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Global Governance and Health: Navigating the Complex Landscape

Professor Nora Colton keynote remarks

Global health and governance intersection has become increasingly crucial in addressing complex health challenges worldwide. The COVID-19 pandemic has been a reminder that no single country can respond effectively to such a health threat in the world we live in today, where we are all interconnected.

Yet, the COVID-19 pandemic also revealed the deep discords in global health governance. We saw our international organisations face severe obstacles in fulfilling their missions. Moreover, we saw nationalistic behaviours that threatened the common good.

We need to ensure that global health governance can resolve the current imbalances of the system and bring a greater sense of coherence to global health initiatives as the sheer scale of human, social and economic upheaval in the world today calls for strengthening our international health institutions and structures.

The global health governance framework arose after World War II (WWII), bringing nations together to address common issues and challenges.

The UN Charter, signed in 1945, called for the establishment of the World Health Organization (WHO). The WHO was established to build a healthier and more equitable global health system. Consequently, the WHO has been at the forefront of international responses to health threats as well as improvements in health outcomes through various global initiatives addressing diseases. The constitution of the WHO made it clear that its role was to negotiate international agreements on various health issues. Moreover, the International Health Regulations (IHR), an instrument of international law legally binding on 196 countries, was the WHO's primary instrument for governing national obligations and public health responses. The IHR creates rights and obligations for countries to build capacities in their health systems by strengthening the WHO for responding to public health emergencies.

In addition to the WHO, other UN agencies have mandates to improve and support global health initiatives. These mandates include the UN General Assembly as well as the UN Security Council.

However, in the past few decades, we have seen the privileging of capital and market mechanisms over intergovernmental organisations like the WHO. This situation has created a global health governance gap. This gap and the uneven distribution of resources have encouraged nonstate actors and civil society donors to assume authoritative roles in determining various funding initiatives around global health previously reserved for intergovernmental organisations.

This situation is reshaping what is meant by global health governance and fuelling the narrowing of perspectives that come to bear on solving health problems common across nations.

These common problems are often called grand challenges, and they include, but not an exhaustive list:

- infectious and chronic diseases among the world's poorest people;
- disparities in health based on the economic status of individuals within and between nations;
- health hazards due to growth and development with no regard for the planet;
- migration of people with little to no access to healthcare; and
- noncommunicable diseases coupled with ageing populations.

All these grand challenges appear to be enduring, hard to solve and persistent without global actors working together to address them.

Building sustainable health systems is critical to population health. Robust health systems could significantly reduce all of these threats I have highlighted, yet health systems in many parts of the world are getting more fragmented due to a lack of global governance.

Intergovernmental organisations such as the WHO, which was once at the centre of the global health landscape, are now just part of the mix. Today's system appears to be much more expansive, with an additional layer of complexity to an already complex sector.

The rise of non-state actors and a broader health ecosystem has led to the global health landscape, including academics, individual donors, NGOs, public-private partnerships, charities, pharma, biotechnology, health technology, and start-ups. These new actors form new alliances and groupings that transcend post-WWII actors and even compete with them. Consequently, global health governance has shifted to various actors, often taking specific initiatives in the name of global health rather than tackling the universal challenges articulated in places like the sustainability development goals (SDGs).

On the surface, this emerging health ecosystem overlaid on the intergovernmental system legacy of WWII is confusing. It might even be seen as creating ineffective global responses to global health challenges.

However, we may be seeing a new global health governance landscape emerging that still needs the WHO to be the central actor. One that is reimagined in a complex and dynamic world where the authority and resources of the past are insufficient to govern the same way in the future; however, the need for a central actor is still integral for transparency and accountability purposes due to political economy forces that attempt to avoid the scrutiny of the public particular in matters related to global health.

This reality calls for a new multilateral collaborative approach beyond state and intergovernmental actors but still needs a similar consultation approach. Multilateral collaboration in global health governance now refers to cooperative efforts involving multiple countries, nonstate actors and international organisations of various sizes to

address shared health challenges worldwide. Such an approach must recognise that many health issues extend beyond and require collective action outside those we have traditionally looked to solve global health problems.

Moreover, we need to recognise that a systems approach to global health governance in this multistakeholder scenario is essential as the myriad of actors bring with them intended as well as unintended consequences.

An example is the call for digital health solutions. Many challenges are solved and enhanced by technological advancements and digital transformation, which often trump the more grounded, frugal solutions of the past.

Particularly during COVID-19, we saw telemedicine and remote consultation make a huge difference in the remote delivery of healthcare services. These activities have been coupled with health information systems that bring robust health data collection, analysis, and management, adding in disease surveillance and better use of resources. Alongside these digitally driven improvements, we have also seen health apps for health promotion, education and self-management tools for treatments and prevention address various global health challenges. Yet, despite all the good, when we step away and use a wide lens, we see the digital divide and inequitable access, particularly in low-income countries. That means many of these solutions without addressing infrastructure needs and another angle to global health are widening the existing inequalities. Moreover, in some countries, the collection and storage of vast amounts of health data raise concerns about privacy and security, along with the misuse of health information and the compromise of patient privacy.

Yet, it is crucial to address the challenges and work toward equitable, secure, and ethical integration of digital technologies to enhance health outcomes, given the promise of solutions and much-needed efficiencies.

Lastly, I want to emphasise that there are no quick solutions. The pathway ahead for global health governance will only continue to get more complex alongside our ever-changing world, particularly as we face climate change and continual system fragmentation often caused by geopolitics and nationalism while also continuing to witness the ever more elusive integration of global health systems.

Consequently, events like today, where we bring academics together to share lessons learned for effective global governance in navigating the complexities of global health, could not be more critical. It will take all the actors across this evolving health ecosystem to work together alongside our WWII intergovernmental organisations if we are to address the many issues of global health. We must continue to evolve and find new ways to cooperate and engage each other while resisting calls to go it alone.

Thank you.