



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**REGIONAL CONSULTATION OF THE AMERICAS ON THE
11TH GENERAL PROGRAMME OF WORK OF THE WORLD
HEALTH ORGANIZATION**

Washington, D.C., USA, 14 - 16 February 2005

**11GPW/BACKGROUND PAPER 3
10 February 2005**

**BACKGROUND PAPER 3: GLOBAL HEALTH AGENDA
AND GLOBAL GOVERNANCE IN HEALTH**

A global Health Agenda: What Reforms Would Help Improve the Health of the Population?

Introduction

1. The setting-up of a global health agenda can be seen as the latest step in a cumulative development of the Health for All movement in the world.
2. In the past, efforts have focused nearly exclusively on setting health goals. It is apparent from the challenges and opportunities discussed previously that today significant attention needs to be given to global governance. There have been rapid and significant changes in the global health architecture which require a coherent and strategic response from all the stakeholders.
3. In light of this, any proposed global health agenda should look at global health and global health governance with a view to identify or reiterate already established high-level goals and the most effective means to achieve them during the next 10 years.

Main Characteristics of a Global Health Agenda

- It will build on past achievements and guide action and policy for health at all levels (international, regional, national and local).
- It will reflect the outcomes of international conferences and existing international agreements that deal with pressing problems in relation to health and well-being (see the section below), yet be robust enough to accommodate new findings and agreements that will efficiently and effectively address the concerns of global health.
- It will take into account the past global changes, the major trends, and the challenges and opportunities foreseen for the next 10 years.
- It will be based on and driven by values and principles underpinning the Declaration of Alma-Ata. Although the global landscape has dramatically changed over the past 25 years, the primacy of these values and principles in health has not changed. They include: (1) recognition that the enjoyment of the highest attainable standard of health is a fundamental human right; (2) universal access according to need; (3) policies and systems that promote greater equity; (4) solidarity which implies a society's sense of collective responsibility; (5) gender sensitivity; (6) active participation of the population in decisions that affect their lives; and (7) an intersectoral approach to improving health outcomes.
- It will employ a broad vision of health extending beyond the health sector, covering public policy, patient care, medical prevention, and promotion of healthy lifestyles and addressing social and biological health determinants. It will also be a vision

where health improvements depend on other sectors' policies. This calls for the need to involve other sectors such as finance, industry, agriculture, education, etc. (see Background paper 1).

- It will acknowledge the need for new forms of global health governance. The Constitution of WHO reflects a global agreement on the value of good health. At the time the Constitution was drawn up, it was assumed that global health governance could be sustained largely through the interaction of national health authorities coming together at the World Health Assembly (WHA). This is no longer the case, as outlined in Background Paper 1, and therefore there is a need for new mechanisms to ensure the new place of health in the landscape of international policies and action.

Strategic Issues to Be Considered When Defining High Level Goals

Health Outcomes and Health Systems

4. Developing a consensus around a set of goals and a common agenda to achieve them is critically important in order to preserve, promote, and improve the health of the population. There must be a clear agenda on what is desired to be achieved, what has to be done to achieve it, and how to achieve it, and by whom. The question of effective means and what political and budgetary choices should be made in order to improve the population's health and overcome future challenges must be at the forefront.

5. Based on the challenges and opportunities and on the scenarios (see EB/Seminar/04/5), a number of strategic issues are highlighted below to assist in the selection and review of high-level health goals for the world. The list is not exhaustive.

- Addressing health within a broader national and international policy framework which should prioritize growth with equity, social cohesion, social protection, empowerment of the poor, and protection of natural resources. This requires that health strategies are firmly rooted in efforts to strengthen overall public policy.
- Focusing on the social determinants and the development of public health strategy that seeks to create the social conditions to ensure good health for the entire population. Much progress stands to be made from an approach to public health which directly addresses these upstream social causes of ill health in order to make serious improvements in health equity and the health of vulnerable populations.
- Preparing for and controlling old and new epidemics and transborder health risks (HIV/AIDS; reemergence of infectious diseases; emergence of new infectious diseases like SARS; increase of noncommunicable diseases, injuries, and the number of people suffering from mental health problems). Being prepared for the unknown will require clear strategies and the need for renewed global and national efforts to

- prevent and combat risks and disease. Special attention should be given to developing responses to HIV/AIDS, which is an unprecedented challenge for the world.
- Preparing the health sector to cope with the new challenges in developed and developing countries: (1) health promotion, disease prevention, and treatment; (2) universal access to the benefits of quality health services; (3) fair and sustainable financing and social protection; and (4) influencing other sectors which have an important impact on health. This requires greater investment in public health and strategic choices in resource mobilization and allocation, human resources; essential public health interventions and primary health care; decentralization with appropriate stewardship of the government; relevant technologies; etc.
 - Developing innovative approaches to ensuring that health systems reduce inequity and reach hard-to-reach people, a challenge that few countries—rich or poor—have really successfully accomplished.
 - Strengthening the role of governments in protecting and funding essential public health functions.
 - Revisiting public health and expanding the definition to include social and economic determinants.

Global Health Governance

6. Today health drives and is driven by a much wider range of forces than in the past (see Background paper 1). Health is influenced by decisions in ministries of finance and international financing institutions, by international trade agreements, and so forth. Secondly, a range of governance mechanisms have emerged in addition to the WHA as different partnerships and coalitions appear on the landscape (see Background paper 2). What is decided by bodies such as the GFATM Board influences people's health as much as decisions in the WHA. Third, as said earlier there are a number of global goals negotiated through intergovernmental processes within other disciplines; however, many of these goals have strong relevance to health. Finally, there is a wider range of instruments available for pursuing health goals than what has traditionally been utilized in the past, i.e. instruments of international law and treaty-making. All these call for new mechanisms and present new opportunities to strengthen global health governance, safeguard and promote the values agreed to in the WHO Constitution, and make significant progress towards achieving already established goals in HFA and the MDGs.

7. The objective is not to look for new systems and structures. It is to promote coherence—with a view to sustaining key principles and values and to suggest functions for the global health system, which will facilitate the implementation of a global agenda. A number of critical issues in relation to the global health system are outlined below for

discussion. The results of regional and global discussions will provide critical input to the GPW, including to the selection and review of high-level goals.

- *Global public goods for health.* (a) The concept of global public goods "refers to programs, policies, and services that have a truly global impact on health, although the distribution of benefits may be unevenly experienced or perceived across countries" (CMH report 2). Examples include countries building international research networks for health; countries working together to eradicate the world's major diseases; and countries using international laws to minimize health risks. (b) What types of policies and institutions are needed to ensure that these global public goods are produced? Who should be the lead producers and financiers of global public goods: international agencies, both bilateral and multilateral arrangements, WHO, civil society, etc.? (c) How are effective programs designed for the production and delivery of global public goods? (d) How is equity ensured, for instance? How can efforts in using technology to assist the poorest be prioritized? What are the implications for traditional development assistance and for WHO?
- *Global Health Inputs.* WHO has traditionally used WHA resolutions as a collective way to make program and policy decisions, with the notable exception of the Framework Convention on Tobacco Control (FCTC) and the International Health Regulations (IHR). However, the responsibility for health today is not limited to governments represented in the WHA. Health is the business of a large set of stakeholders far beyond ministries of health. Therefore, the impact of the WHA resolutions is much more limited than in the past. In the same vein, there are a myriad of forums beyond WHO where critical issues in global health governance are discussed, but few involve the most senior officials, let alone Heads of State. These events represent important milestones but lack the rigor and regularity necessary to ensure compliance with or to significantly alter the global health agenda. New arrangements should be developed which take full consideration of the changing role of health. What should be these new arrangements and instruments? What should be the role of supranational agreements? What can we learn and apply from the FCTC and the IHR processes? How can compliance and accountability of the leaders with signed conventions and agreements be ensured?
- *Health and the U.N. System.* Since the early 1990s, there has been a growing confusion concerning mandates among the U.N. organizations that have substantial involvement in the health sector. This poses the necessary question of how to develop coherence and collective action at global and country levels. What are the implications for health in the reform towards a more coherent U.N. development system? Are there activities which should be integrated into the system, are there ones that should be removed, and if so, which ones?

- *Global Health Governance.* Most health issues require effective global cooperation rather than independent efforts. What global structure of health governance can be developed in a world of multiple identities and complex networks? In this complex arena of actors, leadership and authority are important to generate public awareness, mobilize resources, set priorities, etc. The absence of an institution with the authority and capacity to act decisively to address health issues of global concern is a hurdle. After the Second World War, the agreement to establish WHO was prompted by a strong collective recognition of the need to improve health worldwide. The global nature of many emerging health issues may prompt similar consensus and reinforce the role of WHO.
- *Health in Crisis.* Each year one Member State out of five faces a major crisis. Three types of threats can trigger a crisis: *sudden events*, such as earthquakes or industrial accidents; *slow processes*, such as environmental degradation and spread of HIV infection; and *complex emergencies*, as seen in the 26 violent conflicts active today. More than 30 countries worldwide are currently facing major, often long-standing crises, with as many as half a billion persons at risk with threats to their survival and well-being. Approximately 20 other countries are at high risk for serious natural or man-made events, increasing the total number of persons at risk to between 2 and 3 billion. This trend is likely to continue, as increasing numbers of people are exposed to environmental and, increasingly, technological hazards. It is essential that public health professionals come to terms with new approaches and attitudes to concepts like *chaos* or *crisis*. Action to strengthen the ingenuity and resilience of communities, the capacities of civil society and local authorities to cope with and as much as possible manage change within the context of national policies and development goals such as the MDGs is bound to become increasingly important. How can partnerships and coordination be improved? How can international responses be better integrated? What should be the role of the various partners and WHO?

What Could Be the High-Level Goals for the World?

8. This section will propose some goals for discussion. It will take into account what has been outlined in the previous sections and in Background papers 1 and 2, and also current goals and targets already agreed upon by the international community.

Key International Agreements and Their Relevance to Health

9. The last decade showed to the world the power of goals negotiated through inter-governmental processes that extend beyond ministries of health. The MDGs derived from the Millennium Development Declaration represent an attempt by national governments, international agencies, and the U.N. system to agree on a common set of priorities for their development efforts. When reviewing various international agreements,¹ it is clear that many include targets related to health. Health is also featured prominently in agreements reached in international conferences, e.g. the World Trade Organization Ministerial Conference (Doha, 2001), Monterrey Consensus (Mexico, 2002) and the World Summit on Sustainable Development (Johannesburg, 2002).

Preliminary Set of Goals for the GPW

10. International agreements most relevant to development and consistent with the WHO Constitution will be the main basis for defining high-level goals for the GPW. The goals will focus on equity health in outcomes, and the means to achieve them (interventions, health systems, and promotion, etc.), but will further embrace and put an equal focus on the notions of social determinants of health and global health governance/architecture, including global partnerships for improving global health.

11. The overarching global health goal for the world is to build healthy populations and communities, and to combat ill health to achieve the full health potential of everyone.

12. To realize this, it is important to identify a set of high-level goals which can serve as a broad framework with which to focus actions by all partners. These goals can be organized along the following grouping:

- Reduce excess mortality, morbidity, and disability, especially in poor, vulnerable, and marginalized populations (contribute to the achievement of the health-related MDGs and reduce health inequalities).
- Promote healthy lifestyles and reduce risk factors to human health that arise from environmental, economic, social, and behavioral causes.

¹ Main agreements:

1990 World Summit on Children
1993 World Conference on Human Rights (98 review)
1994 Intl Conf on Population and Development (99 review)
1995 World Conference on Women (2000 review)
1995 World Summit for Social Development (2000 review)
2000 U.N. Millennium Declaration Resolution

- Tackle neglected global health priorities, unfinished agendas, imminent threats, and future challenges (e.g., infant and maternal mortality, noncommunicable diseases, neglected diseases, polio eradication, etc.).
- Develop an unprecedented effort to address the HIV/AIDS crisis, based on innovative partnerships, mobilization of resources, and comprehensive responses.
- Prevent and control global epidemics.
- Develop health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair.
- Develop global policies and strategies in relation to migration of skilled health professionals.
- Harness the promise of information, knowledge, science, and technology for application in all nations and accessible by all people.
- Develop mechanisms for an effective system of global health governance and network of global health partnerships.
- Integrate health outcomes into social, economic, environmental, and development policy.
- Create an institutional environment that frames enabling policies for ensuring the right to health, including freedom from stigma and discrimination.
- These goals are interrelated. Real progress in improving people's health cannot be achieved through one or two goals alone.

13. If health is central to any conception of human security, then there needs to be a system that ensures its place. If health is about equitable access to the benefits of development, there needs to be a system that monitors progress. If people's health is to be protected from economic or environmental threats, then this can only happen through a coordinated global agenda.