

Introduction to Week 4
Module 3
Global Health Policy & Governance

Mariam Sbaiti

23 Jan 2012

About 70% of complex medical devices sit inoperable at their destinations in developing countries, and most basic devices don't reach developing-country populations in adequate numbers (WHO 2011)

What may be the reasons for this?

Week 4: Global Health Policy & Governance

Mon 23 Jan	9.00-9.45	Mariam Sbaiti	Summary of Week 3 and Introduction to Week 4	Rothschild LT
	10.00-11.30	Sid Wong	Lecture: Global Health Governance	Rothschild LT
	12.00-13.00	Sid Wong	Seminar: Global Health Governance	Rothschild LT
	14.00-15.30	Fred Martineau	Practical: 'Global Health Governance: Making Health Policy'	Cockburn LT
Tues 24 Jan	9.30-11.00	Judith Cherni	Lecture: Globalization and problems of equitable development	MSc room
	11.30-12.30	Judith Cherni	Practical: Globalisation and problems of equitable development	MSc room
Wedn 25 Jan	9.30-11.00	Sidney Wong Bev Collins	Lecture: Global health and humanitarian policy	Peart room
	11.30-12.30	Sidney Wong Bev Collins	Practical: Case Studies: Food policy and conflict in Somalia and On-going access to	Peart room
			HIV care in Bukava (DRC)	
	13.30-15.00	Sidney Wong Bev Collins Robin Shattock Tim Allen (TBC) Mariam Sbaiti	Panel discussion and plenary debate: <i>This house believes international aid is necessary for advances in Global health</i>	Clinical LT
Thur 26 Jan	Self-directed study			
Fri 27 Jan	9.30-11.00	Mariam Sbaiti	Lecture: Generating political priorities – women's health	3 rd floor seminar room
	11.30-13.00	Mariam Sbaiti	Student-led seminar: Generating political priorities: the case of maternal mortality	3 rd floor seminar room

Outline

- Introduction to Governance in Global Health
- The policy actors in Global Health:
 - The nation state
 - The private sector
 - Civil Society
 - Case studies
- Governance in Global Health:
 - Accountability and transparency
 - Participation
 - Fairness
- Conclusion

The Know-Do Gap

"Looking ahead to 2015 and beyond, there is no question that we can achieve the overarching goal: we can put an end to poverty. In almost all instances, experience has demonstrated the validity of earlier agreements on the way forward; in other words, we know what to do. But it requires an unswerving, collective, long-term effort."

UN Secretary General Ban Ki-moon

Components of a health system

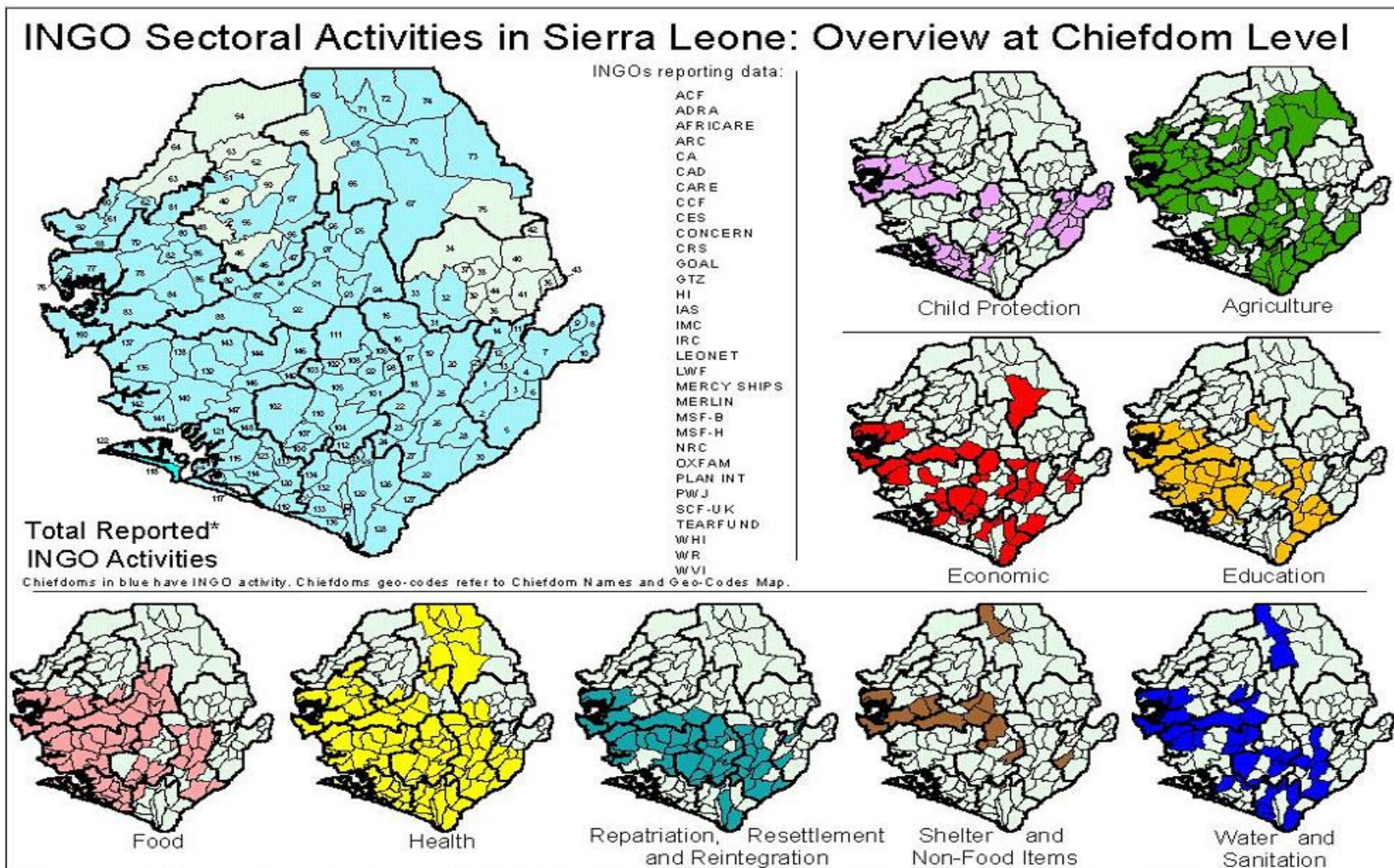


Current Challenges for National Health System

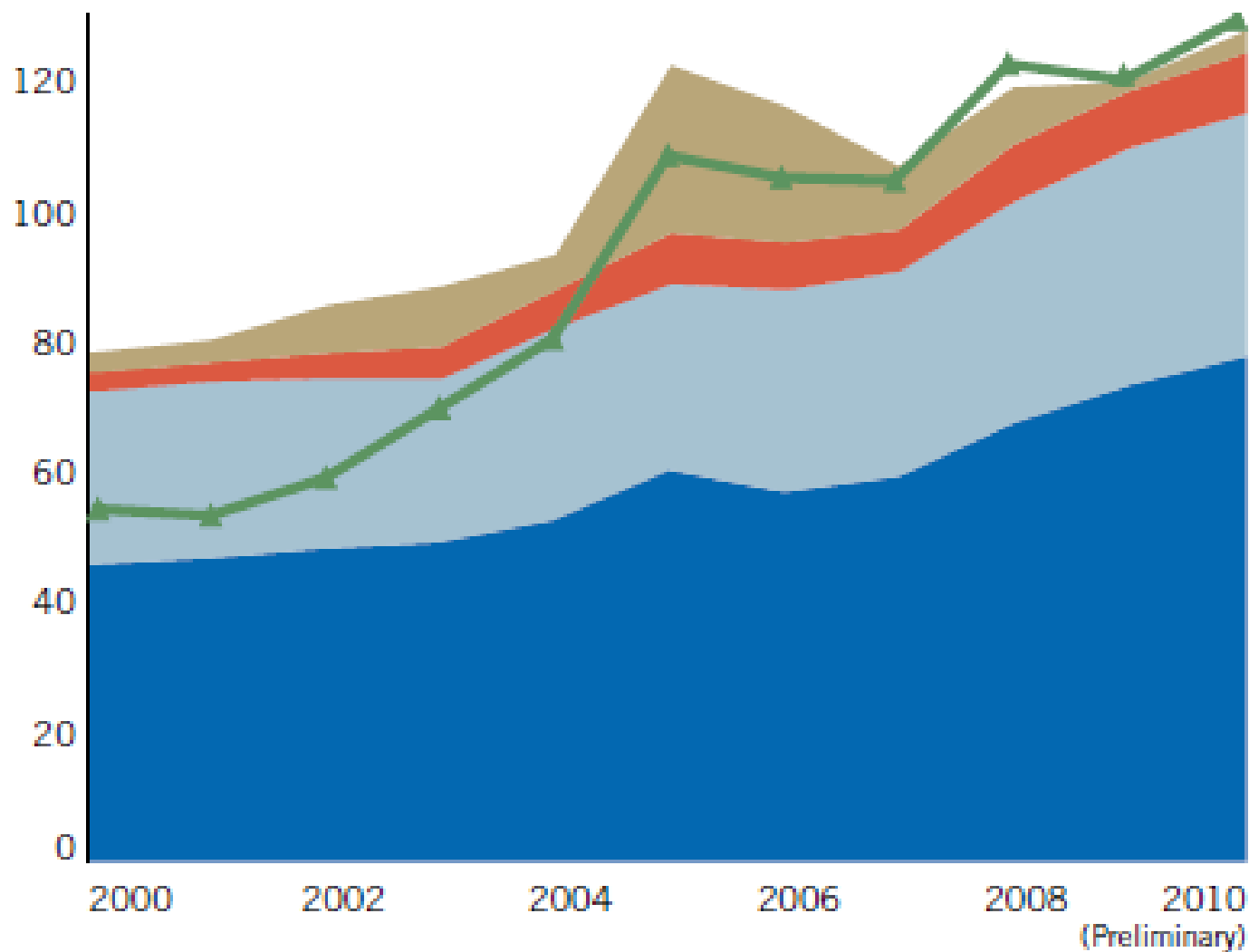
- *Pluralistic health systems in most countries (esp LMICs) with dramatic spread of market relationships*
- *Role of the ministries of health vs. other state ministries*
- *Actors in governance—public sector, civil society and the private sector*

(Siddiqui et al 2009)

Governance at country level: Sierra Leone



INGOs are International Non-Governmental Organisations. *Data as reported to the OCHA Humanitarian Information Center (HIC) by May 4, 2001. Sectoral categories are based on those used in the Consolidated Appeal Process. Geo-Codes are referenced to the Chiefdom Names and Geo-Codes map. Map does not reflect UN Agencies activities. Updated quarterly, next update August 1, 2001. Maps produced May 7, 2001 by the Sierra Leone Information System (an interagency project of OCHA and UNHCR, supported in part by ECHO). Contact 202-22-220770



Official development assistance (ODA) from DCs, 2000-2010 (Billions constant 2009 US\$, current US\$)

MGDs Report
2011

- Net debt forgiveness grants
- Humanitarian aid
- Multilateral ODA
- Bilateral development projects, programmes and technical cooperation
- Total net ODA in billions of current US\$

The Aid Debate

How much funding is needed for international aid?

Or

Is the current structure of the aid system fit for purpose?

“The aid debate continues to be dominated by the numbers game – how much money is needed, compared to how much donors are contributing”

ODI 2012



Outline

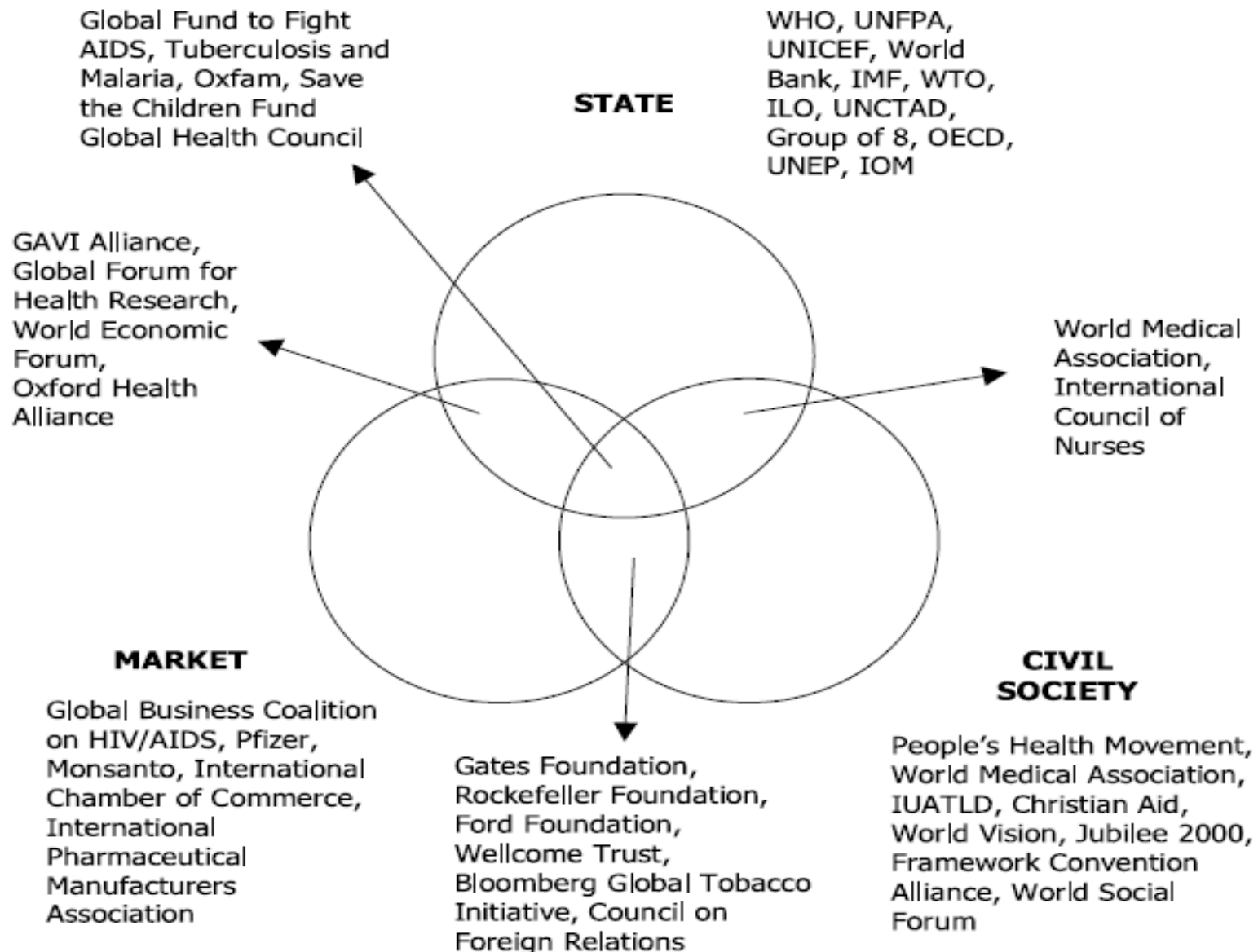
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Global Health Actors

- 1980s: mainly UN institutions
- 1980s-1990s: Increasing role of financial institutions (WB/IMF)
- 1990s: financial downturn and decrease in DA from OECD countries to the UN leads to increasing collaboration with the private sector
- 21 c. : Multiple actors, complex fragmented system of governance.

Global Health Actors

Mapping and criteria, global governance for health equity. Selected global institutions impacting on the social determinants of health



Governance: an elusive term

Different actors interpret the concept of governance differently.

The exercise of political, economic and administrative authority in the management of a country's affairs at all levels

United Nations Development Programme (UNDP)

"A set of implicit or explicit principles, norms, rules and decision-making procedures around which actors' expectations converge in a given area of international relations."

Krasner 1982:185

World Bank: focus on economic governance vs political governance

Good governance identified as a priority

“Good governance is perhaps the single most important factor in eradicating poverty and promoting development” is an apt reflection its need.

Former Secretary General of the United Nations, Kofi Annan (UN Secretary General report 1998)

“Bill and Melinda do guide the managers of the foundation's endowment in voting proxies consistent with the principles of good governance and good management”

Source: BMGF website
<http://www.gatesfoundation.org/about/Pages/our-investment-philosophy.aspx>

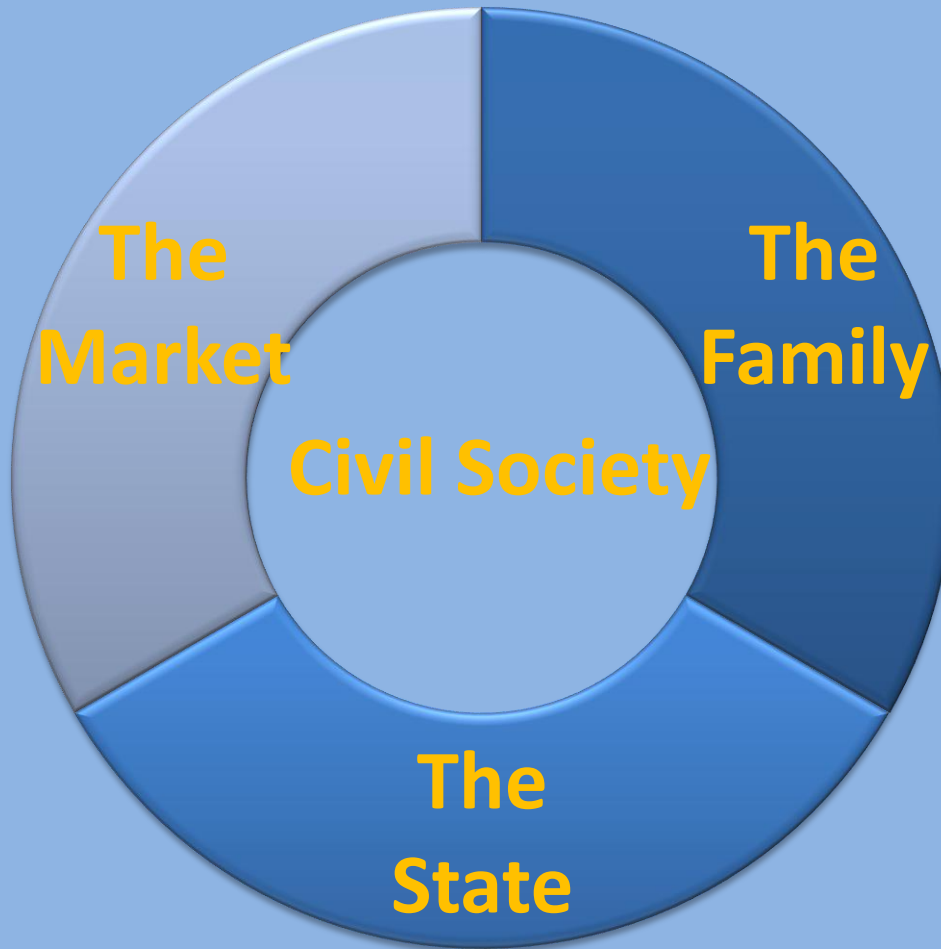
‘Of all the ills that kill the poor, none is as lethal as bad government.’

The Economist, 1999

‘The issue of good governance and capacity-building is what we believe lies at the core of all of Africa’s problems.’

Commission for Africa, 2005

The Policy Actors



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The nation state

Functions: legislature, executive, judiciary

Role of government:

- Usually the most powerful policy actor in a country
- Generally central to much health policy

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Private sector

- Commercial, operates in markets
 - legal duty to return profits to shareholders (investors, members)
- Other objectives (environmental, social) are 2ary to profit and return for shareholders
- In health care systems
 - Private finance (private insurance, out-of-pocket payment, sponsorship, capital)
 - Private provision (can be publicly or privately financed)
 - Partnerships and joint ventures
- Represent very large resources (top 10 pharmaceutical companies' stock market value >GNI of 57 LICs)

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Civil society actors

Various definitions with common features including

- emphasis on voluntary, free association
- situated between market (private sector) and state (public sector)

“The multitude of associations around which society voluntarily organises itself” (UNDP 1997)

“A sphere located between state and market: a buffer zone strong enough to keep both state and market in check, thereby preventing each from becoming too powerful and dominating” (Giddens 2001)

"We understand 'global civil society' as the socio-sphere located between the family, the state, and the market and operating beyond the natural confines of national societies, polities and economies" (Anheier and Themudo, 2002, p193)

Civil society: what roles?

- motivate (draw attention to new issues)
- mobilize (build pressure and support)
- monitor (assess behaviour of states and corporations and ensure implementation)

Keck and Sikkink (1998)

Civil society

interpretations of its role in democracies

- "... it is important to remind ourselves that the role of civil society – and especially NGOs – is to fill in the spaces in a healthy democracy and not to substitute for government..." (Edwards, 2000, p15)
- *[The neoliberal agenda]"dictated ...[that]...: (a) the state, particularly in Third World countries, should withdraw from the social sector; (b) the market should be freed from all constraints; and (c) people in civil society should organise their own social and economic reproduction instead of depending on the state."* (Chandhoke 2002:43)

Case study 1: a CSO studied in Module 2

US Tobacco industry invested >\$170 million on professional lobbying firms and in-house lobbyists in attempts to influence US Congress 1999-2007

(Holden & Lee 2009)



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Welcome to the Tobacco Institute Document Site

Documents Loaded on Tuesday, October 05, 2010

This website is designed to provide the public with access to documents produced by The Tobacco Institute in Attorney General reimbursement lawsuits and certain other specified civil actions, and to documents produced after October 23, 1998 through June 30, 2010 in smoking and health actions, and includes certain enhancements, all as provided for by [paragraph IV](#) of the Attorneys General Master Settlement Agreement (MSA).



Case Study 2: People's Health Movement

Civil Society widening representation in GH?



- Global network of grassroots health activists, CSOs and academic institutions from developing and developed countries
- Working on revitalisation of primary healthcare
- Governance: global secretariat and steering group with regional focal points
- Declares bottom-up decision-making process explicitly seeking to achieve participatory and democratic representation

Critically evaluating the role of CSOs

- Do they work sustainably?
- Are they legitimate? (Inequity, privileged status)
- Competition for resources & media attention

“Single issue campaigning can lead to a kind of irresponsibility – organisations say ridiculous things to raise their profile and Money” Clare

Short, former Labour Minister for International Development

Global public-private partnerships (late 1990s-date)

Collaborative relationships which transcend national boundaries and bring together at least three parties, among them a corporation and an inter-governmental organisation, to achieve a shared health creating goal on the basis of a mutually agreed and explicitly defined division of labour... (Buse& Walt, 2000)

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Governance Fundamentals – Based on Political Arenas and Key Principles

ODI 2006

Principle / Arena	Participation	Fairness	Decency	Accountability	Transparency	Efficiency
Civil society	Freedom of association	Society free from discrimination	Freedom of expression	Respect for governing rules	Freedom of the media	Input in policy making
Political society	Legislature representative of society	Policy reflects public preferences	Peaceful competition for political power	Legislators accountable to public	Transparency of political parties	Legislative function affecting policy
Government	Intra-governmental consultation	Adequate standard of living	Personal security of citizens	Security forces subordinated to civilian government	Government provides accurate information	Best use of available resources
Bureaucracy	Higher civil servants' part of policy-making	Equal access to public services	Civil servants respectful towards citizens	Civil servants accountable for their actions	Clear decision-making process	Merit-based system for recruitment
Economic society	Consultation with the private sector	Regulations equally applied	Government's respect property rights	Regulating private sector in the public interest	Transparency in economic policy	Interventions free from corruption
Judiciary	Consultative processes of conflict resolution	Equal access to justice for all citizens	Human rights incorporated in national practice	Judicial officers held accountable	Clarity in administering justice	Efficiency of the judicial system

Accountability?

"The United States recently passed such legislation, and the European Union is considering it, but all G20 countries should require the mining and oil companies listed on their stock exchanges to disclose payments to governments." W Gates (G20 Report)



Bill Gates at the G20 meeting in Cannes, France.

Photo: F. de la Mure/MAEE/Flickr

Governance frameworks: accountability

- Who is responsible for ensuring governance
 - Leadership, institutions
- Who is accountable for ensuring good governance is followed
 - How are they held to account? Who to?

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GH Governance Participation

Increased emphasis on Global programmes and global priority setting can challenge national sovereignty and empowerment

(Yamey 2002)

Global Health Governance

Agenda Setting: The Millennium Development Project

Listen to Jan Vandermoortele's commentary on the MDGs, and make a note of what he argues are the main weaknesses of the MDGs.

<http://www.youtube.com/watch?v=8l6ce5yZf-g>

Global Health Governance

Agenda Setting: the Millennium Development Project

*“The MDGs are being misappropriated to gain support for a specific development strategy, agenda or argument, mostly being used as a call for more aid or as a Trojan horse for a particular policy framework. As **relative benchmarks**, they are extremely difficult to meet in countries with low human development. Their misinterpretation as one-size-fits-all targets is leading to excessive **Afro-pessimism**, begging the question whether Africa is missing the targets or whether the world is missing the point. The global MDG canon is dominated by a **money-metric and donor-centric** view of development, and is not ready to accept that growing disparities within countries are the main reason why the 2015 targets will be missed.” (Vandemoortele 2009:1)*

Global Health Governance: Agenda Setting

MDGs, Commission for Macroeconomics and Health and overall DAH funding allocations indicate specific priority areas in GH:

- communicable diseases
- malnutrition
- maternal and perinatal mortality

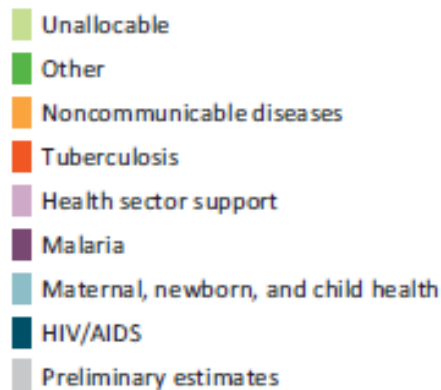
Yet these cover < 1/3 global burden of disease

Global Health Governance

Agenda Setting

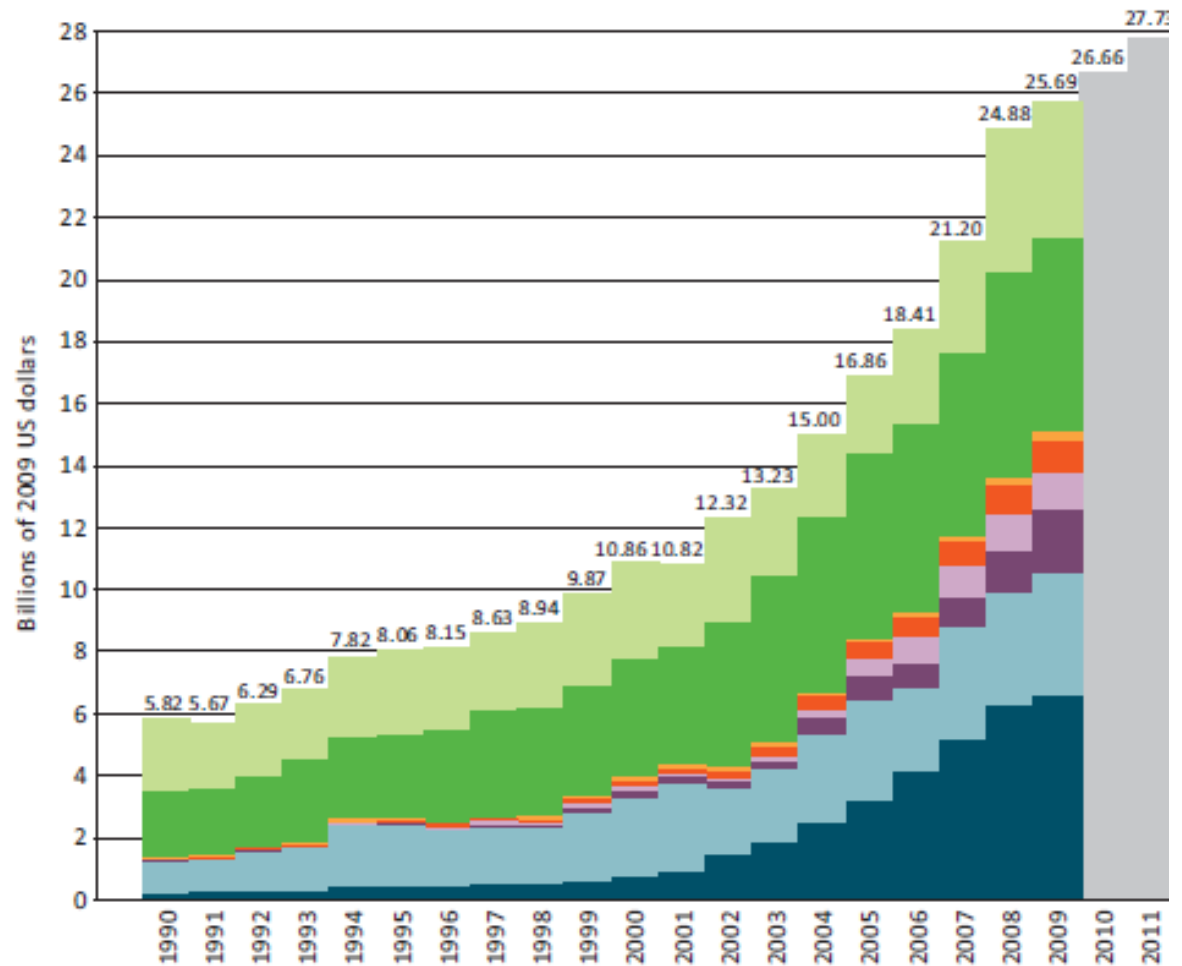
Figure: DAH for HIV/AIDS; maternal, newborn, and child health; malaria; health sector support; tuberculosis; and noncommunicable diseases, 1990-2011 (Institute for Health Metrics and Evaluation 2011)

“Unallocable” corresponds to DAH for which we did not have information on disease focus. “Other” represents DAH for other health focus areas not yet tracked by IHME.



Sources: IHME DAH Database 2011 and IHME DAH Database (Country and Regional Recipient Level) 2011

Notes: 2010 and 2011 are preliminary estimates based on information from channels of assistance, including budgets, appropriations, and correspondence. Data were unavailable to show total DAH by health focus area for 2010 and 2011.



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Global Health investment by donors: who benefits?

Potential gains from GH investments for donors include:

- **Foreign Policy**
 - Eg. US Department of State & USAID joint strategic plan 2004-9: US foreign policy and development policy aligned to advance National Security (Olilla 2005)
- **Enhancing National Economy: conflict of interest?**
 - BMGF “heavily invested in Cocal-Cola and simultaneously works to orient developing country farmers towards production for Coca-Cola instead of alternative development strategies, such an approach has potential consequences for grant-receiving communities and their health” (Stuckler et al 2011:8)

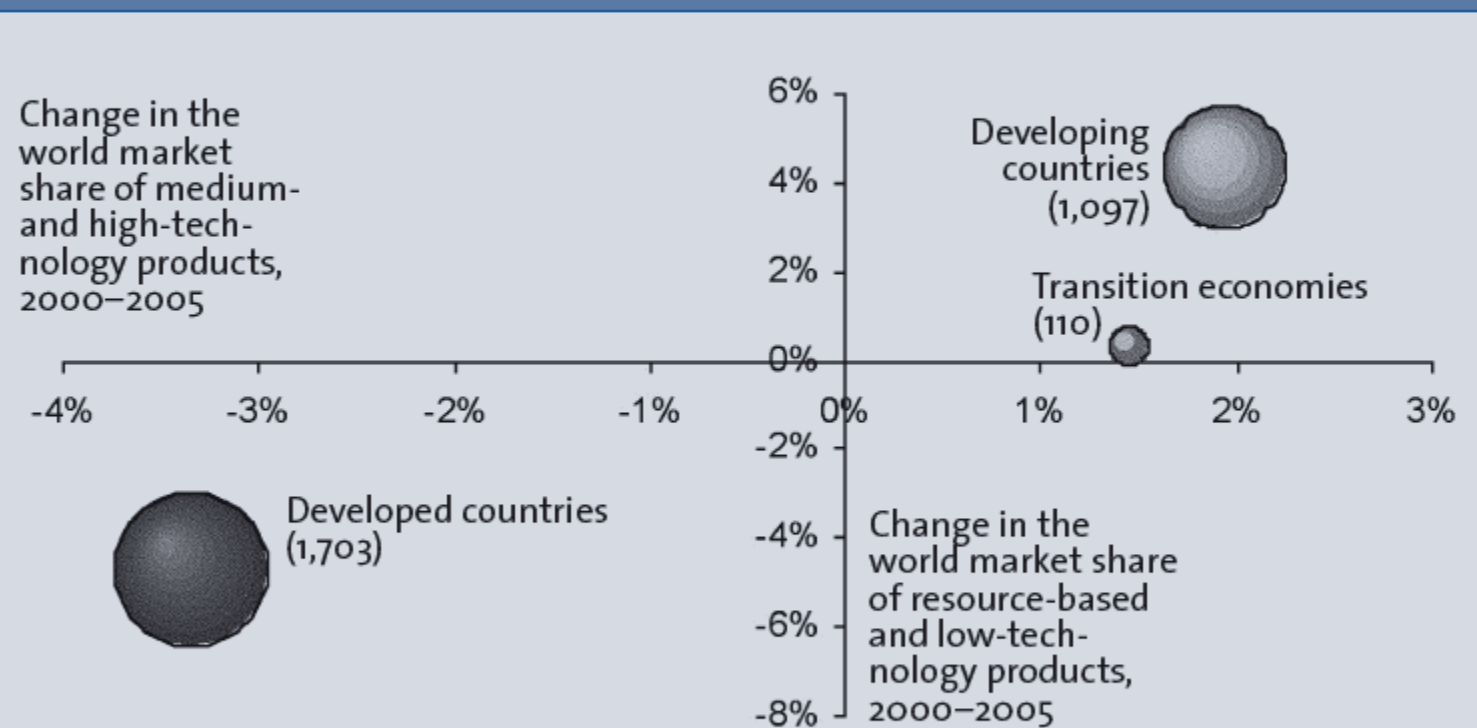
GOAL 8

Develop a Global Partnership for Development

TARGETS

1. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Figure 10.6 Market share of developing countries in all categories of manufactured exports, 2000-2005 (Percentage)^a



Source: UN COMTRADE.

a Bubble size (number in parenthesis) indicates the increase in the value of total manufactured exports between 2000 and 2005 in billions of dollars.

Conclusions

- The concept of governance is elusive
- Increased in number of GH actors and increased role of public-private partnerships
- The study of governance helps make sense of the complex interplay between GH actors (the nation states, private sector and civil society, including partnerships and networks between these)

References

- Krasner, Stephen D. 1982. "Structural Causes and Regime Consequences: Regimes as Intervening Variables." *International Organization* 36/2 (Spring).
- Court J (2006). ODI: Governance and aid effectiveness: Has the White Paper got it right? Available at:
- Yamey G: WHO in 2002. Faltering steps towards partnerships. *BMJ* 2002, 325:1236-1240.
- Corporate Power and Social Policy: The Political Economy of the Transnational Tobacco Corporations
- Holden, C.; Lee, K. *Global Social Policy*, 2009; 9(3):328-354
- Chandhoke N. (2002) "The limits of global civil society" Chapter 2 in Glasius et al, (2002) *op cit* (pp35-53)
- Edwards M., (2000) *NGO Rights and responsibilities: A new deal for global governance* (London: The Foreign Policy Centre/NCVO)
- Vandemoortele J (2009). The MDG Conundrum: Meeting the Targets Without Missing the Point *Development Policy Review*, 27 (4): 355-371.
- World Health Organization. First WHO global forum on medical devices: context, outcomes, and future actions. 2011. (http://www.who.int/medical_devices/gfmd_report_final.pdf)
- Anheier H. and N. Themudo (2002) "Organisational forms of global civil society: implications of going global" in Glasius M, M. Kaldor and H. Anheier (2002) (eds) *Global Civil Society 2002* (Oxford: Oxford University Press)