Governing Health as a Global Public Good
Expert Roundtable in Support of Our Common Agenda
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Strengthening global governance for health through mechanisms that can facilitate stronger commitments for collective action among states with the aim to improve global health is more important than ever. The pandemic has illustrated both failures and opportunities. However, it has also illustrated how the current geopolitical climate and the complex institutional landscape are making this harder. New thinking and political leadership will be needed.

The Our Common Agenda report (e.g. §64) seems to define “global public health”, as such, as a global public good. Some scholars agree to such a broad concept. However, it would be more useful to see improvement of population health as a goal (indeed an SDG), as well as health as a human right, but not as a global public good (GPG) in its own right. GPGs in the context of health should rather be reserved for some of the mechanisms that are the means to improving global population health.

GPGs for health should also fulfill two other criteria. First, they should be public goods in their economic sense, i.e. non-excludable and non-rivalrous. This means that financing, provision of basic health services or delivery of health technologies should not be seen as GPGs, but that institutions, knowledge and norms can contribute as examples. Second, they should be global, i.e. relevant to all countries or, when focused on one context or country, be related to a cross-border health threat like an infectious disease, spread of chemical or nuclear risks or climate change. The latter category is often referred to as management of transnational externalities.

If we do not use such a more narrow approach, the added value of a GPG-lens on health remains unclear. The concept would then include all of what we do in global health. That is not helpful if we want to strengthen commitments and investments where global collective action, in particular, is warranted. Other global health investments are also important to achieve SDG3 and better health for all. They require political commitments at national and international level, but do not depend in the same way on global collective action to be effective.

With this framing, the pandemic as current context and other cross-border health threats in mind, there are several areas where there is an urgent need to ensure global collective commitments:

- Distributed capacities to prevent, detect, respond and report on health crises. Even though these are investments in individual countries/localities they have substantial positive externalities for other jurisdictions thereby constituting GPGs, including due to the weakest link nature of such a distributed set of capacities.
- Collective capacities for information, sample and sequence sharing of health threats
- Collective capacities ensuring development of and equitable access to vaccines, treatments and other countermeasures against health threats
- Distributed and collective capacities for ensuring equitable access to effective antimicrobials and to sustain their effectiveness (reducing resistance) through appropriate use and innovation
These areas are relevant for new and emerging infectious threats. However, similar capacities are relevant to e.g. reducing climate change impact on health. The commonality is the need for substantially stronger and more effective institutional mechanisms for global governance for health.

This note does not allow for a detailed discussion on the Global Public Goods related mechanisms that can contribute to these four priorities. However, in brief, they include:

- **Norms and rules**: Soft or hard law frameworks where countries agree to negative and positive obligations, e.g. regulatory or financial commitments. Improving implementation of or compliance with the International Health Regulations, development of a pandemic treaty or instrument, and a framework on preserving the effectiveness of antimicrobials are important current processes.

- **Financing**: Universal (i.e. all UN member countries) or broad (e.g. cross-regional and cross income groups) coalitions that commit to joint financing or joint and coordinated approaches to programming to prevent, adapt or respond to health challenges or cross-border challenges with potential impacts on health.
  - **Mechanisms**: Establishment of a Global Health Threats Fund/Global Pandemic Preparedness Financing Facility, structured as a FIF at the World Bank, is one important ongoing process. The process needs to be inclusive and ensure legitimate decision making, governance and links to the UN system.
  - **Knowledge**: Investments in health research and development that is made available to all can be consider a GPG. More specifically, common and agreed principles for investments in research and development of countermeasures that ensure the public interest and include provisions for equitable access and mechanisms for technology transfer to all regions, thereby facilitating distributed manufacturing, is another set of GPGs under discussion.

On a final note, many have called for vaccines as global public goods in the context of the pandemic. That can be understood in different ways, and equitable and timely access should be an important goal that health relevant GPGs can contribute to. Vaccines as such are nevertheless not public goods. With limited supply, the use of vaccines in one jurisdiction reduce availability to others, and any individual vaccine dose is of course rivalry and cannot be consumed more than once. However, we could use mechanisms to advance the goal. The knowledge and intellectual property necessary to manufacture vaccines could be managed as global public goods. However, that will require large collective public investments given the complex landscape of technologies and patents. Another approach could be, in line with the above, to ensure that all public support to vaccine development, including to private sector, includes contractual provisions that ensure equitable access by obligations on transparency, cost plus price levels for low and lower middle income countries and commitments to technology transfer and non-exclusive licensing for low and lower middle income country markets. The know-how/IP can then be considered pragmatically as a partial GPG with properties that makes it a public good for populations in lower income countries.

If this in addition is linked to collective mechanisms for vaccine procurement and distribution, like COVAX, where lower income countries can receive vaccines for free or at a subsidized prices (lower than cost price), then also the vaccine as such can be considered a de facto GPG for lower income countries. Such epidemic/pandemic response mechanisms, as well as ensuring such mechanisms for endemic infectious diseases, by broad coalitions of countries can therefore be considered as GPGs. In efforts to strengthen global governance - including for health - strengthening and facilitating mechanisms to deliver GPGs, is key to reach common goals to improve population health and sustainable development.