

Expert Roundtable on Governing Health as a Global Public Good

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Addressing Inequalities in Healthcare Delivery and Expertise is essential for Governing Health as a Global Public Good

Inequity and global health challenges: the Covid-19 pandemic experience

The Covid-19 crisis has brought into focus various realities about contemporary global health governance and (in)equity issues. First, it shows how quickly and intensely health problems in one part of the world can spread globally, highlighting the need for urgent and collective response. Second, the development of multiple Covid-19 vaccines within a very short period – less than a year – demonstrates how much can be achieved in health innovation by human ingenuity (in this case solid medical research), as required for responding to international health challenges in the public interest. Third, and regrettably, it reveals how inequities and inequalities in the global health architecture and governance norms, plus in some cases populist nationalism and growing anti-internationalism, can adversely affect the open production and equitable distribution of the vaccines globally: consequently, many low and middle-income countries have had limited access to the vaccines and significant proportion of the world's population excluded from their benefits. This unfortunate experience with the Covid vaccine is reminiscent of the very high cost of anti-retroviral (ARV) drugs for treating HIV/AIDS which originally kept life-saving treatment out of the reach of those affected by the disease in the developing countries; from a global governance standpoint, this was linked to inequality-related constraints on invoking the sharing of intellectual property as permitted under the WTO 's TRIPS agreement of 1995. Both the Covid vaccine and the ARV situations reveal the unstable and shaky foundations on which global governance systems dealing with public health rest.

Unequal access to Covid-19 vaccines and essential medicines between rich and poor countries demonstrates clearly that unless innovation in health interventions is *governed* for the *common good*, the positive impact of health innovation globally will diminish and even create unacceptable situations that potentially exacerbate existing health problems and challenges. A recent Oxfam report titled 'Inequality Kills' provided evidence that stark income inequality between countries globally has worsened as a result of the Covid crisis: rich countries having unlimited access to vaccines and some vaccine producers in developed countries making massive windfall profits, in contrast to severe restrictions on access to vaccines and disruptions (e.g. through lockdowns) to already precarious livelihoods in low and middle-income countries. This level of inequality in public healthcare is not only killing people in poor countries (because they could not get essential healthcare or enough income for food) but threatens social cohesion and political stability. Health inequalities between countries with respect to finance and knowledge to access and produce vaccines and essential medicines are further compounded by the uneven

distribution in the global burden of disease, which is heavily skewed against poorer countries with the least resources to cope.

The Covid-19 health crisis and its economic and social consequences present openings for change in many directions: as they unsettle existing structures, they also create space for new beginnings. The international health response to Covid-19 provides an opportunity to reflect critically on weaknesses in global health governance models and for creative thinking across disciplinary boundaries and beyond existing paradigms about new governance models that can help overcome entrenched inequities and related limitations.

Way forward: Global health governance reform and innovation

Reforms in global health policy architecture and diplomacy, focused on reducing inequity and inequality in governance structures and norms and depoliticization of international health issues, are necessary for strengthening global health governance for the common good. Perpetuated inequities in health status between countries are linked to imbalances in key domains of global governance (e.g. finance, trade, technology, environment) which contribute to barriers on access to resources (money and knowledge) for diagnosis, treatment and prevention of diseases. Governing health as a public good is a prerequisite for attaining *universal health coverage* (UHC) as defined by the WHO. It is also a key requirement towards creating the conditions for fulfilling the health-related objectives of the UN Global Sustainable Goals and for building healthy societies across all regions of the world – in line with the WHO theme of '*Health for All*'.

First and foremost, it is important to restore the (damaged) credibility and global authority of the WHO as the coordinator of health policies across states. This might require reforms within the governance structure of the organisation designed to provide greater autonomy for its secretariat in resource allocation and to remove inequality in global health policy and practice that enables rich and politically powerful member states of the WHO to influence important decisions that consequently result in a reduction in public spending on pandemics and neglected diseases that affect poor countries and a decrease in the average value of publicly provided healthcare goods and services.

Outside the WHO, there are actions that can be taken at *international* and *regional* levels for addressing inequality in global public health which can contribute to strong, durable and equitable governance structures:

- Strengthening of leadership in both public and private spheres and at global and regional levels (e.g. UN, WTO, G7, G20, EU, foundations) to build resilient capacity and provide transformative finance for taking decisions and actions to deliver on '*Health for All*'.
- Reorganising and (re)legitimising international health expertise to enable health professionals all over the world to take part in international knowledge production and sharing and to build collective capacities to deliver health in equitable ways.

- Governing health innovation ecosystem to ensure outcomes that are in the public interest and for the common good across all regions of the world.
- Promoting redistributive policies in governance systems of international economic (e.g. finance, trade, environment, technology), social (e.g. health and employment) and political institutions.

At the *national* level, in both developed and developing countries, actions to support global health governance reform and re-imagining of health innovation should focus on underlying causes of imbalance and unfairness in existing arrangements and models that stand in the way of 'Health for All':

- Strengthening capacity and involvement of public sector actors in critical health innovation (e.g. R&D, vaccine and medicine production and delivery).
- Introducing stringent equity-oriented conditionalities for public-private sector partnerships in health innovation.
- Promoting, with state intervention if necessary, corporate governance structures that better reflect values of equity, fairness and collective responsibility in pharmaceutical production and sharing of health knowledge and technologies.
- Providing incentives and policies toward a shift from a business model where health innovation is driven essentially by market forces to one that governs health innovation collectively and in the public interest.

Conclusion

To create these conditions might entail radical changes in existing global governance systems and structures that themselves cause or contribute to inequity and inequality in global health. Just as the threat of HIV/AIDS led to the creation of new international bodies and governance structures - UNAIDS, GFATM and UNITAID - as well as a wide range of very pro-active civil society organisations, the Covid-19 crisis can lead to new approaches in global health governance. Most of the responses to the Covid crisis have been taken by and within existing (and in some cases outdated) governance structures and their limitations. It is becoming apparent that if we retain the same global health governance models that are characterised by longstanding and entrenched structural problems of inequity and inequality, the incidence and severity of future pandemics and other health crises could outstrip ability of global health systems to respond effectively.

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Prof Franklyn Lisk
University of Warwick, UK
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