

**Innovation in Global Health  
Governance: Critical Challenges and Key  
Issues in addressing Contemporary  
Health Crises in the World**

Warwick Q-Step Spring School 2016

21<sup>st</sup> April 2016

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# OVERVIEW

- ***Concept of global governance:*** system, institutions, objectives, rules, cooperation , partnerships, authority and power relationships
- ***International health risks and challenges:*** infectious diseases and pandemics; non-communicable diseases; access to medicines
- ***The present global order for preventing and responding to global health risks:*** institutional mechanism; civil society; gaps and weaknesses
- ***Governing the global health security domain:*** right to health; dynamics and complexity of contemporary global health challenges; globalisation and health policies
- ***Governance challenges in global health:*** sovereignty vs. international rules; consensus on policy and action; global shared responsibility; finance
- ***Innovation in global health governance:*** need, priorities, principles and global agenda
- ***Assessing impact of governance innovation:*** information and data needs for assessing a dynamic 'challenge-response-innovation' framework
- ***Indicators of success in global health governance:*** knowledge and resources for fighting biggest health challenges; health for all notion

# Recent and Current Global Health Challenges and Crises

- HIV/AIDS, 1981-
- SARS, 2002-03
- Avian influenza, 1996-
- Ebola, 1976-
- Zika virus
- Cholera, Malaria, Typhoid, TB, Small Pox
- Polio
- Tobacco
- Non-communicable diseases: cancer, diabetes, cardiovascular and heart disease, obesity, dementia
- Access to affordable medicines in a globalised world
- Treatment for neglected tropical diseases
- Biological warfare agents and bioterrorism ( e.g. anthrax, toxic bacteria)
- Illicit and harmful drugs ( e.g. Heroin)

# Governance of global health risks and crises: Framework, gaps, weaknesses and challenges

- ***Instruments and institutions involved in global health governance:*** International Health Regulations (IHR); Global health institutions and multilateral organisations (e.g. WHO, UNAIDS, World Bank, WTO, ILO, WFP, UNEP, UNICEF); Informal institutions (G7/8 , G20 Summits and Health Ministers Meetings); Multi-stakeholders initiatives (e.g. GAVI, GFATM, Roll Back Malaria, Gates and Clinton Foundations); Regional organisations (EU, ASEAN, AU, PAHO); Emergency WHO summits (e.g. SARS, Ebola, Zika)
- ***Institutional coordination and policy harmonisation:*** global health inequalities; incorporating health concerns in international development objectives (MDGs and SDGs); aid effectiveness; capacity-building
- ***The politics of global health governance:*** leadership of global health; global health diplomacy; health sovereignty; power relationships
- ***Financing global health:*** funding of global health institutions; global health donors; global shared responsibility
- ***Need for innovation in global health governance:*** creating new opportunities to respond to existing and new health challenges

# Innovations in global health governance: Type and direction

- ***Institutional Innovations:*** WHO (Commissions on macroeconomics and health, and on the social dimensions of health; Framework Convention on Tobacco Control; data collection and monitoring (e.g. UNAIDS); Global Outbreak Alert and Response Network; UN and World Bank (HIV/AIDS); G8 (GFATM); Multi-stakeholder initiatives, foundations (GAVI, Stop TB, Roll Back Malaria)
- ***Instrumental Innovations:*** International law (revision of international health regulations); adoption of policies with specified targets and timetable; health policy coherence (AIDS and Ebola)
- ***Informal techniques and spontaneous actions:*** Health summits; mobilising and leveraging resources (e.g. Ebola); civil society pressure groups, social movements and networks
- ***Promoting a global health revolution:*** global awareness and action campaigns; large-scale regional and national level programmes; improved surveillance and response to infectious disease outbreaks

# Appropriateness and effectiveness of innovations in global health governance

- *The 'Challenge-Response-Innovation' Framework (Cooper, Kirton and Lisk)*
- *Action*: actors, targets, process, pathway
- *System responsiveness*: suitability, efficacy
- *System transformation*: change, relevance

# Applying 'Systems Thinking' to global health governance innovation

- 'Systems thinking' concept: identify and reveal underlying characteristics and relationships of systems
- Applying systems thinking perspective to global health governance: comprehensive set of tools to map, measure and understand the dynamics of global health challenges and complexity of global health system architecture in real world settings
- Anticipate how an innovation might flow through, react and impact on health governance system to create opportunity in a constructive way
- Estimate investments and interventions required for increasing the effectiveness of global health governance
- Undertake empirical studies ( research and analysis) of innovation, governance and policy complexities to validate operational significance

# Indicators of success in global health governance innovation: Areas of focus

- **Finance:** adequately-funded and efficient global health institutions - leadership, resource mobilisation, aid architecture
- **Institutional structure:** legitimacy, transparency and accountability
- **International law and practice:** global health diplomacy: international health regulations and shared responsibility
- **Collaboration:** interactions between global health initiatives and country health systems, country ownership, innovative and transformative global partnerships
- **Rolling out of new medicines and technologies:** intellectual property rights and pharmaceutical pricing policy; research and development
- **Access to health services:** health for all, especially in low and middle-income countries
- **Population-wide behaviour change:** global campaigns to decrease health risks (e.g. tobacco; obesity; family planning)
- **Nexus of health and environment:** incorporate issues of climate change, ecology and clean energy within integrated global governance framework



# Useful General Readings

- Dodgson, R., K. Lee and N. Drager 2002, *Global health governance: A conceptual review* (WHO and LSHTM)
- Fidler, D. 2004, *SARS: Governance and the globalisation of disease* (Palgrave Macmillan)
- Fidler, D. 2007, "Architecture amidst anarchy: Global health's quest for governance." *Global Health Governance*, vol.1, no. 1
- Garrett, L. 2007, "The challenge of global health." *Foreign Affairs*
- Cooper, A., J. Kirton and T. Schrecker (eds.) 2007, *Governing global health: Challenge, response, innovation* (Ashgate)
- Poku, N., A Whiteside and B. Sandkjaer (eds.) 2007, *AIDS and Governance* (Ashgate)
- 2007Cooper, A., B. Hocking and W. Maley (eds.) 2008, *Global governance and diplomacy: World apart?* (Palgrave Macmillan)
- Cooper, A. and J. Kirton (eds.) 2009, *Innovation in global health governance* (Ashgate)
- Harman, S. and F. Lisk (eds.) 2009, *Governance of HIV/AIDS: Making participation and accountability work* (Routledge)
- F. Lisk 2010, *Global institutions and HIV/AIDS; Responding to an international crisis* (Routledge)
- Kirton, J. A. Cooper, F. Lisk and H. Besada (eds.) 2014, *Moving health sovereignty in Africa: Disease, governance and climate change* (Ashgate)
- A. Sehovic 2014, *HIV/AIDS and the South African state: Sovereignty and responsibility to respond* (Ashgate)
- Kirton, J. 2015, *G20 Governance for a globalised world* (Ashgate)
- Larionova, M. and J. Kirton (eds.) 2015, *The G8-G20 relationship in global governance* (Ashgate)