful to first establish further clarity regarding the key concepts being discussed.

B. Definitions & Concepts: What is meant by “Global Health” & “Global Governance”?

Perhaps the first and most important questions to answer are, what is meant by “global health,” and what is meant by “global governance”? “Global health” is often used as shorthand to refer to international health cooperation, infectious diseases, the health challenges of the poor, or of populations living in LMICs. Defining global health in this way suggests that the governance issues on which ISGlobal would focus would be those most relevant to LMICs. However, one could also consider the broader set of health issues of global importance, approaching global health as the study of the health of all populations and the relationships of interdependence that bind them together (Frenk & Moon, forthcoming). Such an approach would include in its scope the health of all individuals and populations, regardless of whether they live in richer or poorer countries. With LMICs comprising 80% of the world's population, this approach would certainly continue to pay attention to the problems most salient to these countries, but would not be limited to those alone.

“Global governance” is sometimes understood to refer primarily to formal governance processes such as intergovernmental diplomatic negotiations taking place in Geneva. However, a more conceptually useful and empirically-grounded understanding of how global governance works would take into account both formal and informal processes, and a broad range of actors. “If ‘governance’ means the ‘management of the course of events in a social system’, global governance sets out to manage the most complex social system conceivable, more complex than any system of inter-governmental organizations, such as the UN system.... global governance might be seen as a totality of complex processes of self-organization in a global society (Hein and Moon, forthcoming).” In other words, global governance can be understood as the way the global community manages issues of global significance. Explicitly conceptualizing global governance in this way could considerably broaden the set of problems and processes for consideration.

C.

Four Options for Approaching Governance and Global Health

Often grouped under the broad but undefined heading of “global health governance,” there are at least four different ways in which ISGlobal could approach its work on governance and global health. While there is certainly overlap between the categories, each approach also reflects a different set of underlying interests and objectives:

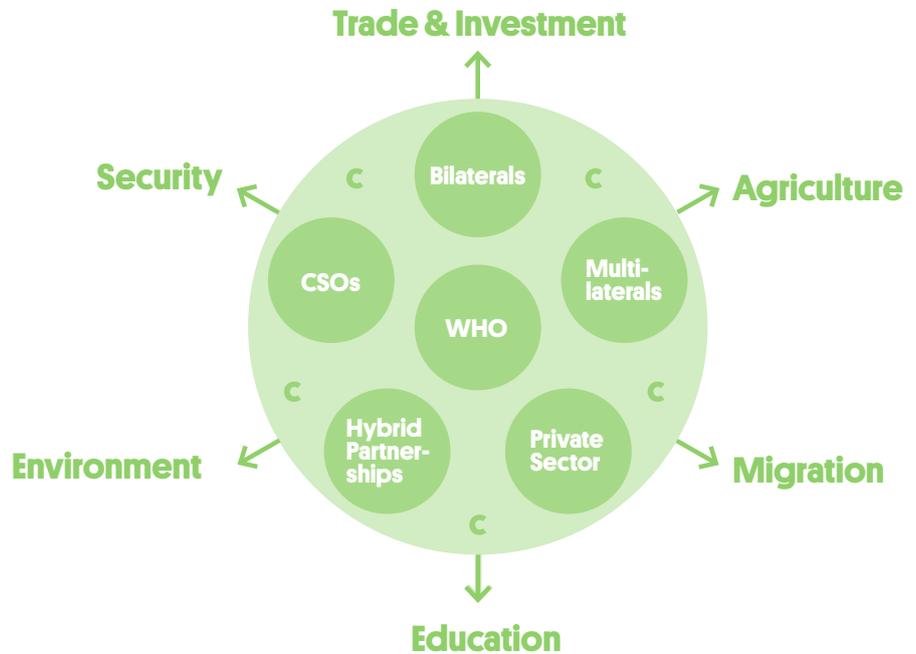
1. Academic: The topic could be approached as a field of study, with health issues offering rich empirical material from which one could try to better understand the nature of contemporary global governance. On the other side of the same coin, insights from the study of global governance in other fields, such as security, environment or trade, could shed light on the forces that shape global health. *Key questions would include: What is understood about global governance in other sectors (eg influence of civil society or the private sector) that can shed light on how global health issues play out? What does the governance of Case X (eg pandemic flu, HIV/AIDS, tobacco) tell us about Question Y in global governance (e.g. the influence of the emerging powers, the relative utility of formal vs informal norms in shaping behavior at the global level, the effect of nesting, overlapping or conflicting rules [regime complexity] on the management of an issue)?*

2. Global Governance and Health/Global Health Diplomacy: the topic could be approached by looking at the two-way relationship between health and global governance – that is, the place of health issues in broader global governance processes (for example, around security), and the impact of broader global governance processes on health (for example, in trade). This framing is similar to that inherent in the notion of “global health diplomacy” (see also Manuel Manrique’s briefing paper), which examines how health shapes foreign policy and vice versa. One limitation of using “diplomacy” as a frame may be that it focuses quite centrally on the actions of governments and formal intergovernmental processes, when many other types of actors and processes may be more important for a particular issue area. Furthermore, this approach is likely to explicitly instrumentalize health as a means to reaching other goals (e.g. security, economic growth, political influence) – the implications of doing so merit further debate. *Key questions would include: How do health concerns factor into defining the national interest? Whose health? How do diplomatic negotiations shape how an issue is managed, and ultimately affect health outcomes on the ground? How are conflicting interests or agendas managed at the national and global levels, for example, when health concerns conflict with trade objectives? How is “policy coherence” sought, achieved or undermined?*

3. Governance of the Global Health System: The topic could be approached by focusing on governance of the actors whose primary intent is to improve health (the “inner circle” in Figure 1), such as national Ministries of Health, WHO, bilateral and multilateral agencies for international health cooperation; civil society organizations; foundations; public-private partnerships; and the private sector. *Key questions would include: How*

can global health actors coordinate more efficiently and effectively? What roles and functions should WHO carry out and how should it be reformed to better meet contemporary needs? How should priorities and agendas in global health be set? How can resources be mobilized more effectively? Whose voices should be involved in decision-making and in which arenas? Who has power, legitimacy, credibility and authority in the system, and how does this shape how issues are managed? How can decision-making be improved to be more inclusive, democratic, equitable and legitimate?

Figure 1.
The Global Health System



Source:
Frenk & Moon, forthcoming

4. Global Governance for Health: framing the topic as global governance for health injects a clear normative goal into the work, where health is posited as an important objective for global governance processes. In other words, governance arrangements and outcomes could be judged based on how well they protect and promote health, even if that is not their primary intent. This approach explicitly takes into account the “outer circle” of Figure 1 – that is, the health impact of decision-making in arenas outside the health sector. (Some have referred to this as the political counterpart to, or global governance dimension of, the social determinants of health (Commission on Social Determinants of Health, 2008). It seeks to identify ways to improve governance arrangements so that health is better protected and promoted in all global governance processes. This framing is what we have chosen for the Forum on Global Governance for Health at the Harvard Global Health Institute, and also for the Lancet Commission on Global Governance for Health. *Key questions would include: How does decision-making in Sector X (agriculture, education, environment, finance & investment, migration, trade, security) impact health? How can governance arrangements at national and global levels be improved to achieve not only policy coherence, but health-sensitive outcomes? What tools and mechanisms of global governance (e.g. soft norms, formalized treaties, civil society campaigns, court cases, rules of participation and representation, etc) may be applied in what types of situations to better protect health? (In addition, all questions under Section C.3 on governance of the global health system would also be relevant here.)*

D. Questions for Debate on Key Policy and Governance Issues

Which of the following key issues deserve greater attention and priority (whether by ISGlobal or other interested actors)? What are the merits and shortcomings of existing proposals to improve the global system? What new proposals might be generated to better govern global responses to health challenges?

Policy Issues:

Examples of priority issues within the **global health system**:

- **WHO reform:** How should WHO be reformed to better meet today's global health needs? Is it possible for WHO to reform itself? What are the most urgent areas for reform?
- **Global R&D system:** How can the global R&D system be strengthened so that it delivers both equitable innovation and access to medicines to the global population? In light of the 2012 report of the WHO Consultative Expert Working Group on R&D (CEWG) (WHO Consultative Expert Working Group on Research and Development (CEWG): Financing and Coordination, 2012), how should the existing system be reformed? What would be the appropriate governance arrangements for any new institutions or programs that may be created?
- **Financing global health:** How can a sufficient minimum level of financing be guaranteed to meet the health needs of the world's poorest populations? What are the respective responsibilities of national governments, the international community, and non-state actors? (See the Framework Convention on Global Health proposal advanced by the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI), and proposals for innovative financing mechanisms (Committee of Experts to the Taskforce on International Financial Transactions and Development, 2010; Gostin LO, 2012; Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI), 2012; Taskforce on Innovative International Financing for Health Systems, 2009).

Examples of **multisectoral issues**:

- **Food security and nutrition:** Food security has recently risen higher on the global agenda, especially following the food price shocks of 2008, as well as growing attention to the problems of obesity and related NCDs. How can the global food system (including agriculture, trade, and food aid policies) be better governed to improve food security and nutritional status? How can the most vulnerable or marginalized populations be protected from the shocks of an increasingly globalized food market?
- **Migration:** Forced and voluntary cross-border migration poses a challenge for public health, and is expected to increase significantly in the

coming decades. Key issues include access to healthcare for migrant populations, protection of the most vulnerable migrants (e.g. refugees, women and children subject to sex trafficking), the heightened risk of cross-border disease transmission, and the challenges of managing health worker migration. How can the forces governing migration be better managed to protect health and human rights?

- **Climate change:** Climate change poses a broad range of health risks and challenges, from the heightened risk of natural disasters and extreme weather events, to changing patterns of disease transmission, to environmental degradation with impacts on food and water systems. How can the global health system be strengthened to respond to these challenges? How can health-sensitive policies be developed for the mitigation and adaptation to climate change?

Governance Issues:

- **Role of the private sector:** What role should (and do) for-profit private actors play in formal or informal governance arrangements (e.g. on governing boards of major global organizations such as the Global Fund to Fight AIDS, TB and Malaria or the Global Alliance for Vaccines and Immunization)? How can their potential contributions be leveraged, while guarding against conflicts of interest? How can the private sector be governed to reduce the potentially harmful health effects of globalized trade and markets?
- **Role of foundations in general, and the Gates Foundation in particular:** The Bill and Melinda Gates Foundation is by far the largest private foundation active in global health today, and by many accounts wields tremendous influence in multiple decision-making processes affecting global health. What role should (and do) foundations in general, and the Gates Foundation in particular, play in both formal and informal governance processes? How should the influence that inevitably accompanies its unmatched financial resources be governed? What policies or mechanisms could the foundation adopt to address concerns that have been raised regarding its role in shaping the global health agenda (Global Health Watch, 2011)?
- **Role of civil society organizations:** What role should (and do) civil society organizations play in formal or informal governance arrangements (e.g. on governing boards of UNITAID, Global Fund and GAVI)? How should representation and accountability of CSOs to their 'constituencies' be understood and promoted? What risks and rewards does CSO engagement bring to global governance processes?
- **Traditional multilateral institutions:** The formal institutions of global governance largely remain the state-based institutions designed in the wake of the Second World War, including the UN system and Bretton Woods institutions (World Bank and International Monetary Fund). In what ways, if at all, should the traditional multilateral institutions adapt to a changed (and changing world)? What are their unique strengths and advantages, as well as their greatest weaknesses? How can they be reformed, if at all, to better meet contemporary governance challenges relating to health?

E. Questions for Debate for IS Global

- 1.** What is the unique niche, “comparative advantage” or singular “added value” that ISGlobal could contribute to ongoing debates? Where are the gaps in the existing landscape of researchers and analysts?
- 2.** On what policy issues does ISGlobal have, or seek to develop, expertise? How could it deepen its work and impact by incorporating an analysis of governance arrangements?
- 3.** How might ISGlobal focus its work within the broad field of global governance and health – by policy topic, by region, by sector (e.g. trade, environment), or some other category? Which of the above framings seems most appropriate?
- 4.** How should ISGlobal engage in governance issues? Should it engage actively in policy debates? Advocate for its policy recommendations on specific issues? Convene meetings to work towards recommendations and solutions?
- 5.** What are the interests common to the “middle-powers” – countries that wield influence in the global system, often linked to wealth, size, expertise, political positioning, but who are not the “major powers”? Spain and Norway could be considered “middle-powers,” just as Argentina, Brazil, Mexico, Egypt, Thailand, Indonesia, Malaysia, Kenya and South Africa could be. How might the interests and perspectives coming from these countries influence debates on global governance and health?

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