Global health governance

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Objectives

This session is intended to:

- Review the range of global health actors and initiatives
- Discuss the role of WHO as a leader in global health
- Introduction to the humanitarian system
- Discuss national states as global health actors: using the UK as a case example
- Introduce the concept of global health diplomacy and explore the interactions between health and foreign policy

Global health definitions

- ***Collaborative*** *trans-national research and action for promoting health for all (Beaglehole et al)*

- *GH advocates the importance of health and the BoD on the progress and future stability of each country and the world as a global transnational body through action fuelled by evidence-based MDT working in partnership with well-defined, accountable policy to tackle* ***inequality and inequity worldwide.***

- *GH is a concept of* ***transnational*** *research and policy, inspired by increased awareness of health issues worldwide, with the aim of providing health equity and equality.*

- Refers to health issues where the **determinants** circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus **beyond the capacity of individual countries to address through domestic institutions.** Global health is focused on people across the whole planet rather than the concerns of particular nations. Global health recognises that health is determined by problems, issues and concerns that transcend national boundaries. (UK Global health strategy)

Global Health governance

- Use of formal and informal institutions, rules, and processes by states, intergovernmental organizations, and non state actors to deal with challenges to health that require cross-border collective action to address effectively.

Fidler et al.2010. Challenges of global health governance. Council on Foreign Relations. Working Paper.

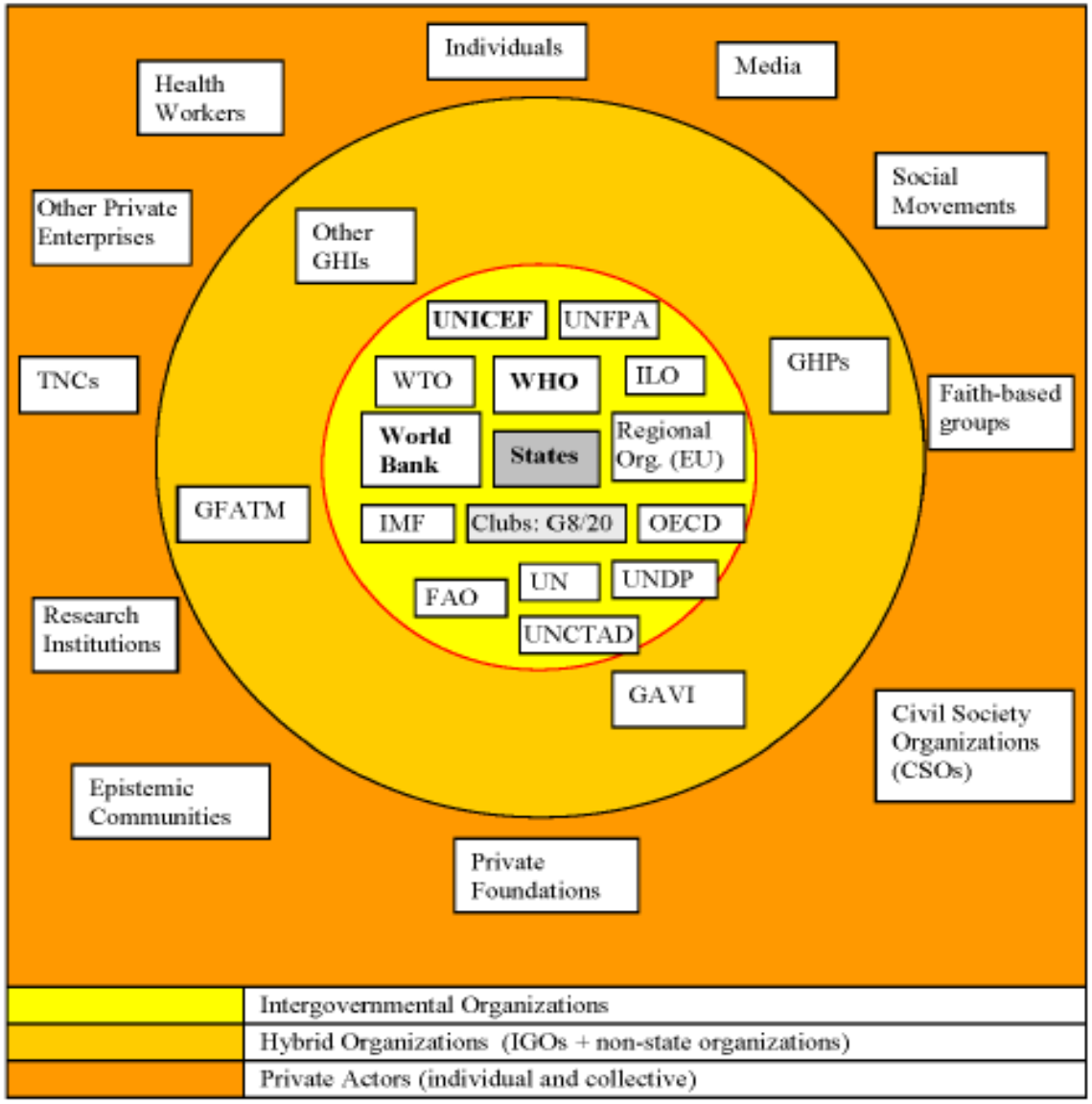
Global Health governance

- Last 10-15yrs – Revolution in global health governance[1]
- Increasing global health actors
- Increase in funding streams
- Political profile raised – health and foreign policy
- Global health challenges require inter-sectoral working

- **Who sets the agenda/ priorities?**
- **Leadership?**
- **Coordination of actors/funds?**
- **Mutual accountability / responsibility?**
- **Regulations / enforcement mechansims?**

Fidler et al.2010. Challenges of global health governance. Council on Foreign Relations. Working Paper.

Global health actors



Source: German Institute of Global and Area Studies. 2010. Wolfgang Hein and Ilona Kickbusch

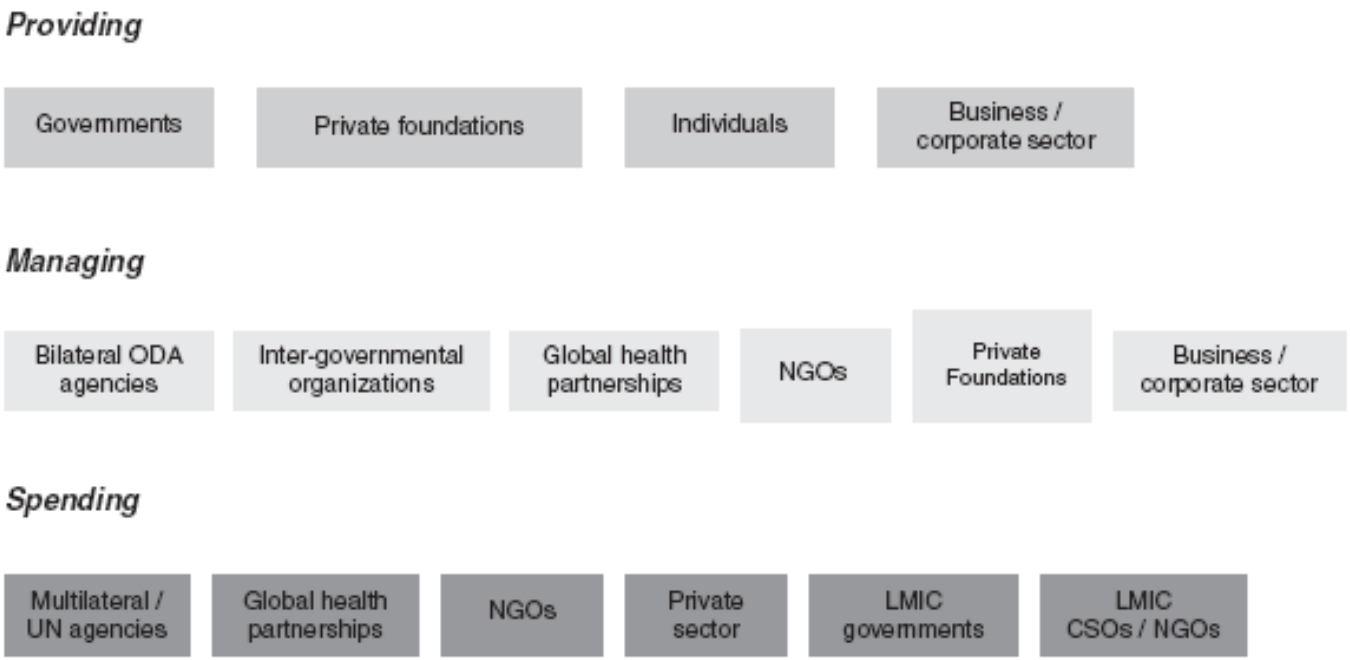


Figure 1 Schematic of the global health financing landscape

McCoy et al. Global health funding: how much, where it comes from and where it goes. Health Policy and Planning. 2009

World Health Organisation

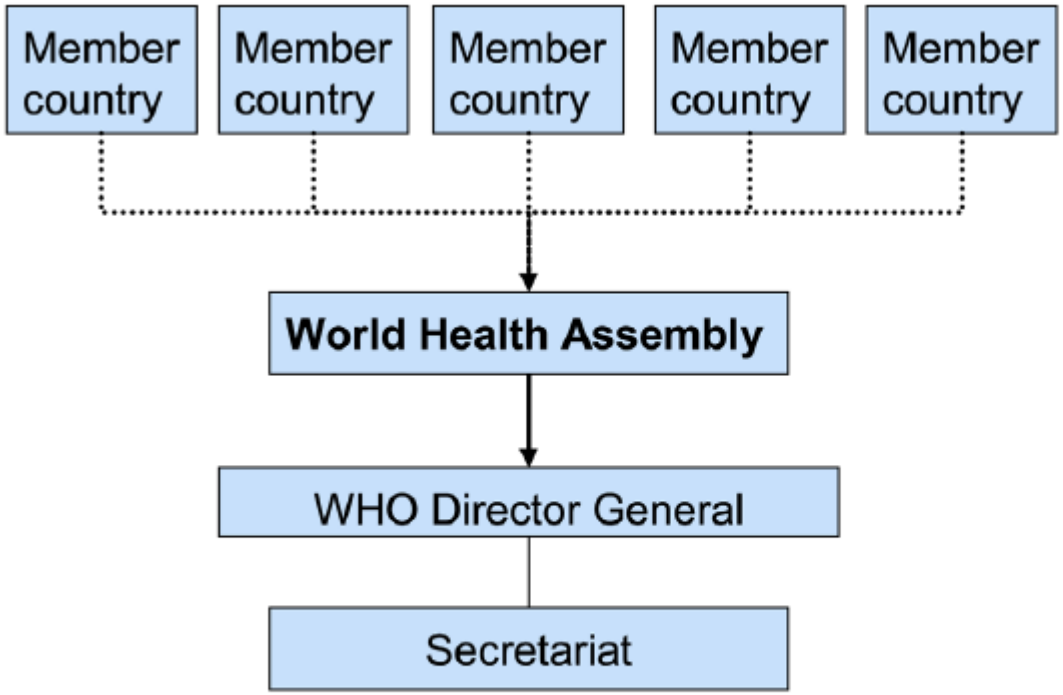


Figure 1. UN-type international health governance. Based on the principles of the UN system, member countries are represented in the World Health Assembly (WHA), which functions as the central governing body. The WHA appoints the director general, oversees all major organizational decision making and approves the program budget.
doi:10.1371/journal.pmed.1000183.g001

UN family

- **Programmes and Funds**

- United Nations Development Program (UNDP)
- Office of the United Nations High Commissioner for Refugees (UNHCR)
- United Nations Children's Fund (UNICEF)
- World Food Program (WFP)
- United Nations Drug Control Program (UNDCP)
- United Nations Population Fund (UNFPA)
- United Nations Environment Program (UNEP

- **UN Specialized Agencies**

- World Bank
- International Monetary Fund (IMF
- **World Health Organization (WHO)**
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- International Labor Organization (ILO)
- Food and Agriculture Organization (FAO)
- International Maritime Organization (IMO)
- World Meteorological Organization (WMO)
- World Intellectual Property Organization (WIPO)
- International Civilian Aviation Organization (ICAO)

Source: United Nations website. http://www.un.org/en/

Global public private partnerships

	Global Alliance for Vaccines and Immunization (GAVI)	Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
Type	Public-private partnership	Public-private partnership
Start	2000	2002
Focus disease	Vaccine-preventable diseases	HIV/AIDS, tuberculosis, and malaria
Priority	Strengthening service delivery; access to vaccine and related products; secure long-term financing; and strategic planning	Flexible funding for priorities set by country stakeholders
Management system	GAVI secretariat and board	Global Fund secretariat and board, Country Coordinating Mechanism and Local Fund Agents
Major funders	International Finance Facility for Immunisation, Advanced Market Commitment, bilateral donors, private philanthropy, private sector	Bilateral donors, private philanthropy donations, private sector
Funding allocation	Assessment of country proposal, and performance-based assessment of country reports	Assessment of country proposal by Technical Review Panel and performance-based assessment of country reports
Types of interventions funded	Supply of vaccines and immunisation services; health systems strengthening	HIV, tuberculosis, and malaria services; health systems strengthening
Principal recipients	Governments and civil society	Government, civil society
Stated objectives	Expedite uptake and use of underused and new vaccines and associated technologies, and improve vaccine supply security; contribute to strengthening capacity of health system to deliver immunisation and other health services in a sustainable way; increase the predictability and sustainability of long-term financing for national immunisation programmes; increase and assess the added value of GAVI as a public-private global health partnership through improved efficiency, increased advocacy, and continued innovation	Finance a dramatic turnaround in the fight against HIV/AIDS, tuberculosis, and malaria; attract, manage, and disburse additional funds with less bureaucracy for recipient countries, allowing effective use of donor resources, and few transaction costs for all; direct financial resources where they are needed most and ensure that they are used effectively

An assessment of interactions between global health initiatives and country health systems. *The Lancet*, *Volume 373, Issue 9681*, *20–26 June 2009*, *Pages 2137-2169*. World Health Organization Maximizing Positive Synergies Collaborative Group

Global Fund

- Since its creation in 2002, the Global Fund has become the main source of finance for programs to fight AIDS, tuberculosis and malaria
- Approved funding of US$ 19.3 billion for more than 572 programs in 144 countries
- It provides a quarter of all international financing for AIDS globally, two-thirds for tuberculosis and three quarters for malaria

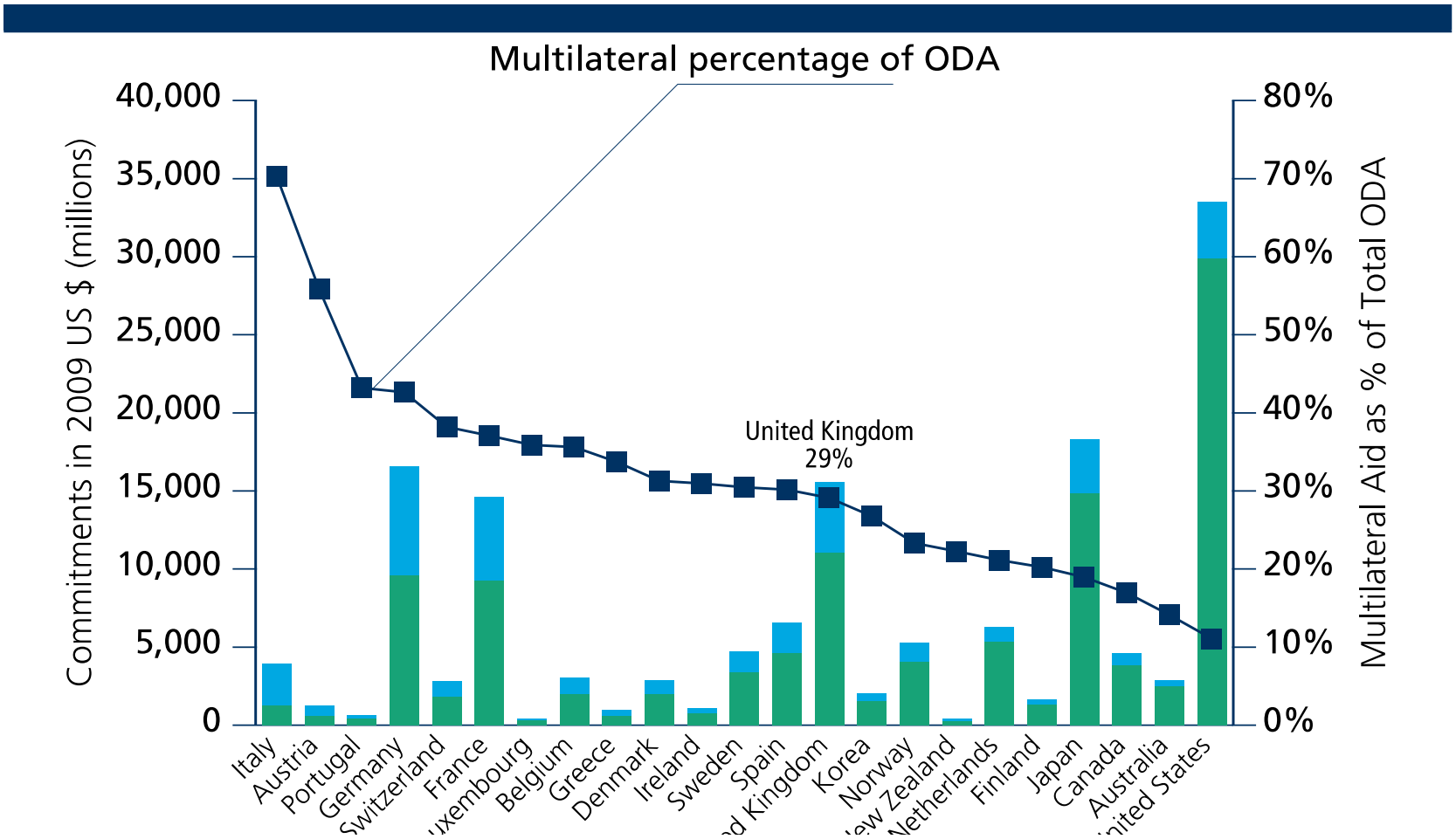
How it works?

- At country level, the **Country Coordinating Mechanism** (CCM)
- The **Global Fund Secretariat** manages the grant portfolio, including screening proposals submitted, issuing instructions to disburse money to grant recipients and implementing performance-based funding of grants.
- The **Technical Review Panel** (TRP)
- **The Global Fund Board**

- Provisional UK ODA in 2010 was £8.354 billion or 0.56% of UK Gross National Income (GNI)
- £7.356 billion was accounted for by DFID

DFID Department for International Development

UKaid from the Department for International Development



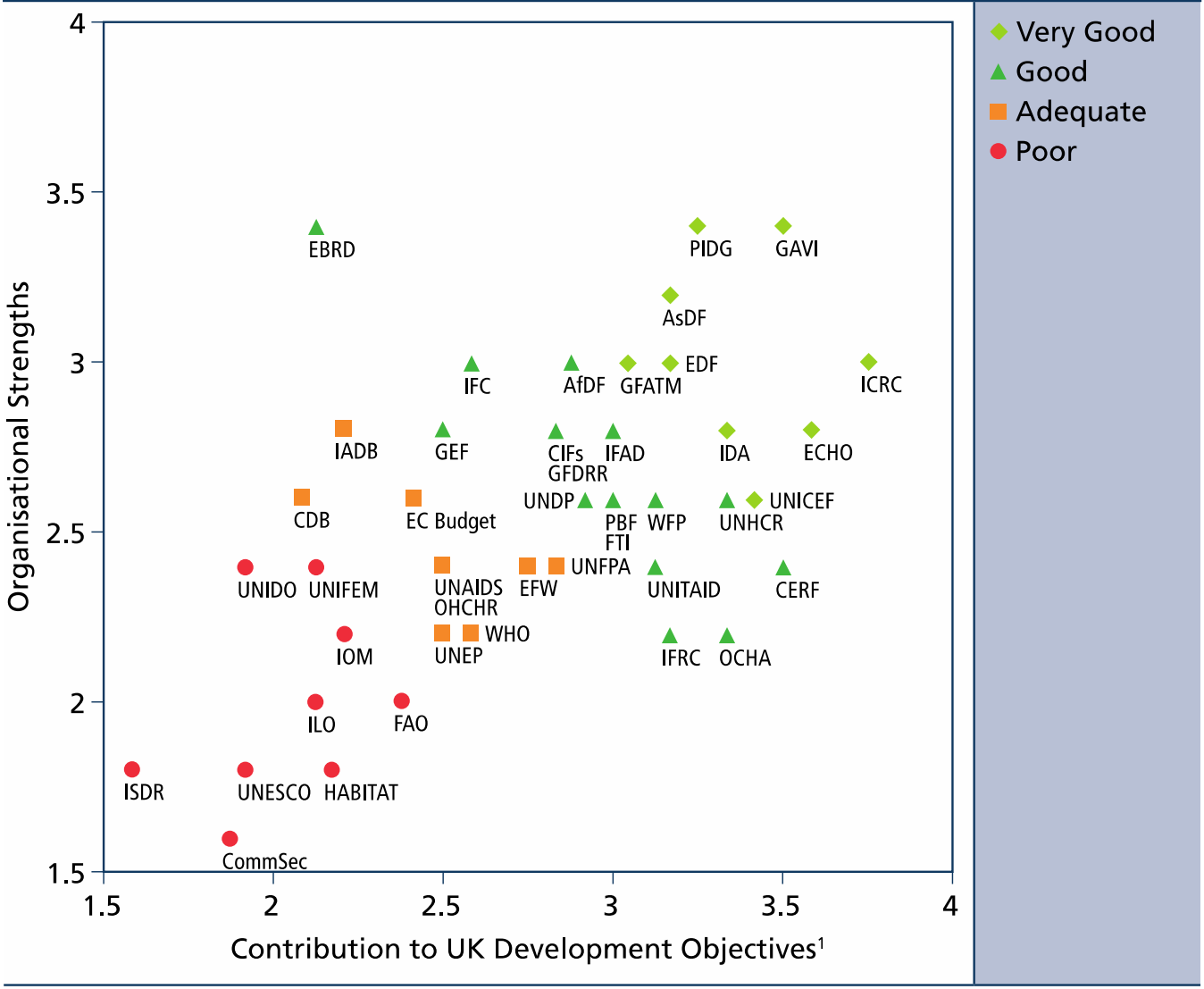
Source: DFID Multi-lateral aid review. March 2011.

Table 6 Groupings of multilateral organisations		
	Multilateral organisations	**No. of organisations**
Multilateral development banks, with a focus on the concessional funds	AfDF, AsDF, CDB[i], IDA	4
Development finance institutions and funds supporting private sector development	EBRD, IFC, PIDG	3
Global funds for health, education and climate change	CIFs, FTI, GAVI, GEF, GFATM, UNITAID	6
Humanitarian organisations	CERF, ECHO, GFDRR, ICRC, IFRC, IOM, ISDR, OCHA, UNHCR, WFP	10
UN organisations exc. humanitarian	EFW, FAO, HABITAT, IFAD, ILO, OHCHR, PBF, UNAIDS, UNDP, UNEP, UNESCO, UNFPA, UNICEF, UNIDO, UNIFEM, WHO	16
European Commission exc. humanitarian	European Commission budget instruments, EDF	2
Other	CommSec, IADB	2
Total		43

i We primarily focused on the concessional funding window of the Caribbean Development Bank, the Special Development Fund.

Source: DFID Multi-lateral aid review. March 2011.

Value for money of the multilateral organisations for UK aid



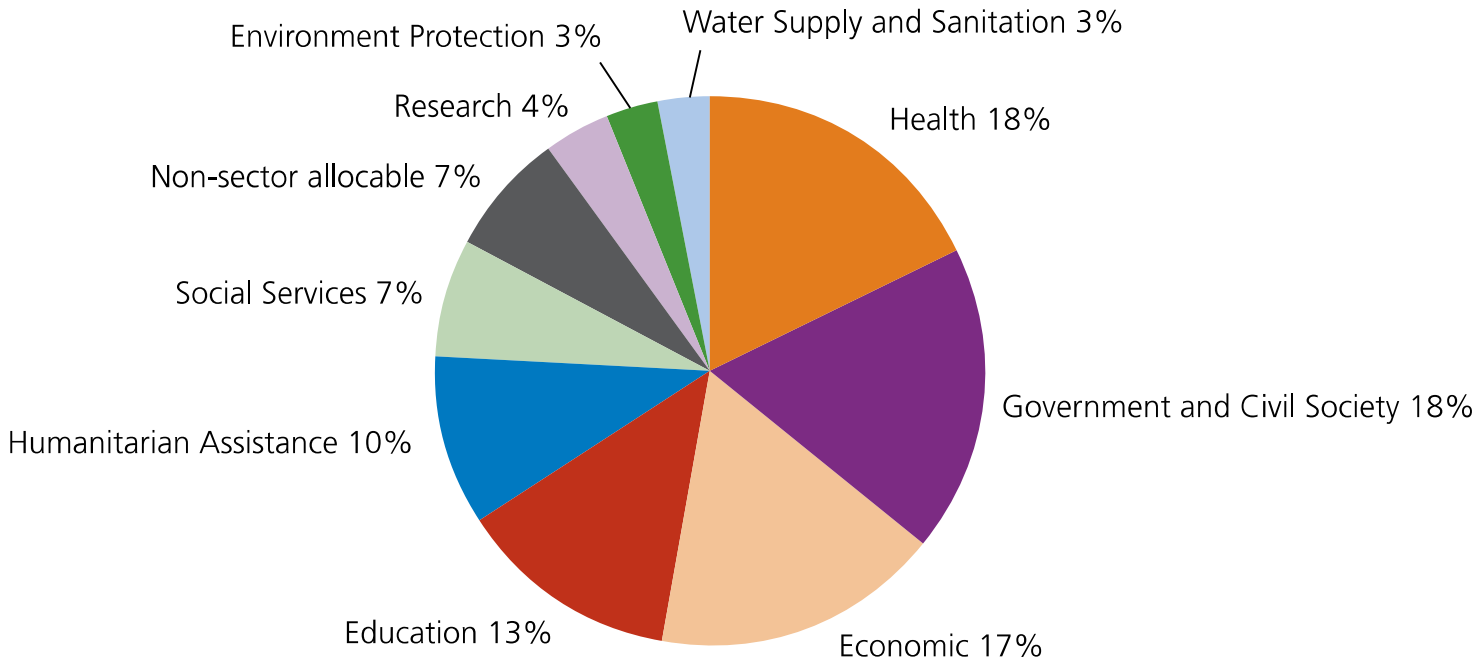
Note: [1] includes humanitarian objectives

Source: DFID Multi-lateral aid review. March 2011.

	Comment
Contribution to UK development objectives	**Satisfactory**
	+ WHO provides global leadership and convening power on development and humanitarian health matters. It is critical to the delivery of the MDGs, especially MDGs 4, 5 and 6. + WHO has a significant role to play in meeting HMG objectives on global health, development and human security. + Objectives are challenging and it demonstrates global level delivery. – WHO does not always play a critical role at country level. – Delivery is variable at country level and WHO is slow to respond where health humanitarian coordinators are weak. – There is insufficient WHO policy and guidance for working in fragile contexts. – WHO is taking steps to improve its work on gender equality but progress has been slow.
Organisational strengths	**Weak**
	+ WHO has systems in place to review organisation effectiveness. There is evidence that procurement is driven by value-for-money. – Targets for savings on administration costs are not stretching, staff costs growing, little attention to cost saving at country level. + WHO works well with partner governments. – Its use of participatory approaches and harmonisation with the UN system are less strong. – There is no clear results chain. Confuses processes with outputs. Does not have a formal system to follow up on evaluations. – There are problems implementing its HR strategy. – There is no clear and transparent system to allocate aid. – It is weak in releasing funding according to planned budgets. – Little evidence that WHO curtails poorly performing projects. + Partners are well represented in governance mechanisms and policy and guidance are accessible on its website. – WHO has no formal disclosure policy and does not publish enough specific programme or project details.
Likelihood of positive change	→ **Uncertain**
	– Top management demonstrates the will to reform but progress is slow and needs to be fully supported by WHO's governing bodies and its semi-autonomous regional offices to be successful.

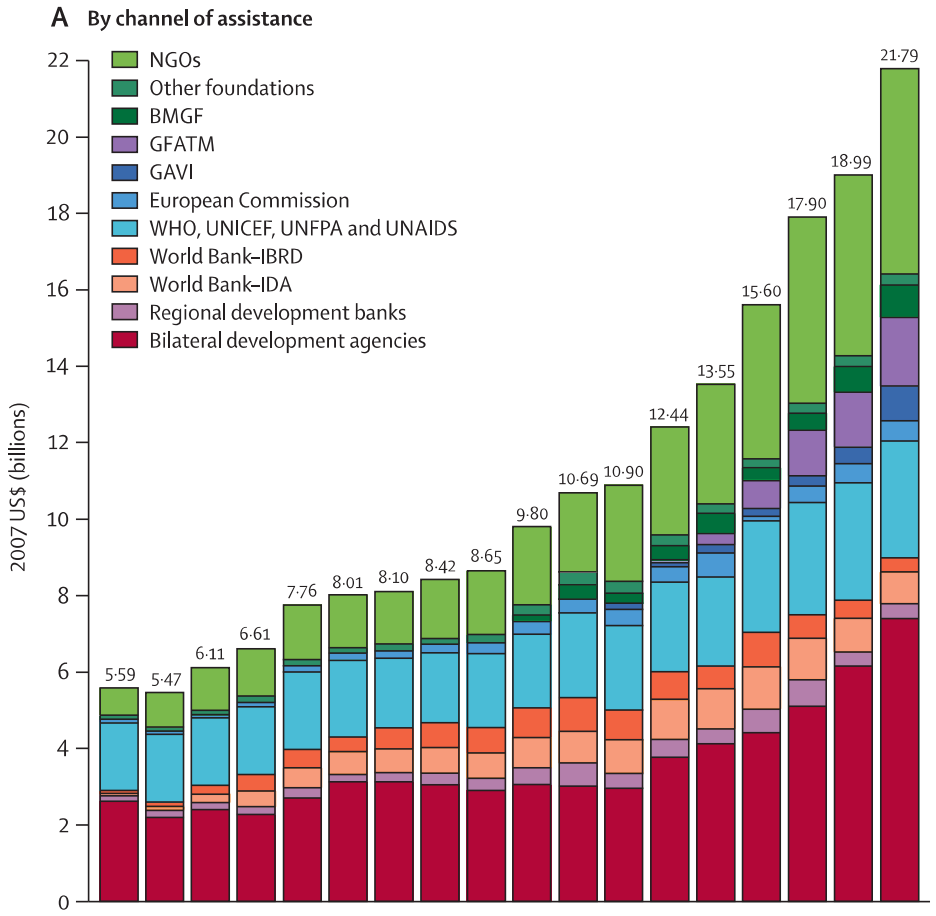
Source: DFID Multi-lateral aid review. March 2011.

DFID bilateral programme by sector 2010-11



Source: DIFD Annual report 2010-11

Development assistance for global health



Ravishankar et al. Financing of global health: tracking development assistance for health from 1990 to 2007

- DAH grew from $5·6 billion in 1990 to $21·8 billion in 2007
- The proportion of DAH channelled via UN agencies and development banks decreased from 1990 to 2007
- Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization (GAVI), and non-governmental organisations became the conduit for an increasing share of DAH
- Of the $14·5 billion DAH in 2007 for which project-level information was available, $5·1 billion was for HIV/AIDS, compared with $0·7 billion for tuberculosis, $0·8 billion for malaria, and $0·9 billion for health-sector support.

Ravishankar et al. Financing of global health: tracking development assistance for health from 1990 to 2007

Vertical disease specific programmes – country health systems

- Access and uptake of the health services targeted by global health initiatives (GHIs) has increased in many cases
- Increase in access to some targeted health services has been faster than that to services not targeted by the GHIs, showing a new dimension of health service inequity
- Evidence of the effects of GHIs on access and uptake of non-targeted health services shows positive and negative effects
- Scale-up of disease-specific efforts has increased the burden on the existing health workforce
- GHIs have strengthened the existing workforce through in-service training and task shifting
- GHIs have improved the availability and accuracy of good quality health information related to the coverage of specific services and surveillance of specific diseases
- Demand from GHIs has led to the establishment of some parallel information systems

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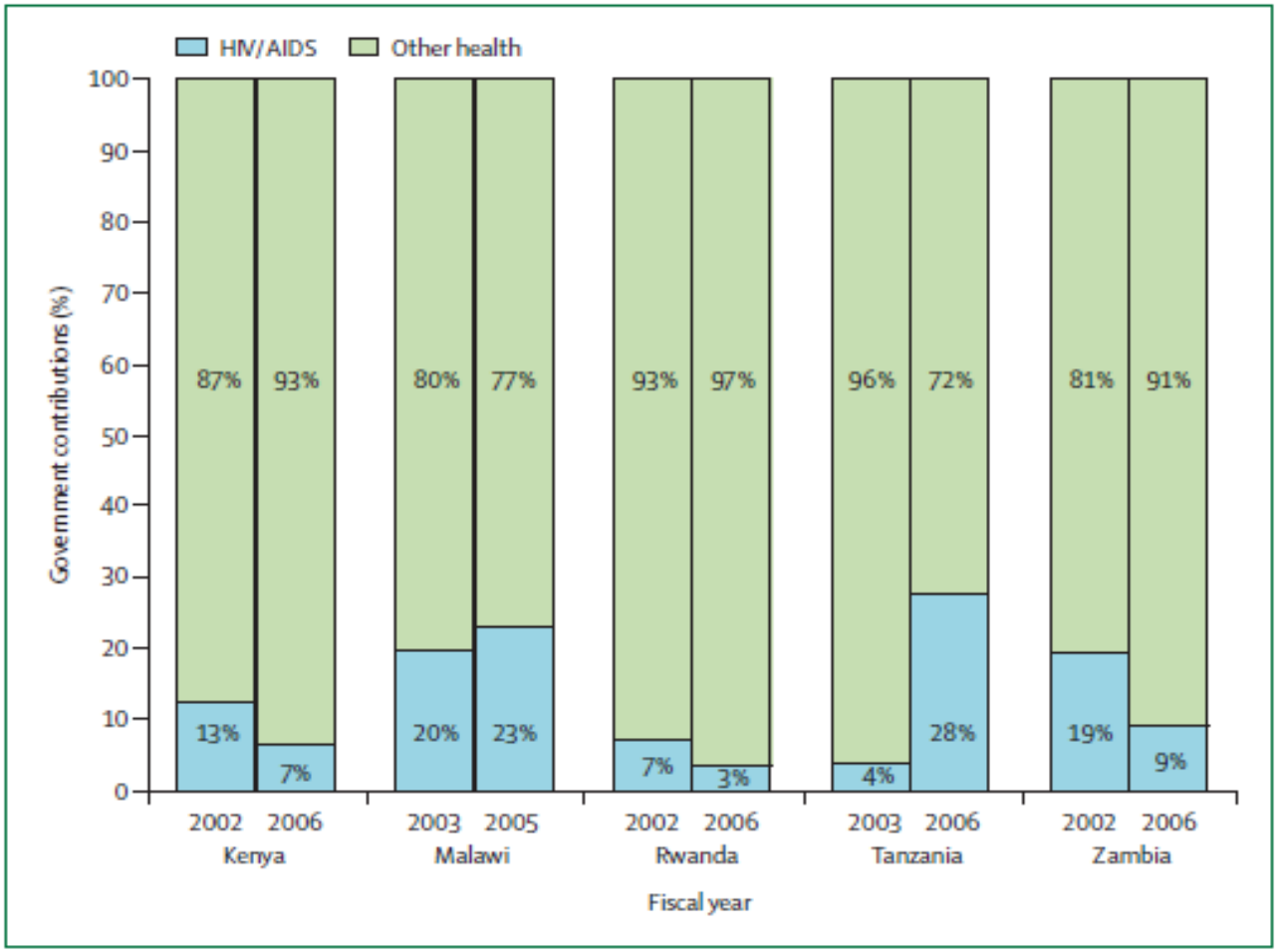


***Figure 3*: Government contributions to HIV/AIDS health care as a percentage of government spending on general health care**

An assessment of interactions between global health initiatives and country health systems. *The Lancet*, *Volume 373, Issue 9681*, *20–26 June 2009*, *Pages 2137-2169*. World Health Organization Maximizing Positive Synergies Collaborative Group

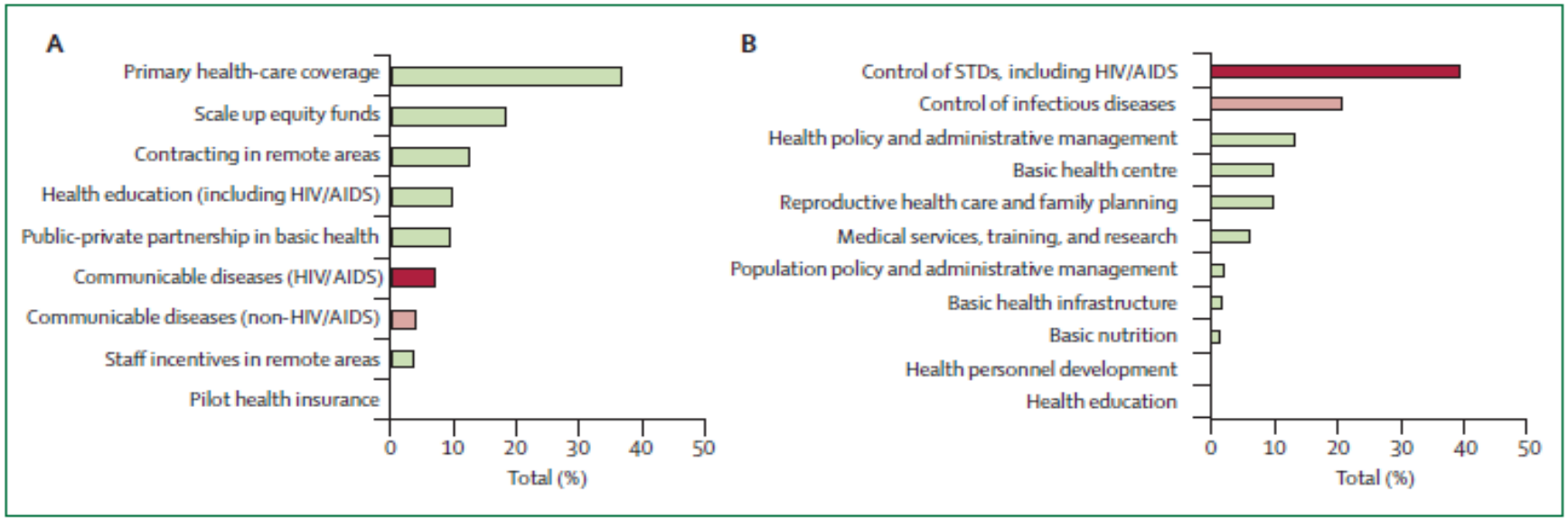


Figure 4: **Cambodia—alignment of donor assistance to country needs during 2003–05**
(A) What Cambodia wanted. (B) What Cambodia was given. Reproduced from WHO and Ministry of Health of Cambodia with permission.[105] STDs=sexually transmitted diseases.

An assessment of interactions between global health initiatives and country health systems. *The Lancet*, *Volume 373, Issue 9681*, *20–26 June 2009*, *Pages 2137-2169*. World Health Organization Maximizing Positive Synergies Collaborative Group

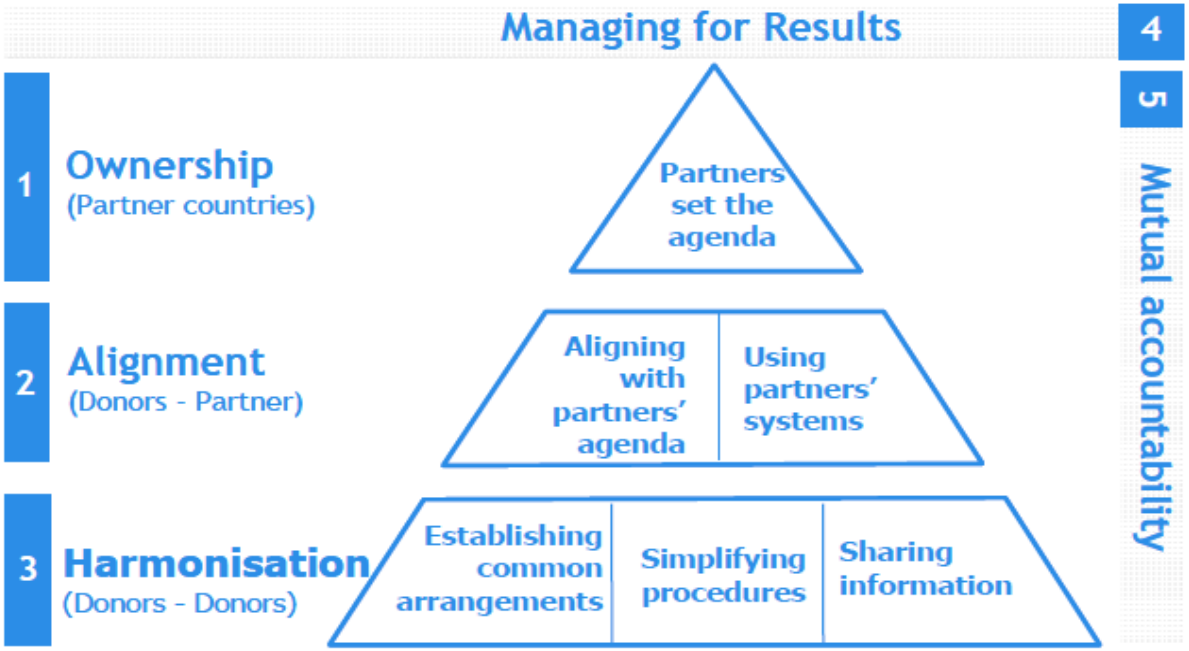
Table 4. *Regional view of official development assistance, US private foundation giving, disability-adjusted life-years, percent disease burden, and perceived priority, 2005–07*

Region/country/ disease-specific category	Official development assistance, 2005 USD ('000)	US private foundation aid, 2005 USD ('000)	Total donor aid, 2005 USD ('000)	Official development assistance, 2006 USD ('000)	US private foundation aid, 2006 USD ('000)	Total donor aid, 2006 USD ('000)	Official development assistance, 2007 USD ('000)	US private foundation aid, 2007 USD ('000)	Total donor aid, 2007 USD ('000)	Total donor aid, cumulative USD ('000)	Disability-adjusted life-years	Percent disease burden	Perceived priority
Asia													
Clean Water	2,760,521	0	2,760,521	2,266,470	0	2,266,470	2,227,549	0	2,227,549	7,254,539	27,803	4%	4
Prenatal Care	145,321	11,702	157,023	955,128	35,880	991,007	612,408	11,873	624,281	1,772,311	65,887	10%	3
HIV/AIDS	379,548	16,191	395,740	222,462	8,106	230,568	1,018,270	29,746	1,048,016	1,674,324	16,574	3%	1
Access to Care	309,758	24,996	334,754	466,560	16,016	482,576	328,721	3,133	331,853	1,149,184	–	–	8
Hunger and Malnutrition	464,486	300	464,786	173,721	14,967	188,688	239,431	9,701	249,132	902,606	14,865	2%	5
TB/Malaria/OID	256,502	120	256,622	297,381	0	297,381	193,903	14,406	208,308	762,312	73,651	12%	9
Build/Improve Facilities	98,854	145	98,999	240,316	0	240,316	48,457	0	48,457	387,772	–	–	2
Immunizations	46,975	0	46,975	73,178	0	73,178	187,705	0	187,705	307,858	17,178	3%	7
Chronic Disease	0	0	0	0	535	535	0	120	120	655	315,922	50%	6
Latin America													

Esser et al. Does Global Health Funding Respond to Recipients' Needs? Comparing Public and Private Donors' Allocations in 2005–2007

Paris Declaration (2005) lays out a practical, action-oriented roadmap to improve the quality of aid and its impact on development.

Figure 1: The Five Pillars of the Paris Declaration (OECD Working Party on Aid Effectiveness)



OECD report. AID EFFECTIVENESS 2005-10: PROGRESS IN IMPLEMENTING THE PARIS DECLARATION

Table 1.1 To what extent have global targets been met?
Paris Declaration indicators and targets, 2010

	Paris Declaration Indicator	2010 Actual	2010 Target[d]	Status
1	Operational Development Strategies % of countries having a national development strategy rated "A" or "B" on a five-point scale[a]	37% (of 76)	75%	Not met
2a	Reliable public financial management (PFM) systems % of countries moving up at least one measure on the PFM/CPIA scale since 2005[a]	38% (of 52)	50%	Not met
2b	Reliable procurement systems % of countries moving up at least one measure on the four-point scale since 2005	--	No Target[c]	--
3	Aid flows are aligned on national priorities % of aid for the government sector reported on the government's budget[a]	41%	85%	Not met
4	Strengthen capacity by co-ordinated support % of technical co-operation implemented through co-ordinated programmes consistent with national development strategies[a]	**57%**	**50%**	**Met**
5a	Use of country PFM systems % of aid for the government sector using partner countries' PFM systems[b]	48%	55%	Not met
5b	Use of country procurement systems % of aid for the government sector using partner countries' procurement systems	44%	No Target[c]	--
6	Strengthen capacity by avoiding parallel PIUs Total number of parallel project implementation units (PIUs)[b]	1 158	565	Not met
7	Aid is more predictable % of aid for the government sector disbursed within the fiscal year for which it was scheduled and recorded in government accounting systems[b]	43%	71%	Not met
8	Aid is untied % of aid that is fully untied[a]	86%	More than 89%	Not met
9	Use of common arrangements or procedures % of aid provided in the context of programme-based approaches[a]	45%	66%	Not met
10a	Joint missions % of donor missions to the field undertaken jointly[a]	19%	40%	Not met
10b	Joint country analytic work % of country analytic work undertaken jointly[a]	43%	66%	Not met
11	Results-oriented frameworks % of countries with transparent and monitorable performance assessment frameworks[a]	20% (of 44)	36%	Not met
12	Mutual accountability % of countries with mutual assessment reviews in place[a]	38%	100%	Not met

Figure 1.2 To what extent has progress been made since 2005?
Performance across 32 countries participating in both the 2006 and 2011 Surveys

OECD report. AID EFFECTIVENESS 2005-10: PROGRESS IN IMPLEMENTING THE PARIS DECLARATION

Humanitarian work

- The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations.

Humanitarian system

- In broad terms, the humanitarian system comprises a multiplicity of international, national and locally-based organisations deploying financial, material and human resources to provide assistance and protection to those affected by conflict and natural disasters with the objective of saving lives, reducing suffering and aiding recovery.

(Borton 2009)

merlin
medical relief, lasting health care

ACTION AGAINST HUNGER

Oxfam

WAR child

DFID Department for International Development

MÉDECINS DU MONDE

MEDECINS SANS FRONTIERES

USAID
FROM THE AMERICAN PEOPLE

UNDP UNHCR unicef WFP UNFPA UNEP

Figure 2: Lines of demarcation within the secular NGO traditions

In favour of rule-based coordination	Care Save the Children US IRC	Oxfam Save the Children UK Concern Worldwide
Independent/rule-averse	Americares other in-kind donation organisations	Médecins sans Frontières Action contre la Faim Médecins du Monde
	Wilsonian More dependent on and cooperative with governments Short time horizon Service delivery emphasis	**Dunantist** More independent of and oppositional towards government Long time horizon Advocacy emphasis

Humanitarian Action and the 'Global War on Terror': A Review of Trends and Issues, HPG Report 14 (London: ODI, 2003).

Code of Conduct

- 1992 - International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

- Set of principles and ethical standards for organisations involved in humanitarian work

Code of Conduct

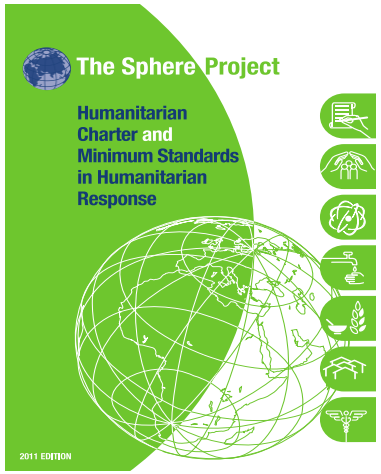
- **The humitarian imperative comes first**
- **Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone;**
- **Aid will not be used to further a particular political or religious standpoint;**
- **We shall endeavor not to be used as an instrument of government foreign policy;**
- We shall respect culture and custom;
- We shall attempt to build disaster response on local capacities;
- Ways shall be found to involve program beneficiaries in the management of relief aid;
- Relief aid must strive to reduce vulnerabilities to future disaster as well as meeting basic needs;
- We hold ourselves accountable to both those we seek to assist and those from whom we accept resources;
- In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects

Sphere Project

- Launched in 1997 to develop a set of minimum standards in core areas of humanitarian assistance.

- The aim of the project is to improve the quality of assistance provided to people affected by disasters, and to enhance the accountability of the humanitarian system in disaster response.

- One of the major results of the project has been the publication of the handbook, *Humanitarian Charter and Minimum Standards in Disaster Response*



Humanitarian Charter

Protection Principles

Core Standards

Standard 1
People-centred humanitarian response

Standard 2
Coordination and collaboration

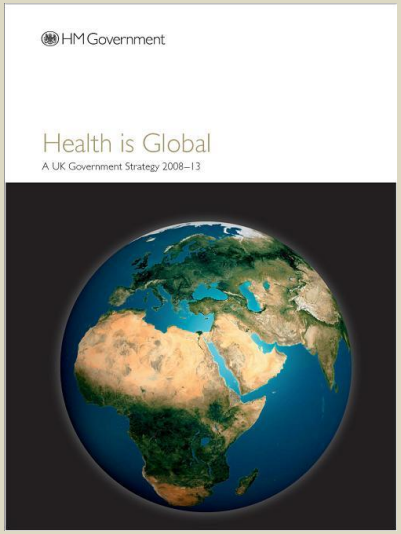
Standard 3
Assessment

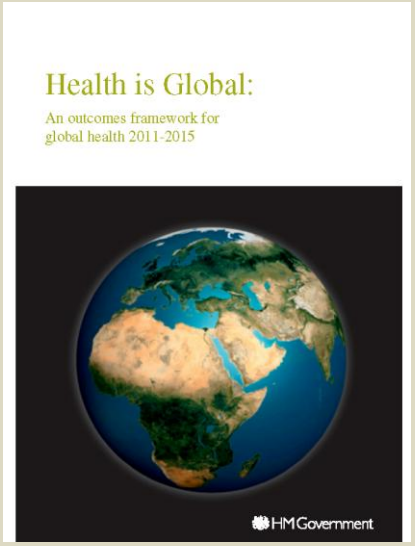
Standard 4
Design and response

Standard 5
Performance, transparency and learning

Standard 6
Aid worker performance

Revision of the UK cross government strategy “Health is Global”





- ✓ Global health security
- ✓ International development
- ✓ Health and trade
- ✓ Health and foreign policy

World Health Assembly

- The World Health Assembly is the supreme decision-making body for WHO

- Attended by delegations from all 193 Member States

- focuses on a specific health agenda prepared by the Executive Board

- The main functions of the World Health Assembly are to:

✓ determine the policies of the Organization
✓ appoint the Director-General
✓ supervise financial policies
✓ review and approve the proposed programme budget

- The Executive Board is composed of 34 members technically qualified in the field of health

- Members are elected for three-year terms

- agenda for the forthcoming Health Assembly is agreed upon
- resolutions for forwarding to the Health Assembly are adopted

The process at the annual World Health Assembly

- Committees meet to debate technical and health matters (Committee A) financial and management issues (Committee B), and approve the texts of resolutions, which are then submitted to the plenary meeting.

- Plenary is the meeting of all delegates to the World Health Assembly. The Health Assembly meets in plenary several times in order to listen to reports and adopt the resolutions transmitted by the committees.