**Briefing Note**

**GLOBAL AND REGIONAL PUBLIC GOODS IN THE 21ST CENTURY AND THEIR RELATIONSHIP TO PAHO/WHO**

**SUMMARY**

In a global world problems and solutions transcend national borders and strengthen the need for international cooperation. The concept of global public goods aims to capture the need for a new approach to implement policies aimed at correcting market deficiencies at a global level. It implies:

- Coordinated action among governments, civil society, and the private sector, both at national and international level to ensure the production of global and regional public goods;
- New policy making and decision making processes in order to set global priorities and ensure the provision of such goods for the global community;
- Preference for multilateral and multipartner solutions and a focus on sectors—such as health—rather than on geographic areas, and
- More equitable partnerships between North and South and new financing mechanisms for development.

Although there is no full agreement as to what types of goods qualify as global public goods, there is a growing consensus that many components of the global health agenda—because of their large externalities and their significant humanitarian and equity dimensions—should be considered as global public goods. This has consequences for international organizations such as PAHO/WHO and its Member States.

**BACKGROUND**

The increased flow of human and economic capital, knowledge, technology, ideas, goods and services generates both positive and negative outcomes.¹ The most pervasive ones touch upon the increase of poverty and inequality, the degradation of the environment and the conditions of work, and the transnationalization of risks and diseases, communicable or otherwise. All of them transcend national boundaries and require foreign and domestic policy decisions, which are inherently political in nature as they relate to issues of national sovereignty.²

A recent study on providing Global Public Goods: Managing Globalization identified the 10 most urgently needed global public goods and defined them as follows: *Global public goods are public goods with benefits—or costs, in the case of such “bads” as crime and violence—that extend across countries and*

---


regions, across rich and poor population groups, and even across generations. Public goods... are goods in the public domain: available for all to consume and so potentially affecting all people.³

Current situation

All actors in the global arena depend on global public goods, and they can broadly be classified into five main types: environment, health, knowledge, peace, security, governance and rule of law. Following the recent outbreaks of SARS the framing of global public health, in particular communicable disease control as a global public good has gained momentum. This concept is reinforced by the concrete goals set by the Millennium Development Compact, many of which relate directly and indirectly to health.

It is important to keep in mind that the public nature of the goods refers to the ability of all to enjoy them, but that the goods do not have to be produced exclusively by the public sector. At the global level, the provision of global public goods correlates with a new style of governance based on the creation of transnational networks for policy formulation and on the involvement of numerous actors ranging from international technical cooperation and financing agencies to civil society and international NGOs.⁴

Examples that are frequently cited as “pure” global public goods include smallpox or polio eradication. They are important because they clearly indicate the close interface between global commitment, transnational mechanisms, broad partnerships and national level action with a view to produce a global public good. They also denote the complex financing mechanisms involved in the process. Increasingly, a wider understanding of health as a global public good based on the right to health and the need to invest in the health of the poorest as a guarantee for social and economic development is gaining ground.

Regional challenges in the delivery of TC

International organizations have always been concerned with the supply of global public goods, nowadays with a greater understanding of the interdependent nature of the work of organizations such as the World Health Organization at global level and the Pan American Health Organization at regional level. The technical cooperation they provide can be reassessed with a view to the production and provision of global and regional public goods.

Currently, at least five challenges confront such technical cooperation at global and regional levels, which require a regional or global public goods approach:

- reaching the health-related Millennium development Goals is necessary to reduce current disparities in health outcomes and access to health care between and within countries and social groups,
- Strengthening a regional—and global system for disease surveillance, prevention and control.
- Building regional and global health related regulatory frameworks and mechanisms for implementation.
- Ensuring the consideration of health priorities and concerns related to the trade and integration agreements currently under negotiation at regional—and global levels.


First Meeting of the Working Group on PAHO in the 21st Century
Dominica, February 26-27, 2004
• Facilitating the access of poor countries and social groups to the benefits of science and technology.

The socioeconomic disparities currently observed in the region of the Americas call for a new and strengthened commitment by countries to ensure the provision of such regional—and global public goods based on an intensified cooperation and redistribution among the Member States. It also requires the implementation of the priorities outlined in the goal 8 on partnerships of the Millennium Development Goals and the systematic exploration of new financing mechanisms for global and regional public goods.

Key considerations for health as a regional and global public good

The countries in the Americas in cooperation with PAHO will need to

• Address the significant challenges that remain with respect to reaching the health related MDGs, for example in relation to maternal and child mortality which no country in the region is set to achieve.

• Strengthen their common response to global or regional spread of disease (like SARS or mad cow), unhealthy behavioral patterns (like drug consumption and sexual trade) and environmental degradation (like air pollution or global warming)

• Address the remarkable imbalance among regions and countries in terms of regulatory capacity to protect the population from health risks

• Actively integrate health concerns into the trade and integration agreements presently being negotiated at global, regional, subregional or bilateral levels

• Ensure a greater involvement of all partners in the development process

• Strengthen current incentives for rewarding research and development in relation to diseases affecting the people in the Region that are often neglected in terms of scientific and technological innovation.

Innovative experiences

• Regional and global systems for disease surveillance, prevention and control, based on international cooperation have been created within the context of PAHO and WHO

• Global health frameworks, such as the International Framework Convention on Tobacco Control and the revision of the International health regulations provide a new basis for common action

• The European Union provides good examples to different subregional integration groups in the American Region through its regional agencies devoted to safety and health at work, environment, evaluation of medicines, food safety and drug addiction.5

• The attempts to introduce health-related negotiating mechanisms in the Region, such as the Mercosur Technical Subgroup XI, the Hipolito Unanue Convention / Andean Health Organism, the Caribbean Council for Human and Social Development, and the Central American Council of Health Ministers provide important lessons for making the negotiation of trade and integration agreements more sensitive to health concerns and priorities.

• The Global Fund against AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization are among the new mechanisms created for facilitating the access of poor people to the

5 http://europa.eu.int/agencies/index_en.htm
benefits of health scientific and technological developments. A wide range of other financing proposals for global public goods is in discussion and should be taken up in the region.

Points for further discussion

1) How can regional health governance be improved in order to make global and regional public health goods more accessible to the peoples of the Americas and what should be the role of PAHO?

2) What financing mechanisms would be necessary to accelerate the provision of regional and global public goods in line with the priorities of the Region of the Americas?

3) How may the Millennium Development Goals support the concept of public health goods?

4) How can the Global Funds be better utilized to facilitate the access to health resources among vulnerable groups in the Americas?

5) How should PAHO/WHO promote joint research and development agreements between institutions in developed and developing countries to foster provision of public goods?

6) What should PAHO/WHO role be in the establishment of joint procurement mechanisms and commodities facilities for the increased availability of public goods?

7) How could PAHO/WHO improve the involvement of the health sector and the inclusion of public health approach to define global/regional public goods in trade negotiations?