

Introduction

Devi Sridhar and Larry Gostin

“The world is in a mess, and much of this mess is of our own making... Collectively, we have failed to give the systems that govern international relations a moral dimension...[However] There is hope. If we have to rethink the way this world works, and overhaul some of our international systems, I personally believe that health deserves careful consideration for a leading role. Our policies are guided by scientific evidence, and not by vested interests. We have the power and the objectivity of the scientific method on our side. The health sector has humanity’s best interests at heart, a strong moral dimension, and a strong set of social values among its many stars. Let us all continue to provide the hope this world so badly needs at a time of severe crises – and transformation.”- Margaret Chan, Address at the 23rd Forum on Global Issues, Berlin, Germany, 18 March 2009.

As Margaret Chan notes above, the world is not in good shape. The triple crises of finance, fuel and food, as well as the looming threat of climate change, have created a “perfect storm” with health bearing the brunt of the fall-out. These challenges juxtapose with the enthusiasm and attention given to global health over the past decade in which unprecedented financial resources have been pledged, new innovative mechanisms have been created, and governments have coalesced around the Millennium Development Goals.

With the cyclical nature of priority-setting, it seems unlikely that global health will be able to retain its momentum into the future leading to a general feeling that this is the “moment of opportunity” or “tipping point” to push forward key reforms and changes in the global health architecture. In addition, a new Administration in the United States provides hope that there is a chance to reinvigorate multilateralism in health, for example through the World Health Organization. Given the major opportunities this particular time in history offers, we decided to focus this special issue on “innovations in health in a new political era.” We invited eight of the top thinkers in global health to articulate what the key challenges in global health are, and put forward their vision on what the world might and could look like in the new political era.

David Fidler, James Louis Calamaras Professor of Law at the Indiana University Maurer School of Law in Bloomington, and Director of the Indiana University Center on American and Global Security, probes global health’s prospects in the post-revolution period. The global health revolution refers to the last 10-15 years when health gained unprecedented political attention. He argues that the changes created by the end of the Cold War, globalization and the increasing influence of non-state actors enabled global health issues to gain political footholds within countries and in relations between them, thus tying the political, diplomatic and governance status of global health to how structural, substantive and epidemiological factors align in international relations. Thus

changes in this alignment would affect global health politics. Professor Fidler then turns to examining the damage done to the global health enterprise by the climate change, energy, food and economic crises, and projects what can be expected to emerge over the next 20-25 years.

Despite this “revolution” in global health, Solomon R. Benatar, Emeritus Professor of Medicine at the University of Cape Town and Professor at the Dalla Lana School of Public Health, Joint Centre for Bioethics University of Toronto, notes that disparities in health within and between nations continue to widen inexorably, and argues that the real question is why we have failed to improve health at the world population level despite huge advances in biological knowledge. After explaining how the global political economy relates to health, Professor Benatar argues that the starting point for change is to acknowledge the harm of the current global economic order, and to place greater emphasis on dealing with the social determinants of health and disease in whole populations. He notes that exemplary leadership provided by the new Obama Administration can make a real difference and puts forward suggestions on how physicians can improve the global health situation.

Who is working to address these problems in global health? Tikki Pang, Director of Research Policy and Cooperation at the WHO, Sanjeev Khangram, Professor and Wyss Scholar at Harvard Business School and Devi Sridhar analyse whether existing governance structures are equipped to deal with today’s global health challenges and conclude that reform is necessary. A multi-level, multi-party and multi-purpose partnership framework for global health governance (global, regional, national) is put forward which includes all the key players and attempts to integrate the key functions needed to achieve an inclusive, equitable, flexible, democratic and sustainable mechanism. Based on shared values of solidarity, democracy and equity, and fully acknowledging the sovereignty of countries and other stakeholders, the proposed framework consists of a multilateral governance platform coordinated by the World Health Organization supported by high-level political commitment and policy coherence, and ultimately operationalised by effective implementation mechanisms through global action networks.

As Dr. Sridhar, Professor Khangram and Dr. Pang’s paper notes, the WHO has a critical role to play as the lead health institution. What exact role should this be? Jennifer Prah Ruger, Associate Professor in the Department of Epidemiology and Public Health at Yale School of Medicine, and Derek Yach, Vice President of Global Health Policy at PepsiCo, argue that the WHO plays an essential role in the global governance of health and disease due to its core global functions of establishing, monitoring and enforcing international norms and standards, and coordinating multiple actors toward common goals. They note that global health governance requires WHO leadership and effective implementation of WHO’s core global functions to ensure better effectiveness of all health actors but achieving this global mission could be hampered by narrowing activities and budget reallocations from core global functions.

As Professor Prah Ruger and Dr. Yach refer to, certain reforms are necessary for the WHO to be able to assume a stronger role on the global stage.

Sisule Musungu, President of IQsensato, argues that that the Obama administration working with the other G20 countries, and indeed the rest of the world community, can seize this historic moment 'to do good' for global health by providing leadership to reform the governance of the WHO and by helping address a number of priority global health issues. These priorities relate to: innovation and access to medicines in developing countries; 'counterfeit medicines'; the health impacts of climate change; and preparedness for epidemics and pandemics. In each area, Dr. Musungu points to areas in which leadership from the Obama Administration, and the G20, can make a real difference.

Thomas Pogge, Leitner Professor of Philosophy and International Affairs at Yale University, also focuses on innovation and access to medicines in developing countries. Professor Pogge draws on his extensive research on the moral responsibility to address poverty to examine how the global institutional architecture is responsible for the widespread suffering due to morbidity and mortality. He argues that existing huge morbidity and mortality rates could be dramatically reduced by reforming the current system for funding the research and development of new medical treatments. He then outlines his new plan for a Health Impact Fund that would address the key failings of the current IP system.

Also focusing on innovation, Suerie Moon, Ph.D. candidate in public policy at the Kennedy School of Government at Harvard University, traces the evolution over the past century of governance regimes for new product development for health, using the case of anti-malaria tools as an example. She notes that there have been major shifts in conceptions about who should benefit from, and who should pay for new product development, with gradual movement away from a primarily national to an increasingly global approach. While innovative institutional arrangements, such as the "public-private product development partnerships", have begun to take into account the need to develop tools that are adapted for use in developing countries, and to incorporate considerations of affordability into the early stages of development, these efforts have been limited to a small set of infectious diseases. Ms. Moon concludes her paper by examining what the future of new product development might look like for non-infectious conditions and argues that a new wave of innovation in governance is needed.

In the final paper of the series, Paula O'Brien, Lecturer at the School of Law of La Trobe University, and Larry Gostin examine the critical shortage of health workers across the globe. They identify the key drivers that have contributed to this situation that the US can make efforts to address. These include long-term underdevelopment of the education and health systems in developing countries, the inability of employers of health workers to create safe, satisfying and rewarding work conditions, and the international migration and recruitment of health workers by wealthier states. Dr. O'Brien and Professor Gostin then provide two clear recommendations on how the new Administration could address these factors.

The contributors to this special issue have made a real case for reform in the global health governance system. We hope that the suggestions raised by them are seriously considered and debated, and provoke the global health

community to take advantage of the current “moment”, and push for real change. If not now, when?

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