

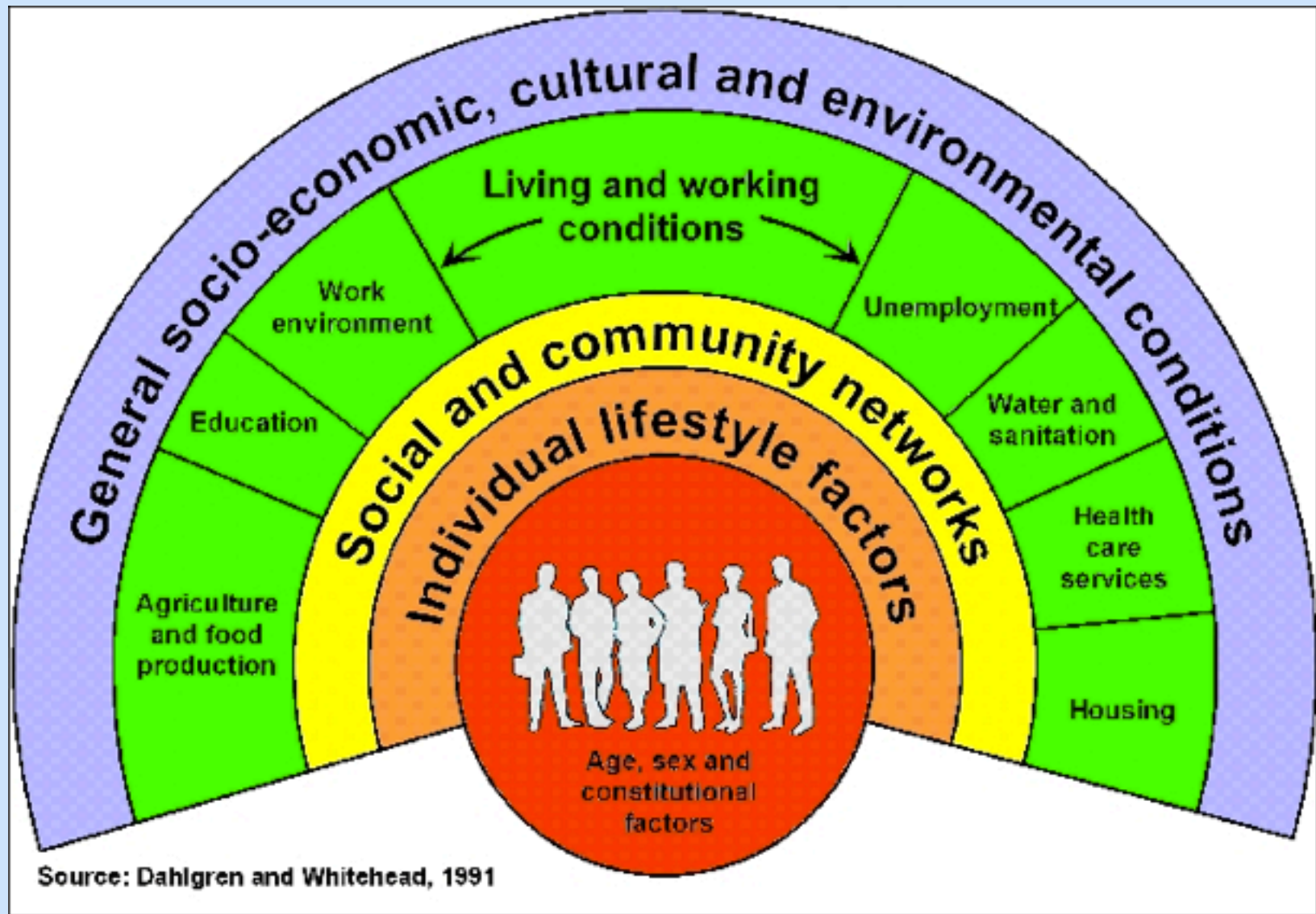
Determinants of health and global governance for health: What is at stake?

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Determinants of health



Determinants of health

- the conditions in which people are born, grow, live, work and age *are shaped by the distribution of money, power and resources at global, national and local levels.*

(CSDH, 2008)

Growing inequalities and inequities

- The growth of social and economic inequalities is associated with the neoliberal social and economic model and the spread of commercialization and commodification of almost any area of social life
- Inequality is strongly correlated to ill health and distress
(Wilkinson and Pickett, 2009)
- Global distribution of health risks is extremely and unacceptably uneven

Determinants of health

- Globally interrelated social, economical and environmental determinants substantially influence health conditions and access to health services (exs.):
 - Food industry
 - tobacco industry
 - chemical industry
 - energy industry
 - Pharma industry
 - privatization and trade of water
 - macro-economic policies
 - Trade agreements
 - Research and development

Beyond Inter-National

- Health outcomes increasingly results from the *transnational* activities of a growing number of actors with different interests and degrees of power:
 - Governments and intergovernmental (i.e. international) Institutions
 - transnational corporations
 - Transnational social movements and civil society networks
 - INGOs
 - Global philanthropies

Global political determinants of health

- The norms, policies, and practices that arise from global political interaction *across all sectors* that affect health
- Health priorities often come into conflict with powerful global actors in pursuit of other interests such as protection of national security, safeguarding of sovereignty, or economic goals.
- Global political determinants that unfavourably affect the health of some groups of people relative to others are unfair

(The Lancet—University of Oslo Commission on Global Governance for Health

Global Governance

- Harms could be avoided by improving how global governance works in many policy areas that affect health
- Global governance processes involve the distribution of economic, intellectual, normative, and political resources, and are strictly related **to power relations**

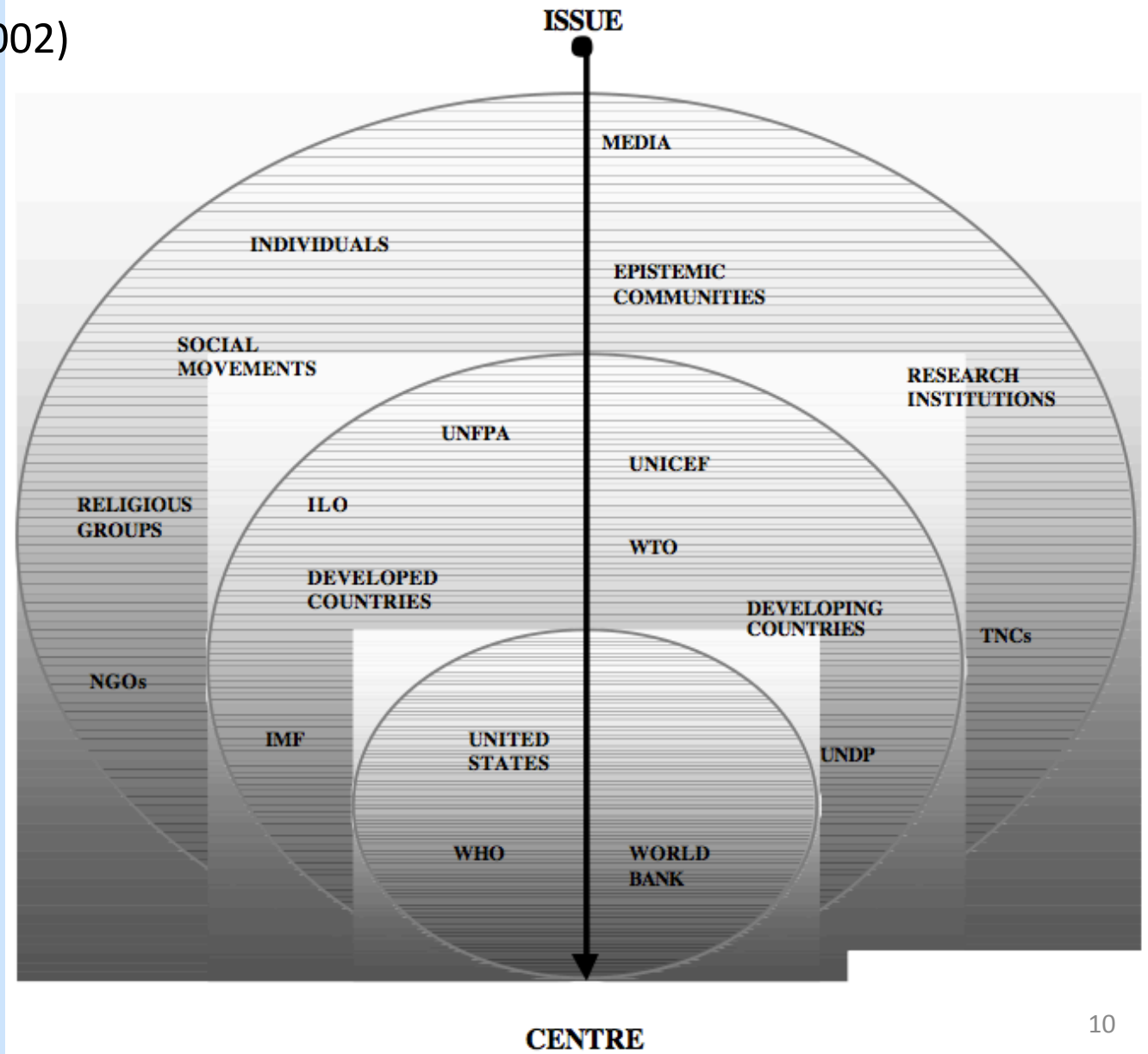
(The Lancet—University of Oslo Commission on Global Governance for Health)

The World Health Organization

- The directing and co-ordinating authority on international health work
- authority to adopt **conventions or agreements** with respect to any matter within the competence of the Organization (*binding*)
- authority to adopt **regulations** (*binding*)
- authority to make **recommendations** to Members (*non binding*)

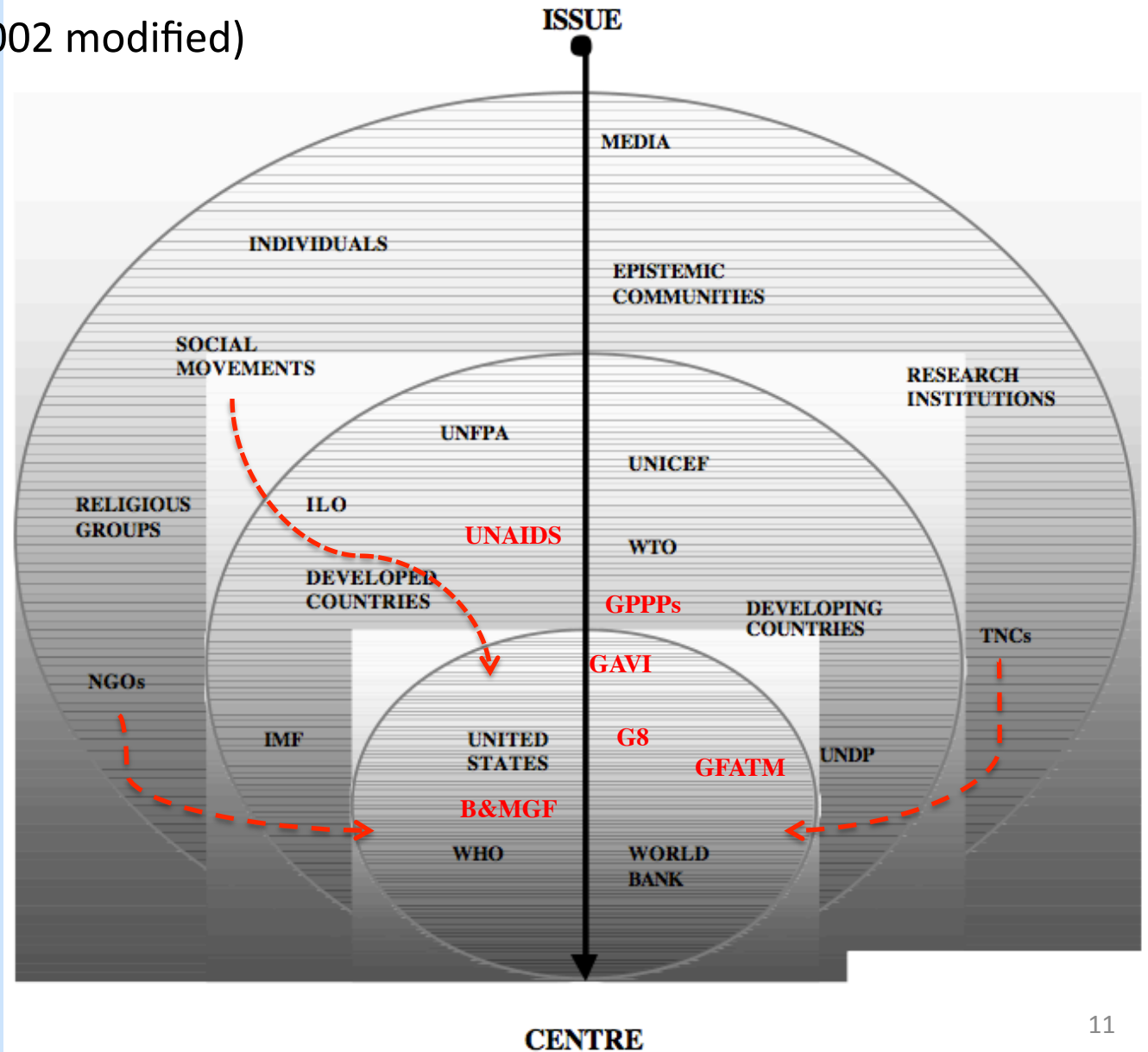
Global Health Governance

(Dodgson et al., 2002)



Global Health Governance

(Dodgson et al., 2002 modified)



Global Health Governance vs. Global Governance *for* Health



Global Health Governance vs. Global Governance for Health

Global Health Governance

“The use of formal and informal institutions, rules, and processes by states, intergovernmental institutions, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively.” (Fidler D., 2010)

Global Governance *for* Health

Global governance for health refers to all governance areas that can affect health. Health equity should be an objective for all sectors.

(The Lancet—University of Oslo Commission on Global Governance for Health, 2013)

Major Governance Challenges for Global Health

(Frenk & Moon, 2013)

- **Sovereignty Challenge**
 - intensified transfer of health risks across borders means that the determinants of health and the means to fulfill that responsibility lie increasingly beyond the control of any one nation state.
- **Sectoral Challenge**
 - health is increasingly the product of cross-sector interdependence — that is, the out- come of policymaking processes across multiple sectors.
 - global health actors today are largely unequipped to ensure that health concerns are adequately taken into account in crucial policymaking (trade, investment, security, environment, migration, education, etc.)
- **Accountability Challenge**
 - formal institutions of global governance (ex. United Nations system), are built on the principle that governments of nation states are the primary decision makers and representatives of their population’s interests at the international level.
 - new forms of social organization are challenging the primacy of the nation state in the global arena (i.e the “unstructured plurality” of nonstate actors)
 - lack of clear mechanisms for the accountability of nonstate actors

Five dysfunctions of the governance system for health

The Lancet—University of Oslo Commission on Global Governance for Health, 2013

1. Democratic deficit

- representation of some actors, such as civil society, health experts, and marginalised groups, are insufficient in decision-making processes

2. Weak accountability mechanisms.

- inadequate means to constrain power and poor transparency

3. Institutional stickiness

- decision-making procedures are often impervious to changing needs

4. Inadequate policy space for health

- inadequate means exist at both national and global levels to protect health in global policy-making arenas outside of the health sector

5. Missing or nascent institutions

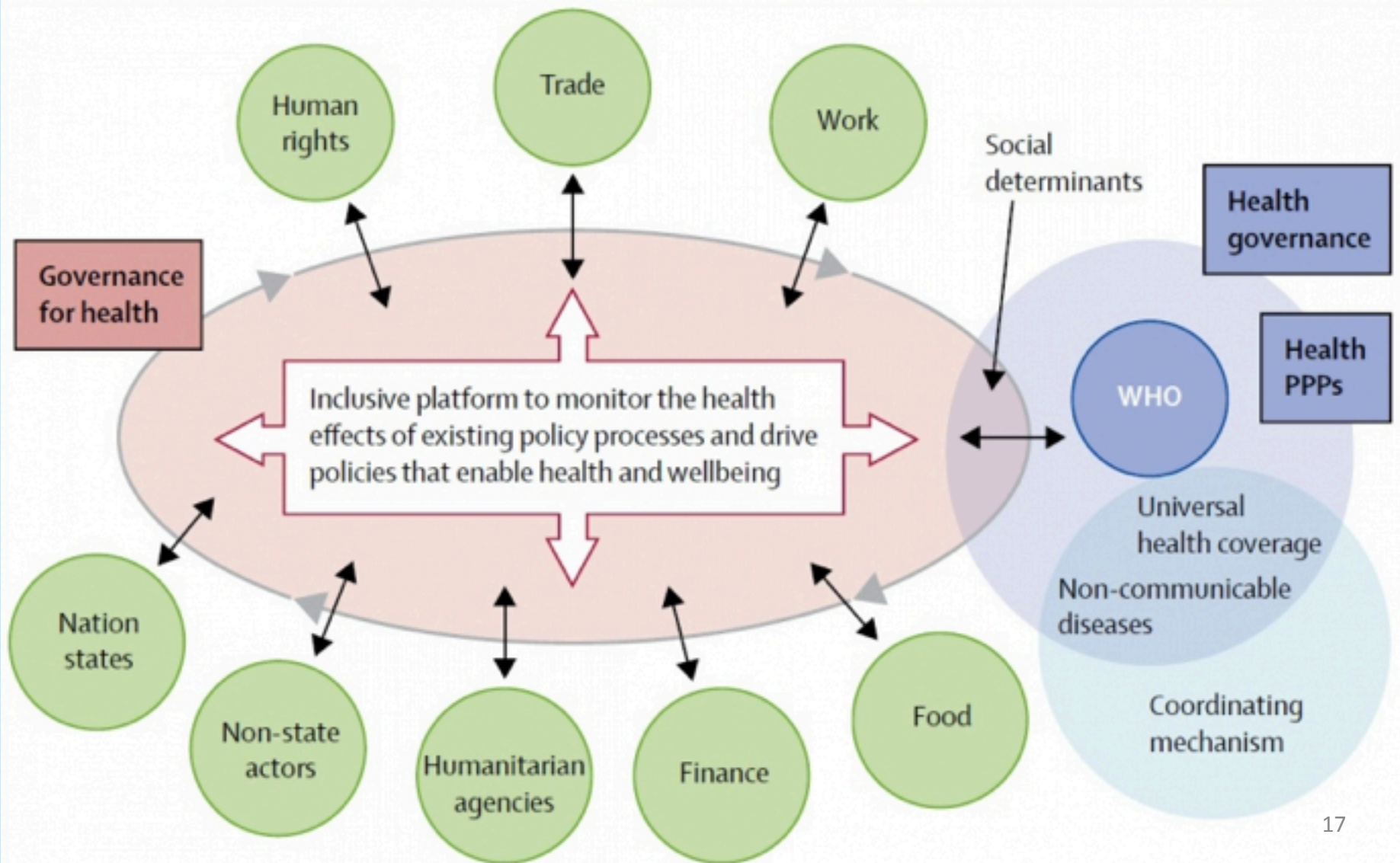
- total or near absence of international institutions (eg, treaties, funds, courts, and softer forms of regulation such as norms and guidelines) to protect and promote health

Proposals: global governance for health (1)

The Lancet—University of Oslo Commission on Global Governance for Health, 2013

- **UN Multistakeholder Platform on Global Governance for Health**
 - Multistakeholder (public and private)
 - Multisector (in the areas of finance, trade, labour, food, environment, human rights, migration, and peace and security)
 - Derive its legitimacy from the
 - Policy forum (not a funding platform)
 - shape action by making *recommendations* to the decision-making bodies of participating state, intergovernmental, market, and civil society actors.
- **An Independent Scientific Monitoring Panel on Global Social and Political Determinants of Health**

UN Multi-stakeholder Platform



Proposals: global governance for health (2)

(Gostin et al. , 2013)

- **A framework convention on global health grounded in the right to health.**
 - clarity and precision to norms and standards surrounding the right to health,
 - a health financing framework with clear obligations
 - an accountability regime with robust standards, monitoring and enforcement
 - Standards embedded in national law,
 - facilitate the use of domestic judicial systems for enforcement; empower civil society to litigate the right to health.
- **Alternative pathways to the Convention**
 - WHO at the centre of the convention regime
 - UN General (ex. the UN Convention on the Rights of Persons with Disabilities).
 - UN Human Rights
 - Outside the UN system (ex. Mine Ban Treaty)

...a critic of the Global Fund, said:

“One may ask, why have an ‘independent’ board to decide about the use of resources for public global health, and not WHO, which has the mandate and the legitimacy for it?”

Gavin Yamey (2002)

Why does the world still need WHO? *BMJ*

The way forward

- Yes, we need binding rules.
 - WHO has the statutory authority to lead the process
 - It is possible: ex. the Framework Convention on Tobacco Control; but it required leadership and wide alliances with like-minded movements in civil society
- Strengthen existing governance mechanisms before proposing new platforms

The way forward

- Separate public interest (global health) from commercial interests
 - Commercial actors (and those linked to them cannot participate in the decision-making for public goods), but can contribute
 - “Non-State actors” is a surreptitious and dangerous concept
- “Governments have a responsibility for the health of their peoples” (WHO Constitution)
- Increase WHO capacity to stand for health in other policy fora
- Establish the right alliances

Conclusion

- Recognise where risks to health and health inequity come from and engage to correct those factors.
- Recognise what undermined WHO capacity to effectively steer global health, engage to avoid repeating the same mistakes.

“We can't solve problems by using the same kind of thinking we used when we created them.”

(Albert Einstein)