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Global Governance for Health.
In search of leadership

Cornelia Ulbert

International cooperation on health, which in the past was coordinated by the World Health Organization (WHO) as the lead authority on global health, has undergone major changes since the 1990s. Health, as a cross-cutting issue, has become a crucible in which many different challenges facing global governance are concentrated. Not only is this policy field attracting more attention and funding; a broader set of actors has also entered the stage. This has not only created a coordination problem; it also raises a number of increasingly urgent questions. How should the available resources be deployed? Is spending having the desired effect? And can the plethora of parallel decision-making processes and implementation mechanisms be streamlined in some way? In view of the increasingly vocal calls for a central coordination body – in other words, a lead institution – for global health policy, the lack of progress on reforming the WHO's governance structures drew sharp criticism at this year's World Health Assembly in May, which was attended by delegations from all WHO Member States. This paper looks at some of the options currently under discussion to improve the system of global governance for health. Embedding health in the post-2015 agenda is essential if these proposals are to become reality.

A crucible for global governance challenges

Since the 1990s, international health policy – which for decades was dominated by government agencies and multilateral organisations such as the WHO and the United Nations Children's Fund (UNICEF) – has changed dramatically. Globalisation, accompanied by an increase in the transnational exchange of goods, people, ideas and values, has contributed to this process, as has the privatisation of health services, which was initiated by policy-makers in the 1980s and subsequently enforced through the structural adjustment programmes set up by the World Bank and the International Monetary Fund (IMF). As a result, the World Health Organization (WHO) had already forfeited its leadership role in international health policy by the 1990s. With the adoption of the Millennium Development Goals (MDGs) in 2001, health moved further up the international agenda, for within the development discourse, it was regarded as a prerequisite for poverty reduction. Notably three out of eight MDGs explicitly address health issues (MDG 4: Reduce child mortality, MDG 5: Improve maternal health, and MDG 6: Combat HIV/AIDS, malaria and other diseases), further targets of relevance to health were set for almost all the others.

As a result, more and more actors began to turn their attention to global health issues. Besides the usual governmental and multilateral organisations, an array of non-state actors now entered the field – from civil society and non-governmental organisations (NGOs) to charitable foundations, the corporate sector and, of course, scientists. This plethora of organisations has contributed to the emergence of new forms of cooperation such as public-private partnerships, and new funding mechanisms such as the

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

If the provision of new funding is taken as the benchmark, the last 15 years can be considered a success story. According to figures from the Institute for Health Metrics and Evaluation (IHME), the level of health aid has almost trebled, from USD 9.86 billion to USD 28.2 billion, since 1999. However, these figures also give a sense of just how much the problem of coordinating the plethora of health initiatives, programmes and projects has burgeoned at the same time.

Health has become a cross-cutting issue, encompassing many different sectors: trade and investment, food and agriculture, environment, education, migration and, increasingly, security aspects as well. There are arguments, then, for moving away from the notion of "global health governance" and thinking in terms of "global governance for health" instead. "Global health governance" means coordinating all the various actors who are directly engaged in global health issues, as well as the related regimes and processes, whereas "global governance for health" also includes actors and processes which operate outside the global health system but nonetheless influence health and bear some of the responsibility for inequalities. Besides the social factors, which are identified and discussed in the report by the Commission on Social Determinants of Health (2008), there is now a broader focus on political factors and the diverse interests and power relations associated with them.

In search of leadership

Developing a system of global governance for health is a Herculean task, then, and there are increasingly vocal calls for a coordinating body which would also perform leadership tasks. The main options for improving global governance for health are currently as follows: 1. reforming the WHO, 2. further regulation, based on a Framework Convention on Global Health, 3. the establishment of a new coordinating body.

Reforming the WHO: lengthy process, uncertain outcomes

Who could take on this leadership role? On the face of it, the WHO is the prime candidate. Indeed, this is the role which it should already be playing, according to its Constitution, adopted in 1948, but which it no longer performs. The WHO's loss of significance began more than 20 years ago, when the increase in voluntary earmarked contributions resulted in a largely uncontrolled expansion of its agenda. This then prompted criticism of its failure to implement decisions, which was partly also the consequence of its tripartite structure, still in place today, with headquarters in Geneva, autonomous regional offices, and country offices. Overall, the WHO was accused of being excessively bureaucratic and performing inadequately. In essence, nothing has changed since then, but its funding problems have worsened, for the WHO has not benefited from the increase in funding for global health. What's more, in 2010-2011, as much as 75 per cent of the WHO's budget came from voluntary contributions, most of which were earmarked by donors, leaving little scope for the WHO to set its own priorities – surely a sign of Member States' lack of confidence in the organisation.

With the WHO facing massive criticism, the present Director-General, Dr Margaret Chan, initiated a reform process in 2010 which focuses not only on the content of its work (programmes and priority setting) but also on governance structures and practical management processes. A number of core functions have been identified and will be used in the development of the General Programme of Work that will provide the strategic overview for the WHO during the period 2014-2019. But while the development of specific categories of work is progressing well with Member States' support, the WHO's internal management via the three institutional levels is still causing problems. On the issue of WHO financing, however, some movement can now be discerned: an official dialogue with Member States on securing predictable financing aligned with the WHO's identified priorities was launched in June 2013.

But there is still a lack of progress on governance structures. Among other things, the WHO's relations with external actors, such as civil society organisations, foundations and industry, are under scrutiny. An initial proposal from the WHO's Director-General to set up a World Health Forum as a means of involving other stakeholders in the WHO's work has not been pursued: Member States are worried about the erosion of their decision-making powers, and civil society organisations reject the idea due to concerns that companies and other private sector institutions, such as the Bill and Melinda Gates Foundation, could gain too much influence over the WHO's agenda.

So will the WHO be able to (re)gain a stronger leadership role in global health governance any time soon? That is still uncertain, and will largely depend on whether Member States are willing to provide the WHO with reliable baseline funding.

Regulation "from below": a Framework Convention on Global Health Recommendations

One way of solving the coordination, funding and leadership problems, according to a growing number of stakeholders, is to adopt a new and comprehensive Framework Convention on Global Health (FCGH). This proposal has been discussed in academic circles since 2007 and is now being actively promoted by the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI), a coalition of academic institutions, NGOs and private individu-

als. In essence, the proposal aims to create a legally binding obligation for states to define the "right to health" in specific terms, taking account of existing health needs and inequalities, and to provide the funding and mechanisms necessary to realise this right. "Legally binding" would mean that monitoring mechanisms would have to be established in order to safeguard compliance. At the institutional level, the negotiations would be coordinated by the WHO Secretariat. In line with the UNFCCC (UN Framework Convention on Climate Change) model, an intergovernmental panel would be established as the scientific advisory body for the process. A high-level cross-sectoral consortium on global health would be set up as well, to ensure that health, as a cross-cutting issue, is included on the agenda for other policy fields.

At present, however, there appears to be little real prospect of making a Framework Convention on Global Health a reality. Not only has the UNFCCC shown just how long this type of intergovernmental negotiating process takes and how modest the actual outcomes can be; it is also highly unlikely that when it comes to the financing of national or, indeed, international health, states will be willing to hand over the reins. Although the proposal is intended to strengthen the role of the WHO Secretariat, it lays the ground for institutional rivalries by creating new structures. What's more, as an intergovernmental mechanism, it would be unable to safeguard a stronger role for non-state actors in international health policy. A positive aspect which should be emphasised, however, is the focus on the right to health, whose realisation is primarily the responsibility of the states themselves.

A new coordinating body in the UN system

Over the course of the United Nations' eventful history, the answer to coordination problems was very often to create new institutions, and that's what's happening now, with proposals to set up a new coordinating body, involving not only governments but also non-state actors, within the UN system. One such proposal calls for the UN General Assembly, in conjunction with the Economic and Social Council (ECOSOC), to establish a UN Global Health Panel. This body of experts would consist of representatives of all the UN agencies of relevance to health, but also NGOs, foundations, patient groups and industry, as well as selected representatives of Member States from the WHO regions. Within this new governance structure, the panel would focus mainly on policy issues of relevance to global health, allowing the WHO to concentrate on providing advice and technical support on health issues.

But as the example of the United Nations Environment Programme (UNEP) shows, new institutions rarely do justice to their coordinating role. At most, they may be in a position – albeit to varying extents – to set priorities and thus take the lead in setting the thematic agenda or developing solutions.

Global governance for health: what's next?

Over the past decade, there has been an unprecedented increase in the amount of attention focused on health, largely because it is integral to the achievement of the Millennium Development Goals. However, this has a number of drawbacks; among other things, it has created problems with fragmentation and transparency. In the report submitted by the High-Level Panel on the Post-2015 Development Agenda in May 2013, health is once again given a prominent role. The lesson to be learned from the MDG process is that every strategy which aims to address health problems must also address the causes of inequality and that intermittent interventions which fail to strengthen national health systems are unlikely to be successful over the long term. Nonetheless, the set of targets established by the MDGs – despite all the criticism of the indicators on an individual basis – do provide a frame of reference for state and non-state actors to measure the effectiveness of their actions and submit to some degree of accountability. This framework is already in place and could be expanded further in the current post-2015 process.

But assuming that one single actor could take the lead in a system of global health governance is like trying to square the circle. For the foreseeable future, global governance for health is more likely to consist of a series of overlapping circles. All the various actors have a responsibility to utilise the intersections between them productively, based on a clear division of roles, in order to find shared solutions to shared problems. The following measures should therefore be introduced:

The reform of the WHO is the key to improving global governance for health. Within the UN system, the WHO is, and will remain, the organisation exclusively dedicated to health, with universal membership of all 194 Member States. A global perspective on health needs is essential: they should not be defined by one small group of stakeholders, such as philanthropists, no matter how well-meaning. At the same time, the WHO provides a forum in which binding decisions can be taken, and although it has only performed this role to a limited extent so far, there is scope for expansion. This could lead to more regulation of individual policy areas as a further step towards realising the right to health. The WHO reform process which has now begun must therefore be driven forward with determination by the Member States.

The coordination deficit can only be addressed through a clear division of responsibilities. One option is for cross-cutting issues of relevance to health to be dealt with in future by a new UN Global Health Panel, consisting of governmental and non-governmental actors. However, the expertise needed to provide technical support and develop rules and

guidelines should remain with the UN agencies responsible for health, trade, environment, food, etc. Establishing parallel structures cannot solve the governance problem.

And finally, an additional starting point for improved coordination is to involve non-state actors in the Busan process, which aims to enhance aid effectiveness.

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Further information

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