



2016 Australasian Aid Conference

Global Governance for Health: Protecting Vulnerable People from Infectious Diseases in Countries with Weak Health System

Yasushi KATSUMA, Ph.D.

*Dean & Professor, Graduate School of Asia-Pacific Studies (GSAPS), **Waseda University**;*

*Vice-President, **Japan Society for International Development (JASID)***

Australian National University
10 February 2016

Objectives of this Presentation

1. The Year 2016 as a turning point...
2. Evolving global health landscape
3. Ebola as a game changer
4. The means of implementation (MoI) challenges in countries with weak health system
5. Global health governance in order to protect vulnerable people from infectious diseases
6. Identify opportunities to enhance global health governance

1. The Year 2016 as a Turning Point...

- The era of the Millennium Development Goals (MDGs) [2000-2015] is over. A new era of the 2030 Agenda for Sustainable Development was launched at the UN General Assembly in September 2015.
 - Health is one of the Sustainable Development Goals (SDG 3) in the 2030 development agenda.
- The outbreak of Ebola in Guinea, Liberia and Sierra Leone in 2014, and the failure to respond timely and effectively to the health security crisis, need to be reviewed when we discuss the means of implementation to achieve the SDG 3.

Health SDG (SDG 3)

Ensure healthy lives and promote well-being for all at all ages

- 3.3: by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases; and combat hepatitis, water-borne diseases, and other communicable diseases
- 3.8: achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all



Health SDG (SDG 3)

Ensure healthy lives and promote well-being for all at all ages

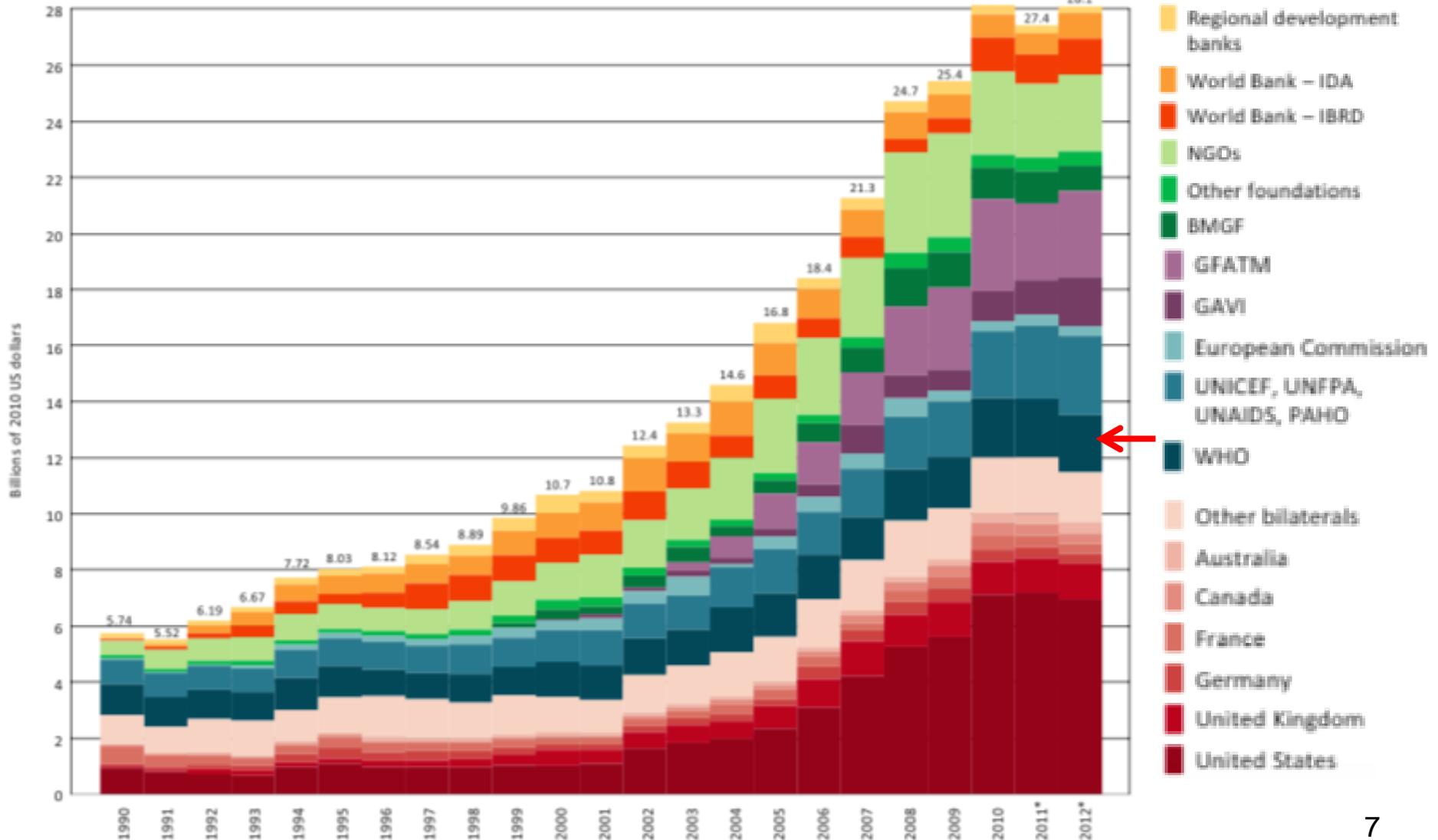
- 3.d: strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks

2. Evolving Global Health Landscape

- We need to be aware that the new era (2015-2030) will be significantly different from the previous era (2000-2015) in terms of the global landscape for development & health:
 - Emerging non-OECD/DAC donors,
 - Non-state donors,
 - Private sector business actors,
 - Innovative financing mechanisms, etc.,
- All leading to declining leverage of WHO.

2. Evolving Global Health Landscape

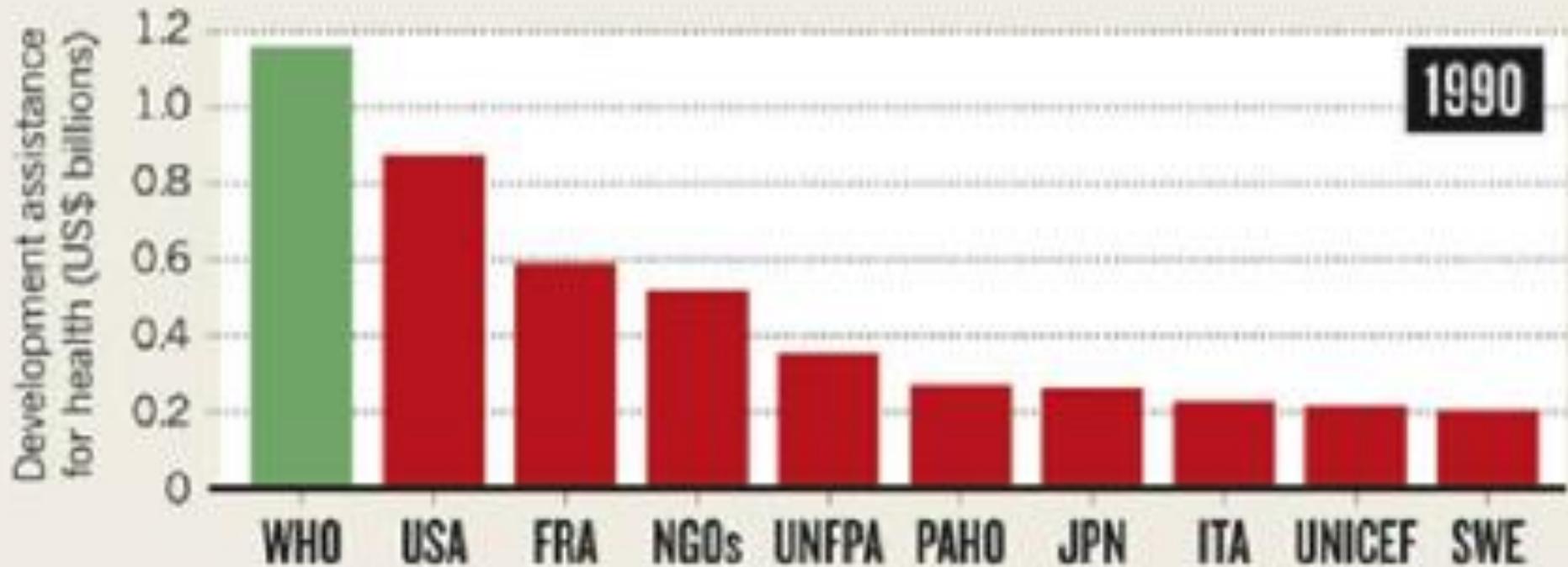
1990-2012: Development Assistance for Health



2. Evolving Global Health Landscape

1990: WHO Dominated Global Health Funding

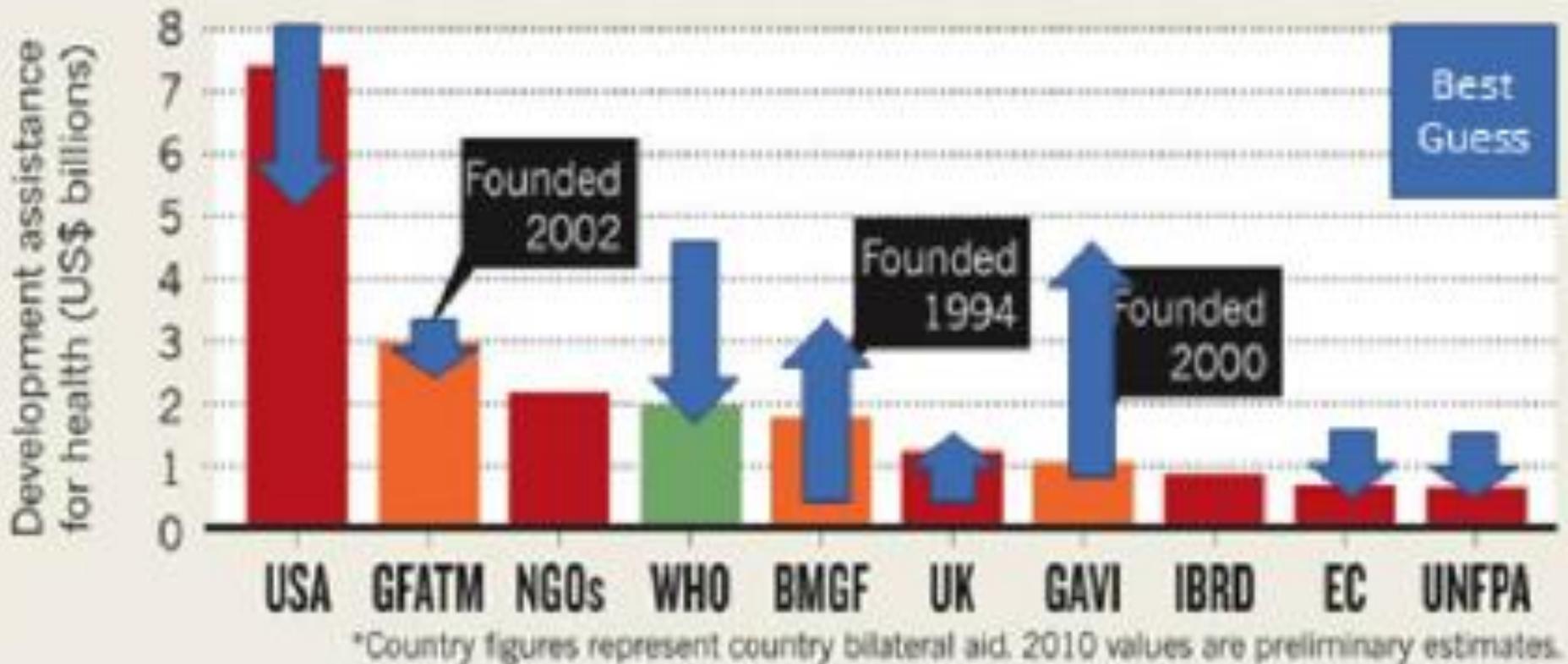
The World Health Organization once dominated global funding for health. Powerful new funding organizations and growing national aid programmes have surpassed it.



Source: Garrett, 2013

2. Evolving Global Health Landscape

2012-13: Realigning the Global Health Landscape



Source: Garrett, 2013
9

3. Ebola as a Game Changer

1. **First**, it is important for us to learn lessons from the Ebola outbreak in West Africa in 2014, identifying the problems in responding to the health crisis.
 - The analysis of the problems may be conducted at 3 levels: country, regional and global levels.

3. Ebola as a Game Changer

Country Level:

- We need to analyze why the government of the three countries did not comply with the International Health Regulations (IHR).
- It is also useful to analyze why the UN country team (UNCT) in each affected country was not able to assist the respective government in reporting the increasing number of Ebola cases to WHO.



3. Ebola as a Game Changer

Regional Level:

- It is necessary to analyze why the regional office of WHO in Africa, AFRO, did not intervene in the perceived failure of the governments of the member states to report the cases to WHO in a timely manner.

3. Ebola as a Game Changer

Global Level:

- We need to analyze the behavior of both WHO headquarters in Geneva and the UN Secretariat in New York.
- WHO headquarters in Geneva
 - Why didn't WHO engage in early response, while an international NGO operating in those countries (MSF) repeatedly called for immediate attention?
 - Why didn't WHO declare the Public Health Emergency of International Concerns (PHEIC) at an earlier stage?

3. Ebola as a Game Changer

- UN Secretariat in New York
 - Why didn't UN Secretariat send clearer communications to the UN Resident Coordinators in the three countries?
 - Why didn't UN Office for the Coordination of Humanitarian Affairs (OCHA) play more proactive roles, while humanitarian crises were evolving in the post-conflict countries?
 - Why did the UN Secretary-General have to organize an unprecedented health mission, UN Mission for Epidemics Emergency Response (UNMEER), after consulting with the UN Security Council and the UN General Assembly?

3. Ebola as a Game Changer

2. **Second**, it is necessary to improve the global governance for health so that we will be able to effectively respond to future health crises, particularly in countries with weak health system.
 - There may be a few scenarios for reforming the current global governance for health.

3. Ebola as a Game Changer

3. **Third**, when we formulate development strategies and plan health programs to achieve the SDGs, it is recommended to take into consideration of not only the possibility of natural disasters but also of health emergency situations.
- The protection strategy to mitigate the health risks themselves and the empowerment strategy to help the vulnerable people become more resilient with adaptation methods should be pursued in order to promote human security.

5. Mol Challenges

Typology of Health Risk

		National Capacities & Accountabilities		
		High	Low	Fragile
Infectious Diseases	Known	HIV/AIDS		
	Unknown			

5. Mol Challenges

Typology of Health Risk

		National Capacities & Accountabilities		
		High	Low	Fragile
Infectious Diseases	Known	HIV/AIDS	HIV/AIDS; Malaria; TB	
	Unknown	Pandemic Influenza; Zika Fever		

5. Mol Challenges

Typology of Health Risk

		National Capacities & Accountabilities		
		High	Low	Fragile
Infectious Diseases	Known	HIV/AIDS	HIV/AIDS; Malaria; TB	HIV/AIDS; Malaria; TB; Polio
	Unknown	Pandemic Influenza; Zika Fever	Pandemic Influenza; Ebola; Zika Fever	

5. Mol Challenges

Typology of Health Risk

		National Capacities & Accountabilities		
		High	Low	Fragile
Infectious Diseases	Known	HIV/AIDS	HIV/AIDS; Malaria; TB	HIV/AIDS; Malaria; TB; Polio
	Unknown	Pandemic Influenza; Zika Fever	Pandemic Influenza; Ebola; Zika Fever	Ebola



5. Mol Challenges

Global Response to Health Risk

Type 1:

When the infectious diseases are known AND the national capacities are high:

- The government of affected countries may not need support from WHO

5. Mol Challenges

Global Response to Health Risk

Type 2:

When the infectious diseases are know BUT the national capacities are low;

OR

When infectious diseases are unknown BUT the national capacities are high:

- WHO response is necessary.

5. Mol Challenges

Global Response to Health Risk

Type 3:

When the infectious diseases are known BUT the national capacities are fragile;

OR

When the infectious diseases are unknown AND the national capacities are low:

- Multi-sectoral development response within the UN Development Assistance Framework (UNDAF) is needed, in which WHO takes the lead in the health sector.

5. Mol Challenges

Global Response to Health Risk

Type 4:

When the national capacities are fragile and the infectious diseases are unknown AND :

- Multi-sectoral humanitarian response by UN Office for the Coordination of Humanitarian Affairs (OCHA) is needed, in which WHO takes the lead in the health cluster.

5. Mol Challenges

The Executive Agency Model

When Multi-sectoral global response is required to reduce health risk (**Type 3** & **Type 4**),

- *Executive Agency Model* may be activated, so that the UN system can create an enabling environment, in which WHO takes the lead in the health sector or cluster.

5. Mol Challenges

Executive Agency Model: Type 3

Global Level:

- UN Development Group (UNDG), including the World Bank Group, chaired by UN Development Programme (UNDP) Administrator, with active participation of WHO



5. Mol Challenges

Executive Agency Model: Type 3

Regional Level:

- Harmonization between the Regional Health Organization (RHO) and the regional offices of UN Programmes & Funds

5. Mol Challenges

Executive Agency Model: Type 3

Country Level:

- UN Country Team (UNCT) headed by UN Resident Coordinator who are familiar with health issues
- UNDAF, in which WHO takes the lead in the health sector

5. Mol Challenges

Executive Agency Model: Type 4

Global Level:

- As a member of the UN Chief Executives Board (CEB), WHO Director-General works closely with UN Secretary-General
- Inter-Agency Standing Committee (IASC) to harmonize humanitarian work of the UN Programmes & Funds, UN Specialized Agencies (including WHO), NGOs, etc.
- OCHA headed by Emergency Relief Coordinator (ERC)
- UN Central Emergency Response Fund (CERF)
- World Bank Pandemic Emergency Facility (PEF)?



5. Mol Challenges

Executive Agency Model: Type 4

Regional Level:

- Harmonization between the RHOs and the regional offices of UN Programmes & Funds

5. Mol Challenges

Executive Agency Model: Type 4

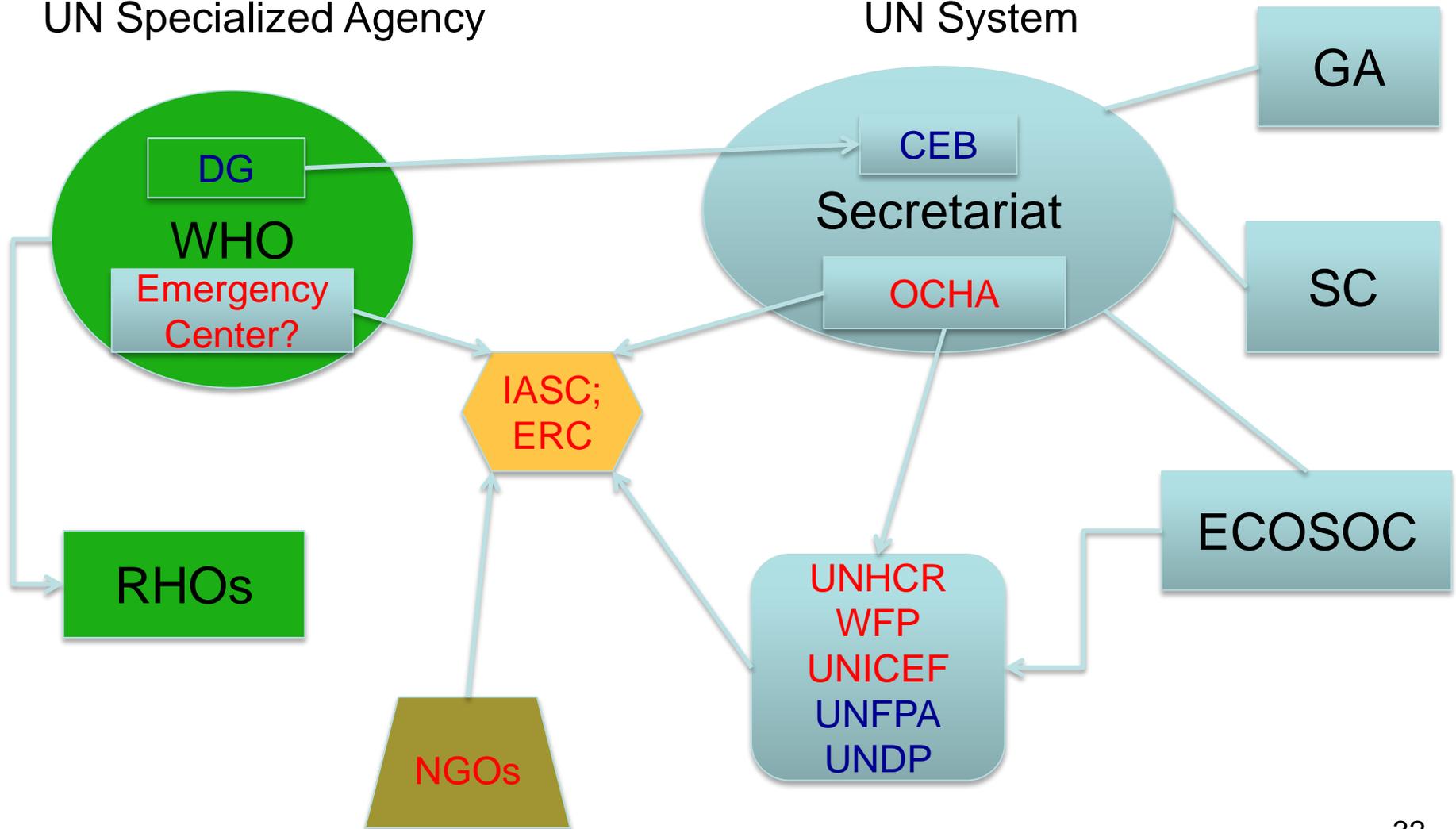
Country Level:

- UNCT headed by UN Humanitarian Coordinator who are familiar with health issues
- The Cluster Approach activated, including the health cluster led by WHO
- Emergency Planning in the context of UN Consolidate Appeal Process (CAP), in which WHO takes the lead in the health cluster
- Multi-sectoral humanitarian response by OCHA is needed, in which WHO takes the lead in the health cluster.

Global Response to the *Type 4 Health Risk*

UN Specialized Agency

UN System



Challenges in *Type 4* Health Risk

Global Level:

- WHO needs its “Emergency Preparedness & Response Center” for coordination with UN Programmes & Funds within the framework of OCHA, and for harmonization with NGOs within the framework of IASC
- OCHA needs to increase its staff who are prepared for health-humanitarian complex emergency situations.

Challenges in *Type 4* Health Risk

Regional Level:

- The capacities of RHOs need to be enhanced for health emergency preparedness and response in its respective region, harmonizing with regional offices of UN Programmes & Funds

Challenges in *Type 4* Health Risk

Country Level:

- WHO or the relevant RHOs should be ready to dispatch a health emergency team to an affected country in order to work as part of the UNCT.
- To identify and appoint a UN Humanitarian Coordinator who are familiar with health issues to head the UNCT in the affected country.
- When the national capacities become fragile, and health risk shifts from *Type 3* to *Type 4*:
 - How can the UN system replace the incumbent UN Resident Coordinator with a new UN Humanitarian Coordinator who are more well-prepared for the health-humanitarian complex emergency situation?

5. Global Health Governance

WHO to Focus on its Core Functions?

<i>Basic objectives</i>	<i>Core functions to correct market failure</i>
Assure adequate levels of goods with benefits to all countries	Promotion of global public goods (e.g., norms and standards, databases, R&D, consensus building)
Assure opportune response to global threats and control of international transfer of health risks	Intervention to deal with international externalities (e.g., threats specified under IHR, transfer of risk factors, trade in legal and illegal harmful substances)
<i>Supplementary objectives</i>	<i>Supportive functions to correct government failure</i>
Support development in countries	Technical cooperation and development financing (e.g. capacity building and strengthening)
Protect health of vulnerable groups	Agency for dispossessed (e.g. the poor, special needs groups)



5. Global Health Governance

Global Governance OF Health

- Core functions to correct market failure: WHO to lead (including in the response to Ebola).
- Supportive functions to correct government failure: Many partnerships have been launched by UN agencies and bilateral donors, but not coordinated each other and not harmonized with emerging non-OECD/DAC donors and non-state donors.
 - Global governance of health is still “anarchical.”



5. Global Health Governance

Global Governance OF Health

1. At the global level, OECD/DAC has been instrumental in setting development cooperation guidelines (Paris Principles) for good donor-ship. However, emerging non-OECD/DAC donors, including China and Russia, are challenging the norms. We need to create a more inclusive platform for development cooperation, including health, at the UN.
2. At the field level, the UN Development Assistance Framework (UNDAF) should be used strategically by the UN Country Team for harmonization among multilateral & bilateral donors, and by the partner Country for alignment with donors.

5. Global Health Governance

Global Governance FOR Health

- We need to link the health SDG with other SDGs, including education, both at the global and field levels through UN harmonization frameworks: UN Development Group (UNDG), UNDAF, and possibly a new inclusive UN platform for sustainable development.
- Private sector business actors are more and more interested in contributing to global health, as part of their corporate social responsibilities (CSR) or base of the pyramid (BoP) strategies. We need to have more coordinated efforts to promote public-private partnerships to promote outreach and innovation for global health.



6. Opportunities to Enhance Global Health Governance

1. The G7 Summit in Ise-Shima, Japan in May 2016.
2. The Tokyo International Conference on African Development (TICAD) in Kenya in August 2016.
3. The G7 Health Ministers' meeting in Kyoto, Japan in September 2016.
4. The G20 Summit to be hosted by Germany in 2017.



G7 Summit in Japan in May 2016

The 2016 G7 Summit in Japan will be an excellent opportunity for leaders to take the initiative to enhance global health governance.

G7 Summit in Japan in May 2016

1. G7 countries, representing the OECD/DAC, should discuss how to harmonize with emerging non-OECD/DAC donors. Their proposal may be further discussed at the G20 to be hosted by Germany in 2017.
2. G7 countries with their vibrant private sectors can create and strengthen a platform where public-private partnerships are promoted to bring about innovation in global health.
3. G7 countries can work together to produce global health policy experts needed both at the global and field levels. We need such policy experts for harmonization and alignment in global health, particularly in Asia and Africa₄₂



Thank You!