

Global Health Governance as a Subordinate Domain of Global Economic Governance

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Health as Policy Objective

- Health should be a central objective of policy
- As “a complete state of physical, mental and social well-being”, it should arguably be **the** objective of policy
- But the reality is very different....

In Reality....

- Health has been compartmentalised – put in its own narrowly-defined technical/ medical box
- It is treated as an add-on/after-thought, to be dealt with separately
- It is subordinated to other (esp. economic and commercial) concerns

The Global Economy and Health

- Health is affected at least as much by global economic developments as by technical/medical developments – eg
 - TRIPs and essential medicines
 - GATS and commercialisation of health services
 - Trade liberalisation and poverty
 - Debt/structural adjustment and poverty/social determinants, health sector financing

Responsibility for Global Economy/Health Issues

- These issues are dealt with by “economic” international institutions: IMF, WB, WTO
- They are also given primary responsibility for areas of overlap – eg social impact of adjustment, TRIPs/essential medicines
- WHO has little or no role, limited capacity, and little opportunity to play a role

Limitations of Health Agencies

- Health agencies
 - have a narrow technical medical focus, with limited attention to/capacity on social dimensions
 - are fragmented (WHO, UNAIDS, Global Fund...)
 - are segmented by diseases
 - are in danger of cooption and subordination by more powerful and better-resourced economic agencies

Why?

- Financial dependency
- No independent resource base, so dependent on Northern governments (and/or commercial sector)
- Funding is discretionary, so funders can decide who to fund to do what....
-and they choose the agencies where they have greatest control, and which most reflect their concerns

Governance Structures

- UN: one country one vote (though countries susceptible to bilateral pressure)
- IMF/World Bank: “economically-weighted” voting; US/EU effectively appoint heads
- WTO: one country one vote; but pressure, negotiating/trading framework, *and* formal processes largely side-stepped
- WHO: reliance on discretionary funding creates financial dependency

Why does it Matter?

- The same governments are represented on all – but:
 - Balance of power (North/South)
 - Different parts of government
 - *Internal* balance of power
 - Different institutional cultures and values/priorities

Solutions?

- Democratisation
 - North-South balance
 - Accountability
 - Reduced commercial influence
- Financial independence
 - Institutions – global taxation?
 - Southern governments – multilateralisation/
greater automaticity in aid

Solutions? (continued)

- Stronger health institutions
 - Consolidation
 - Capacity
 - Connectedness
- Obligations with respect to rights
 - On international institutions
 - On governments in their role in international decision-making

Proposed Principles

- Democratic structures (cf national level)
- Enforceable rules to ensure due process
- Automaticity in funding and aid
- Constituency system, but with real accountability
- Accountability to parliaments, not governments
- Full transparency of documents and discussions
- Overhaul/codification of institutional structure (including consolidation on health; development)
- Agencies and governments bound by rights obligations