

## **Governing Health as a Global Public Good** – Contribution to Expert Round Table in support of Our Common Agenda

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While the concept of Global Public Goods is not new, the COVID-19 pandemic has made it clear that a safe and healthy world requires common solutions, resources, and actions involving all countries and governments across the world.

The pandemic might lead us to think that health in this context equates with the spread of a virus and access to vaccines – in fact *health* is about more than this. The underlying factors affecting people’s health relate to “megatrends” in our societies: demographic transition and urbanisation, energy systems and food systems transitions, and technology advancements. These transitions are creating opportunities for people to make more healthy choices for themselves and their families, but can simultaneously cause health risks through air pollution, junk food, lack of physical activity, violence, and so on. The pandemic has also highlighted gaps in terms of equal access to good quality health services regardless of ability to pay.

### **Governance for health**

Governance for health must encompass the full range of factors influencing people’s health, with the goal of maximizing healthy life expectancy and well-being for all at all ages (SDG3). This requires governance not merely of the health sector and health system, but of the wider system for healthy lives. Furthermore, governance and governance modalities should be separate and understood to be distinct from management and inter-agency coordination mechanisms. Governance is about responsibilities, authority, and accountability. There are different types and understandings of governance:

- In democratic systems, national governments are ultimately responsible and accountable for whether there is health progress or not.
- At the regional level, political decision-making structures are also part of the global governance for health architecture.
- In the international system different organisations have their own governing bodies and are accountable to the organisation’s members. A wide range of organisations are of importance for health as a global public good, including WHO, UNICEF, UNFPA, UNAIDS, Gavi, GFATM, UN secretariat, UNHCHR, FAO, WFP, World Bank and IMF.
- In addition to formal and legally established governance structures, there are also partnerships with less formal boards (e.g. ACT-A).

## **The evolution of the international health system**

The organic evolution of the international health system over recent decades to address a series of specific health problems has resulted in silos – albeit bringing significant progress on those issues – and created inefficiencies resulting from unclear roles and responsibilities and an inability to effectively leverage the comparative advantages of different actors. The present international health system is thus a reflection of the foreign aid-based MDG era, rather than a modern global system for healthy lives based on the Agenda2030 principles and the concept of common interests and responsibilities. During the last decades, we have witnessed major changes to the political dynamic with increased tensions at the global level and increased cooperation regionally – a situation the international system needs to relate to by delivering synergies between international, regional, and national structures and organizations.

Most recently, the COVID-19 pandemic has laid bare the lack of high-level political leadership in coordinated global action against health threats. This resulted in failures in securing agreement between governments in support of common goals and alignment of efforts to tackle health, social and economic challenges. The Independent Panel on Pandemic Preparedness and Response (IPPPR) concluded that the international system for pandemic preparedness and response requires fundamental transformation, catalysed by political leadership at the highest level.

### **Global Health Threats Council**

To prevent and deal with future disease outbreaks and global health threats, the Independent Panel proposed the establishment of a Global Health Threats Council at the most senior level. The Council should be an inclusive and legitimate voice of authority, able to deploy both accountability mechanisms and access to financing to ensure preparedness and response activities at the national, regional, and global levels. The idea was not to create an overarching board with authority over the existing international health-related organisations, but rather a platform for senior political engagement. The proposal was that the Council should be led at Head of State and Government level, and that its membership should include state and relevant non-state actors, ensuring equitable regional, gender and generational representation, with the following functions:

- Maintain political commitment to pandemic preparedness between emergencies and to response during emergencies.
- Ensure maximum complementarity, cooperation, and collective action across the international system at all levels.
- Monitor progress towards the goals and targets set by WHO, as well as against potentially new scientific evidence and international legal frameworks, and report on a regular basis to the United Nations General Assembly and the World Health Assembly.
- Guide the allocation of resources by a new finance modality, funded on an ability to pay formula and distributed on a needs basis.

- Hold actors accountable including through peer recognition and/or scrutiny and the publishing of analytical progress status reports

The membership should be endorsed by a United Nations General Assembly resolution (see attached suggested Terms of Reference). The commitment by Heads of State and Government to transform the international system for pandemic preparedness and response must go together with their commitment to lead strong and effective national implementation.

### **Governing Health as a Global Public Good – looking ahead**

Drawing on the insights above, particularly the understanding of health as a multisectoral issue and opportunity but anchored in the analysis by the IPPPR, we believe that there is an opportunity to develop a Global Health Threats Council equipped to support a modern toolbox for better health to tackle the leading health issues of our times. This includes knowledge, research, and data sharing, but also the use of international agreements such as the FCTC and UNFCCC, and resource mobilization increasingly toward global public goods rather than traditional aid flows. WHO has a critical and normative and technical leading role, but to deal with health threats of the magnitude we are facing right now and to get strong cross sector political engagement, Heads of State and Government involvement across sectors and the international system at large is needed. Such a council, anchored with the UN General Assembly, could leverage the totality of the international system and help drive the achievement of the Sustainable Development Goals.

We believe that such an ambitious approach could be explored as part of the Our Common Agenda process.