People's Health Movement

World Council of Churches

TWN
Third World Network

Health Action International

Geneva NGO Forum for Health

Medico International

Wemos

Medicus Mundi International Network

Global Health Governance Reform Initiative Launched

Representatives of a range of civil society organizations working in health met over two days in Geneva, 14-15 May 2010, to review current structures of global health governance; consider possible directions for reform and adopt strategies for driving such reform.

The discussion of governance issues was shaped by concerns for deepening inequalities and by an awareness of the harm and future dangers of the food, financial and climate crises.

The meeting recognized GHG as a sub-domain of global governance and strongly shaped by economic policy priorities, rather than an autonomous domain of governance, responding primarily to health needs and considerations. The meeting reviewed the contemporary global governance of: human resources for health, trade and health, social determinants, primary health care and health care financing. In each case the presentations and plenary discussion sought to:

- delineate the main global structures and dynamics driving current policies and trends;
- explore recent case studies of episodes of policy making to analyse more closely how civil society and how low and middle income countries had engaged in policy and implementation;
- consider how the processes of GHG could be rendered more democratic; more attuned to the WHO definition of health; more aligned with universal human rights; and more expressive of basic values of human solidarity.

The meeting concluded that the way in which the contemporary regime of GHG operates contributes to the continued high burden of avoidable ill-health globally and this regime should be challenged and reformed. The continued net flow of health professionals from the South to the North represents a massive transfer of resources away from L&MICs which far outweighs the value of international aid. Despite the recommendations of the WHO Commission on Social Determinants the health policy directions of the international financial institutions and various global health initiatives continue to ignore the social determinants and the role of comprehensive primary health care in mobilizing communities around these issues. Key features of the WTO trade agreements and the bilateral trade agreements are having very damaging impacts on population health and health care; especially the agreements on agriculture, services and intellectual property. Prevailing policies in relation to international aid are directed at preventing urgently needed intellectual property reform and preventing attention to necessary reforms to the economic regime.

The meeting reviewed and reflected on a number of episodes in which the pressures of neoliberal economic policies on health had been successfully resisted and noted the role of local action by community based groups, international solidarity and linking direct political action with technical analysis.

The meeting identified a range of strategies through which a movement for global governance reform, including GHG, might be built. Participants agreed that working with ministries (and ministers) of health and parliamentarians should be a key strategy. This would include collaboration among MOHs; alliances between MOHs and civil society and strengthened intersectoral collaboration, especially with Trade and Finance, at the national and international levels. The meeting also recognized that as well as capacity building for government officials there is a need to build the capacity of progressive civil society networks to engage with the dynamics of global health governance including sustained educational opportunities for young health activists. It was recognized that any movement for the reform of GHG must work in close collaboration with wider movements pressing for the reform of global economic governance.

The meeting resolved to launch a GHG reform initiative in accordance with the broad analysis and directions emerging from the two days of discussions. The meeting commissioned an interim steering group to:

- prepare a detailed report from this meeting for wider consideration;
- prepare a shorter ‘manifesto’ summarizing the issues and calling for wider participation in the proposed initiative;
- publicise the proposed GHG reform initiative and invite a wider range of organizations and countries to join (or to associate in some appropriate way);

People's Health Movement

World Council of Churches

TWN
Third World Network

Health Action International

- recruit or coopt additional members to this interim steering group, including in particular, appropriate MOH personnel;
- develop a suite of proposals for actions which would contribute to GHG reform and which might be implemented in different places by different organizations as part of an inclusive campaign;
- investigate possible host organisations or funding sources to support the coordination and continued prosecution of such a campaign; and
- report back on the progress of the initiative to this widening constituency.

The initial members of the Interim Steering Group include: People's Health Movement, South Centre, Health Action International, Third World Network, Geneva Forum for Health, Medico International.

Geneva NGO Forum for Health

medico international
Medico International

wemos
Wemos

medicusmundi international network
Medicus Mundi International Network

People's Health Movement

World Council of Churches

TWN
Third World Network

Health Action International

Geneva NGO Forum for Health

medico international
Medico International

Wemos

medicusmundi international network
Medicus Mundi International Network

Global Health Governance

14-15 May 2010 – Geneva, Switzerland

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);

People's Health Movement

World Council of Churches

TWN
Third World Network

Health Action International

Geneva NGO Forum for Health

Medico International

Wemos

Medicus Mundi International Network

- 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:
    - human resources for health,
    - trade and health,
    - intellectual property and health,
    - social determinants of health,
    - primary health care,
    - health care financing and
    - 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.

People's Health Movement

World Council of Churches

TWN Third World Network

Health Action International

Geneva NGO Forum for Health

Medico International

Wemos

Medicus Mundi International Network

Global Health Governance

14-15 May 2010 – Geneva, Switzerland

Program

Time	Activity
First Day	
09:00 – 09:30	**Opening**
	■ Welcoming & opening note (15 minutes) Prem John - *Co-Chair, Global Steering Council, PHM* Manoj Kurian - *Program Executive, Health and Healing WCC*
	■ Workshop Objectives and expected outcomes (15 minutes) Hani Serag - *Associate Coordinator, PHM*
09:30 – 11:00	**Global Health Governance** Chair: Tim Reed, *Director, HAI-Global*
	■ Global health governance as a subordinate domain of global economic governance (15 minutes) David Woodward - *Freelance consultant, Cambodia*
	■ Role of the World Health Organization in global decision making within the broader framework of global health governance (15 minutes) Sangeeta Shashikant - *Executive Director, Geneva office, TWN*
	■ Alternative possibilities for global health governance: a civil society perspective (15 minutes) David Legge - *Professor of Public Health, La Trobe University, Australia - A member of the Steering Council, PHM*
	■ Panel Discussion and reflections (45 minutes) Alex Ross - *Director, Programme on Partnerships and UN Reform, Director-General's Office, WHO*
11:00 – 11:30	Break
11:30 – 12:45	**Human Resources for Health** Chair: José utrera *Program office, Health and Welbeing, Cordaid, the Netherlands*
	■ Human resources for health in Africa; the possibility of new strategies under a more democratic regime of GHG (15 minutes) David Sanders - *Director, School of Public Health, University of Western Cape, South Africa - A member of the Steering Council, PHM*
	■ International recruitment of HRH: civil society perspective (15 minutes) Thomas Schwarz - *Medicus Mundi International Network*
	■ Panel Discussion and reflections (45 minutes)
12:45 – 13:45	Lunch
13:45 – 15:15	**Trade and Health** Chair: David Legge - *Professor of Public Health, La Trobe University, Australia - A member of the Steering Council, PHM*
	■ 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) Amit Sengupta - *Associate Coordinator, Global Secretariat, PHM, India*
	■ Lessons from the WHO Commission on IPRs, Innovation and public health; how things might be different (15 minutes) Gopa Kumar - *Legal advisor, TWN*
	■ Panel Discussion and reflections (45 minutes)

People's Health Movement

World Council of Churches

TWN Third World Network

Health Action International

Geneva NGO Forum for Health

Medico International

Wemos

Medicus Mundi International Network

15:15 – 15:45 Break

15:45 – 17:15 **Social Determinants of Health and Primary Health Care**

Chair: Alan Leather - *Chair, Geneva NGO Forum for Health*

- Role and commitments of World Health Organization (15 minutes)

Ritu Sadana - *Equity Analysis and Research Unit – Information, Evidence and Research, WHO*

- Panel Discussion (15 minutes)

David Sanders - *Director, School of Public Health, University of Western Cape, South Africa - A member of the Steering Council, PHM*

Anne-Emanuelle Birn – *Professor, Toronto University*

Second Day

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

Chair: Martin Drewry - *Director, Health Poverty Action*

- Global Health Care Financing under the prevailing regime of GHG; possibilities for reform under a more democratic regime of GHG (15 minutes)

Armando de Negri - *Health Systems consultant, Brazil*

- Solidarity in Health Care Financing

Andreas Wulf - *Medical Project Coordinator, Medico International*

- Panel Discussion and reflections (45 minutes)

10:30 – 11:00 Break

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

Chair: David Legge - Professor of Public Health, La Trobe University, Australia

A member of the Steering Council, PHM

- Drafting committee

Deborah Gleeson, *Health Policy Analyst, Australia*

Hani Serag, *Associate Global Coordinator, PHM*