

Global health governance: asking some naïve questions

Response to Dr Tikki Pang, World Health Organisation
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35,000,000 people died from chronic diseases in 2005

Each year at least:

- 4.9 million people die as a result of tobacco use;
- 2.6 million people die as a result of being overweight or obese;
- 4.4 million people die as a result of raised total cholesterol levels;
- 7.1 million people die as a result of raised blood pressure

Source: WHO, *Preventing Chronic Disease: A Vital Investment* (2005)





Devi Sridhar, Sanjeev Khagram, Tikki Pang, “Are Existing Governance Structures Equipped to Deal with Today’s Global Health Challenges – Towards Systematic Coherence in Scaling Up”

Global Health Governance, Vol II, No 2 (Fall 2008/Spring 2009) <http://www.ghgj.org>

**What is “global health
governance”?**

Global health governance: the challenge of improving:

1. Population health

- Improving the average health (of countries & regions)

2. Health inequalities

- Not forgetting those who would be left behind if we focused only on average health

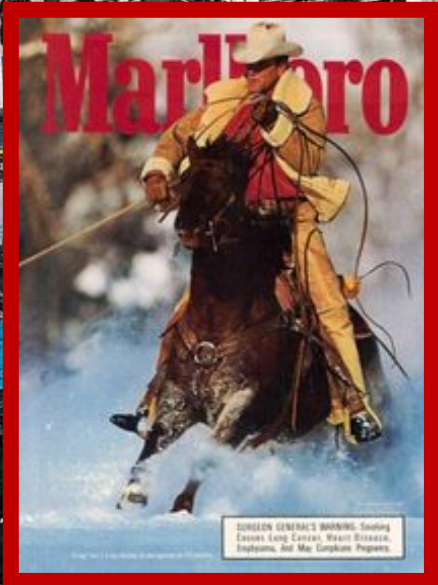
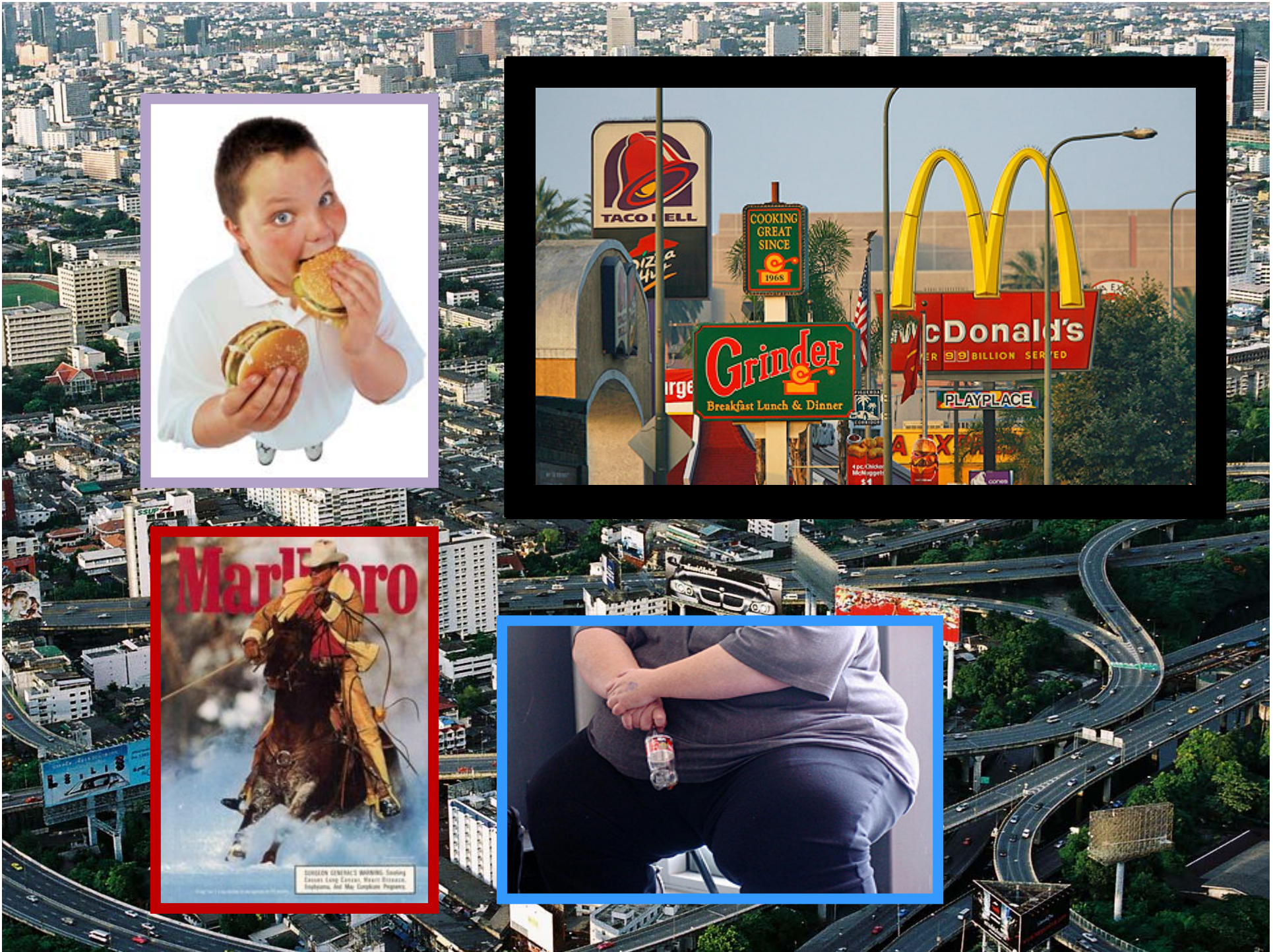
3. Intergenerational health

- Conditions for living sustainable healthy lives: regionally, globally

**What's “global” about global
health governance?**

What's "global" about global health governance? [1]

1. Transnational determinants of disease create **deficits in national health sovereignty** - a collective international response is needed
 - Eg contagious disease; global warming & environmental sustainability; nuclear proliferation etc
2. Collective international responses are also needed to respond to the **health consequences of globalisation** itself:
 - Eg dietary transition – and trend towards non-communicable disease; urbanisation; relentless global marketing of tobacco, processed food, beverages by multinationals



What's "global" about global health governance? [2]

3. Capacity constraints at national level due to lack of financial, material, technical, human resources: international assistance required
 - MDGs; many other epidemics (diabetes, CVD)
4. Global responses may be required to coordinate and enhance the effectiveness of global health stakeholders
 - International Health Partnership (Paris Declaration on Aid Effectiveness)
5. Global response may help to identify and disseminate best practice, reducing the gap between evidence-for-action and the introduction of national policies

**Who “does” global health
governance?**



**How do things get done in
global health governance?**

Getting things done in global health governance

Political

- Partnerships between key stakeholders (international agencies, governments, transnational corporations, private funders, NGOs)
- Governance structures
- Global “architecture”, including targets & goals

Economic

- Economic & material support for programs and policies
- Funding conditionality: economic pressure for policy change and implementation

Legal

- Treaties, conventions
- Resolutions, declarations
- International norms & guidelines: legal and normative pressure for domestic policy change

And not forgetting...

Informal pathways

- Advocacy by thought leaders & “issue champions”
- Popular movements in civil society, academia
- Media campaigns mobilizing popular opinion

Are there distinctively “global” public health functions that cannot be discharged (only) at the national level?

Some naïve questions about global health governance

1. What is “global health governance”?
2. What’s “global” about global health governance?
3. Who “does” global health governance?
4. How do things get done in global health governance?
5. Are there public health functions that are distinctively “global”?