
Global health Governance



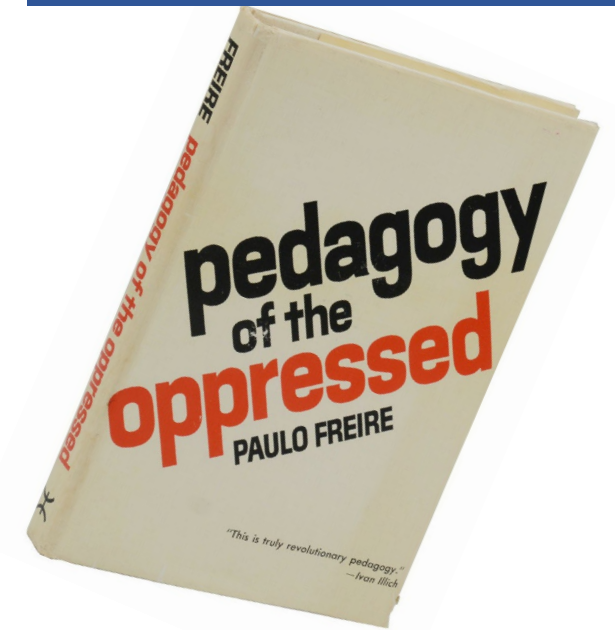
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Health Movement (PHM)

Learning Objectives

1. Define global health governance and identify key players who influence global health decisions
2. Discuss pathways thorough which these actors influence the health-related decision making – including the Overseas Development Aids
3. Discuss ways to change (further democratize) global health governance

- Do not understand or care how history created the present
- Continue to emulate the culture and ideas of the oppressor
- Trapped to repeat past practices
- We in turn, become the oppressors



Definitions

Definitions

Global Health Governance

Governance

Actions and processes that are formally adopted or informally used to rule decision-making over common good.

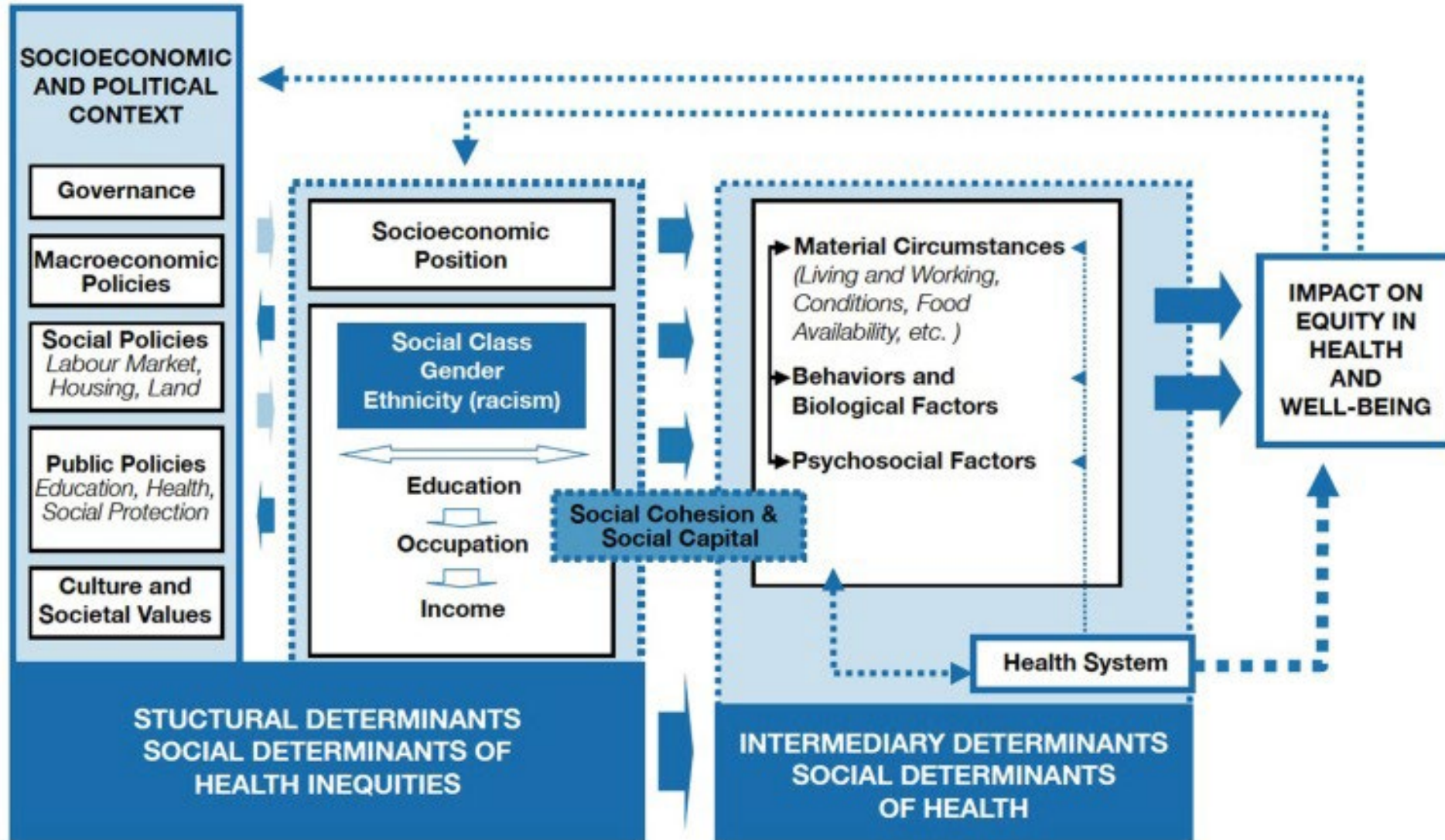
Health Governance

When these actions and processes are shaping opportunities of people to live healthy.

Global health governance

Includes extra-territorial obligations and/or other formal or informal actions and processes that shape people's health outside the control of the nation state

Understanding social determinants of health



WHO, 2010

Discussion

Who takes and what influences the global health decisions?

Who takes and what influences the global health decisions?

- 1. Formal regulatory international structures**
multilateral institutions and agreements
- 2. Intergovernmental bodies and powerful states**
e.g. G8, EU, USA
- 3. Transnational corporations**
e.g. big pharma, food industry
- 4. Disciplines of the market place**
- 5. Social classes, constituencies and social movements**
- 6. Information, knowledge, ideologies and discourses**

Formal regulatory international structures

multilateral institutions and agreements

- **UN system:** e.g.,
 - World Health Organization (WHO) - 1948
 - United Nation Children Fund (UNICEF) - 1946
 - UN Development Program (UNDP) - 1966
 - UN AIDS Coordination Body (UNAIDS) - 1996
 - Economic and Social Council of the UN (ECOSOC) - 1945
- **Bretton Woods organizations (1944)**
 - International Monetary Fund (IMF) - 1945,
 - World Bank (WB) - 1944, and
 - World Trade Organization (WTO) - 1995
- **'Public private partnerships'** in health
 - Global Fund for AIDS, TB and Malaria (GFATM),
 - Global Alliance for Vaccines and Immunization (GAVI)
- Various **conventions and agreements**
 - WTO agreements (e.g. TRIPs, GATS)
 - Declarations on economic, political, cultural and social rights
 - Kyoto Agreement
 - International Health Regulations (e.g. Framework Convention on Tobacco Control)
- Various **conventions and agreements**
 - WTO agreements (e.g. TRIPs, GATS)
 - Declarations on economic, political, cultural and social rights
 - Kyoto Agreement
 - International Health Regulations (e.g. Framework Convention on Tobacco Control)



Legge, 2008

Intergovernmental bodies and powerful states

G8, G20, OECD, EU, USA, etc.

- Governing the regulatory structures
 - WTO negotiations,
 - UN Assembly, World Health Assembly, etc.
 - Regional and bilateral free trade agreements (FTAs)
- Occasional direct disciplinary action
 - Trade sanctions
- Official 'development assistance' including funding and advice

Transnational corporations (TNCs)

- Growing in size, increasing number, carrying increasing proportion of global trade
 - dominant role in mobilising funds and technologies for investment
 - transnational but with domestic roots (carrying powers)
 - Autonomy arising from transnational status
 - intrafirm trade, transfer pricing and tax avoidance (in occasions)
- Cases
 - Pharmaceutical industry and intellectual property rights (IPRs)
 - water privatisation
 - Extracting industry

WHO funding

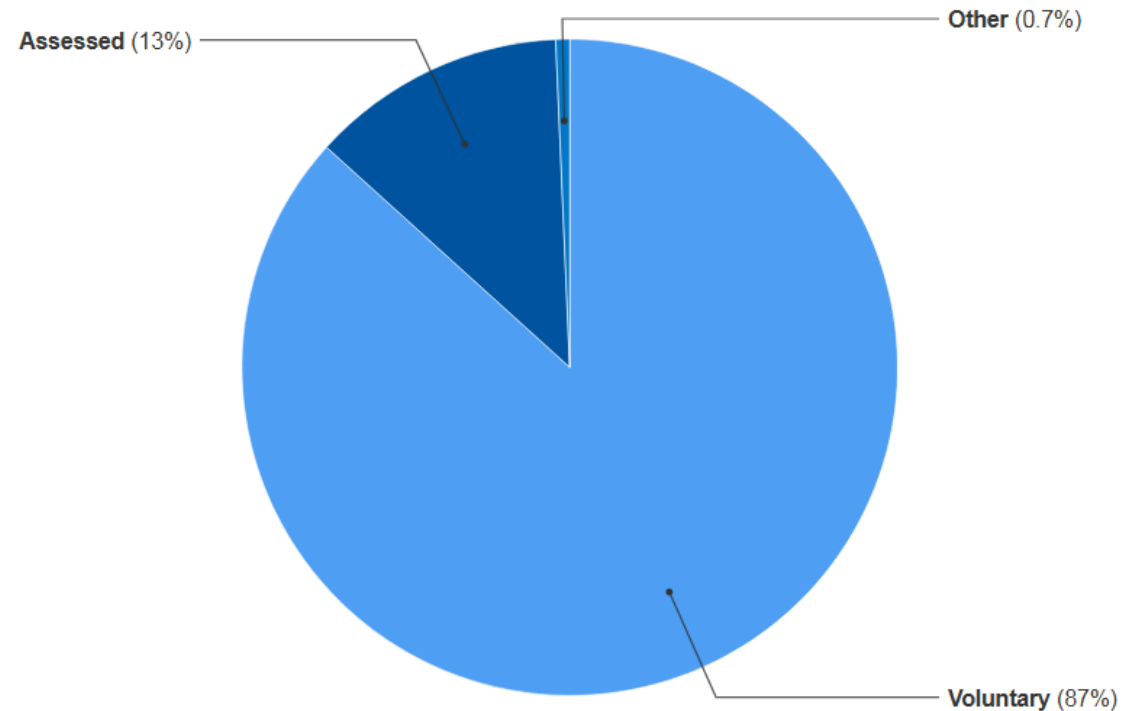
Assessed contributions are a percentage of a country's gross domestic product (the percentage is agreed by the United Nations General Assembly). Member States approve them every two years at the World Health Assembly.

Voluntary contributions are largely from Member States as well as from other United Nations organizations, intergovernmental organizations, philanthropic foundations, the private sector, and other sources.

Figure 1

World Health Organization (WHO) Revenue by Type, 2020-2021

Total Funding = \$7.58 billion



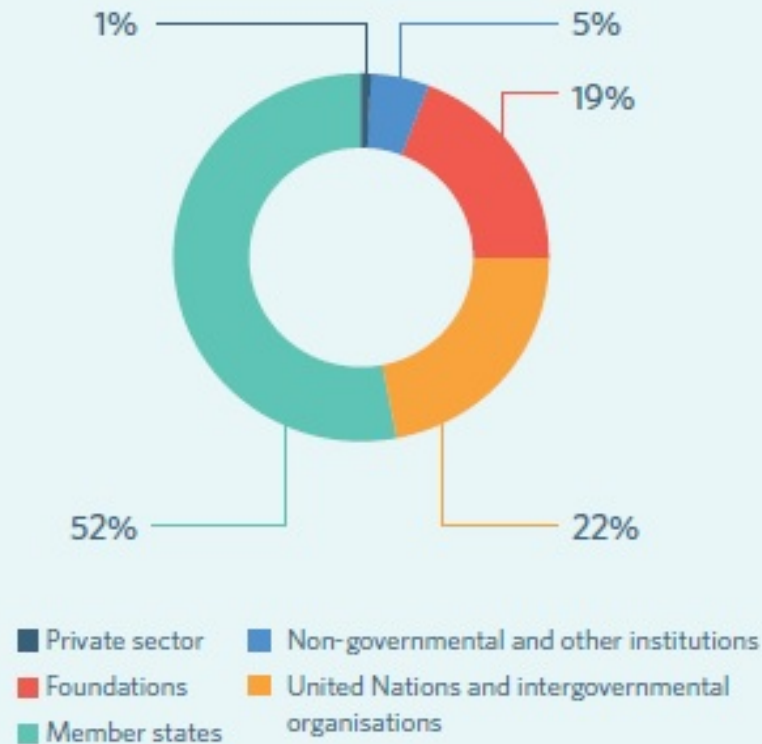
NOTE: Voluntary includes specified, thematic, and core voluntary contributions received. Other includes PIP contributions. SOURCES: WHO, Contributors 2020-2021: Funding by Contributor – Updated Until Q4-2021. accessed May 12, 2022, <http://open.who.int/2020-21/contributors/contributor>.

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Voluntary contribution to WHO

Voluntary contributions in 2012/13
by source (%)



Top 10 voluntary contributors in 2012
(\$ million)

Contributor	Contribution
Gates Foundation	271.2
United States	237.5
United Kingdom	131.7
Canada	99.6
GAVI	92.6
Australia	67.9
European Commission	65.7
Norway	57.8
UNCERF	54.9
Rotary International	42.9
Total	1,122.0



Health for All Now!

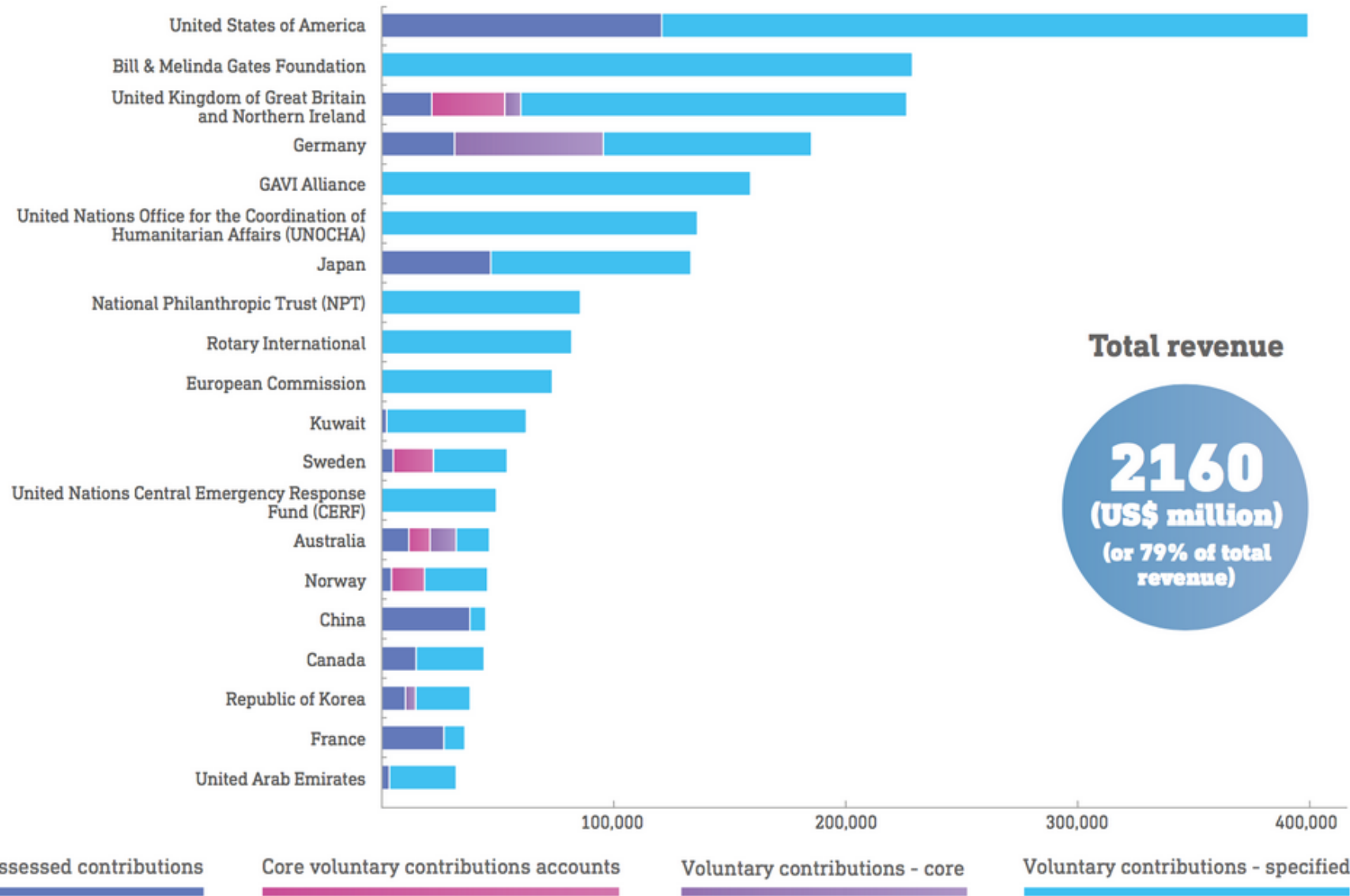
People's Health Movement



Top 20 contributors to the Programme budget 2018 (US\$ thousands)

To WHO funders

Recognize the **Assessed/Voluntary** ration



Total revenue

2160
(US\$ million)
(or 79% of total revenue)

The distribution of the voluntary contribution of BMGF (WHO official program budget portal - Sept30, 2016)

Program	%	Program	%
Polio eradication	63.7%	Infectious hazard management	0.9%
Reproductive, mental, newborn, child & adolescent health	9%	Outbreak % crisis response	0.4%
Vaccine-preventable diseases	7.9%	National health policies	0.4%
Access to medicine & other health tech & strengthening regulatory capacity	4.9%	Leadership & governance	0.3%
Malaria	3.5%	Health & environment	0.2%
Nutrition	2.2%	Health sys, info & evidence	0.2%
Neglected tropical diseases	1.9%	Strategic communication	0.1%
HIV & Hepatitis	1.3%	Integrated people-centered health services	0.1%
TB	1.1%	Transparency, accountability & risk management	0%
NCDs	0.9%	Food safety	0%



The distribution of the voluntary contribution of BMGF (WHO official program budget portal - Sept30, 2016)

Program	%	Program	%
Polio eradication	27.8%	Outbreak % crisis response	12.5%
Reproductive, mental, newborn, child & adolescent health	5.3%	National health policies	2.6%
Vaccine-preventable diseases	4.7%	Leadership & governance	4.6%
Access to medicine & other health tech & strengthening regulatory capacity	3.2%	Health & environment	0.2%
Malaria	3.5%	Health sys, info & evidence	0.2%
Nutrition	2.2%	Strategic communication	0.1%
Neglected tropical diseases	1.9%	Integrated people-centered health services	2.8%
HIV & Hepatitis	2.4%	Transparency, accountability & risk management	0%
TB	1.1%	Food safety	0.4%
NCDs	2.8%	Social determinants of health	0.4%
Infectious hazard management	0.9%	Gender, equity and human rights	0.4%



US and WHO

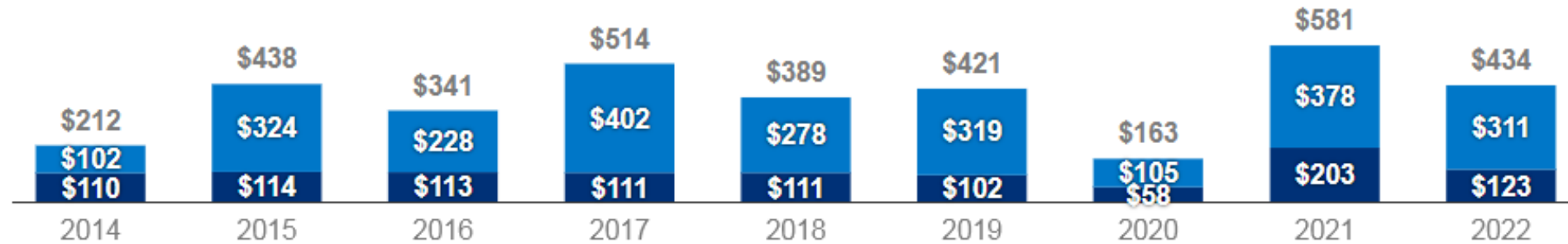
Discussion

What determine the US funding to the WHO?

Figure 2

U.S. Contributions to the World Health Organization (WHO), by Type of Contribution, FY 2014-FY 2022 (in millions)

■ Assessed ■ Voluntary



NOTE: *FY 2021 and FY 2022 are estimates. 2021 assessed contributions include approximately \$80 million in funding provided toward outstanding arrears. 2022 voluntary contribution total may not capture the full U.S. voluntary contribution during this FY. Does not include contributions to the Pan American Health Organization (PAHO). SOURCES: KFF analysis of data from State Department Reports to Congress on U.S. Contributions to International Organizations, State Department budget materials, WHO Budget Sources on Voluntary and Assessed Contributions <http://www.who.int/about/finances-accountability/en/>, www.foreignassistance.gov, and KFF communication with OMB and HHS officials.

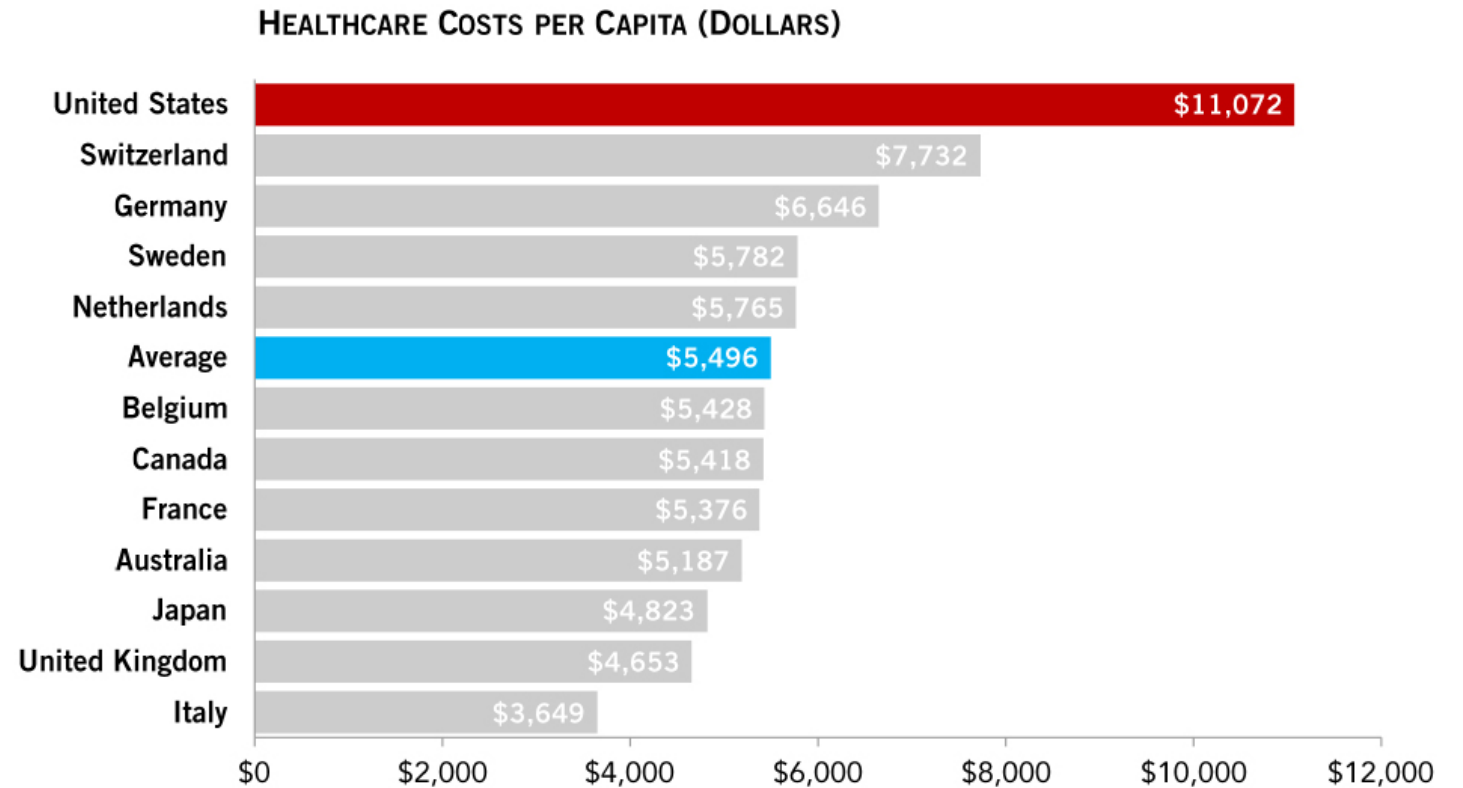
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- Our expenditure on health care:
- Quadrupled in during the last two decades
- Almost twice of the average expenditure of high-income countries
- Results in better outcomes if compared with other countries



U.S. per capita healthcare spending is almost twice the average of other wealthy countries



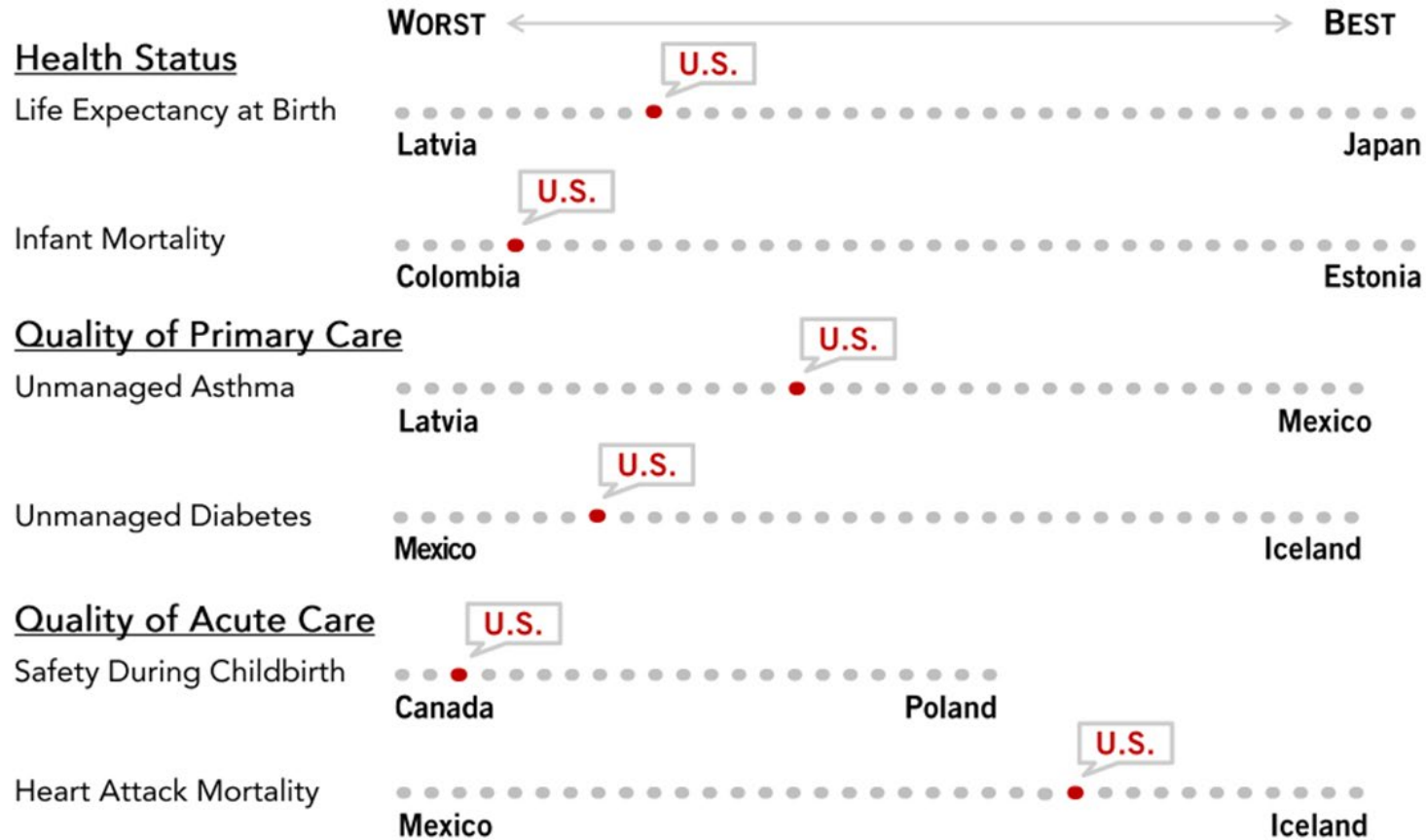
SOURCE: Organisation for Economic Co-operation and Development, *OECD Health Statistics 2020*, July 2020.

NOTES: The five countries with the largest economies and those with both an above median GDP and GDP per capita, relative to all OECD countries, were included. Average does not include the U.S. Data are for 2019. Chart uses purchasing power parities to convert data into U.S. dollars.

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Although the United States spends more on healthcare than other developed countries, its health outcomes are generally not any better



SOURCE: Organisation for Economic Co-operation and Development, *OECD Health Statistics 2020*, July 2020.

NOTES: Data are not available for all countries for all metrics. Data are for 2019 or latest available.

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Structure governance for health

- Ideology – health governance is a sub-domain of economic governance
 - Financialization of the economy
 - US and UK 'lead push against global patent pool for Covid-19 drugs'
- Leadership
 - US withdrawal from the World Health Organization (WHO) – just as a further step in weakening WHO and UN system in general

What should we do?

Individual

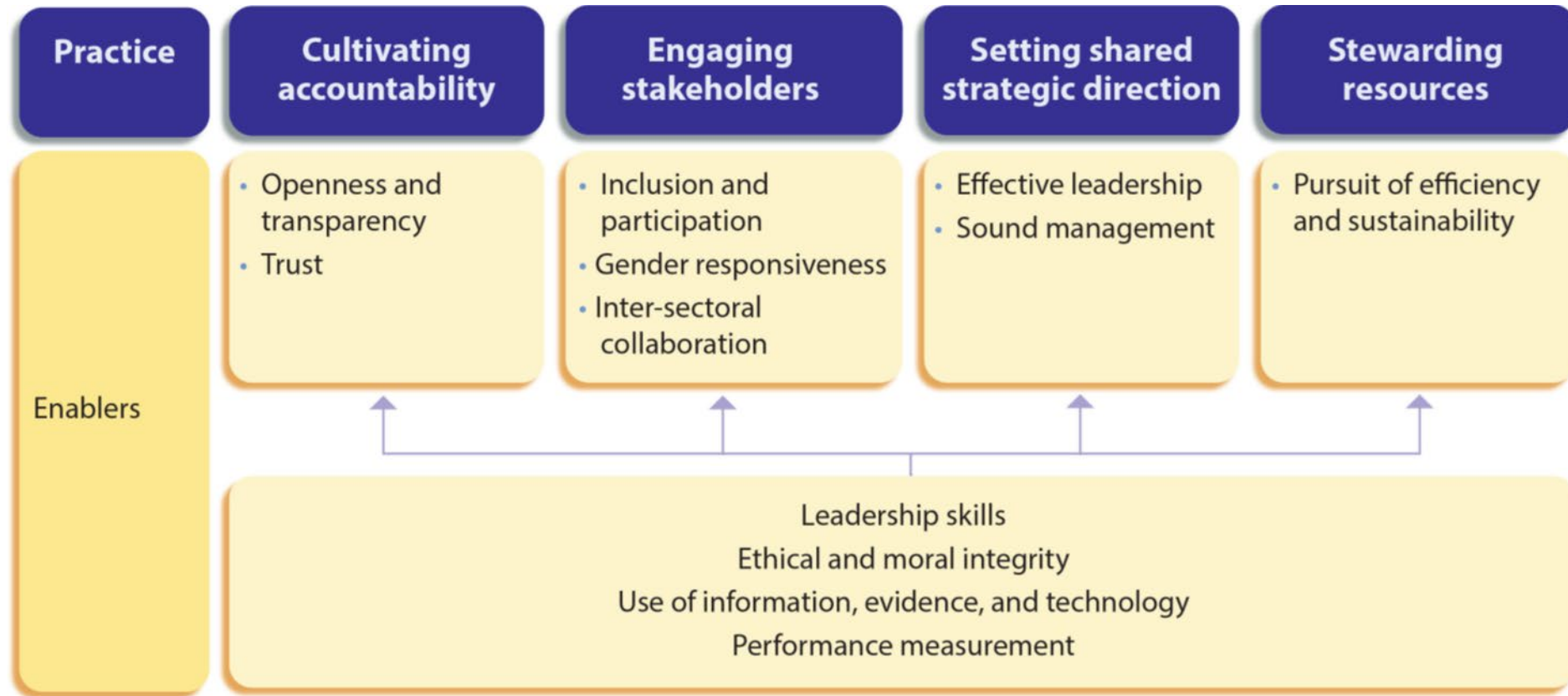
Institution and policy

Learn

Educate

Advocate

Mobilize



USAID 2010

Questions?

