

# Grand challenges in global health governance

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**Introduction:** This review identifies an agenda for global health by highlighting the current 'grand challenges' related to governance.

**Sources:** Literature from the disciplines of health policy and medicine, conference presentations and documents, and materials from international agencies (such as the World Health Organization).

**Areas of agreement:** The present approach to global health governance has proven to be inadequate and major changes are necessary.

**Areas of controversy:** The source of problems behind the current global health governance challenges have not always been agreed upon, but this paper attempts to highlight the recurrent themes and topics of consensus that have emerged in recent years.

**Growing points and areas timely for developing research:** A solution to the 'grand challenges' in global health governance is urgently needed and serves as an area for developing research.

**Keywords:** international health/governance/health systems/health financing and aid

## Introduction

Global health is of primary importance to human functioning and well-being. Yet the state of global health by many measures is dire. The dual burdens of infectious and chronic diseases among the world's poorest people are enduring and intractable. Profound disparities in health and life expectancy between the rich and poor are wide and resistant to change. And all countries, rich and poor, are at risk of pronounced health hazards due to growing globalization. The phenomenon of globalization, which can be understood as the 'process of increasing economic, political and social interdependence and global integration that occurs as capital, traded goods, people, concepts, images, ideas and values diffuse across national boundaries',<sup>1</sup> is changing the way that states must protect and promote health in response

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to the growing number of health hazards that increasingly cross national boundaries.<sup>2–4</sup>

No country, acting alone, can adequately protect the health of its citizens or significantly ameliorate the deep problems of poor health in developing countries. The spread of disease, the importation of consumer goods and the migration of health professionals cannot be adequately controlled by states in isolation, but depend on international cooperation and assistance. Despite the importance of a coherent strategy for global health, the traditional system of international health governance, which primarily encompasses states and intergovernmental organizations, has been unable to effectively govern in the new global health context. The conspicuous voids left by the traditional governance system in the face of global health crises have prompted the creation of various *ad hoc* initiatives sponsored bilaterally or by non-state actors such as non-governmental organizations (e.g. humanitarian organizations, industry associations, foundations and other private associations) and businesses (e.g. pharmaceutical companies). For some initiatives, states and intergovernmental organizations have joined forces with non-state actors to form public–private partnerships (PPPs) (or ‘hybrid’ organizations) in an attempt to address global health problems, such as the Global Fund for HIV/AIDS, tuberculosis and malaria (‘the Global Fund’) and the International Finance Facility for Immunisation.

Despite the recent proliferation of actors and initiatives in the global health space, the current approach to governance is not solving the global health crisis. Numerous global health initiatives have missed or are missing their targets [e.g. World Health Organization (WHO) ‘3 by 5’ initiative and the United Nations (UN) Millennium Development Goals]. Meanwhile, a number of other critical health issues such as chronic conditions<sup>5</sup> and less popular diseases of poverty (i.e. the so-called ‘neglected diseases’) continue to be left at the wayside in spite of their significant burden on society—especially in resource-poor countries.<sup>6</sup> Today, many are wondering why health targets are not being reached and what has become of the investments made.

## Grand challenges in global health today

The intractability of progress in global health can be attributed to a number of ‘grand challenges’.<sup>7</sup> These grand challenges are the enduring, hard-to-solve obstacles that persist in the political, legal, economic and social contours of the current international landscape and prevent the achievement of global health with justice.<sup>8</sup> This paper highlights six ‘grand challenges’ in relation to global health governance, which

are vital to the improvement of world health and the reduction in glaring health disparities.<sup>9</sup> These challenges include: (i) the lack of global health leadership; (ii) the need to harness creativity, energy and resources for global health; (iii) the need for collaboration and coordination of multiple players; (iv) the neglect of basic survival needs and health systems strengthening; (v) the lack of funding and priority setting and (vi) the need for accountability, transparency, monitoring and enforcement. It is important to note that all of these challenges are interconnected and, in some instances, overlapping and a systemic approach is necessary to address these issues appropriately and adequately as part of today's global health agenda.

### *The lack of global health leadership*

Leadership is vitally important to achieve objectives in global health. Individuals and organizations that take leadership can effectively influence the activities of multiple actors to establish a clear mission and achieve objectives. In the global health field, the UN established the WHO to exercise leadership. WHO has in many ways been an admirable organization advancing world health, but it has failed to live up to the expectations in its leadership role. Despite its unique directive to lead using an array of powerful mechanisms (e.g. treaties and regulations) and legitimacy, WHO has shied away from providing the much needed leadership for the promotion of international health. For example, it was not until 2003 that the WHO's first treaty was issued. This treaty, known as the Framework Convention on Tobacco Control (FCTC), introduced an innovative approach to engaging and empowering states and civil society on a major global health concern under the auspices of WHO.<sup>10</sup> The FCTC declares the bold objective of protecting present and future generations from 'the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke (Art. 3)'. It adopts multidimensional strategies, including demand reduction, supply reduction and tort litigation.<sup>11,12</sup> Although a laudable achievement, the FCTC is almost *sui generis* because it regulates the only lawful product that is uniformly harmful. The FCTC was politically feasible because the industry was vilified for denying scientific realities, engineering tobacco to create dependence, engaging in deceptive advertising and targeting youth, women and minorities.<sup>13,14</sup>

Without clear leadership, the current response to vital global health challenges has been *ad hoc* and highly fragmented. A proliferation of actors with 'little or no formal mandate in health' has appeared on the global health scene armed with differing agendas and a selective set of

initiatives. For example, other intergovernmental organizations (such as the World Bank) have been able to challenge WHO's primacy in global health using their resource-based or political powers. Current health priorities, as a result, have been skewed towards popular, disease-focused initiatives and away from basic survival needs. Even in response to high-profile disease crises, such as HIV/AIDS, the upsurge in actors, funds and initiatives has occurred with little coordination. While the 2005 report of the Commission on the Social Determinants of Health recognizes the importance of engaging with other non-health actors in a multisectoral approach to address the underlying factors of health inequality, the implementation of the Commission's recommendations has uncovered the necessity of 'global leadership... to push this agenda forward' with WHO as 'obvious candidate for this role'.<sup>15</sup>

It is imperative for WHO to gain the capacity and authority to establish a clear mission, achieve objectives and influence health-promoting activities globally. According to the WHO constitution, this agency was envisioned to act as the 'directing and coordinating authority on public health' and was endowed with extensive normative powers to proactively promote the attainment of 'the highest possible level of health'. WHO needs to exercise its powers and guide the global health governance system going forward.

### *The need to harness the creativity, energy and resources for global health*

The proliferation of actors, mentioned earlier, can be beneficial, as it brings potentially great wealth and creativity into the global health arena. Global health, like global climate change, used to attract little attention from states, foundations, non-governmental organizations and businesses, but that is changing rapidly. The goal, of course, is not to have these actors disengage, but rather to fully engage them in ways that are well coordinated and highly effective. It is an enormous missed opportunity when all of these stakeholders enter the global health arena in scattered, sometimes conflicting, ways. What is most important is for the current international system of states and intergovernmental organizations to harness the energy, resources and creativity of all these actors to work together to significantly improve global health.

While it is well understood that non-state actors, such as civil society, foundations and private enterprises, play an increasingly important role in global health, their role and obligations remain unclear. Businesses can offer great benefits for the health of the global community, for example, by innovations in pharmaceuticals, vaccines and medical devices; producing and selling healthier foods and safer products and creating healthier and safer places to work. Philanthropists can provide

much needed resources for urgent and enduring health needs as well as imaginative ideas for how to serve the health needs of poor people. And civil society has demonstrated the capacity for helping those within their communities and advocating for social change.

The global health governance system also needs to devise the means to create incentives, facilitate, coordinate and channel the activities of these non-state actors. It needs to enhance health-producing activities and discourage harmful ones. How, for example, can the global health governance system increase the involvement of the non-health sectors (e.g. food, energy and transportation) and encourage them to think in health-conscious ways. It has even been suggested that WHO, or another international entity, could ‘monitor, evaluate and rank corporations on their degree of “health responsibility”, much the way that companies are ranked on their “greenness”’.<sup>16</sup>

PPPs have served as a primary means for engaging private industry in health initiatives in order to leverage industry strengths in research and development, product manufacturing and product distribution. At the same time, private industry can benefit from the opportunities offered by engaging in such work. For example, PPPs offer pharmaceuticals the ability to obtain subsidies for research and assistance in clinical trials while receiving good public relations for entry into drug markets.<sup>17</sup> Partnerships with industry, however, must be exercised with caution due to the conflicts of interest that could arise between PPP objectives and corporate strategies. The fundamental differences between for-profit and public sector ideologies, as well as the possibility of covert for-profit agendas, could lead to new health programmes that diverge from the actual health needs of developing countries. For example, the food industry has posed some problems for the public health sector in the fight against chronic diseases (e.g. heart disease, diabetes and cancer) and obesity through its rejection of WHO calls ‘to reduce amounts of certain types of fats as well as salt and sugar in snacks and processed foods’.<sup>18</sup> WHO resisted industry pressure to change its ‘Global Strategy on Diet, Physical Activity and Health’, which has since passed as a World Health Assembly resolution (WHA 57.17) in May 2004.<sup>19</sup> Overall, the global health governance system needs to find a way to create and align the incentives for the appropriate private/public actors and stakeholders to promote imaginative, well-funded solutions for global health improvement.

### *The lack of collaboration and coordination between multiple players*

Collaboration and coordination among the multiple players in global health is a critical problem in global health efforts. A number of

actors, beyond the traditional state-centric governance system, now occupy the field of global health. This has resulted in rampant problems of fragmentation and duplication in the sea of funding, programmes and activities that span the global health domain. Such problems have crippling effects at the national level where '[developing country] governments looking to tackle health problems... face a bewildering array of global agencies from which to elicit support' and, in consequence, typically results in overburdening the health ministries with 'writing proposals and reports for donors whose interests, activities and processes sometimes overlap, but often differ'.

Related to fragmentation among the current proliferation of actors is the growing competition between international NGOs and local service providers (e.g. governments, business and community-based organizations) for funding and human resources.<sup>20</sup> It is feared that this encroachment of international actors upon capable actors at the local level will hinder efforts at greater country ownership and control. When well-funded NGOs create AIDS clinics or other services on the ground, they are often able to offer more lucrative salaries and far better working conditions than local providers. This can drain public or private initiatives in the host country, making it even more difficult to provide sustainable services.

Rather what is needed is a system of governance that fosters effective partnerships and coordinates initiatives to create synergies and avoids destructive competition at all levels—international, national and local.<sup>21</sup> Several recent efforts at coordination and harmonization among actors have been launched, but it remains to be seen whether these initiatives will achieve their goals.<sup>22</sup> For example, the International Health Partnership (IHP) is an effort launched in 2007 by seven donor countries 'to improve the coverage and use of health services—whether through public or private channels or through non-governmental organizations—in order to deliver improved outcomes' related to the health-related Millennium Development Goals (MDGs) and universal access commitments.<sup>23–25</sup> The IHP is part of an inter-agency coordination process and common work-plan known as the International Health Partnership and related initiatives (IHP+). The IHP+ is a commendable effort towards coordination and accountability as well as greater country ownership; however, does it go far enough? At this stage, there is not enough evidence to judge the success of IHP+ but the focused nature of its initiatives raises concerns about how it would coordinate with other non-IHP+ health initiatives (e.g. currently existing disease-specific initiatives) and non-partner actors (e.g. USA), as well as adequately address developing world concerns. Another effort at coordination and collaboration between health actors is illustrated by the formation of the 'Health 8'. The 'Health 8' refers to the group of

eight major international health-related agencies (i.e. WHO, World Bank, GAVI, UNICEF, UNFPA, UNAIDS, the Global Fund to fight AIDS, Tuberculosis and Malaria and the Bill and Melinda Gates Foundation), which meet informally to discuss ways to scale up services and improve health-related MDG outcomes.<sup>26</sup>

### *The neglect of basic survival needs and health systems strengthening*

The attainment of fundamental human needs through the development of scalable and sustainable health systems and infrastructures is a seriously neglected problem in global health. Meeting fundamental human needs lack the glamour of high-technology medicine or rescue, but their value is the significant potential for impact on health because they deal with the major causes of common disease and disabilities across the globe. These needs are essential to restoring human capability and functioning, which one of us has termed 'basic survival needs'. Basic survival needs include sanitation and sewage, pest control, clean air and water, tobacco control, diet and nutrition, essential medicines and vaccines and functioning health systems for the prevention, detection and mitigation of disease and premature death. By focusing on these needs, the international community could dramatically improve prospects for the world's population. A number of the needs are laid out in international agreements. Three of the eight MDGs, for example, are health related: child mortality, maternal health and reducing the burden of infectious diseases.<sup>27</sup> The UN Economic and Social Council<sup>28</sup> finds that basic survival needs are a core commitment of the right to health, including immunization, essential medicines, food, potable water, sanitation, disease prevention and treatment, primary health care and health education.

Building enduring health systems is critical to population health. Such health systems require sound infrastructures and human resources, which would give countries the tools to safeguard their own populations. Poor countries need to gain the capacity to provide basic health services themselves. Health systems capacity has the added benefit of improving world health by significantly reducing the potential for disease migration to other countries and regions. Local capacities empower health professionals to prevent, rapidly detect, treat and contain health hazards before they spread out of control.<sup>29</sup> Unfortunately, WHO's 2008 World Health Report recognizes that today's health systems 'seem to be drifting from one short-term priority to another, increasingly fragmented and without a clear sense of direction'. It also voices concerns that '[these] struggling health systems are likely to be overwhelmed by the growing challenges of ageing

populations, pandemics of chronic diseases, new emerging diseases (such as SARS) and the impacts of climate change'.<sup>30</sup> In order to achieve better health systems performance, the World Health Report recommends greater attention to primary health care and emphasizes the need for policy decisions that are based on four 'core primary health care principles' (i.e. universal coverage, people-centred services, healthy multisectoral public policies and leadership). Presently, as discussed in the next grand challenge, the priority placed on addressing basic survival needs and building health systems by international assistance tends to be low. The global health governance system must find a way to redress this critical problem.

### *The issue of funding and priority setting*

The problem of skewed priorities in international funding is another key challenge in global health. Currently, a significant amount of funding is directed towards 'specific diseases or narrowly perceived national security interests' that have been placed high on the global health agenda by a small number of wealthy donors (such as OECD countries, the Gates Foundation and the Global Fund).<sup>31</sup> For example, almost 70% of the US global aid budget for health is devoted to AIDS and most of the US Official Development Assistance (ODA) is focused on countries that provide strategic military value (such as Afghanistan, Iraq, Israel and Pakistan).<sup>32,33</sup> As a result, funding tends to be diverted from the larger, systemic approaches, such as building stable local systems to meet basic survival needs.

In priority setting, a stronger cooperative approach needs to be taken between donors and recipient countries in defining and advancing developing country health agendas. Proper resource allocation based on attainment of basic survival needs, support for basic infrastructure and capacity building, and cost-effective interventions have the potential to make donor-funding go further. The Disease Control Priorities Project (DCPP) is an illustration of a current effort to assist developing countries with the improvement of their health systems. The DCPP provides technical resources to inform policy making on topics such as the cost-effectiveness of different health-improving interventions and cross-cutting issues crucial to the delivery of quality health services.<sup>34</sup>

Funding needs to be provided at adequate levels that are scalable to needs. Such needs exist at both the international and national level, as WHO is highly dependent on Member States for financial resources to carry out its functions and developing countries tend need funding to build capacity. A problem with current funding approaches is that there is no method of holding rich states accountable to provide

sufficient and stable international health assistance to states that lack the capacity. For example, developed countries have not even fulfilled their pledges made in 1975 of giving 0.7% of gross national income per annum on ODA. More than 30 years later, their real contribution has only recently risen to reach a high of 0.33%. In general, the global health governance system must gain agreement on funding levels needed to achieve key priorities, the responsibility of rich states to devote adequate funding for international health assistance and ensure adequate health system capacities in poor states. Figuring out innovative ways to ensure adequate and enduring levels of funding, and agreed-upon priorities, will be vital in ensuring that poor countries gain the capacity to deal with everyday health threats, as well as public health emergencies.

### *The need for accountability, transparency, monitoring and enforcement*

Finally, there is a critical need for greater transparency, accountability, monitoring and enforcement in meeting global health goals. Accountability in global health has been problematic. WHO and other intergovernmental organizations are officially accountable to their Member States, but 'they often lack detailed and realistic targets for health outcomes or for the intermediate actions they take to promote health'. States themselves tend to enter into voluntary, rather than binding, commitments towards health and it is difficult to hold them accountable under such weak mechanisms. Other actors, such as civil society, foundations and corporations, report to an array of different interest groups and cannot be held accountable for their failures or shortcomings.

At the same time, there is insufficient transparency both with respect to intergovernmental organizations and state decision making. Transparency, literally truthfulness and openness to view, has no fixed meaning, but most definitions include the following overlapping features: open governance, free flows of information and civic participation. These are values that support accountability and are widely believed to be hallmarks of good governance.

Monitoring and enforcement in global health are similarly problematic. While there have been increased efforts to build 'monitoring and evaluation' systems to track the progress of various health initiatives, the lack of an enforcement mechanism generally leaves things at a voluntary level for the actors involved. Reliance on voluntary practice can be unreliable and unstable unless there are adequate incentives to drive performance. All in all, the global health governance system needs to adapt by creating rules for accountability, transparency,

monitoring progress and norm enforcement for the fulfillment of commitments and achievement of goals.

## Conclusion

To date, the current approach to global health governance has been inadequate. Fundamental health needs continue to be neglected and health systems remain weak. Non-state actors, especially at the local level, are not being sufficiently harnessed through partnership. Transparency and accountability have been poor, and the monitoring and enforcement of commitments almost non-existent. WHO has yet to assert itself in this new global health environment. Overall, global health governance needs to resolve the current imbalances and bring a greater sense of coherence to the 'big picture' of global health.

Yet, many of the seemingly intractable problems in global health could be addressed through improved global health governance. The six 'grand challenges' discussed in this paper represent some of the critical features needed in a coherent system of global health governance. To ensure effective and well-functioning health systems in poor countries, and to meet basic survival needs, the international community, in partnership with host countries, must invest in health system infrastructure. It is not simply the amount of money spent that is important, but how those resources are invested and used. This requires a structured approach that sets priorities, ensures coordination and monitors and enforces results. Accomplishing a system of coordinated and effective international aid will require political will and a system that unifies the myriad efforts of States, intergovernmental organizations, NGOs, businesses and private foundations under clear and strategic leadership.

Though the current economic climate places a significant strain on state and donor attention and resources to the topic of global health due to the financial crisis, an innovative approach to global health governance is still sorely needed at this time. Initial scholarship aimed at this purpose has emerged in recent years, but the wide range of ideas indicates that a consensus on the appropriate approach has yet to be reached.<sup>35,36</sup> In the end, a dramatic change to the current global health governance system is necessary and the international community must be prepared to confront each of the grand challenges with clarity of purpose.

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