The Transformation of Global Health Governance: Competing Worldviews and Crises

Project Synopsis

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Introduction

Globalisation is changing patterns of health and disease worldwide, fundamentally challenging all societies to reflect on how best to collectively organise and respond to the new challenges posed. While many health issues have readily crossed borders in the past (e.g. Black Plague), the intensification and extensification of contemporary globalisation processes create new challenges for health governance. How do we collectively protect and promote health in an increasingly globalised world? The challenge of achieving more effective Global Health Governance (GHG) is substantial and urgent, yet critical to the long term sustainability of globalisation.

Both the *nature* of emerging global health problems, and the necessary *mechanisms* of GHG, are currently narrowly defined and poorly understood. There are three key limitations of the existing literature:

- Existing analysis has emphasised the institutional and technical features of GHG actors and policies, and has failed to adequately grasp more fundamental reasons why there is a disjuncture between global health needs and governance responses.
- Research so far has analysed individual global health institutions or mechanisms, and there has been no comparative analysis to draw wider lessons for strengthening GHG.
- Analysis to date has focused heavily on infectious diseases, giving limited attention to the governance of other major global health issues, thereby failing to achieve a full account of the challenges posed for GHG.

This programme constitutes a radically new and challenging response to these limitations. Capitalising on the interdisciplinary nature of the project team, and a more critically reflexive understanding of global health, the approach is truly innovative in explaining the current challenges and shortcomings of GHG through:

- Deepening and widening the focus of analysis by examining the ways in which responses to global health crises are shaped by a contested space of competing ideas, policies and world-views of health. Thus we seek to introduce a more complete understanding of GHG which recognises that it is not merely a biomedical or public health enterprise, but that it is also subject to the wider pressures and forces of international politics and international political economy.
- Undertaking a systematic analysis of the governance of four key global health issues and drawing conclusions and lessons comparatively across them.

- Examining a broader range of global health issues which are increasingly shaped by certain features and processes of globalisation; and recognising that there has been a proliferation of GHG actors. To date, existing approaches have treated many of these actors as exogenous to the system of GHG, ignoring the extent to which they are transforming the governance of health. As a result of its broadening of the analysis the project promises a more complete understanding of the nature of current problems and responses.

The co-applicants have been at the forefront of a nascent body of work which recognises the limitations of the current state of knowledge (e.g. McInnes & Lee, 2006), and have pioneered the beginnings of an approach which integrates Public Health and International Relations. Whilst their work has identified the limitations and deficiencies present in the field, this project would allow them to develop an entirely new approach and direction in the study of global health.

Advancing the state of the art

This project begins with a distinctive and innovative approach to understanding and explaining GHG. Rather than focussing on individual actors or specific diseases, it conceptualises GHG in terms of different, and at times competing, perspectives and worldviews of the nature and causes of global health problems and the appropriate solutions to them. Our starting point is a recognition that these perspectives are underpinned by certain normatively-based values, ideas and belief systems, thus diverging from Public Health's approaches which have traditionally been dominated by supposedly value-neutral and positivistic problem-solving approaches. In contrast, the project seeks to highlight how other perspectives on global health issues emphasise and de-emphasise different agendas, concerns and policies; and how this can engage different actors, facilitate or inhibit effective governance, and shape the modalities through which it operates. We therefore understand GHG as a contested and developing landscape which is defined by the interrelationships of four key perspectives or worldviews. These perspectives are:

i) *Biomedicine,* which revolves around medical/techno-scientific responses, with a focus on clinical and epidemiological characteristics of disease and modes of transmission.

ii) *Human Rights,* which asserts a rights-based approach to health and foregrounds equality of access to healthcare, and in some cases environmental and social factors.

iii) *Economism,* which emphasises allocation of health resources based on efficiency, cost-effectiveness and relative poverty reduction and rests upon utilitarian arguments about the economic impact of health vs. ill health.

iv) *Security*, which views certain global health issues, notably acute and epidemic diseases and biological weapons, as substantial threats to the security of individual states and the global community.

The programme proceeds from the understanding that the major actors and institutions that are shaping contemporary health governance operate on the basis of one of these perspectives. For example, it is clear that the World Bank has largely driven economism as a major approach to global health. Also, both material and ideational power account for the ways in which these perspectives compete and play out in global health. In this way the programme will generate a genuinely comprehensive and radically new understanding of GHG in the post-Cold War world (1989-).

The project will examine the ways in which these four perspectives have come together in four case studies of major contemporary global health challenges. The four case studies have

crystallised divisions and deficiencies in GHG, and as such lend themselves to the drawing of more general conclusions about the contemporary landscape of global health and governance. The case studies are: HIV/AIDS, pandemic influenza, tobacco control and access to medicines. The have been selected as case studies specifically because:

1. Each issue has been framed by the policy community as a "global" issue because of the transborder nature of relevant health determinants or outcomes, or the scale of their impact on human health.
2. Policy making to address each of the case studies has been characterised by the articulation of the different perspectives identified above, offering an opportunity to examine the relative purchase of the four key perspectives and the factors which are determining the ascendancy of, say, security approaches to HIV/AIDS.
3. The inclusion of tobacco control and access to medicines moves the state of the art beyond the current narrow focus on infectious disease control and systematically incorporates other governance modalities, such as global trade and the international patent regime, into the consideration of what is GHG.

Through comparative analyses of the interplay of the major perspectives across the project's four case studies, we will seek to understand how each of these global health issues have been framed and managed by particular perspectives, and how such perspectives have shaped the nature of collective actions, policies and instruments that constitute GHG.

Methodology

Theoretical position

Much of the literature on global health is positivist in its orientation, not least that which originates in the biomedical sciences. The starting point of this project, in seeking to illuminate perspectives underpinning global health governance which remain largely unstated and thus accepted as given, is to eschew positivism in favour of social constructivism. In brief, the social world does not exist independent of the actors within it, but is constructed inter-subjectively. Although path dependencies exist (that is, actors are influenced by past understandings), the social world is not immutable and progress is possible. This perspective reflects not only our own theoretical orientation (McInnes and Lee, 2003) but offers greater purchase in understanding how different perspectives come to prominence, compete within the sphere of global health governance, and must be negotiated to achieve collective action.

Case Studies

The four case studies will be examined using a 'structured focused' methodology (George 1979). The methodology is 'structured' in the sense that it is directed by a series of common questions stemming from the core research objectives; and it is 'focused' in that it deals with specific aspects of the cases. For this project, the focus is provided by the four key approaches of biomedicine, human rights, economism and security. The structure is provided by applying the following questions to each of the case studies:

- What are the competing world views in the governance of these selected global health issues and how are they expressed? What are their concerns? Who are the key actors involved?
- How have these competing perspectives helped to shape global health governance of each case study?
- To what extent and on what issues is global health governance contested within each issue?
- Is there evidence that the existence of competing world views has hindered or facilitated effective GHG on this issue?

The case studies will then be comparatively addressed through two further questions:

- What comparative lessons can we draw from the case studies?
- What does this teach us about how GHG might be strengthened to effectively address global health challenges?

Data collection
We will use archival/document-gathering methods and semi-structured interviewing among key actors and institutions, to be identified on the basis of the research team's existing expertise, confirmed in dialogue with our interviewees and interlocutors and facilitated by existing contacts developed in previous research conducted by the team in these settings, and by networks established during previous work with the Nuffield Trust, WHO and other public health organisations. We will focus on five broad types of institutions: international organisations (e.g. WHO, WTO, IMF); cooperative arrangements and funds (e.g. UNAIDS, Global Fund); governmental institutions in key states; charitable foundations (e.g. Gates Foundation); and civil society groups (e.g. MSF, People's Health Movement).

Interviews will be conducted using common topic guides generated by our research framework. Interviews will be recorded and transcribed. Both McInnes and Lee have extensive experience in this form of research, including participant observation and key informant interviewing. In particular, as UNESCO Chair in HIV/AIDS, McInnes enjoys a range of international contacts. Lee, as Director of the WHO Collaborating Centre on Global Change and Health and former Chair (and current member) of the WHO Scientific Resource Group on Globalisation, Trade and Health maintains close links with a broad range of international health organisations. Lee and McInnes also jointly ran the Nuffield Trust's Programme on Global Health which engaged directly with a wide range of academic, civil society and official organisations providing them with a well-established network of contacts.

Official data sources (policy documents, reports and speeches) are readily accessible online. Additional material is accessible via the WHO library and specialist libraries such as LSHTM. Grey literature will be obtained through the applicants' professional links with the above institutions, notably WHO, public-private partnerships and professional bodies. These sources will be complemented and contextualised by key informant interviews. In addition, for the global tobacco control case study, the project will make notable use of internal tobacco industry documents made publicly available through litigation and are accessible through on-line digital archives. These documents, some of which Lee played a leading role in improving public access, are a rich data source offering important insights into the perspective of transnational tobacco companies (Lee et al. 2004; Collin et al. 2004).

We will triangulate our findings between documents, interviews and secondary literature.

Plan of Work

The programme will comprise of the following four phases:
- *Phase I (Months 1 to 6):* Project mobilisation and review of secondary literature (recruitment; scoping of existing literature on case studies; initial meetings; design of information-sharing and communication strategy).
- *Phase II (Months 6 to 24):* Case study analysis (interviews; collection of documents and sources; data analysis; preliminary conclusions on case studies).
- *Phase III (Months 25-36):* Comparative analysis of global health perspectives (shift of analytical focus from case studies to competing perspectives. Cross-case study analysis and synthesis of case study findings).
- *Phase IV (Months 37-48):* Production of outputs and end of project conference (Overall synthesis of findings; production of major project outputs; end of project conference).

The Co-investigators will take overall responsibility for the implementation of the programme methodology, external relations, dissemination and management. In addition to the Co-investigators the project team will include a team of two Research Fellows at Aberystwyth University and two Research Fellows at LSHTM. The researchers will be supported by a Research Assistant/Programme Coordinator (25% in years 1 and 2; 50% in years 3 and 4) at Aberystwyth.

The Plan of Work (above) will be divided between the members of the research team. In Phases I and II the case studies of HIV/AIDS and Access to Medicines will be undertaken at Aberystwyth led by McInnes and Pandemic Influenza and Tobacco Control at LSHTM led by Lee. Each Research Fellow will work on one of the case studies, under the direction of the Co-investigators. In Phase III each Research Fellow will focus on one of the four perspectives with the studies of Economism and Security approaches being undertaken by McInnes and his team at Aberystwyth and Human Rights and Biomedicine by Lee and her team at LSHTM. The investigators will meet regularly throughout the project, and the teams at least 5 times during the four years. This will be complimented by the use of video conferencing and virtual meetings.

Whilst project outputs and dissemination are envisaged throughout the lifetime of the project, Phase IV will see the co-investigators producing synergistic and integrated outputs including a co-authored book, journal articles and single-authored work. In addition the Research Fellows will be expected to produce significant contributions to the field (e.g. single-authored monographs, journal articles, conference presentations etc) relating to the case studies and/or particular perspectives.

Expected Impact of the Programme

As the project is envisaged as a groundbreaking approach to the study of GHG, and because the issue areas under scrutiny are of such far-reaching importance to human health, the anticipated impact of the programme will be substantial in both academic and policy terms.

It is anticipated that the project outputs will represent defining works in the study of global health and GHG, not least because the programme will genuinely integrate and apply the strengths of Public Health and International Relations approaches in a sophisticated and radically new manner whilst also addressing some of the deficiencies of those disciplines. In addition to powerful and well-established links with the biomedical sciences, Public Health has a long and distinguished intellectual history in understanding and addressing the social determinants and consequences of health and disease (Porter 2006). Much of this work, however, has been based on local or national level populations as the units of analyses, and only recently has it begun to address more systematically the "global". In contrast, IR has traditionally focused upon the international and, from this starting point, has developed a rich (albeit contested) understanding of the global. In particular, it has developed an extensive body of theoretical and empirical work on global governance, along with substantial analyses of international political economy, the role of rights in a global community, international organisations and international security, all of which feature as key perspectives at play in global health. Notably, the study of IR to date has largely bypassed issues of global health, with the Co-applicants being among the notable exceptions to this.

As well as having obvious importance to those working to address global health issues, the project is expected to have an impact across a wider range of disciplines and research communities. The research would generate new insights into how other discrete areas of global governance (such as climate change) are similarly contested spaces constituted by competing perspectives, discourses and policies.

The project will also have a substantial impact on the multiple policy communities and agencies currently engaged with the global health issues under consideration and with the

wider sphere of health policy and health governance. First, practitioners are increasingly circumscribed by the rise of vertical single-disease approaches (e.g. HIV, TB etc) and often lack a broader context of the politics and policy-drivers that shape outcomes at their level of operation. Second, practitioners also work within institutions or professions which habitually operate on the basis of one of the perspectives under consideration. There is frequently a lack of critical reflexivity among practitioners which this programme aims to alert them to.

References

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