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Commentary

Response to comments on "A United Nations Global Health Panel for Global Health Governance"

Tim K. Mackey [a,b,*], Bryan A. Liang [a,c,d]

[a] Institute of Health Law Studies, California Western School of Law, 350 Cedar Street, San Diego, CA 92101, United States
[b] Joint Doctoral Program on Global Health, University of California San Diego, San Diego State University, United States
[c] San Diego Center for Patient Safety, University of California San Diego School of Medicine, United States
[d] Department of Anesthesiology, University of California San Diego School of Medicine, United States

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We thank the commentators who both critically assessed and debated our proposal for a United Nations (UN) Global Health Panel, the evolution of global health governance, and the changing role of the World Health Organization (WHO).

It is apparent that WHO has faced significant challenges in embracing the evolving paradigm of health around the world. As quoted by Hein in his commentary on our piece, Article 2 of WHO's constitution drafted in 1948 outlined broad responsibilities for it to provide leadership in coordination, collaboration and cooperation among various stakeholders to promote "international health." This early emphasis on WHO engagement in what we now recognize as "global health governance" – recently defined as "the formal and informal institutions, norms and processes that govern or directly influence health policy and outcomes worldwide" – identified the need for WHO to act as an authority in ensuring basic human rights to health worldwide (Pang et al., 2010). Yet, the WHO of today has seen its authority in steady decline and its current institutional framework has become antiquated in a new era of "global," not "international," health.

Indeed, the continued presence of the term "international health" in the WHO constitution illustrates how WHO has failed to adapt to a new global health governance paradigm, despite the broad recognition that we are now firmly in an era of "global health": an area of study, research, and practice emphasizing transnational health issues, interdisciplinary collaboration, elements of population and individual-level healthcare, seeking to improve health and health equity worldwide (Koplan et al., 2009). This is not mere semantics. The concept of "global health" makes a distinction from its predecessor "international health" by recognizing the need for broader inclusion of disciplines beyond health sciences in a new era of interconnectedness through rapid globalization. This shift reflects the fact that preeminent global health issues (e.g., pandemic influenza, health diplomacy, bioterrorism, environmental impacts on health, health migration, global drug safety, access to medicines, and social-determinants of health, to name a few) transcend geopolitical state borders and cannot be solved by a single set of institutions or professionals. Hence, the core concept of "global health" demands broader inclusion and forums for active engagement with various actors in shared cooperation and coordination of promoting health beyond that represented by "international health."

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* Corresponding author. Institute of Health Law Studies, California Western School of Law, 350 Cedar Street, San Diego, CA 92101, United States. Tel.: +1 619 515 1568; fax: +1 619 515 1599.
E-mail address: tmackey@ucsd.edu (T.K. Mackey).

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Currently, we agree with Hein that the concept of "global governance" and legitimacy of decision-making authority/agency of global institutions in a post-Westphalian system remains woefully inadequate. Indeed, participating member state representatives may not be democratically elected nor represent the will of local communities, especially those who lack access to the political process or are otherwise disenfranchised. Ironically, these same populations may be those who suffer disproportionately from adverse health consequences and lack of health access and investment (Braveman & Tarimo, 2002).

The realities of these limitations in governance only serve to re-emphasize the urgent need to create formal systems and binding norms/rules for more inclusionary participation of all relevant stakeholders, including underrepresented groups, as we have proposed. Simply stated, we believe the current member-state driven system that governs WHO can no longer meet the diverse objectives of "global health" or modern global health governance. Hence, we propose an alternative vision.

Supporting WHO with the UN Global Health Panel

Even with challenges outlined in our piece and that pointed out by commentators, WHO remains an integral part in the future success of global health. To be clear, we are not advocating in our UN Global Health Panel proposal for any weakening of this key institution by decentralizing its authority/legitimacy. Regrettably, we feel these conditions are already well under progress, as has also been pointed out by Dussault in his accompanying commentary to our piece. They have also expressed doubts about whether WHO can regain lost trust, effectively coordinate its own activities, improve its own internal governance, and return to its core public health mandates. Yet, we all appear to agree on the fundamental principle that global health needs a reinvigorated WHO; it is the pathway to this 21st century WHO that continues to be debated.

We recognize that a number of modest governance proposals to broaden stakeholder participation within WHO's current institutional framework (e.g., Committee "C" and the World Health Forum) have already been proposed, yet none have garnered broad support. Indeed, recently re-elected Director General Margaret Chan herself has been quoted as stating that, "WHO can no longer aim to direct and coordinate all of the activities and policies in multiple sectors that influence public health today," emphasizing instead the need for strategic and selective engagement (Kickbusch, Hein, & Silberschmidt, 2010). This failure to institute governance reform, admission from DG Chan regarding current WHO limitations, funding woes, and the pressure of ongoing WHO internal reforms, indicates the necessary elements needed for successful leadership in global health governance envisioned in Article 2 of the WHO Constitution may not be easily achieved by WHO alone. This necessitates exploration of alternative forums for "governing" global health.

Yet there are signs of progress. Despite the stark realities faced by this greater than 60 year old international organization, some recent advancements has been made that offer promise for WHO to assume a more focused, technical agency role that only it can provide. This most notably includes agreement on the Pandemic Influenza Preparedness Framework, representing a true compromise between member states and private sector manufacturers on the sharing of influenza samples and access to vaccines (Fidler & Gostin, 2011). Further intra-UN collaboration is indeed possible, with a tri-lateral study on intellectual property and public health currently being conducted by WHO, the World Trade Organization, and the World Intellectual Property Organization (Mackey & Liang, 2012a). This level of stakeholder-based, rather than only member-state focused, cooperation can lead to multidisciplinary collaborations as the concept of global health encompasses, while also integrating priorities important to global health in other forums of economics, international trade, and intellectual property.

Facing challenges

Though Hein and Dussault view our proposal for a UN Global Health Panel as potentially weakening the legitimacy of WHO, in fact we believe that it will instead better recognize and leverage its current strengths and can accentuate its role. This will allow WHO to focus its efforts on areas it has expertise, rather than areas such as enforcement where it has little if any experience or effectiveness. This includes drawing upon the immense historical institutional knowledge, public health expertise, and technical capabilities for which WHO is well known.

In concert, recommendations by Hein and Dussault to ensure that WHO take necessary reform measures to improve its own transparency and accountability, we believe is an excellent suggestion. This can be incentivized and integrated into our Panel proposal as, perhaps, a condition of WHO Panel Chair participation. This can help drive necessary modernization of WHO, prepare it for a larger, more appropriate role, and begin to reestablish its leadership in global health.

Dussault also expressed skepticism regarding the feasibility of our proposed governance model, noting that the various public and private stakeholders will not be readily willing to cede their autonomy to such a supranational forum. We acknowledge these challenges, but note that past UN led health initiatives (e.g., the UN 2011 High Level Meeting on Prevention and Control of Non-communicable Diseases) enjoyed broad member state *and* non-state stakeholder participation coalescing around combating major global health problems. This recent success indicates that the UN could represent a much more attractive forum for multi-stakeholder global health engagement than the confines of the WHO or World Health Assembly (where Committee "C" and the World Health Forum are no longer viable), while at the same time including crucial participation from other UN specialized agencies.

Further, large private foundations, such as the Bill and Melinda Gates Foundation, have traditionally not had the opportunity to formally participate in decision-making within international governmental organizations. Although their receptivity to our Proposal is not known, they are actively involved in joint public-private governance of other large global health initiatives, such as board membership in the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as the GAVI Alliance. This indicates that these organizations may support a multi-stakeholder forum if they have a formal seat at the table and can have an impact on its decision-making. Our Panel proposal would provide such an option within the principal organ of the UN, while establishing rules of participation for transparency, equitable voting rights, and opportunities for funding that are currently unavailable.

Sridhar's commentary offers valuable lessons from discussion of the organizational separation of the Joint UN Programme on HIV/AIDS (UNAIDS) and WHO. This case study indicates that this early attempt at UN reform may have been successful in raising awareness, generating unprecedented funding, developing innovative financing mechanisms (e.g., UNITAID) and mobilizing broader stakeholder engagement in the global fight against HIV/AIDS. Yet, important limitations are noted as well: unhealthy internal competition among UNAIDS and the UN system, difficulties in coordination, replication of efforts, and general inefficiencies. This may point to weaknesses in member-driven activities on the UN level to coordinate and cooperate in advancing global health priorities.

We recognize the insights that Sridhar provides as to advantages and limitations that may ensue with any UN reform that