Global Health and Global Governance: Prioritizing Health within the Framework of the Millennium Development Goals *

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Introduction and Overview

Global health conditions are in a state of crisis. Not only are poor health conditions in poor countries ravaging lives and restraining development, but the HIV/AIDS pandemic is threatening to undermine progress on all other fronts in developing countries and menacing the sense of health security in industrial countries.

A state of crisis can help galvanize action. But urgency can crowd out systemic approaches needed for sustainability. The question then is how to galvanize global action on health in such a way that it addresses the HIV/AIDS crisis through measures which strengthen public health systems in poor countries and catalyze policies and institutional change which put countries on a trajectory of long-term sustainability.

This short note makes three points: (i) the prioritization of global health needs to be in the context of the multisectoral approach embodied in the achievement of the Millennium Development Goals (MDGs) by 2015 which will generate higher yield results and long-run sustainability; (ii) to succeed, a global action plan for health must be set in motion simultaneously with global action plans in education, environment, and water & sanitation which are each critical to the success of global health and long-run sustainability; and (iii) the prioritization of global health must emanate from a political process like the L-20 which can mobilize resources, maintain continuous visibility and monitor results, strengthening global governance in the process.

I. Global Health as a Multisectoral Issue

The Millennium Development Goals (MDGs) represent a new consensus on development that is fundamentally different from the Washington Consensus. Whereas the Washington Consensus implied that sound economic policies are the sine qua non for development to occur, the Monterrey Consensus on the MDGs embodies a new notion that poverty reduction is multidimensional and that progress depends not on a single sector approach prioritizing economics but on simultaneous actions across sectors.

Health is a good example. Three of the eight MDGs are health goals: reducing under-5 mortality, reducing maternal mortality and reversing the spread of communicable diseases, specifically HIV/AIDS, malaria, TB and others. The other five MDGs are in fact critical to achieving these global and country health goals, namely: universal education, gender equality, environmental balance, poverty reduction, and global partnerships. For the first time, the dominant development paradigm recognizes a comprehensive set of interconnected imperatives as critical to progress abandoning the notion that a selective set of financial keys are exclusively crucial to sustainable development.

It is also clear that the targets for child health, maternal health and communicable diseases requires improvements in public health systems not quick fixes or isolated technological interventions. For success in health, broad systemic and institutional changes are required in the health sector and comprehensive advances in education, gender, environment and international cooperation are also required. That is the meaning of the MDGs. It is now inconceivable to think that a sustainable improvement in health for all in developing countries can occur if people can not read, if women and girls do not have equal access to health clinics, schools and water, if the environment

is polluted, if poverty reduction is not a priority and if scaled-up international cooperation is not forthcoming.

Furthermore, the MDGs have their roots in the series of UN summit conferences in the early to mid 1990s in which all nations participated, in which public officials, private sector leaders and civil society advocates were involved. The MDGs are not UN goals; they are societal goals approved by nation-states in a long series of summit conferences from the children's summit in New York in 1990 to the UN General Assembly in 2000 to the Monterrey and Johannesburg summits in 2001 and 2002. In addition to this engagement and endorsement at the national level, the MDGs are now the primary framework for international cooperation used by the World Bank, the IMF, the OECD, the WTO, the WHO, most other UN development agencies as well as all bilateral development agencies of industrial countries. The MDGs are now the universal framework for the broad global agenda they embrace for all public and private actors across the globe.

Nonetheless, this unprecedented global consensus can be eroded by actions that fail to capture the new dynamic of multisectoral imperatives revealed by the MDGs. The so-called Copenhagen consensus illustrates the danger. A distinguished group of environmentalists convened to prioritize global actions and concluded that prioritizing health over other international goals was the urgent and necessary action required. This, of course, flies in the face of the new consensus, but it reveals the danger of urgency potentially crowding out sustainability. The key is to prioritize global health, and specifically the urgency of reducing HIV/AIDS infections, through measures and means which drive the systemic and institutional changes in health and critically linked sectors needed for transformative and sustainable long-run trajectories. For that, the mobilization of actions for global health need to be in the context of advancing the MDGs as a whole between now and 2015 rather than apart from them.

II. Global Action Plans

To achieve the MDGs by 2015 requires a scaling-up of domestic efforts in developing countries and in international cooperation by industrial countries sufficient to accelerate the rate of progress toward the seven economic-social-environmental MDGs. Various studies have estimated that in terms of official development assistance alone, achieving the MDGs would require a doubling of aid, for example. To accelerate progress over the next decade, the next step required now is to initiate multistakeholder consultations for the formulation of global action plans in the sectors crucial to the achievement of the MDG agenda. Global action plans would translate the specific objectives, targets and indicators of the MDGs into operational programs for achieving them.

The proposal put forth here is that to retain consistency with the multisectoriality of the MDGs as a vehicle for achieving them, three global action plans need to be formulated simultaneously: health, education, and environment, with water & sanitation being a component of health. Gender equality and poverty reduction would be cross-cutting themes within each action plan rather than treated separately. This way all eight MDGs are included in the three global action plans taken together.

Each of the three global action plans would focus on actions by all public and private sector, national and international actors necessary for accelerating improvements in access to healthcare, universal education, and sustainable, healthy environmental conditions in all countries and globally. In addition, each sectoral action plan would identify the cross-sectoral linkages in other domains which require action for each sectoral plan to be successful. Prioritization would be linked to comprehensiveness rather than opposed to it.

An illustration of how this might work is to juxtapose the prioritization of HIV/AIDS within a global action plan for health which includes water and

sanitation in compatible, mutually reinforcing ways. To achieve this balance, strengthening public health systems needs to be at the center of the action as crucial for sustainability. For this centrality to become operative, investment in human resources in healthcare and in education-for-all becomes critical. Gender equality in education and in access to health, credit and jobs is vital to achieving major improvements in global health, as well as battling HIV/AIDS.

Water & sanitation systems are critical components supporting public health systems. Balance between investments in sanitation and water are important. Too much investment in water and under-investment in sanitation can simply lead to another generation of diseases spawned by water contaminated by sewage. “Integrated water resource management” becomes a vital part of any global action plan for health. But W&S is rarely high in global and national priorities. It is relegated to the low politics of infrastructure and facilities management disconnected from the human development agenda whereas in fact W&S is vital to the broader agenda. Without major investments in W&S, the three MDG health goals will be out of reach. Slums will mushroom and the advance toward halving the number of people living in poverty by 2015 will not be met.

Below, a sketch tries to illustrate the opportunity to prioritize an assault on HIV/AIDS maintaining the centrality of strengthening public health systems through an integrated approach for achieving all three health MDGs as part of a comprehensive effort to achieve all eight MDGs simultaneously. Poverty reduction (MDG #1) is accelerated by mobilization of efforts to achieve each of the other MDGs as well as additional actions such as increased economic growth. Goal #8 on global partnership, in brief, means complying with commitments undertaken in the Monterrey Summit in March 2001 on Financing for Development (FFD below).

Global Action Plan for Global Health

Overall Goal: Reduce the Death Rate (MDGs # 4, 5 & 6)

⇒ ⇒ HIV/AIDS (MDG #6) ⇔ Health Goals (MDG#4&5)

⇑ ⇑ ⇑

Gender (MDG#3) ⇑ ⇑

⇑ ⇑ ⇑

Education (MDG#2) ⇔ Health Systems ⇔ W&S(MDG #7) ⇔ Slums (#7)

⇑ ⇑

Domestic Resources + FFD (MDG #8)⇒ Integrated Water Management(#7)

The crucial question then is how to launch processes for the formulation of health, education and environment global action plans in a way that catalyzes actions by all actors in innovative ways *without capture* by existing interests and bureaucratic struggles that potentially stifle new interactions and interventions and revert to business-as-usual.

III. Global Governance, Global Action and the G-20

The human development agenda embodied in the MDGs is a political agenda. It is a political agenda because it represents a change in direction, shifts in priorities and an ambitious effort to mobilize resources and policies for accelerated tranformative change. It represents a rebalancing of the tensions between financial stability and social sustainability toward a prioritization of interconnected investments in health, education and the environment. These shifts have implications for all actors. International institutions do not have the authority to shift direction, reshape priorities or raise resources; rather they reflect those changes expressed to them by national public officials. National governments, for better or worse, are the constituted authorities precisely because they are explicitly political and accountable directly or indirectly to their national societies.

As a result, the logical locus for global governance is an inter-governmental group of national public officials, such as the G-20. These kinds of ad hoc mechanisms have proven extremely useful in coping with a variety of global challenges. The G-7 has been in existence for over thirty years. The G-20 composed of the G-8 as well as ten large developing countries has been meeting at finance ministry level since 1999. The proposal by Canadian Prime Minister Paul Martin to elevate the G-20 to a summit of heads of state (government) at leaders level (an L-20) provides an opportunity to advance the global agenda embodied in the MDGs and strengthen summit processes in a new more representative modality at the same time.

Using the G-20/L-20 mechanism to convene groups to formulate global action plans for health, education and the environment would circumvent the problem of capture by convening national authorities and international officials under the aegis of a global governance group accountable to over

sixty percent of the world's population. L-20 heads of state could convene three separate consultative forums , one for health, one for education and one for the environment, composed of G-20 ministers for each of the three sectors and heads of selected international organizations with responsibility in these domains. Working groups could be established composed of senior officials below ministerial rank who would interact with civil society, the private sector and other governments and international organizations not represented in the G-20 ministerial level sectoral groups. Working groups would report to ministerial level sector groups which would in turn report to leaders level heads of state at L-20 level for final review, revision and approval. The Global Action Plans would then be fashioned in a broadly inclusive fashion and recommended to the international community by a political body composed of the highest political authorities of most of the largest and most significant countries in the world. Not ideal, but a reasonable path to global action and global governance.

The advantage of building the consultative processes for the formulation of the three global action plans off of the G-20 base is that the G-20 is fundamentally a ministers of finance grouping. Whereas G-20 ministers of health, education and the environment would be the principal spark plugs for these efforts, there would be a need to keep their ministers of finance informed and involved in these formulations since in the end ministers of finance have decisive influence on national priorities and national budgets. An additional step in the process might be to convene a G-20 finance ministers meeting with each of the G-20 sectoral ministers prior to referring each global action plan to the L-20 for final promulgation to ensure concordance between sectoral priorities and broader fiscal constraints and national objectives.

The entire process of mobilizing resources for achieving the MDGs by 2015 is one based on the understanding that stovepiped sectoral solutions are

business-as-usual and that the way to accelerate change and make qualitative leaps forward is to continuously connect sectoral programs to intersectoral linkages in order to achieve higher yield outcomes from simultaneous cross-sectoral actions instead of isolated deepening of sectoral specialization and parochialism. Continuously highlighting synergies and feasibility through integrated approaches building on the interconnected imperatives of the MDGs is at the core of the new global strategy. The L-20/G-20 is well positioned to force attention to the intersectoral linkages central to the new global agenda and to forge ambitious global action plans within feasible financial constraints. Convening consultations for global action plans would demonstrate the need for a broadly representative leaders-level grouping as a much needed mechanism for global governance.

IV. *Conclusion: Communique Language*

In an effort to make the implications for G-20/L-20 action as concrete as possible, the following language is proposed for L-20 communique in 2006.

"L-20 heads of state hereby delegate to their respective ministers the responsibility to convene three separate but related processes of consultation, deliberation and conclusion to generate sectorally specific Global Action Plans in health, in education and for the environment with the goal of completing draft Plans by the fall of 2007 for approval by each set of G-20 ministers to be then sent to their ministers of finance for their deliberations and approval in the Spring of 2008 in time to be referred to the L-20 head of state summit meeting in the Summer of 2008 for their approval and promulgation."

This one sentence attempts to define the sequence of meetings, actions and approvals in a time frame that begins in 2006. The truth is that this process needs to get underway as soon as possible to have the greatest effect on the decade remaining until 2015. There is an urgency to initiating this process soon enough for there to be sufficient time for implementation to meet the MDGs in 2015.

*Note: This paper is being prepared for a meeting on Global Public Health and the G-20 to be held in San Jose, Costa Rica in mid-November 2004 sponsored by the Centre for International Governance Innovation (CIGI) directed by John English and based in Waterloo, Ontario, in Canada, and by the Centre for Global Studies at the University of Victoria in Vancouver, British Columbia, directed by Gordon Smith. Nevertheless, the ideas for this paper have come from an intensive interaction within the Helsinki Process (www.helsinkiprocess.fi) sponsored by the Government of Finland and the Government of Tanzania. The author of this paper is an adviser to the Helsinki Group and to the Global Economy Track of the Helsinki Process. Achieving the MDGs is the overarching framework for the Helsinki Process and the Helsinki Group. Global governance issues, including the G-20 have received serious attention within the Helsinki Group, the Global Economy Track and the Global Governance Track of the Helsinki Process. The ideas in this paper are in fact part of the deliberations within the Helsinki Process and are put forward here for possible discussion in Costa Rica in part to try to connect the discussion of the CIGI conference series (www.cigionline.ca) on issues for G-20/L-20 consideration with the action oriented agenda of the Helsinki Process. Both groups are seeking to advance similar agendas; it seems to make sense to try to connect them to each other. CIB 7NOV04 Revised Draft

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