Global Governance *for* Health

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Advancing health by enhancing capabilities: An agenda for equitable global governance

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About the process

This report is the result of a collaborative effort that involved critical analysis of the existing literature, engagement with the main Commission, and deliberative meetings between the young professionals involved. The Lancet-University of Oslo Youth Commission on Global Governance for Health (Youth Commission) was formally established during the first meeting of the Lancet-University of Oslo Commission on Global Governance for Health (the Commission). Unni Gopinathan, who in addition was a research assistant in the Resource Group to the Commission, has led the Youth Commission. The Youth Commission has functioned as a formal space where students and young professionals have come together to participate in the work of the Commission. A diverse group of 14 young professionals from different, regions and fields of interest were assigned two central roles:

- To provide the Commission with advise throughout their process
- To carry out an independent assessment of global governance for health

The work was carried out through online conference calls, e-mail communication and a face-to-face meeting in Kuala Lumpur in January 2013. The Institute of Health and Society financed this meeting with funds from the Norwegian Ministry of Education to run the Lancet-UiO Commission. The members of the Youth Commission were

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Executive summary

The rise of globalisation in the 20th century, and the unprecedented levels of interconnectedness that accompanied it, presented populations across the globe with a series of challenges and opportunities. In an attempt to address these emerging challenges, a new system of global governance emerged. Over the past decades, public health's relationship with global governance have become increasingly complex, and over time led to the emergence of the concept of global governance for health.

Global governance for health seemingly rests on three assumptions: 1) that forces outside the health sector affect public health; 2) that these forces are global in nature, and therefore require improved international cooperation; and 3) that stronger global institutions are indispensable for managing competing global forces and directing these towards improving public health. Thus, the challenges of the 21st century require retooling of the current system of global governance if global health is to be preserved. This report examines key aspects of the global governance system and its relationship with public health. It concludes with the argument that the ability of global governance for health to shape interests, weigh competing interests and influence thinking in broader global governance and policy could be strengthened by incorporating a philosophical foundation–the capability approach articulated by Amartya Sen and Martha Nussbaum–as its basis.

To respond to the shifting global landscape, some have suggested that the concept of global solidarity should be the core value of global governance. This concept lies at the heart of a range of proposals for addressing global interdependence. Because solidarity's importance lies in its ability to provide equitable responses to global challenges, fair distribution of power and human capacity would be required to underpin such a rebalancing; merely transferring financial resources would not be adequate. Applying the concept of solidarity to global governance for health requires all actors within the system to recognize the reality of increasing global interdependence, and to construct policy based on shared responsibility and coordinated action. However, the power relations underlying global governance, and the competing interests advanced by sovereign nation states and transnational actors, currently hamper efforts towards institutionalized global solidarity. For instance, there exists an unacceptable distance between the decisions made in global arenas and the local level, and the lack of accountability this entails. There is therefore an urgent need, and demand, for civil society to play an enhanced and more meaningful role in global decision-making processes. In light of this, the Youth Commission recommends the establishment of a UN Civil Society Observatory, which should be tasked with receiving all proposed international actions before they are decided, with adequate time given for civil society to independently examine the public impact of the decisions.

Effective global governance for health is further hampered by the lack of incentives for states to cede some sovereignty and enter into global agreements, particularly where these are perceived as conflicting with national interests (even where such interests are shorter-term or less vital). The challenge of reconciling short-term interests at the national level with the long-term thinking necessary for global governance is something the Youth Commission has termed the "intergenerational governance challenge". The Youth Commission therefore recommends the institutionalization of intergenerational solidarity in national and global governance, through which long-term impacts of governance decisions are assessed by identifying the needs of the future generations, articulating these as precisely as possible and weighing any losses against the potential gains for current generations. This new "power" provided for future generations will be crucial in strengthening global governance for health–both for this generation and those to come.

Finally, the concept of global governance for health demands a system guided by a normative framework in which global governance's effectiveness in environment, trade, foreign policy and other issues is evaluated by considering the extent to which health is protected and promoted. As articulated in the Lancet-UiO Commission report, the rallying cry of global governance for health, "health should be a social and political objective for all", is simple, compelling, and–most importantly–widely appealing, giving the concept the opportunity for broad public (and by extension political) support. As a global norm, it may thus carry conceptual power. However, an effective normative framework must: (1) shape the interests and decisions of actors beyond the health sector; (2) influence thinking in broader global governance and policy; (3) provide sufficient nuance in order to weigh competing interests; (4) encompass the wide variety of goals society may want to pursue; and (5) be robust enough to guide prioritisation between sectors. Moreover, a singular focus on public health may risk overlooking a broad range of other important social objectives; thus, a broader evaluative framework is required.

The capability approach, initially conceptualised by Amartya Sen and Martha Nussbaum is perhaps better suited to serve these purposes. The capability approach is premised upon the reality that individuals have varying capacity to convert resources into valuable outcomes. As a result, it rejects parity in achieved well-being or material possessions as an adequate measure of equality. Instead it proposes that social arrangements–and by extension the governance and policy choices underlying these arrangements–ought to be judged by the extent to which they promote the real opportunity ("freedom") people have to pursue and achieve various things they value. Examples of essential freedoms include: civil freedoms, social and economic opportunities, transparency in governance and economic life and security and freedom from harm all of which are important determinants of health.

Applying the capability approach to global governance for health would strengthen the concept's ability to mobilize disparate sectors and actors to aspire for a global system that seeks to strengthen global governance, with the goal of improving individuals' and population's ability to achieve *all* freedoms, not only health. Reinforcing global governance for health by taking into account broader capabilities does not diminish the immense value of health; rather, such an expanded understanding has the potential to reduce health inequities and to stimulate a broader acceptance of the central role health should play in global governance. Health has both intrinsic value and is indispensable to achieving other "freedoms," e.g., education, employment and economic participation. Health as a capability is also uniquely vulnerable to the deprivation of other freedoms when, for example, lack of education, gender inequality or unemployment lead to poorer health outcomes. The inequalities in health outcomes resulting from these deprivations –"health inequities"–stem from unjust governance and social arrangements and have great value as indicators of the fairness of the global system. However, seeking to reduce health inequities without attention to people's varying capabilities is unlikely to yield sustainable improvements in health outcomes.

Global governance for health, supported by the capability approach, could raise the prominence and legitimacy of health on the global stage and provide meaningful benchmark for weighing health against other important interests. Such a strengthened system of global governance for health can help us to realize a world in which health inequities are no longer tolerated and the goal of ensuring the highest attainable standard of health, alongside the other important freedoms that reinforce it, is given the high priority it deserves.

1 Introduction: the emergence of global governance for health

The 20th century witnessed the rise of globalisation and unprecedented levels of interconnectedness, which in turn brought with it a new system of global governance. This is defined by Weiss and Thakur as the interaction of "formal and informal institutions, mechanisms, relationships, and processes between and among states, markets, citizens, and organizations, both intergovernmental and non-governmental (IGO and NGO), through which collective interests on the global plane are articulated, rights and obligations are established, and differences are mediated" (1). This work builds on this, developing the concept of global governance for health, which seemingly rests on three assumptions: 1) that forces outside the health sector affect public health; 2) that these forces are global in nature, and therefore require improved international cooperation; and 3) that stronger global institutions are indispensable for managing competing global forces and directing these towards improving public health.

That forces outside the health sector affect public health has long been understood. Indeed, awareness of the relationship between health and broader social issues has existed throughout history. In the 1800s, Rudolf Virchow, the German physician, pathologist and anthropologist (2), noted that

> ***Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution.***

International cooperation in health also began to take shape in the late 19th century, although it was limited mainly to European countries. The 14 International Sanitary Conferences from 1851 to 1938 concerned international standards for quarantine regulations for managing disease outbreaks of cholera, plague and yellow fever (3), and acted as a predecessor to the International Health Regulations (4).

A broad approach to health is enshrined in the constitution of the World Health Organization (WHO), adopted in 1946, which famously describes health as a "state of complete physical, mental and social well-being and not merely the absence if disease or infirmity" (5). Furthermore, it affirmed a commitment to the enjoyment of the highest attainable standard of health as a fundamental human right. However, it was only in the 1970s that the WHO constitution's broad concern for health started to influence the organization's operations. The landmark Alma-Ata Declaration, adopted by the International Conference on Primary Health Care held in Alma-Ata, reflected this shift (6). In addition to identifying primary health care as the key to attaining "Health for All" by the year 2000, it reaffirmed that

…the attainment of the highest possible level of health is a most important worldwide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

The World Health Organization, at the time lead by Director-General Halfdan Mahler, demonstrated leadership in the 1970s by attempting to position primary healthcare as a political priority. Photo: Renzo R Guinto.

This is often paired with the Ottawa Charter for Health Promotion (adopted by the first International Conference on Health Promotion in 1986), which emphasizes the need to enact “healthy public policies” in other sectors (7). At the time, the “socio-economic and political restructuring” (8) required to strengthen primary health care was at odds with trends in growth theory, which emphasised de-regulation in an attempt to stimulate growth. The resultant decrease in national government expenditure, as a result of the structural adjustment programmes promoted by the World Bank and the International Monetary Fund (IMF), is a prominent example of how policies advanced by a global institution which had primary objectives other than attainment of health, resulted in negative health impacts (9–11). It would take thirty years after Alma-Ata before the notion of health as a priority requiring “the action of many other social and economic sectors in addition to the health sector” would more forcefully return to the WHO, this time in the form of the Commission on Social Determinants of Health (CSDH) (12). The CSDH argued:

…the high burden of illness responsible for appalling premature loss of life arises in large because of the conditions in which people are born, grow, live, work, and age. In turn, poor and unequal living conditions are the consequence of poor social policies and programmes, unfair economic arrangements, and bad politics. Action on the social determinants of health must involve the whole of government, civil society and local communities, business, global fora, and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector.

The elevation of health into spheres beyond the health sector has occurred at different rates in different sectors, and has been supported by the WHO and the broader international health community. For instance, the Access Campaign of Médecins Sans Frontières have focused on how market failures result in limited innovation for neglected tropical diseases, as well as the ways in which global intellectual property affect access to medicines (13). It worked closely with numerous civil society organizations (CSOs) to protect health and access to medicines from the potential negative implications of the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). These efforts culminated in the adoption of the Doha Declaration on TRIPS and Public Health, which clarified TRIPS flexibilities available to member states for promoting access to medicines (14). While concerns over actual implementation have been raised, the Doha Declaration remains the only formal statement by WTO members explicitly prioritising health objectives over concerns for international trade (15).

The US President's Emergency Plan for AIDS Relief (PEPFAR) was established in 2003, with national security a central motivation for establishing the initiative (16). This acts as one of several examples in the 21st century where states have sought foreign policy objectives through global health policies. In 2007, the governments of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand published the Oslo Ministerial Declaration in the Lancet, which listed areas in which foreign policy could contribute to the improvement of global health (17). While the impact of this initiative, also known as the Foreign Policy and Global Health Initiative (FPGHI), has been questioned (18), it drew attention to the close relationship between global health and global political processes–as well as the public health gains that could result from intervening in those processes. In global health's academic circles, this recognition has translated into the term "global health diplomacy". As stated by Kickbusch, Silberschmidt and Buss, the term "aims to capture these multi-level and multi-actor negotiation processes that shape and manage the global policy environment for health" (19).

At the national level, an understanding of the social determinants of health has motivated the development of operational frameworks, such as the "Health in All Policies" approach and health impact assessments, which can shed light on the ways

in which other sectors impact health (20,21). However, these policy tools have been insufficiently implemented to deal with the greater challenge, which concerns how the *institutions* of global governance (i.e. the United Nations (UN) and its accompanying Bretton Woods Institutions) and the actors in this system (i.e. nation states, civil society and transnational corporations) deal with health in various policymaking domains at the global level. This is essentially an issue of global governance.

The global health literature has begun to call for greater attention to the relationship between governance and health, and recently, during a lecture at Harvard University, the former Norwegian Foreign Minister Jonas Gahr Støre described the need for explicit exploration of the interaction between global governance structures and human health (22). Hence, the concept of global governance for health has emerged as a result of a range of political events, an evolution in the literature, and actions from governments, individual leaders and civil society.

At this stage, it is important to distinguish global governance for health from "global health governance". Fidler defines global health governance as "the use of formal and informal institutions, rules, and processes by states, IGOs, and non state actors to deal with challenges to health that require cross-border collective action to address effectively" (23). Related to "global health governance" is the "global health system", which has been defined as "the group of actors whose primary intent is to improve health, along with the rules and norms governing their interaction" (24).

In comparison, global governance *for* health is best considered as a normative claim that health is a shared social objective across all actors. The concept implies that global governance should, first, evaluate social arrangements as to the extent of their effects on both individual and public health, and second, use that evaluation to advance policies that seek to protect and promote health across different policy-making domains and sectors. This normative claim is shared by all the actors and related concepts, whether the term "global health governance", "global health diplomacy", or "global health system" is used. What is not shared among the different academic circles is the interpretation of *why* this goal is so difficult to achieve, and more importantly, *how* to achieve it.

2 Global solidarity: an opportunity in an interdependent world

The world is growing increasingly complex and interdependent in a variety of ways. These interconnections present both a series of challenges and opportunities to populations across the globe. This section will provide a brief overview of some of these interconnections, before describing some of the proposed methods of managing this complexity, and the barriers to implementing these solutions.

A common example of humanity's interdependence is seen in its reliance on a set of common resources and environmental services, considered essential for human well-being. Unmitigated climate change threatens these services, presenting what is potentially the "biggest global health threat of the 21st century" (25). Other examples are seen in the spread of infectious disease, such as the perennial threat of pandemic influenza (26) and the rapid rise of antimicrobial resistance (27). Both exemplify threats that transcend national borders, and ones in which action within one country will have consequences for another.

In parallel to the interconnectedness with the environment, the world's economies are also increasingly interrelated–whether through the trade of goods and services or the depth of modern foreign exchange markets. The recent 2008 financial crisis demonstrated how macroeconomic instability in one region had implications for the entire world. A related example is seen in the activities of poorly regulated extractive industries (often multinational companies), which seek economic gain at the expense of environmental degradation and resultant poor health for local peoples (28). While the worst effects of these extractive industries may be felt in countries with underdeveloped political and legal systems (often low- and middle-income countries), these companies are often registered elsewhere, with shareholders and primary markets in high-income countries (29). Countless other examples of interdependence exist, including a more abstract, moral form of the argument, the revolution in information and communication technologies, and a rapid increase in international migration. Insofar as this is an inescapable fact which now defines the modern social world, examining and responding to issues in an isolated, country-by-country manner may be insufficient to solve many of these problems.

Recently, a range of proposals has been put forward for addressing this global interdependence in a systematic fashion. Many of these are based on the idea of global solidarity (30,31). It is proposed that this concept might replace the core value of state sovereignty to strengthen the protection of health through global governance (32). Global solidarity might thus be an appropriate foundation on which policy proposals are built and judged. To the extent that solidarity's importance lies in its ability to provide equitable responses to global challenges, fair distribution of power and human capacity must underpin the endeavour; merely transferring financial

resources is not adequate. Applying the concept of solidarity to global governance requires all actors within the system to construct policy based on shared responsibility and action. It also requires a recognition of the many challenges that make the world interdependent (e.g. climate change or water scarcity) which will disproportionately affect low-income countries and their populations.

A variety of policy responses have been proposed with a foundation in global solidarity. Among the more ambitious of these is a suggestion of transforming development assistance for health as part of a global re-distribution regime (33–35), analogous to the way in which wealth, and the opportunities associated with it, are transferred through taxation and government support for social programs at the domestic level. This implies that all countries contribute according to their ability to pay, and this common pool of resources finances sectors supporting basic needs (e.g., education, health care, biomedical R&D). Such an approach might also encompass enhanced intergovernmental collaboration on migration and asylum issues, and see the pooling of financial resources for equitable distribution of benefits. The latter is captured by the concept of global social protection, advanced by several prominent scholars and the International Labour Organization (35–37).

Other proposals would include a requirement (enforced by national governments) that transnational corporations adhere to a set of social and environmental standards agreed at the intergovernmental level. Global solidarity might also require consumers and consumer associations to accept their enormous power to shape economic and social conditions around the world. To this end, consumers in high-income countries might choose not to purchase products associated with negative health and environmental impacts in countries with less ability to enact and enforce regulations.

However, a range of potential issues with these suggestions (and others like them) exist, such as technical questions about feasibility and whether the end-result would lead to improved social and environmental outcomes. Perhaps even more important are the obvious political barriers and constraints. One of the political barriers in place finds its source in the diverging interests and power relations between sovereign nation states as well as transnational actors, which hamper efforts towards any level of global solidarity. To this end, states lack the proper incentives necessary to give up sovereignty and enter global agreements, where these conflict with shorter-term national interests. Furthermore, proposals that lead to shared pooling of resources for equitable distribution of benefits would require improved mechanisms for ensuring everyone’s voice is heard, including those of CSOs and social movements, as well as unorganized groups of individual people, in global governance decisions. Such efforts would require new national institutions or reform in cases where existing institutions are inadequate, with the need to reconcile the current unacceptable distance between the local level and decisions made at the global level, and the lack of accountability this entails. The details of the challenges and power relations, which lie beneath the current system of global governance, are the focus of the following chapters of this report.

3 Characteristics of the global system and the implications for global governance for health

In order to strengthen global governance for health, more attention must be given to a wider range of non-health sectors, and to issues that require collective action. Meaningful analysis of this system requires us to investigate the features of global governance that make collaboration between sectors and collective agreement more difficult. A recent review by Frenk & Moon (38) characterized a number of distinct governance challenges experienced at the global level. This report supplements their analysis with additional insights from the literature to arrive at the table below. Each of the four characteristics of the current system of global governance have important implications for global governance for health (Table 1).

Table 1. Characteristics of the current system of global governance		
Characteristics	**Challenges**	**Benefits**
Problem solving occurs in specialized sectors	Agreements adopted to advance policy objectives in one sector may conflict with the goals of another **Examples:** Trade agreements facilitating market integration and economic growth may overlook or ignore detrimental impacts on environment and public health; conditional loans from the IMF necessary to reduce fiscal deficits and ensure macroeconomic stability may reduce social sector spending and exacerbate health inequalities	Decisions made by specialists within the discipline concerned may accelerate results and produce precise responses to specific policy challenges within the sector
The foundations of global governance are built on sovereign nation states	Global institutions are able to facilitate global agreements on collective action problems only when its member states are willing to come to an agreement **Example:** Binding agreements are yet to be reached on climate change, nuclear disarmament, and a global research and development framework for medicines	Sovereign nation states can protect the national policy space for achieving broad public policy objectives **Examples:** Particularly affected states lobbying for a flexibility mechanisms under TRIPS to ensure access to medicines; protecting food security, agricultural workers and livelihoods from detrimental effects of international trade
Global governance institutions are accountable primarily to states, not to people	Global decision-making processes may underrepresent the interests of certain population groups **Examples:** The claim from La Via Campesina that the WTO Agreement on Agriculture was negotiated without proper representation of small-holder farmers (39–41); trade agreements with profound public impact negotiated under secrecy	Limits disproportional influence from resource-rich CSOs and the private sector who represent only a sub-set of the population, and thereby lack democratic legitimacy **Examples:** Financially strong philanthropic foundations and multinational corporations could unduly influence the global governance system to an even larger extent than what is seen today
Intergenerational challenge: short-term national political cycles conflict with the long-term thinking needed for global governance	Short-term political cycles in democratic states require political leaders to be more attentive to voters' and lobbying groups' immediate economic and political interests, leading to failure to address other long-term problems **Examples:** The ongoing climate change negotiations, where the United States and China, despite being the largest producers of greenhouse gases, remain unwilling to enter into a global agreement they fear could have negative economic and political ramifications at home	By allowing the population to replace their governments when they are unable to meet the needs of the majority, frequent elections make politicians more accountable to their constituencies

Problem-solving occurs in specialized sectors

Currently, societal challenges are resolved primarily through specialized sectors carrying the knowledge and skills suited to meet specific challenges. While specialization enables detailed examination of problems, consideration of scientific advances and the construction of solutions that are crafted to achieve specific policy objectives, this also poses challenges when interconnected issues are managed by one sector without creating links between disciplinary silos (38,42). At the global level, the "sectoral challenge" (38) poses several problems for advancing global governance for health. First, many institutions outside the health sector create policies which may have unintended effects on public health and health inequities. These negative consequences are often unpredictable due to the siloed decision making process employed. Second, some of these institutions have overlapping mandates, resulting in unnecessary regime complexity and difficulties in working toward common goals, due largely to competition and institutional "territoriality" (43). Third, states may advance different policy objectives depending on the arena in which they represent themselves. For instance, a country's trade representatives in the WTO could favour trade policies that conflict with the public health objectives articulated by the Ministry of Health of the same country, which in turn are presented at the World Health Assembly. Finally, international law has developed only limited links between laws protecting trade & investment and human rights law. As a result, where trade and investment comes into conflict with human welfare, international law provides only limited protection of the latter.

At the level of global governance, inter-agency arrangements under the UN, such as the trilateral cooperation between the WHO, the World Intellectual Property Organization (WIPO) and the WTO on public health, intellectual property and trade (44), or the collaboration between the WHO, the Food and Agricultural Organization of the UN and the World Organization for Animal Health (OIE) to address health risks at animal-human-ecosystem interfaces (45), have been implemented in an effort to mitigate the sectoral challenge at the level of global governance. However, policies promoted by these initiatives oftentimes hang at the mercy of member states, which must weigh competing interests and policy objectives against each other. Putting in place a broad framework which can consider the multiple goals states and non-state actors want to pursue together, supported by the necessary institutional arrangements, could alleviate some of these tensions existing between sectors and corresponding policy objectives. This will be further elaborated upon in Chapter 5.

The foundations of global governance are built on sovereign nation states

The current global governance system is based upon the Westphalian conception of nation states, which operates on the central tenet that each state possesses ultimate sovereignty over its own affairs. Frenk and Moon (38) posit a resulting 'sovereignty challenge' which impedes global governance for health. Their analysis applies primarily to governance that can respond to the "international transfer of health risks", in other words, "the way in which movement of people, products, resources, and

lifestyles across borders can contribute to the spread of disease". Health threats that move across borders, and are beyond the control of any single state – such as climate change, pandemics from infectious diseases and antibiotic resistance – require collective action at the global level. Climate change, which repeatedly reappears as an example of governance challenges, is a particularly salient instance of the sovereignty challenge. Another is the proposed treaty to establish a research and development mechanism for neglected diseases (R&D treaty), which would benefit the majority of the world's population, but is resisted by many high-income countries that find the current R&D business model to be in their interest (46).

However, while national sovereignty may complicate global governance, it is also essential for protecting the health and well-being of a state's citizens (when combined with effective and legitimate national institutions). Global agreements and norms can facilitate the implementation of policies for improving health and the environment. However, these are effective only to the extent that states themselves are able to fulfil the minimum requirements of such global norms and take the necessary steps to protect and promote the health of their people. Attempts to do so (Panel 1) at the national level are sometimes at odds with decisions made at the global level, particularly where global decisions limit the policy space available to a state (47). A particularly notable example is seen in the international trade agreements, negotiated either under the auspices of the WTO or in other multilateral or bilateral platforms. These often restrict the ability of national governments to, for example, tailor intellectual property rights to ensure access to medicines (48), restrict the advertising and sale of tobacco (49), and set sensible agriculture policies (50). The relationship between global governance for health and sovereignty is thus dualistic, with sovereignty acting both as a challenge and a necessity.

Panel 1. Examples of policies implemented by national governments to promote public health and welfare which may face tensions with global agreements and norms in other sectors

- Compulsory licenses and reforms in patent law in order to expand access to medicines
- Plain packaging and other tobacco control policies
- Domestic courts' enforcement of the right to health/related human rights as laid out in national constitutions
- Stricter regulation of the marketing of unhealthy food items in order to contain the obesity epidemic
- More rigorous environmental standards
- Improved labour rights and minimum wages
- Domestic responses to infectious disease, e.g. quarantine, isolation and trade restrictions

Global governance institutions are accountable primarily to states, not to people

Accountability exists when decision and actions are explained and justified and the performance of tasks and functions of an institution (government or any other actors) are subject to another's (like the public or other institutions') oversight. Furthermore, the public or other institutions should have the means to undertake sanctions when actions are inconsistent with justified decisions. Accountability of international institutions is a significant issue for the advancement of global governance for health, since IGOs serve as the primary conduit for global governance. One way of conceptualizing democratic accountability in global governance is as stated by Keohane a "hypothetical system in which agents whose actions make a sufficiently great impact on the lives of people in other societies would have to report to those people and be subject to sanctions from them" (51). Democratic accountability in global governance is "hypothetical", since, as a consequence of the Westphalian conception of sovereign nation states, IGOs possess only those powers that nation states explicitly grant them. Thus, IGOs are primarily accountable to member states' political bureaucracies, rather than directly to the people whose welfare they are supposed to protect. As a consequence, IGOs often lack people's support, and ultimately democratic legitimacy. This is particularly true when people consider their own national governance processes to be illegitimate, such as when governments restrict democratic participation, fail to represent marginalized groups, or violate the human rights of their populations.

Individuals who feel that their voices have not been adequately heard in either domestic or global decision-making processes often organize into CSOs[1]. Traditionally, these acted on national governments, with the resulting civil society influence on national governments reflected (at least in theory) in global decision-making. However, as global governance has expanded, and has begun to influence people more directly, international CSOs have increasingly demanded direct participation in international organizations.

The most important prerequisite to meaningful participation of CSOs is full transparency. Non-transparent global governance processes may lead to knowledge asymmetries that favour the powerful and well-connected–a system incompatible with democratic and accountable governance. Moreover, the ability to participate must be universal and non-discriminatory. The legitimacy of intergovernmental processes comes into question where decision-making processes under-represent or neglect individuals or groups. Institutions that fail to ensure equal opportunity for participation suffer from a democratic deficit, defined as "an insufficient level of democracy in political institutions and procedures in comparison with a theoretical ideal of a democratic government" (52).

[1] This report group, while acknowledging important differences between different types of CSOs such as local social movements and international non-governmental organization, groups these various groups with the primary objective of serving public interest together under the umbrella term "

Participation can take place at three stages along the governance process: (1) agenda-setting, (2) decision-making and (3) implementation and enforcement. Over the years, there have been improvements in the level of participation of CSOs in intergovernmental processes and organizations (53) and, to an increasing extent, CSOs enjoy access to international institutions and contribute to agenda setting, implementation and enforcement. However, there are still cases where intergovernmental processes offer limited transparency and few opportunities for CSOs to fully participate, leaving these groups largely excluded from the relevant decision-making processes (54). The Trans-Pacific Partnership Agreement (TPPA) and similar trade agreements have been negotiated in secrecy without substantive involvement of civil society, something which has attracted substantial criticism (55,56). Political participation in the intergovernmental deliberations on food and agricultural policy, such as the Uruguay Round of the General Agreement on Tariffs and Trade (Uruguay Round) (57), has thus far not included those most affected (smallholders, marginalized communities, and indigenous peoples). The Uruguay Round in 1993 led to the "realisation that agricultural policies would henceforth be determined globally and it was essential for small farmers to be able to defend their interests at that level" (57) and motivated the emergence of the international farmers movement La Via Campesina. It seeks to ensure that smallholder farmers play a more dominant role in agricultural policymaking (41,58).

States are predictably reluctant to hand decision-making power to non-state actors for a number of reasons. Even the most publicly minded and representative CSOs lack the legitimacy of democratically elected governments. Whilst many of these are working to become more accountable, the effort is not uniform and, in any case, is likely to be less robust than a well-functioning government's accountability to its citizens. However, while granting CSOs formal decision-making authority may be undesirable, increasing their participation in the global decision-making process is vital for several reasons. Such a role provides a channel for including a diverse range of perspectives about ongoing issues, including voices that currently are underrepresented. Many groups are too small or marginalized to exert meaningful influence over their national governments. These groups could gain a larger voice by linking together across international borders and raising their concerns in international rather than national bodies.

The Commission's proposed compromise, a multi-stakeholder platform on global governance for health may also experience issues. Firstly, there is substantial asymmetry among CSO actors, and the literature suggests that "well-organized and well-funded CSOs tend to be overrepresented, whereas marginalized groups from developing countries tend to be highly underrepresented" (59). As a result, simply "opening the gates" for CSO participation will not necessarily solve the problem of unbalanced decision-making, and may in fact exacerbate it. Secondly, increased opportunities for participation may be developed as, or devolve into, mere tokenism. Granting voice without influence may thus be used to legitimise an undemocratic

decision-making process. Finally, the role of industry and industry-sponsored CSOs in global governance raises questions about potential conflicts of interest, and is of particular concern. In many cases, the relationship between the private and public sector in forming partnerships to deal with global health issues requires close regulation to ensure that conflicting interests do not dissuade the pre-defined policy objectives (e.g. the promotion of public health). Importantly, some industries and sectors will warrant more substantial engagement than others, depending on how compatible or incompatible the sector's existence is with the stated public health objectives (for example, synergies do not exist between public health and the tobacco industry, and so little is to be gained from engagement). It is also important that the integrity of certain intergovernmental spaces–such as the World Health Assembly–is maintained by regulating and monitoring the direct engagement of certain groups in these spaces.

The intergenerational governance challenge

Global issues generally require both long-term thinking and agreements that enter nation states into durable, yet time-bound, measurable commitments. The extent to which national governments prioritise global agreements may vary depending on the political leadership, public opinion, and the social, economic and political climate of the region at the given time. Short-term political cycles in democratic states require political leaders to be more attentive to voters' and lobbying groups' immediate economic and political interests. This leads to myopic domestic governance–a preference for immediate 'band aid' fixes in lieu of durable solutions, and the failure to address other long-term problems at all. The challenge of reconciling short-term interests at the national level with the long-term thinking necessary for global governance is something the Youth Commission has termed the "intergenerational governance challenge". The deadlocked climate change negotiations is an example of this challenge, in which worries about immediate economic and political damage trump concerns about the long-term detrimental effects of failing to act.

Overcoming short-sighted governance requires a careful balancing of democratic accountability (best served by more frequent elections and more direct accountability to voters) with the ability to make independent judgments that may act against voters' short term interests (best served by less frequent elections and a distancing of the elected official from direct pressure by voters). This balance has been a perennial problem for democratic governments. For instance, the framers of the U.S. Constitution ultimately split the legislative organ of government into two branches. One was large and frequently elected (the House of Representatives), thus more accountable to the electorate. The other, smaller and elected less frequently (the Senate), was intended to take a longer view (60).

Two main options exist for overcoming the intergenerational governance challenge. First, the international system could be reshaped to be less directly and/or frequently democratically accountable. This is untenable for two reasons. First, the global

governance system already faces valid attacks about its lack of democratic accountability. Removing officials even further from democratic scrutiny would only undermine trust and legitimacy. Second, as has been discussed, a consequence of the Westphalian system is that international organizations ultimately answer to national governments. Barring the creation of a democratically elected world government, each country would have to change its national laws to make their leaders less accountable–an unlikely (and undesirable) prospect.

The second path is to persuade voters to hold their leaders accountable for long-term performance, not just short-term gain. This option, while exceedingly difficult, appears to be the only route capable of preserving democratic accountability while ensuring effective global governance. Such persuasion will require a combination of education and leadership. First, domestic governments, global institutions, civil society, and academia, among others, must work together to ensure wide dissemination of information pertinent to domestic and global governance decisions. Education about long-term threats, when properly shared, can translate into voter support.

Second, this approach requires courageous leaders, who move beyond simply placating their constituents. To overcome the intergenerational challenge, leaders must explain clearly the hard choices their societies face and attempt to persuade the electorate to sacrifice smaller short-term interests for more significant long-term goals. Ethical concepts such as “intergenerational justice”, “intergenerational equity” or “intergenerational solidarity” could provide a framework for these conversations (61–64). At the global level, the UN Report of the World Commission on Environment and Development (65) took note of this, stating:

> ***We act as we do because we can get away with it: future generations do not vote; they have no political or financial power; they cannot challenge our decisions.***

The concept of intergenerational solidarity has been reflected in paragraph 86 of the United Nations Conference on Sustainable Development (Rio+20) outcome document (66). Subsequently, the UN Secretary-General has recently provided guidance on how the UN system might address intergenerational solidarity and the needs of the future generations (64).

Figure 1 seeks to display the complex interplay between the public, politicians and global issues in global governance.

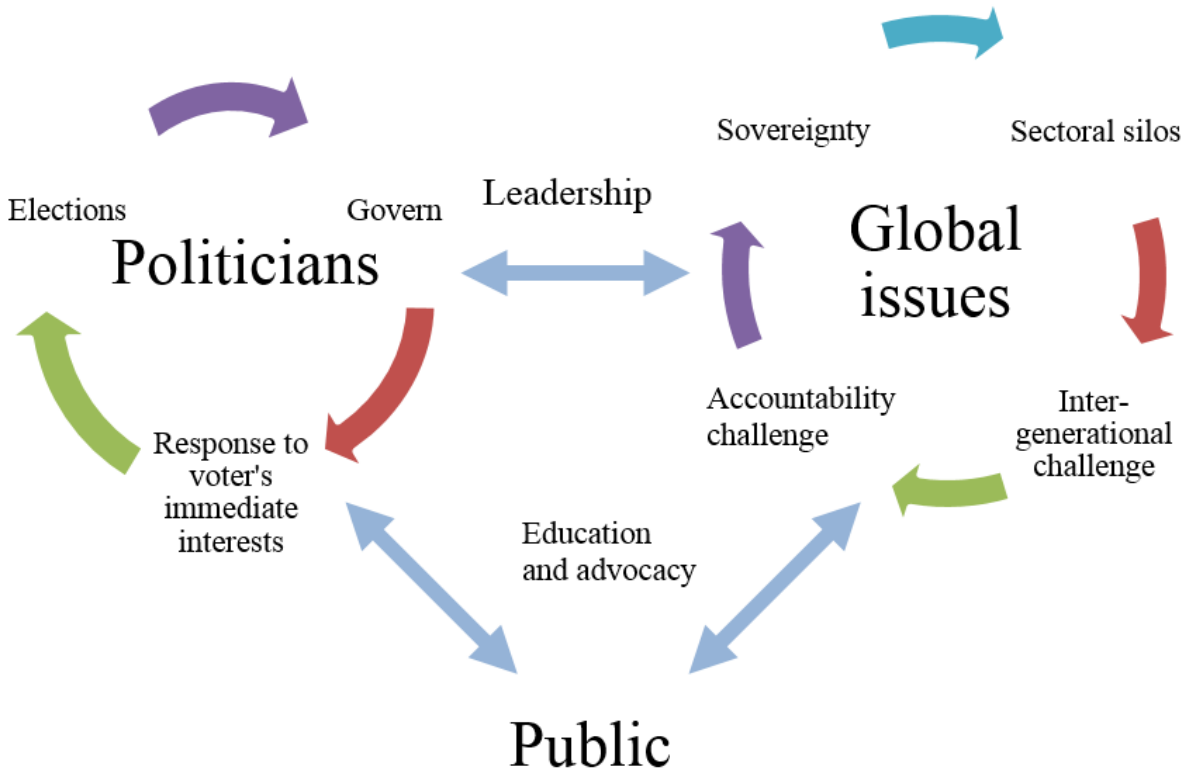

Fig. 1: There is a complex interplay between the public who both vote and demand politicians to respond to their interests, politicians who govern and represent states at the global level and the global issues requiring collective action by nation states. Politicians need to think beyond short-term interests to meet the long-term global issues on the international stage, however, this is complicated by political cycles of elections, where politicians need to respond to voters' immediate interests, which are often short-term in nature (like the provision of services, growth and employment, and increasing and maintaining standards of living). At the level of global governance, the intergenerational challenge is among the key characteristics of global governance that result in collective action problems.

In summary, if the current global system wishes to provide equitable and sustainable governance for health, it must address the tensions described in this chapter–the sectoral challenges resulting from specialized sectors, the disconnect between global decisions and national interests, the limited accountability global institutions have towards citizens, and the mismatch between global challenges and domestic aspirations. However, underneath these challenges, lie the immense influence of the asymmetrical distribution of power between governments, transnational actors, global institutions, and civil society. The succeeding chapter will expound on current power dynamics, its many forms, and explore ways in which power can be harnessed to advance global governance for health.

4 Power in global governance

Understanding how actors in global governance exercise power is crucial for perceiving the dynamics of participation and decision-making in the global processes that shape health and development. By understanding how power works, the critical constraints and opportunities to advancing global governance for health can be identified. While it is beyond the scope of this report to carry out an extensive review of the theory of power, this chapter aims to spark a discussion of the central role power plays in global governance for health.

Robert Dahl's classic definition of power posits simply, "A has power over B to the extent that he can get B to do something that B would not otherwise do" (67). A broader conceptualisation of power is developed by Gaventa (68), building on Lukes (69). It contains three distinct dimensions, which Gaventa illustrated with the power cube (Figure 2).

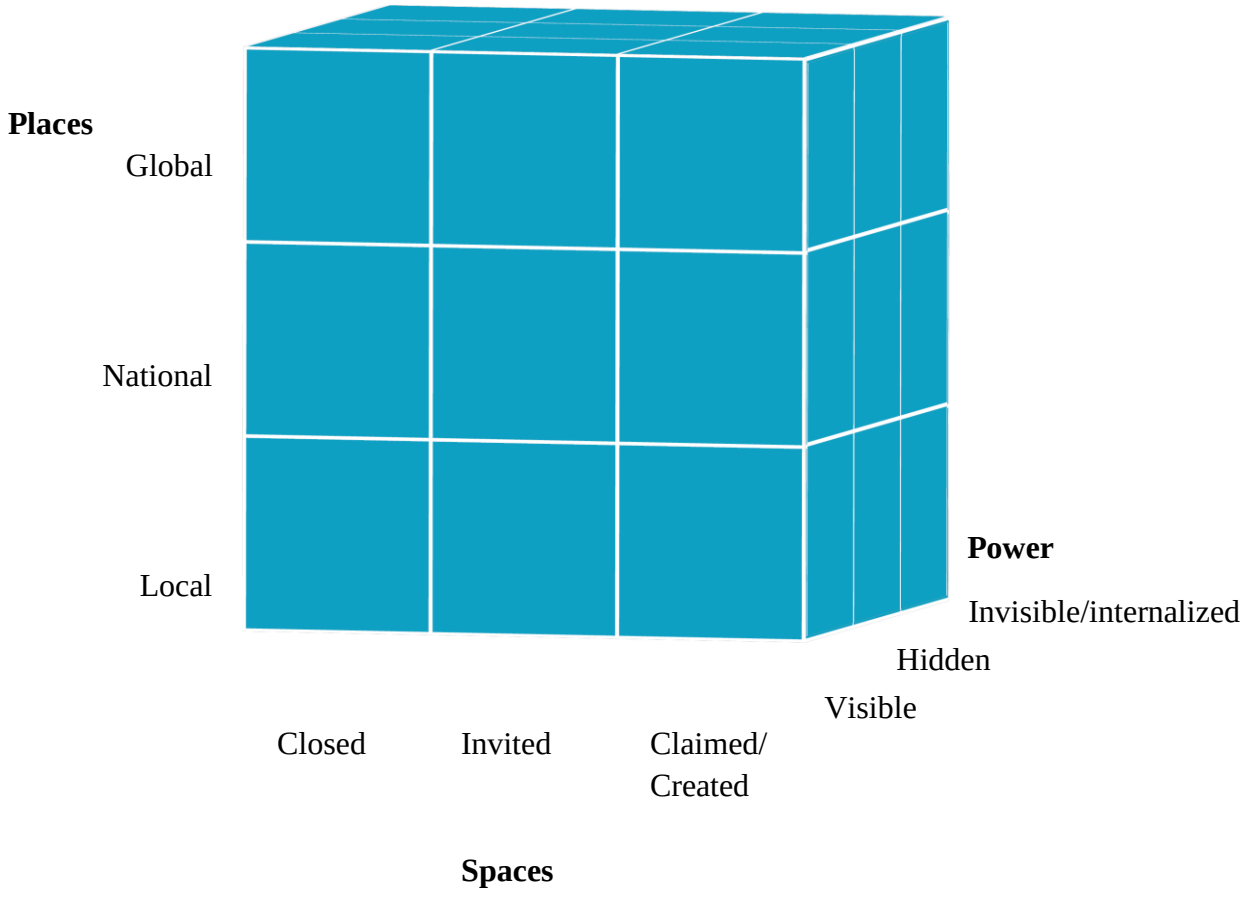

Fig. 2: Power cube, displaying three distinct dimensions for understanding how power works. Adapted from Gaventa (70).

The first dimension considers “spaces”, which refers to different arenas where actors may advance and weigh competing interests, and negotiate and determine policies that may affect people’s lives. These spaces can be political in nature where states convene, discuss, and make decisions-examples include UN institutions such as the UN General Assembly or the WHO, regional institutions such as the European Union or the Association of Southeast Asian Nations, or emerging ”sub-global” arrangements such as the proposed Trans Pacific Partnership Agreement. A range of other “spaces” exist-from the perspective of civil society participation and action, Gaventa articulates spaces as “opportunities, moments and channels where citizens can act to potentially affect policies, discourses, relationships and decisions that affect their lives and interests” (70).

The second dimension refers to the level in which power is exercised, whether local, national, regional or global. While the emphasis of this report is on power relations at the global level, a close examination of the interaction between global and local spaces is also important for assessing how power relations affect the lives of individuals. For instance, an analysis of civil society in global and local spaces may reveal disconnections between civil society participation at the global level and the interests of those affected by global policies at the local level. This issue was discussed in Chapter 3, which considered accountability in global governance. The final dimension is the nature of the power itself, which shapes governance spaces from the local to the global level.

Conceptualising power in global governance: visible, hidden and invisible forms of power

VeneKlasen & Miller (71), building on the work of Gaventa (70), distinguishes the three forms of power as visible, hidden and invisible forms of power. Table 3 presents a slightly modified conceptualisation of their description, which better captures the various forms of power central to global governance for health.

Table 2. Visible, hidden and invisible forms of power

	Visible power	Hidden power	Invisible power
Description	The visible and definable aspects of political power, including economic, military and diplomatic power	Power exercised by influencing who is present at the decision-making table, and by selecting issues that are discussed or discarded	Power which stems from the predominating presence of particular frames, ideologies, cultures, and approaches to problem solving
Examples from global governance for health	The threat of military intervention as a means of coercion The ability to impose or remove meaningful unilateral sanctions and influence the national economies of other countries with foreign and economic policies The diplomatic resources necessary to adequately represent a country in all decision-making forums	The removal of certain unfavourable items from a political agenda The power of veto afforded to the permanent members of the UN Security Council The distribution of voting rights in the World Bank according to the amount donated, which influences the decision to finance certain programs over others thus influencing priority-setting Designing governance institutions with the express intention of limiting or expanding its remit Donor countries using development assistance as a lever, influencing recipients' domestic and international policy	Language, knowledge and culture underpinning the articulation of problems and solutions, and thereby shaping policy discourse Ideologies are particularly important in reshaping the content of ideas that can influence policy and governance, as seen in concepts such as economic liberalization, end of poverty or sustainable development

Adapted from VeneKlasen and Miller (71)

Visible power is readily observable in public decision-making spaces. Actors such as governments pursue their different interests through explicit manoeuvres, making this kind of power relatively open to the broader public for deep examination and deliberation. Visible power includes the different forms of material power by which the relative strength of states are usually measured, such as economic power, military might and diplomatic resources. Economic strength and market dominance are used as bargaining power in trade negotiations, and economic sanctions can be imposed as a foreign policy tool and as a coercive measure against a state in situations such as territorial disputes, human rights abuses, and violations of trade agreements.

Diplomatic resources are another form of visible power. While low- and middle-income countries are able to post a few representatives in major international cities such as New York and Geneva and cover only a select number of meetings, member states with greater resources such as the United States and the European Union have the capacity to send expansive delegations and therefore drive international diplomatic agendas. Visible forms of power reappear throughout the various cases discussed in the Lancet-UIO Commission's report (72).

Hidden forms of power are exercised through agenda-setting and by the design of the spaces in which global governance is situated. In international institutions, powerful actors may exercise influence by financing certain priorities over others or by influencing the agenda-setting process. Powerful actors can also establish and revise the rules governing participation in the IGOs or other spaces of governance, which in turn can set boundaries on participation in different spaces and places, thereby excluding particular actors or views from the decision making process altogether.

The relative strength of states is reflected in the design of international institutions. Within the UN framework, the principle of one country-one vote is broken by the veto power of the members of the Security Council. A well-cited example is the distribution of voting power in the World Bank, which is based on monetary contribution of each nation, resulting in six of the largest market-economies (USA, Japan, China, Germany, France and Canada) holding 40% of the votes, while the whole African continent, which is the Bank's major beneficiary, represents less than 3% (73,74).

Finally, sociologists often refer to **invisible power**, which is considered a form of power exercised by the inclusion and exclusion of certain forms of knowledge, language, ideologies and cultures in global governance spaces. Thus invisible power may be considered as "echoes of what the power-holders who shaped those spaces want to hear" (70). The impact of economic liberalism on public health in the 1980's and 1990's provides an example of ideologically based invisible power. Another is seen in the implementation of vertical health programmes in low- and middle-income countries, which often underexplore the possibility of decentralizing needs assessment and planning of programmes. As a result of externally imposed approaches and understandings of best-practice development (often stressing the

importance of the “technical expert”), such programmes are often internationally determined and therefore deny proper devolution of decision-making power to the target populations. Thus, the participating population is alienated from the decision-making process, and the implemented programmes render them as subjects of “power” (75). Such programmes become part of a “biomedical hegemony”, associated with global “expert knowledge”, where local knowledge systems are devalued, and the bodies of the local population become, in the worst examples, sites of experimentation and charity.

Yet another example is indigenous peoples’ health systems, which have been based on their own understanding of the world, specific cultural practices, the transfer of highly specialized cultural patrimony, and the adequate provision of resources from their natural surroundings (76). The majority of indigenous peoples conceive health as holistic and as expressing dynamic relationships between the individual (physical, mental, spiritual, and emotional) and the collective (political, economic, cultural and social) (76). Thus, addressing health challenges among indigenous people requires a thorough understanding of their complex conceptions of health and illness from diverse fields of study and expertise. Consequently, global governance responses to the health needs of indigenous peoples cannot confine itself only to the biomedical perspective, but must also embrace fields like the social and political sciences, economics, and even experiential expertise grounded in the everyday practices and epistemology of indigenous peoples.

In general, global governance responses must recognize that people’s own framings and experiences are “often far more sophisticated and nuanced than recognized” (77). This involves considering experiential encounters historically shaped by violations by external actors (78). Moreover, global governance for health must recognize local and indigenous peoples’ cultural and demographic heterogeneity. While some governance schemes today acknowledge the importance of applying intercultural policies that recognize diversity in general terms, these programs often fall short in the face of a reality that is far more heterogeneous than is commonly realized. Therefore, it is necessary to have a dialogue with each socio-cultural “universe,” and health research as well as delivery of life-saving interventions can serve as starting points for bridging local realities with global paradigms.

The forms of power based on ideology, language and culture are deeply embedded in various governance spaces, and have crucial implications for health-related deliberations. They must be closely examined if the global governance system is to be properly understood. Box 1 builds upon the ideas developed by Leach & Fairhead (77) and Tsing (79), exploring how dysfunctional interactions between global initiatives and local knowledge systems often work at cross-purposes, thereby creating governance challenges in and of themselves. In this context, understanding the power of knowledge is important, as different types of knowledge influence global and local framings of health often resulting in radically divergent understandings of illness and well-being. This tension becomes particularly evident when ‘expert

knowledge' informed by science and technology exercises invisible power over local experiences and knowledge among the public (e.g. local knowledge systems).

Box 1. Case study: health issues related to environmental contamination from extractive industries

This case study, building on the work of Okamoto and Leifsen (78), draws particular attention to the negative health impacts of those living near natural resources targeted by extractive industries. In the northern Peruvian Amazon, concerns about the accountability of transnational oil companies have been raised since the 1970s. Attention to the health impact of oil extraction on indigenous populations only began in the 1990s, taking the form of voluntary efforts and charitable contributions. Despite the clear impact, as indicated by previous environmental and health impact assessments, the Peruvian government and oil companies continue to deny most of the detrimental effects of oil extraction on the environment and public health. Sections of the affected population continue to enjoy only limited access to health services. Companies make use of 'unruly engagements' to conceal the health impact of their activities by using "strategies for handling knowledge, information, participation, resources, and relationships in irregular ways in order to manage the effects of contamination and to remain detached from its social and environmental responsibilities." This allows these companies to continue to deny the negative public health consequences of their operations, and ultimately disregard their corporate responsibility.

The above concern occurs on a long-standing background of discrimination against indigenous people, which continues to the present day, and contributes to the presence of poor health among indigenous peoples. Organized indigenous associations have, to an increasing extent, attempted to open spaces for dialogue with the state and the oil companies. The parties involved have eventually agreed to issues such as compensation and the provision of medical attention for individuals adversely affected by the industry, as well as remediation of contaminated areas. However, most agreements have only been partially fulfilled or not been fulfilled at all, and the power relationships between negotiators remains highly asymmetrical.

Extractive industries like the one in Peru share similarities with those in the rest of Latin America and around the world (80). These global dimensions permeate and interact with the local knowledge and understandings of health and wellbeing. In this context, "global health technocracies" (health delivery systems with strong links to institutions and governance at the global level) attempt to address the health impacts through technical interventions alone, and silence local indigenous experiences and opinions. A global governance system protecting and promoting health must acknowledge the interaction between the global and social worlds and framings in such contexts, and be sensitive to the power relations that influence the socioeconomic environment and public health.

Intergovernmental institutions as sources of hidden and invisible power

Given the constraints to collective action explained in chapter 3, proactive and stable international institutions are needed to balance power asymmetries among states and non-state actors. The advancement of global governance for health as an operationalised concept will be greatly enhanced if intergovernmental institutions themselves are able to exercise power irrespective of national governments. This report will not enter into an in-depth discussion on the nature of international relations, but will instead draw from the arguments advanced in particular by Barnett & Finnemore (81,82). It will adopt their conclusions that intergovernmental institutions can, and must, become more than mere passive instruments that provide support functions such as collecting data and information, providing a venue for negotiation, and monitoring states' compliance with global agreements. Thus, the report understands an intergovernmental institution's policies and programmes to be more than simply the sum of states' actions taken while pursuing their own interests.

It has been suggested that such agency and power to act independently of states may be obtained from the legitimacy of an institution's bureaucratic nature, its rules and procedures, and by holding specialized technical expertise and knowledge on which states and non-state actors rely (81,82). The highly valued nature of these characteristics makes it more likely that state and non-state actors will be willing to defer judgement to intergovernmental institutions, conferring them with a degree of authority. This is particularly likely if these institutions promote shared principles, and in a neutral manner pursue legitimate and desirable goals. Table 3 provides a framework for conceptualising the different forms of authority and legitimacy commonly conferred upon intergovernmental institutions. Thus, intergovernmental organizations are capable of "wielding their bureaucratic authority to great effect, using their knowledge and expertise as a basis to exert power as independent actors" (83).

Table 3. Authority and legitimacy of intergovernmental institutions

Types of IGO authority	Rational-legal authority	Delegated authority	Moral authority	Expert authority
Description	Authority derived from bureaucracies and associated rules, procedures and legalities	Authority explicitly given to IGOs by states	Authority to protect widely agreed sets of principles	Derived from an IGO's specialized knowledge
Legitimacy	Creation of bureaucracies deriving power from objective and rational character	When the bureaucracy delivers upon agreed tasks	When the actions of the IGO are consistent with the principles it claims to protect	When the actions of the IGO are consistent with the knowledge it delivers

Adapted from Barnett and Finnemore (82)

Intergovernmental organizations can exercise power by establishing ad hoc bodies such as expert commissions in order to advance policy ideas, such as sustainable development (84) which otherwise would not be raised by states. They can act as "norm entrepreneurs" (85) and, through the diffusion of norms, enable civil society and states to pursue broad public policy objectives in favour of health and well-being. While being a member-state led process with inherent weaknesses and modest results, the universal periodic review of the UN Human Rights Council has nevertheless heightened attention towards human rights among governments and improved dialogue between certain governments and civil society (86).

Through their individual leaders and agenda-setting role, intergovernmental organizations can demonstrate stewardship and channel attention towards important policy goals on the global agenda. Andersen and Agrawala have analysed how the influence of the United Nations Environmental Programme (UNEP), under the leadership of its Executive Director Mostafa Tolba, established climate change as a political concern from the late 1970s to the mid 1980s (87). The WHO, under the leadership of then Director-General Halfdan Mahler, attempted to position primary healthcare as a political priority in the 1970s (88). Former WHO Director-General Gro Harlem Brundtland's leadership has been regarded as being instrumental in confronting the powerful interests of tobacco companies (89) and convincing states to use the WHO's constitutional authority to enforce tobacco control worldwide (90,91).

Power of norms, ideas, and frames

In addition to the above, actors within the global governance system (and in particular intergovernmental institutions) may draw on an alternative source of hidden and invisible power–in the form of norms, ideas, and frames–in order to further protect and promote public health. Table 4 provides a brief description of each as well as examples from global governance for health.

Table 4. Norms, ideas and frames in global governance for health			
Concept	**Norm**	**Idea**	**Frame**
Description	Defined standards of behaviour for actors and institutions; may encourage or constrain behaviour of actors, lead to the emergence of new actors, interests and actions, and be used for moral assessment (85)	A concept which may powerfully influence policy (92)	Analytical or purposeful lens used to draw attention to a specific issue, and/or determine how such an issue should be viewed (92)
Examples from global governance for health	Universal periodic review of the Human Rights Council (84) UN Guiding Principles for Business and Human Rights (93) ILO labour standards on occupational safety and health (94) UN Guiding Principles on Internal Displacement (95) Human rights used to advocate policy change for access to medicines (96), including utilising patent law flexibilities (97) and calling for pharmaceutical companies to meet their human rights responsibilities (98) Right to health used to argue extra-territorial obligations for states to realize universal health coverage (99,100)	Neoliberalism as a vehicle for development, resulting in policies such as structural adjustment programmes that undermined many countries' efforts to strengthen health systems (101) Millennium Development Goals re-framing the end of poverty as a multi-dimensional challenge beyond increasing incomes among the poor (102) Sustainable development as a coherent approach to addressing present needs under the three 'pillars' – economic, social, and environmental – without compromising the ability of future generations to meet their own needs (65) Using the concept of global public goods (103) as an argument for advancing the view of shared responsibility and distribution of benefits in areas such as access to knowledge (104), biomedical research and development (105), antibiotic resistance (106), and international surveillance of health threats (107) Proposed Framework Convention on Global Health that heavily relies on human rights principles and international legal frameworks to advance global governance for health (108)	Global health diplomacy seek to raise health as an important foreign policy issue (109) Framing investments in health as an investment in economic development (110) Framing HIV/AIDS as a global security issue (ref UN Security Council resolution) to cultivate a sense of urgency for coordinated action (111) Pandemic influenza framed as a security 'threat' to generate support for global emergency plans (112)

In their seminal work on norm dynamics, Sikkink and Finnemore set out the foundational understanding of norms and their relationship to global governance (85). They defined norms as "standard of appropriate behaviour for actors with a given identity". Agents who possess strong notions of how individual and collective actors should behave, which actions should be constrained, and which values should be protected, often actively advance norms. When a critical mass of actors agrees upon a moral assessment concerning the "standards of appropriate behaviour", norms are established, and therefore actors breaking them will need to justify their actions to the international community. These international norms may in turn assist civil society in exerting transformational pressure on domestic institutions and governance processes.

At the time of its adoption, the Universal Declaration of Human Rights (UDHR) was a set of international norms agreed upon by the UN General Assembly, without any binding commitments. Despite this, over the years, these norms have evolved into legal standards in a handful of national constitutions and international human rights conventions, many of which include the fundamental human right to the highest attainable standard of health (113) (Panel 2). Many scholars argue that at least some of the UDHR's provisions have attained the status of customary international law due to their wide acceptance among states. While the power of human rights is extensively debated, they have often been used to advance health interests. A prominent example of this is the use of the right to health by social movements advocating for improved access to HIV/AIDS medicines in low- and middle-income countries (97). Similarly, states have made use of human rights law to advance public health interests in international trade disputes, such as in the case of Brazil which defended its AIDS treatment programme during a dispute settlement with the United States in the WTO (114). Human rights arguments are also now being used to promote states' extra-territorial obligation to ensure universal health coverage (37,100).

Panel 2. Human rights conventions important for fulfilling the right to health

- The Geneva Conventions (1949)
- The International Covenant on Economic, Social and Cultural Rights (1966)
- International Convention on the Elimination of All Forms of Racial Discrimination (1969)
- The Convention on the Elimination of All Forms of Discrimination against Women (1979)
- Convention on the Rights of the Child (1989)
- International Convention on Protection of the Rights of All Migrant Workers and Members of Their Families (1990)
- Convention on the Rights of Persons with Disabilities (2006)

Ideas can be considered as a concept carrying arguments which can define and shape interests, and powerfully influence policy (92). Fukuda-Parr and Hulme (102) argue that the ideas behind the Millennium Development Goals (MDGs) evolved to become a "super-norm", incorporating several norms into a coherent structure, and with each MDG being "strategic components of the broader super-norm that extreme,

dehumanising poverty is morally unacceptable and should be eradicated." While the MDGs' themselves have inherent weaknesses (115), the complete idea itself had the power to achieve unprecedented global consensus, commitment and cooperation to end poverty despite originating from a voluntary and non-binding "Millennium Declaration" and not having a coordination or monitoring plan from the outset. The message of MDGs became powerful because they: 1) "referred directly to concrete human conditions that people could empathise with"; 2) "had quantified, time-bound targets and could be monitored" and; 3) the list was short and memorable (102).

Together, the MDGs contributed to a significant shift in the international development agenda. International development, Fukuda-Parr and Hulme argue (102), was re-framed into a global responsibility to end poverty, with poverty being understood as multi-dimensional and involving interdependent variables such as health (e.g. reducing child and maternal mortality) and education (e.g. achieving universal primary education) rather than merely economic growth to reduce income poverty. The result saw donor countries align funding towards achieving the MDGs, and low- and middle-income countries shift national policy agendas in a similar manner. Ultimately, the MDGs "facilitated the emergence and partial institutionalization of global poverty eradication/reduction as an international norm."

Another, more recent, idea which has gained currency among international institutions is that of "sustainable development", put forward by the World Commission on Environment and Development (65). Although the idea of sustainable development had limited influence at the time of the adoption of the Millennium Declaration, it has now become the overarching framework for the negotiations of the post-2015 development goals, which the UN General Assembly most likely will adopt in September 2015. The precise shape of those goals are still hard to predict, but the the post-2015 development agenda will expand upon the MDGs' emphasis on social development by also focusing on environmental and economic pillars of sustainable development, thereby making the post-2015 development goals equally relevant to high-income countries (115).

The United Nations Conference on Sustainable Development in Rio de Janeiro in 2012 (Rio+20) kickstarted the global journey towards new development goals based on the principles of sustainable development. Photo: Major Group on Children and Youth.

Historically formed ideologies and expertise of an institution can absorb an idea and attach a different meaning to it (116), thereby limiting the extent to which the idea influences the stated objectives of the institution. In a case study, Bøås and Vevatne (117) argue that the WTO has expressed willingness to absorb the idea of sustainable development insofar as it legitimizes arguments for continued economic activity based on open international trade. By excluding any mentioning of solidarity within and between generations, as emphasized by the World Commission on

Environment and Development, the original meaning of sustainable development becomes distorted by the ideological and technical context of the WTO.

The exercise of framing makes reference to the lens through which individuals interpret and understand a specific issue or argument (92). An often-cited example of how an intergovernmental institution exercised framing is the eventual policy successes surrounding the Framework Convention on Tobacco Control (FCTC). This provides a powerful illustration of the way in which economic arguments can be used to advance health objectives. Midway through the negotiations, progress had stalled despite solid scientific evidence of tobacco's health consequences. The tobacco industry strongly lobbied the G77, a group of developing countries, arguing that tobacco control was a "first world issue" (118). In an attempt to accelerate the process, the global health community made use of World Bank economic data in order to demonstrate the economic benefits of imposing tobacco restrictions to national governments (119–121). A range of governmental and non-governmental actors in the global health system thus deliberately worked to reframe tobacco control with an economic lens, highlighting the relevance of such policies to economic development and a productive workforce. This discredited industry claims that the convention would be detrimental to tobacco producing countries' economic interests, and demonstrated that the FCTC negotiations could act to promote a country's economic and public health interests simultaneously.

Thus far, this chapter has provided an analysis of the role of visible, hidden, and invisible power in the global governance system. It has argued that through a variety of mechanisms, IGOs, civil society and other actors in global governance may have a number of tools at their disposal to positively influence the global governance system in a way that protects and promotes public health. Before moving to a discussion of the philosophical foundations on which all of this must rest (Chapter 5), this section will conclude by reviewing the ways in which the global health community (and in particular, national governments) might take advantage of health's interaction with foreign policy through a growing concept referred to as "global health diplomacy".

Public health and foreign policy–the rise of global health diplomacy

As a concept, global health diplomacy views health as an issue that is inextricably intertwined with foreign affairs. This report has already discussed the efforts of seven foreign ministries (Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand) in launching the Global Health and Foreign Policy Initiative, which subsequently gave birth to the Oslo Ministerial Declaration in 2007 (17). Two years later, the UN General Assembly approved a resolution, highlighting the importance of the global health and foreign policy nexus (122).

In light of these developments, global health diplomacy emphasises that securing global health interests requires the involvement of ministries of foreign affairs, foreign policy diplomats, and other actors involved in shaping the global policy environment related to the broader determinants of health. Further, by highlighting health's

relationship with global challenges–such as international security, climate change or trade–global health diplomacy expands foreign policy beyond its traditional focus on political, military and economic affairs. Finally, global health diplomacy seeks to convince governments that better health outcomes produce positive externalities that are aligned with other national interests. For instance, health promotes stability and growth, eases migration pressures, reduces aid dependency, and fosters stronger political alliances with neighbouring countries (123).

The past few years have seen a great deal of debate concerning the overall impact of foreign policy on global health (124,125). According to Kickbusch (109), health interacts with foreign policy in four main ways: (1) foreign policy can endanger health when trade is given higher priority; (2) health can be an effective foreign policy instrument to achieve non-health goals; (3) health can be a cornerstone of a country's foreign affairs agenda; and (4) foreign policy can be used to promote health. A number of countries have used health initiatives to improve their international image and capitalize on what is referred to as "soft power" (126) – the ability to attract and co-opt rather than coerce (as in "hard power") in order to achieve desired outcomes. Brazil, which is an emerging market economy, is cited for its use of "soft power" in its approach to global health issues like tobacco control (127) and access to medicines (Box 2). On the other hand, former U.S. Secretary of State Hillary Clinton has explicitly outlined the role of health diplomacy as an instrument for promoting foreign policy goals, which she referred to as the "three Ds of smart power"–defence, diplomacy, and development (128).

In his editorial, Richard Horton, editor of *The Lancet*, once expressed his optimism that the emphasis on global health would have the power to move "foreign policy away from a debate about interests to one of global altruism" (129). Such an idea also reinforces the thinking that health has the potential to help re-package foreign policy as an effort to identify shared interests to solve collective challenges rather than as an attempt to pursue national interests (19). However, critics warn that the rise of health diplomacy will only further increase nations' invisible power to marginalize global health issues for which a direct economic, foreign or security interest is not perceived, regardless of how favourable the scientific evidence might be (130).

Box 2. Brazil's crusade for access to anti-retroviral medicines

Brazil, as the world's seventh largest economy, has emerged as a global economic powerhouse and demonstrated leadership in issues such as climate change, tobacco control, and intellectual property negotiations. Brazil has shown how a country can make use of global health diplomacy both to improve health while furthering its own foreign policy goals (131).

One of Brazil's most prominent areas of global health diplomacy focus is its international negotiations for access to essential medicines such as antiretroviral (ARV) drugs for HIV/AIDS. In order to understand how Brazil became a key negotiating force in securing the Doha Declaration on the TRIPS Agreement and Public Health, it is necessary to examine how different forms of power were utilized at the national policy level (132). The

historical *sanitarista,* a social health movement from the 1970s comprised of health professionals, scholars and activists, played a critical role in Brazil's nascent global health diplomacy leadership (133). Members of this movement worked in high echelons of the Ministry of Health and were critical in establishing universal access to healthcare as a human right in the new 1985 Constitution, resulting in the creation of the *Sistema Único de Saúde* healthcare system. This legal commitment to provide universal prevention and treatment services by the national government became an important structural source of power, which the *sanitarista* movement built on to realign the government's interest and commitment to provide high quality healthcare. Eventually, in 1996, President Fernando Cardoso signed a decree to provide universal and free access to ARVs through their national healthcare system (132).

The following year, the Ministry of Health called on a network of domestic pharmaceutical manufacturers to produce off-patent ARVs. The director of the national AIDS program, Paulo Teixeira, guided by his government's firm belief in universal access to essential to medicines, worked closely with African nations and India to increase access to ARVs. He thus became the main protagonist in orchestrating a coalition of countries in support of the Doha Declaration, which affirmed the right of countries to follow Brazil's lead in issuing compulsory licences to improve access to ARVs (134).

Brazil efficiently used its newly reaffirmed institutional power through the Doha Declaration to aggressively negotiate with US pharmaceutical companies. Brazil was able to lower the price of US-made ARVs by up to 75%, and the mere threat of issuing compulsory licences were so effective that the country did not issue its first compulsory license until 2007 (135).

The success of these international negotiations created positive foreign policy externalities for Brazil. In fact, to enhance its country's newly built international reputation and policy influence, then President Luis Inácio Lula da Silva made it a priority to create bilateral initiatives for assisting African countries in building domestic ARV production capacity and for sharing diplomatic resources to help them negotiate with international pharmaceutical giants. Through South-South bilateral agreements, engaging with multilateral organizations and exporting public health technical assistance, Brazil became one of the world's largest aid donors, with donations amounting to over 4 billion USD annually. This increased economic and institutional power resulted in much greater foreign policy influence in international negotiations (136).

Brazil's use of global health diplomacy coupled economic power with newly acquired aid dependency alliances. This advantage has set Brazil apart from other emerging economies such as India and China, and is now becoming an important case for its bid to obtain a permanent seat at the UN Security Council and a greater voice at the IMF (137).

Brazil's experience, both in the case of its efforts to advance access to ARVs and in the case of the Framework Convention on Tobacco Control (127), shows that, despite unequal visible power relations between states and non-state actors, policy change to advance public interest is possible–but only if other forms of power and diplomatic tools are used. However, Brazil's visible power, in terms of economic and diplomatic resources, is still larger than that of many smaller states, which are likely to require strong alliances, and even greater support from non-state actors in order to advance their interests when these compete with those of powerful actors.

Global governance for health: potential power as a normative framework

The concept of global governance for health may carry conceptual power, underpinning a normative framework in which global governance's effectiveness is evaluated by considering the extent to which health is protected. The framework

offers a lens for analysing environmental, trade, foreign policy and other issues outside the health sector. As articulated in the Lancet-UiO Commission report, the rallying cry of global governance for health-“health should be a social and political objective for all”–is simple, compelling, and–most importantly–widely appealing, giving the concept the opportunity for broad public (and by extension political) support.

A normative framework for global governance must have the power to shape interests of actors beyond the health sector, and influence thinking in broader global governance and policy. A key question is whether the concept of “global governance for health” carries a sufficiently broad informational basis to constitute an evaluative framework. By informational basis, we mean the depth of information the framework relies on in order to make evaluative judgements about the outcomes of decision-making processes in global governance. The informational basis must also be broad enough to allow the consideration of the wide variety of goals society may want to pursue, and be robust enough to guide prioritisation between sectors. Whilst a focus on public health is clearly useful in many circumstances, there are many others, with health just one of a range of important freedoms that need to be defended and protected, and therefore a broader evaluative framework is required.

Finally, the framework’s arguments must provide sufficient nuance in order to weigh competing interests. This is particularly important in a world characterized by diversity of actors, asymmetries in the configuration of power, and existing constraints such as democratic deficits and limited intersectoral interaction. The next chapter of our report will explore whether global governance for health–as a normative framework–can meet these challenges.

5 Proposal for a normative framework for advancing global governance for health

Owing to its immense intrinsic and instrumental value both for the individual and society, health is often considered one of the more important policy goals worthy of pursuit. Global governance for health, as conceptualized by the Lancet-UiO Commission, implies a normative framework wherein health is prioritised as a policy objective for all sectors (e.g. trade and investment, agriculture, security, finance, environment, knowledge and education) (Figure 3).

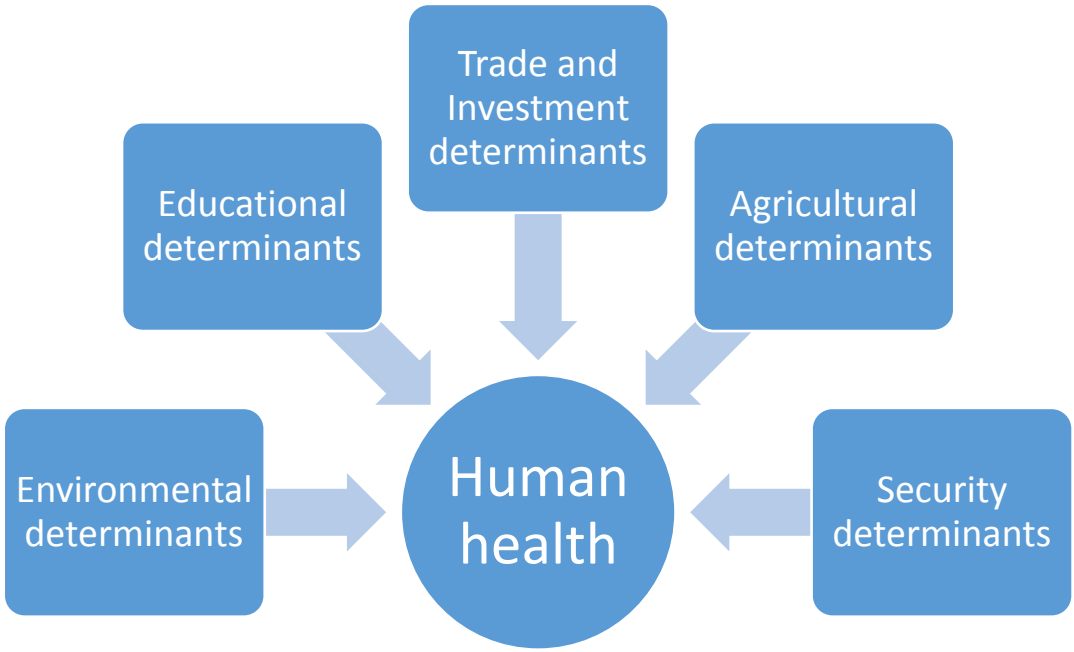

Fig. 3: Global governance for health implies a framework where health is the main policy objective for all sectors.

It is readily apparent that health is one of the several legitimate policy goals that society ought to pursue. Furthermore, one can imagine a host of policy scenarios where trade-offs between public health and other reasonable policy goals are inescapable. Framing health as the *most* important societal objective hence raises certain issues that need to be dealt with when developing the notion of global governance for health.

Wilson (138) characterized three features of public health in need of consideration when stating a normative framework for public health. Perhaps the greatest concern is the very nature of the social world itself. Social scientists and public policymakers have long grappled with the inherent unpredictability faced when attempting to alter human behaviour and dynamics at a population level. This scenario, where causation is "non-linear" is often characterized as a "complex system". Here, an intervention designed to improve public health will regularly have unknown and/or unintended

consequences, which effect both the intended target and a range of other–and perhaps equally legitimate–policy goals (either positively or negatively).

The second concern exists as a result of the evidently divergent conceptions of what constitutes a desirable public health outcome. These are inherently subjective and culturally dependent questions and complicated problems in the field of distributive justice. An example of one such question is what balance a policy intervention should strike between maximising health outcomes and improving health equity. Regardless, it is safe to say that the realm of political philosophy is divided on this issue, and unlikely to come to a conclusion any time soon.

The final concern is about the importance of health relative to other policy objectives in a society. One can think of a number of commonplace examples where non-health public goods may be pursued in lieu of public health (e.g. whether to invest in a new hospital or a new school). A global governance for health framework emphasizing health as *the* social objective for all sectors would argue that health should get preference when public health goals are in conflict with interests and goals of other sectors. However, given that health's interaction with other goals of society is complex (concern 1) and that health is an inherently subjective construct (concern 2), any attempts to advance health as a social objective must relate "to a larger framework in which we relate the value of health to the value of other goals that a society wishes to pursue" (138). Hence, an appropriate philosophical framework for well-being, which can provide guidance for policy formulation and prioritisation between sectors, is required.

A wide variety of ideals, norms, and values are often put forward to fill this space (each with their unique use in global governance), ranging from human rights and the human right to health, to a health security approach. The human rights framework is drawn on by a number of actors in the global governance system, and is central to Lancet-UiO Commission's report. It has achieved wide international appeal due to its simplicity and utility as an advocacy and legal tool. As evidenced by the UN Human Rights Council, the European Court of Human Rights, and countless pieces of national legislation, it is a preferred legal mechanism for redressing undue inequality and violations of basic human dignities. Given its historical track record in the international system, it could be a suitable framework under which global governance can operate. However, we believe the global governance system, when prioritising resources between sectors and determining policy, must be informed by a framework that:

- Is flexible enough to capture a broad and culturally diverse range of perspectives;
- Provides stronger guidance for relative prioritisation of different sectors and policies;
- Emphasises the well-being of the individual *as well as* the population as a whole and

- Is able to operate within the complex realities and constraints of global governance.

Human rights are vital for the protection of marginalised individuals and communities. However, the human rights framework is built on a set of politically agreed statements, which may struggle to assist actors and policymakers in prioritisation when health is being considered in relation to issues such as trade, finance, migration, agriculture, and food security. Thus, human rights may provide limited guidance in weighing health against other policy objectives. Hence, the foundations of global governance for health must expand upon the rallying cry of human rights, and adopt a framework that is able to, first, relate health to other legitimate policy goals pursued by other sectors and actors, and second, more accurately assess how the interaction between these policy goals affects health. Most importantly, what is required is a framework that places a concern for equity and the fair distribution of real opportunities for people to lead flourishing lives.

We thus believe that the foundations of global governance for health would be best strengthened by arguments from the Capability Approach, initially conceptualised by Amartya Sen and Martha Nussbaum (139). The Capability Approach stresses the important differences in the ability of individuals to convert resources in to valuable outcomes, and rejects concepts of achieved well-being or possession of material goods as an adequate measure of equality. Instead it proposes that social arrangements–and by extension the governance and policy choices underlying these arrangements–ought to be judged by the extent to which they promote the freedom people have to pursue and achieve various things they value. What is meant by "freedom" is the real opportunity people have to "be" and "do" different things ("capabilities") than what people actually are or do (defined as "functionings"). Compared to traditional welfarist economics, there is utmost concern for freedom of choice, as stated by Sen (140):

The "good life" is partly a life of genuine choice, and not one in which the person is forced into a particular life–however rich it might be in other respects.

Examples of certain essential freedoms through which social arrangements should be evaluated include political and civil freedoms, social and economic opportunities, transparency in governance and economic life and protective freedoms (141), all of which are important determinants of health. When applied to global governance structures and interactions, we believe that the Capability Approach requires us to alter the scope of our inquiry, where the normative claim "global governance for health" is superseded by a goal that seeks to strengthen global governance to improve capability. This re-conceptualization places various sectors and policy goals as equal and interdependent partners in striving towards both development and freedom (Figure 4). In stressing the necessity of harmony between sectors, the global governance system might arrive at a shared goal through common understanding of 'development as freedom' and a common ground for ensuring equity among people.

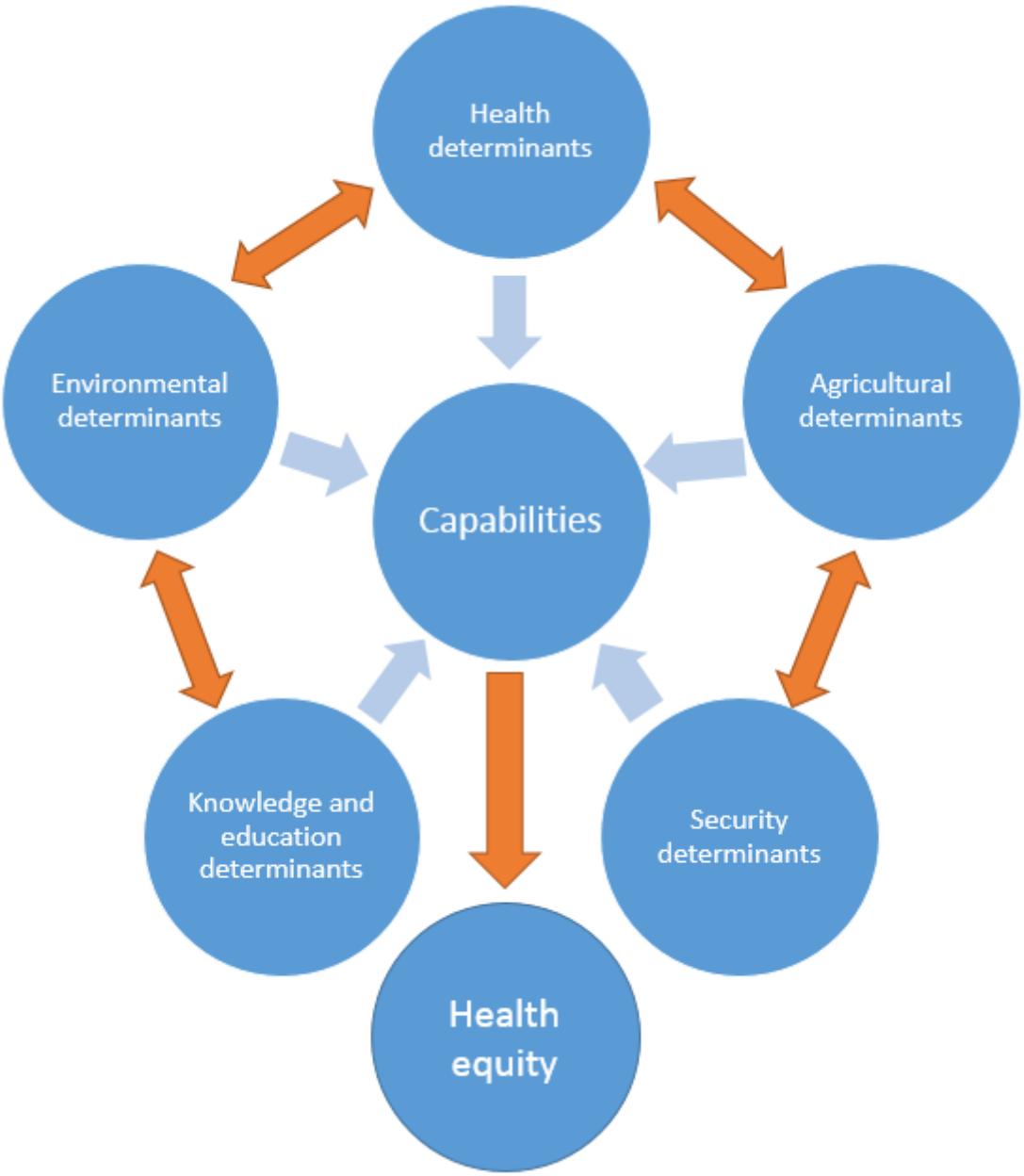

Fig. 4: Capabilities are determined, amongst others, by environmental, educational, trade and investment, agricultural, security and health determinants. In turn, capabilities (or unequal access to capabilities) have impacts on health equity in society.

As indicated above, policies of different sectors should work as interdependent processes that combine to improve the freedoms of the individual, and the ends of well-being and development should be conceptualised in terms of the people's capabilities. Since the distribution of capabilities are concerned with substantive freedoms rather than outcomes and thus cannot be observed, the extent to which social arrangements and global governance and associated policies are inequitable must be inferred by the basis of inequalities in outcomes (142). Of particular importance are inequalities between different population groups, which may indicate

that there exists societal constraints for certain population groups to access capabilities, as concluded by Robeyns (143):

> ***…when looking at group inequalities, the default position should be that group inequalities in achieved functionings mirror inequalities in capabilities, unless there is a plausible reason to expect one group to systematically choose different functionings from its capability set relative to another group***

This interpretation regards inequalities in outcomes between different population groups as "…largely the product of unequal access to capabilities" (144). All of society has the responsibility to protect human potential by both expanding people's capabilities through justifiable means (e.g. provision of education, universal health care, access to technology, employment) and by removing societal constraints to people's capabilities (e.g. poverty, the deprivation of political rights, chronic lack of social security or other "un-freedoms").

Applying the capability approach to global governance for health would strengthen the concept's ability to inspire disparate sectors and actors to aspire for a global system that seeks to strengthen global governance, with the goal of improving individuals' and population's ability to achieve *all* freedoms, not only health. Health has both intrinsic value and is indispensable to achieving other freedoms, such as education, employment, and economic participation. Health as a capability (145,146) is also uniquely vulnerable to the deprivation of other freedoms when, for example, lack of education, gender inequality or unemployment lead to poorer health outcomes (12). The inequalities in health outcomes resulting from these deprivations–"health inequities"–stem from unjust governance and social arrangements and have great value as indicators of the fairness of the global system. Reinforcing global governance for health by taking into account broader capabilities does not diminish the immense value of health; rather, such an expanded understanding has the potential to reduce health inequities and to stimulate a broader acceptance of the central role health should play in global governance. However, seeking to reduce health inequities without attention to the societal constraints to people's varying capabilities is unlikely to yield sustainable improvements in health outcomes. A strong guiding framework for global governance, which a majority of sectors and actors can relate to, is one that is able to make the appropriate trade-offs between different sets of freedoms, examine closely the type of freedoms people value that are affected by decisions, and maintain an utmost priority for equity within and between generations.

6 Recommendations

In a host of negotiation processes and governance forums, the redistribution of power and resources is crucial for the success of any proposal that seeks to advance global governance for health. At present, such power asymmetries and diverging interests must be recognized as part of the reality in which global decision-making occurs, and that the characteristics of the current system of global governance are difficult to change in the short-term. It would also be impudent for this (or any) report to conclude with a manifesto of principles, recommendations, and proposed 'global changes' designed to solve the major challenges facing humanity.

Hence, the recommendations provided below are suggestions, based on the preliminary work of the Youth Commission, for an agenda for equitable global governance.

Recommendation 1: Adopt the capability approach as a guiding framework for global governance for health

A multi-dimensional framework for well-being, where health is among several freedoms to protect and promote is proposed as guidance for global governance:

- At the normative level, the inclusion of the capability approach in a global governance framework would ensure that attention is evenly devoted across diverse freedoms that people value. These freedoms include those identified to be essential by Sen - (1) political and civil freedoms, (2) social and (3) economic opportunities, (4) transparency in governance and economic life, and (5) protective freedoms (social security and upholding the law)–all of which have clear and important implications for health equity (12).
- At the policy level, the capability approach provides a means for decision-making and prioritization between various sectors and legitimate public objectives. It will provide a means for better evaluating the impact of global governance actions and policies according the impact they are expected to have on a variety of freedoms, with an ultimate concern for equity both within and between generations.

Recommendation 2: Enhance public scrutiny of global governance processes by launching a UN Civil Society Observatory

There is an urgent need and demand for civil society organizations (CSOs) to play an enhanced and more meaningful role in global decision-making processes. Therefore, we propose the creation of a UN Civil Society Observatory, which should consider three important aspects:

- The decision-making bodies at the international level would be required to provide CSOs and the general public with proposed international decisions before they are decided, with adequate time given for CSOs examine the public impact of the decisions as well time to prepare and deliver oral or

written comments. This would provide the improved space and time for more inclusive and accurate public scrutiny of global decisions. It is vital that formalized CSO participation include all governance institutions and processes affecting health, including non-health IGOs, multilateral negotiations outside the auspices of an IGO, and bilateral treaty negotiations.

- Allowing unchecked CSO participation would result in asymmetrical distribution of power, owing the divergence in resources and political connections between CSOs. Therefore, another aspect of the formalized CSO process must involve actively soliciting and facilitating the voices of those who are often left unrepresented, particularly those who are most likely to be affected by the proposed decision. A mechanism should be put in place in order to examine carefully who is likely to be affected by the decision, and to facilitate the full participation of currently excluded groups by allocating necessary funding and other resources.
- Opening global decision to additional public scrutiny and debate would also improve the interaction between “global knowledge” (which more often refers to “expert knowledge” informed by conventional science), and local “social worlds” (earlier illustrated using indigenous peoples’ knowledge systems). Mechanisms should be put in place to facilitate and improve such “dialogue across difference”, and such interactions should bring attention to how policies conceived at the global level affect diverse local communities worldwide.

Members of the People's Health Movement (PHM) demonstrating against the privatization of healthcare resulting from the impact of neoliberalism. PHM and other civil society organizations should be accorded a more meaningful role in global governance. Photo: Renzo R Guinto.

Recommendation 3: Institutionalize intergenerational solidarity in national and global governance

In order for global governance to meet the intergenerational challenge identified earlier, mechanisms that foster intergenerational solidarity are required within existing international agencies and processes. As proposed by the existing Major Group on Children and Youth (MGCY) in the UN (147), a High Commissioner for Future Generations might be created at the international level, supported by a network of national level ombudspersons. It is anticipated that youth representatives will be accorded a greater political voice, backed by enhanced legitimacy from fellow young people in their respective countries. This new "power" provided for future generations will be crucial in strengthening global governance for health not only for this generation, but also for generations to come. Drawing from the UN Secretary-General's report on intergenerational solidarity (62), below are a set of considerations that might serve as basis for this proposal.

- As suggested by MGCY, the national level ombudsperson should be mandated to assess the long-term impacts, both locally and globally, of the public policies and legislative proposals, including potential impacts on future generations.
- Similarly, the long-term impacts of global governance decisions should be assessed by the High Commissioner for Future Generations, by identifying the needs of the future generations and articulating these as precisely as possible, and by weighing these losses against the potential gains for current generations. This assessment should be released simultaneously together with proposed international decisions, thereby opening the opportunity for the public to voice their opinions and contribute further to this assessment.
- Decisions resulting in potential small gains for current generations should not be made at the expense of potential large losses for future generations.
- Meeting the intergenerational challenge by establishing a High Commissioner for Future Generations is closely related to the recent calls for adopting a paradigm of "Planetary Health" (148), which considers the health not just of the present generation, but also of the unborn generation, and the health of the larger ecosystem (which is in turn, critical for human survival).

The Major Group on Children and Youth in the UN have a proposal to establish a High Commissioner for Future Generations. Photo: Major Group on Children and Youth.

While these recommendations may provide the blueprint for improved global governance for health that is concurrent with present and emerging challenges, further work is required to refine these ideas, provide examples of how they might be implemented, and most importantly, capture the imagination of leaders and the broader public alike. All stakeholders–governments, civil society, private sector, academia, students and young people–have an important role to play in advancing this conversation.

Global governance for health, supported by the capability approach, could raise the prominence and legitimacy of health on the global stage and provide a meaningful benchmark for weighing health against other important interests. There is hope that a strengthened system of global governance will lead us towards a world in which health inequities are no longer tolerated and the goal of ensuring the highest attainable standard of health, alongside the other important freedoms that reinforce it, is given the consideration it deserves.

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