

# **Democratizing Global Health Governance**

## **Building capacity for democratic and health promoting global health governance**

The Democratising Global Health Governance Initiative was launched at the Geneva GHG Workshop 15 May 2010.

The purpose of the Initiative is to build capacity for stronger advocacy for peoples' health in relation to the decision structures and dynamics shaping global health policy and practice.

This discussion paper explores the strategic directions and scope of work for this new initiative.

### ***Goals and objectives***

#### **Goal**

To achieve a policy environment globally which nurtures the conditions for better health (including decent health care) for people in low and middle income countries and for marginalised populations everywhere.

#### **Strategy**

To achieve this goal by building stronger and more coherent policy advocacy, supported by popular mobilisation with closer collaboration between ministries of health and civil society organisations and social movements.

#### **Operational Objectives**

To create a platform that brings together ministries of health, civil society networks and research centres, especially those from the developing countries, to analyse health needs and priorities and to plan for coordinated actions to better inform and shape global decision making as it affects health;

To build the analytic and lobbying capacities of ministries, civil society organizations, and research institutions to influence global decision making as it affects health. Such capacity building would include analyzing policies, creating and assembling evidence, developing alternatives, building alliances and social mobilization.

### ***Background***

- People around the globe carry a huge burden of preventable and treatable disease and disability including premature mortality.
- The processes for reducing and eliminating this burden are powerfully influenced by decisions adopted at the global, regional and national levels. These include decisions in health policy and development assistance (including conditionality) but also include decisions in other sectors including economics and finance, environment and energy, trade and migration.

- Global governance (including the governance of health) is currently dominated by the countries of the North, by the large transnational corporations and by the Bretton Woods organizations. The policies and strategies adopted have been largely focused on achieving macroeconomic and strategic outcomes seen to be in the interests of the countries of the North and transnational corporations and only secondarily directed at health outcomes.
- The channels for input from the peoples and governments of the South have been limited and fragmented. The levers available to the peoples and governments of the South to influence the outcomes of such decision processes have been weak and poorly coordinated. The capacity of health ministries and people's health organisations to influence decisions beyond the health sector (such as trade and intellectual property) has been particularly weak.
- There are exceptions. Certain developing countries have taken leadership positions around health and trade issues in the World Health Organization (WHO) and the World Trade Organization (WTO). The joint lobbying by governments and civil society organizations which led to the Doha Declaration on Public Health in 2001 was another inspiring example.

### ***Other initiatives***

As well as the regular meetings of the WHA, the G8, the G20 and the 'H8' there are a number of civil society initiatives currently underway which in various ways also aim to contribute to global health governance.

The Graduate Institute for Global Health in Geneva runs short courses in global health diplomacy. These are quite expensive and appear to focus largely on those domains of global decision making which are explicitly health focused (international health regulations, communicable disease control, international aid for health, etc).

The New York Academy of Medicine and the African Centre for Global Health and Social Transformation, with Rockefeller Foundation support, have recently published a report directed at supporting ministerial health leadership as a strategy for health systems strengthening. This initiative is largely focused on national level health decision making.

World Vision is presently canvassing a range of options for improving global health governance. These are generally directed at creating new fora for dialogue among the various players who dominate global health decision making.

### ***Organisation and staffing***

Planning and implementation in the early stages of this Democratising GHG Initiative will be supported by informal cooperation among personnel from participating organisations. The costs of the early consultation, needs assessment and initial planning will be supported by the sponsoring organisations.

An interim steering group was formed at the May 15/16 launch of the Initiative. This will be added to in the months to come. In addition to the sponsoring partners this will also include civil society organisations from Latin America, Africa and Asia who are willing to support the development of the Partnership in these regions and languages.

We hope that a large number of organisations will join the Initiative including civil society organisations and policy and research agencies. We aim to build collaboration with governments, especially with ministries of health. In the first instance we are expecting to work with contact persons in various countries who can assist in liaising with ministries of health. These will be relatively informal links.

In the medium to longer term we anticipate regional activities (in order to focus some attention on the regional committees of WHO as one example of regional action). The appropriate organisation and funding requirements will emerge.

### **Funding**

We anticipate canvassing a range of potential funding partners, some of whom may wish to formally join the Partnership.

### ***Action scenarios in the medium and longer term***

It may help, in envisaging how this Initiative might develop, to speculate on some possible scenarios of action in the medium and longer term. The following scenarios are offered as tools for imagining; not as formal plans.

#### **IPHU style short courses for ministry officials**

The Initiative could organise short courses for ministry officials, perhaps in association with WHA in Geneva or in association with regional meetings or in regional centres without links to the WHO schedule.

The [International People's Health University \(IPHU\)](#) currently presents short courses for health activists, mainly in developing countries, around the general theme of 'the struggle for health'. IPHU short courses for officials and civil society activists would include topics on the political economy of health, advanced policy analysis, health systems policy, globalisation, trade and health, etc. The faculty would include people from ministries and from civil society organisations who have been closely involved in policy making and advocacy.

#### **Commissioned research papers**

The Initiative could commission research papers on issues of concern to particular countries or groups. For example:

- surveys of various bilateral and regional trade agreements to see how GATS style provisions are being implemented and what effects they are having;
- implications for food and nutrition related burden of disease of various proposals being considered under the so-called 'Doha Development Round';
- surveys of environmental health impacts of particular corporations and industries.

## **Campaigns around intellectual property reform and alternative ways of funding drug innovation**

Debates over alternative ways of funding drug innovation continue but largely restricted to the cognoscenti. A more broadly based campaign around a program of policy reform in this area involving ministries of health and civil society organisations could help to drive change.

### **Encouraging dialogue at the country level**

The Initiative could encourage dialogue and perhaps collaboration between civil society organisations and ministries of health at the country and regional levels; including perhaps WHO officials and other partners for health.

### ***Evaluation and research***

This proposal for a Democratizing Global Health Governance Partnership is based on a number of assumptions and hypotheses.

- We hypothesise that if health ministry officials (particularly those from small countries) were able to access appropriate training opportunities they would be more effective in intersectoral collaboration (eg around trade negotiations) and in international advocacy including collaboration with civil society organisations. Is this true? Are there fields of knowledge and skills that could enable ministry officials be more effective in such areas?
- We hypothesise that if groups of countries were to adopt stronger, more coherent policy positions in relation to global health issues (at WHA and beyond) and to prosecute such positions in closer association with civil society organisations this would contribute to creating an improved policy environment for health. Is this true? Would the proposed Partnership be able to support the emergence of more coherent policy positions in relation to global health?

These are researchable propositions and if the work of the Democratizing Global Health Governance Initiative is to be evidence-based these propositions should be researched. Likewise the strategies adopted by the Partnership will reflect particular assumptions about the dynamics which reproduce the status quo and how change takes place.

There should be a strong research and evaluation component in the work of the Partnership, both in terms of ‘needs assessment’ and ongoing evaluation and monitoring.