

## **S.T. LEE PROJECT ON GLOBAL GOVERNANCE**

### **Study Group on Global Health Governance (GHG)**

#### **Research Agenda**

#### SCOPE

Global health governance is being shaped by four broad trends that fundamentally challenge the world's existing system of political organisation. These are: (a) the impact of globalisation; (b) the emergence of new actors exercising authority on global issues; (c) competing normative approaches to global health; and (d) the shifting geopolitical order, including the formation of regional bodies and like-minded clubs. With these trends in mind, the Study Group on Global Health Governance will address **three conceptual areas** in global health governance, through analyses in **six issue areas**.

#### CONCEPTUAL AREAS

##### *I. Sovereignty and World Order*

A major question to address is how globalisation and the shifting world order, combined with new challenges in global health, is related to the nature of sovereignty. In an increasingly globalised world, we are facing growing tensions between the need for collective action and the principle of national sovereignty. As the various forces affecting a given society's prosperity cease to be bound by territorial limits, are we witnessing a growing disconnect between national interests and national sovereignty, and how does that affect the world's current approaches to global health governance?

##### *II. Conceptions and Contributions from Asia*

This study group will examine how global health governance is conceived in Asia, and how these conceptions in Asia connect with global discourses. Indications are that the majority of the academic contributions to global health governance comes from the developed countries in the West and yet, at the same time, there is an increasing role and contribution of by Asian countries to the practice and challenge of global health governance. As the world continues to grow more interdependent, it will become increasingly important to understand how countries such as China, Japan, Korea, Thailand, Indonesia, Singapore, Sri Lanka, India and others conceive of health domestically and globally, and correspondingly, their contributions in global health governance.

The study group will analyse the conceptions and contributions of Asian countries

in/to the field of global health governance – How is health, and global health conceived in Asian countries? How do these conceptions connect with global health discourses? Where, when and how did Asian countries make suggestions and concrete contributions to global health governance? One initial focus could be on deliberations in the World Health Organization. Another study could be on Asian involvement in non-issue based health governance activities (e.g. election of heads of key health international agencies, representation on governing bodies, key positions). A third study could be on health sector aid provided by Asian countries such as Japan and China, comparing the aid policies of Asian countries for health development with Western donors, and with/within multilateral institutions.

### *III. Institutional Diversity and New Governance Mechanisms*

The study group will examine new institutional mechanisms in global health, such as (a) new non-state actors and new networks and partnerships; (b) Information sharing and disclosure-based mechanisms; and (c) International rules (e.g. International Health Regulations, Framework Convention on Tobacco Control). An important question running through all four areas is: What are the trade-offs between efficacy, accountability and legitimacy in these new governance actors and mechanisms?

Attempts to tackle the governance gaps in global health can be frustrated by the fact that non-state actors, from well-endowed international foundations to pharmaceutical corporations and transnational advocacy networks, will not willingly give up their independence and their political space. Therefore the study group will examine: who, and what sets of standards, values and rules govern the non-state actors? How are they, and the new networks and mechanisms through which they operate, held accountable?

Are new arrangements such as global public-private partnerships and transnational networks leading to a re-configuration of normative frameworks on the governance of global health? Where do developing country stakeholders fit in in terms of representation? What are the power dynamics between private and public interests within each partnership or network? What are the accountability relationships between partners/networks and stakeholder? And finally, how – and by what criteria - can we comprehensively assess the effectiveness of global public-private partnerships and transnational networks?

On information-sharing, the study group is interested in examining the full range of state and non-state disclosure-based mechanisms in global health. Are these an innovative way to bypass rules grounded in territorial boundaries, or are their effectiveness limited by other requirements of the collective-action process? How do existing arrangements of rules and power relations shape the allocation of resources and strategic incentives surrounding the collection and dissemination of information? How do we overcome the lack of enforcement mechanisms and the lack of capacity to collect information? How would we be able to set up a global health information network given the lack of consensus on the norms and standards of what should be

collected, the criteria for monitoring and evaluation, and the assessment of the reliability of information?

The study group will also examine the potential for greater innovation in global rules, and the balance between global needs and state sovereignty. For example, the IHR has given non-state actors and the WHO an enhanced role, ranking the importance of global public interest above that of state sovereignty to some degree, but there are still technical and enforcement gaps in the IHR. The negotiation process of the Framework Convention on Tobacco Control (FCTC) gave the WHO a central role in creating international law and allowed political space for non-governmental organisations to take part, but was still constrained by the state-centric nature of the WHO.

### ISSUE AREAS

The issues outlined under the Conceptual Areas section will be examined through an analysis of six important and contemporary health governance issues which are producing new instruments of global health governance:

1. Tobacco control
2. Pandemic preparedness
3. International Health Regulations (2005)
4. Access to Knowledge Products: Public Health, Innovation and Intellectual Property; the Doha Declaration on TRIPs; and virus sharing
5. Global health and development
6. Global health research governance

Within each of these topics areas, the study will examine the questions laid out within (I) sovereignty and world order; (II) Asian conceptions of global health governance; and (III) institutional diversity and new governance mechanisms. Framing papers for each of these analytical lenses will also be commissioned, in order to connect the issue areas to the S.T. Lee Project's Study Group on Concepts of Global Governance.

	<b>Tobacco Control</b>	<b>IHR (2005)</b>	<b>Pandemic Preparedness</b>	<b>Access to Knowledge Products</b>	<b>Global Health and Development</b>	<b>Global Health Research Governance</b>
<b>Sovereignty and world order</b>	<ul style="list-style-type: none"> <li>• Evolving nature of state sovereignty</li> <li>• Role of non-state actors</li> <li>• Competing ontological approaches to world order</li> </ul>					
<b>Conceptions and Contributions from Asia</b>	<ul style="list-style-type: none"> <li>• How are these health issues conceived by Asian countries?</li> <li>• How are these health issues conceived by different actors within Asian countries?</li> <li>• How do these conceptions connect with global discourses?</li> <li>• How do these conceptions shape the Asian countries' contributions to each global health issue?</li> </ul>					
<b>Institutional diversity</b>	<ul style="list-style-type: none"> <li>• Role of non-state actors</li> <li>• Reconfiguration of normative frameworks as a result of evolving partnerships and networks</li> <li>• Accountability of non-state actors and new institutional mechanisms</li> <li>• Trade-offs in efficacy, accountability and legitimacy</li> <li>• What new mechanisms reveal about evolving nature of state sovereignty</li> </ul>					

### CROSS-ANALYSIS

Upon completion of the case studies, the study group will undertake a cross-analysis of the 6 issue areas, examine whether there are any commonalities and lessons to be learnt, and connect the findings to the research of the Study Group on Concepts of Global Governance.