



People's Health
Movement



World Council of
Churches

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Health Action
International



Geneva NGO
Forum for Health



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Global Health Governance
14-15 May 2010 – Geneva, Switzerland

We have the pleasure to invite you to participate in the workshop on 'Global health Governance'. The workshop will be held on 14th and 15th of May 2010 in the premises of the World Council of Churches (150 route de Ferney, 1211 Geneva 2, Switzerland)

Please find below a short note on the background, goal, objectives and format of the workshop in addition to an outline for the program.

For more information, please contact:

- Hani Serag (PHM global secretariat – Cairo office)
globalsecretariat@phmovement.org
- Maria VanHeemstra (World Council of Churches) MVH@wcc-coe.org

The Co-organizers



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Background

The structures and dynamics of Global Health Governance (GHG) are dominated by the big powers (in particular, USA and Europe) and by large transnational pharmaceutical corporations. These, the principals, operate through the UN system, the Bretton Woods system and a plethora of global public private partnerships. They also operate directly through bilateral and regional trade agreements; through the operations of bilateral international assistance; and through direct advice and pressure. The operating paradigm of this system of GHG is strongly influenced by the ideology of neoliberalism which is promoted through a much wider range of channels including the commercial media and various corporate peak bodies (such as at the World Economic Forum).

In many respects the regulatory, financing and policy outcomes of this system reflect the interests of the rich world. This bias is reflected in:

- continuing unimpeded brain drain, in part because the rich countries do not train enough of their own professionals (it is much cheaper to import professionals trained in the developing countries);
- an intellectual property rights regime which is largely focused on maintaining the profits of transnational pharmaceutical companies and discounts the urgent needs of millions of people in developing countries;
- trade policies which sanction the dumping of agricultural produce on developing country markets (which jeopardises the livelihoods of small farmers);
- trade policies which pressure developing countries to cut tariff protection and export duties without regard to the consequent unemployment and loss of government revenues (and public services);
- health system policy models which are oriented to stratified health care delivery with private care for the rich, social insurance for the middle and safety nets for the poor;
- resistance to the kinds of sectoral policies suggested by the WHO Commission on the Social Determinants of Health which could greatly improve population health.

Low and middle income countries are largely excluded from the corridors and forums in which the decisions and policies of the prevailing regime of GHG are formed. Even outside the corridors and forums the voices of most low and middle income countries are muted and dispersed. There are important exceptions; a small number of LMICs have invested significantly in their intersectoral work (eg between health and trade) and in global health policy making and advocacy. There are also resources within civil society globally which are well informed and supported by high level analysis and which are sympathetic to the perspectives of LMICs. Civil society networks which link North and South constituencies also provide an avenue through which the health needs of LMICs can be brought to Northern consciousness.

There is a strong case for new alliances; for policy research and capacity building with a view to changing in some degree the perspectives which inform GHG and the balance of forces which shape such decision-making.

The purpose of the planned Global Health Governance workshop is to explore this analysis and evaluate the strategic directions suggested.

Goal

- to contribute to improved global health decision-making and implementation and as a consequence to improve the global environment for health development

Objectives

- to review the prevailing structures and dynamics of global health governance (within the broader context of global economic governance);



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- to explore the proposition that a more representative, more democratic regime of global health governance might contribute to more developmental, more equitable and more sustainable health policies;
- (and if so) to explore strategies which might contribute towards a more representative and more democratic regime of global health governance.

Methods

- to investigate the prevailing structures, dynamics and outcomes of global health decision-making through a focus on the dynamics of recent policy making and implementation in selected strategic areas:
 - o human resources for health,
 - o trade and health,
 - o intellectual property and health,
 - o social determinants of health,
 - o primary health care,
 - o health care financing and
 - o international assistance for health.
- to bring together a range of different perspectives on global health governance (and the dynamics of decision making in these selected areas) including those of governments, civil society organizations and academics especially from the developing countries;
- to identify strategies, actions, timelines and responsibilities through which the conclusions of this workshop might be progressed, including during the World Health Assembly 2010.



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Program

First Day

- 09:00 – 09:30 **Opening**
- Welcoming & opening note (15 minutes)
 - Workshop Objectives and expected outcomes (15 minutes)
- 09:30 – 11:00 **Global Health Governance**
- Role of the World Health Organization in global decision making within the broader framework of global health governance (15 minutes)
 - Global health governance as a subordinate domain of global economic governance (15 minutes)
 - Alternative possibilities for global health governance: a civil society perspective (15 minutes)
 - Panel Discussion and reflections (45 minutes)
 - Rapporteurs
- 11:00 – 11:30 Break
- 11:30 – 12:45 **Human Resources for Health**
- Human resources for health in Africa; the possibility of new strategies under a more democratic regime of GHG (15 minutes)
 - International recruitment of HRH: civil society perspective (15 minutes)
 - Panel Discussion and reflections (45 minutes)
 - Rapporteurs:
- 12:45 – 13:45 Lunch
- 13:45 – 15:15 **Trade and Health**
- Constraints on health development globally under the current global trading regime and possible policy and advocacy strategies which might be enabled under a more democratic structure of global health governance (15 minutes)
 - Lessons from the WHO Commission on IPRs, Innovation and public health; how things might be different (15 minutes)
 - Panel Discussion and reflections (45 minutes)
 - Rapporteurs:
- 15:15 – 15:45 Break
- 15:45 – 17:15 **Social Determinants of Health and Primary Health Care**
- Barriers to action on the SDH; how might reform of the GHG regime enable realisation of the vision of the Commission on SDH (15 minutes)
 - Role and commitments of World Health Organization (15 minutes)
 - Panel Discussion (45 minutes)
 - Rapporteurs



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Second Day

09:00 – 10:30 **Financing health care in Low and Middle Income Countries**

- Global Health Care Financing under the prevailing regime of GHG; possibilities for reform under a more democratic regime of GHG (15 minutes)
- Solidarity in Health Care Financing
- Panel Discussion and reflections (45 minutes)
- Rapporteurs

10:30 – 11:00 Break

11:00 – 12:30 **Conclusions and next steps**