Key Players in Global Health Governance

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Global Health Actors role:

➢ Setting the global health agenda

➢ Coordinate Global health agenda

➢ Implement Global health agenda

➢ Financing of common global health issues

➢ Contribute to the global health service provision

Categorization

- The global health key actors are classified into these Categories:

1) **Multilateral Organizations**
2) **Bilateral Organizations**
3) **National Governments**
4) **Non-Governmental Organizations**
5) **Private Organizations**
6) **Academic and Research Institutions**
7) **Regional Organizations**

1.Multilateral Organizations

- Such as:
- World Health Organization
- World Bank Group
- UN Development Program
- UN population Fund
- UN Infant and Children's Emergency Fund
- Global Health Initiatives

1.Multilateral Organizations

- The multilateral organizations had universal areas of concerns,

- Having a crucial role in influencing development,

- Have the Financial and/or Technical Resources.

The Role of the United Nations (UN)

Mandate: Promoting global health as part of the broader development agenda.

Challenges:

Inconsistent health priorities across member states.

Lack of integrated action on social determinants of health.

World Health Organization (WHO):

A specialized agency of the United Nations, the WHO plays a central role in coordinating global health activities, setting global health standards, and providing leadership on health matters.

Mandate: Leading international health coordination and policy-making.

Challenges:

- Limited authority over sovereign nations.
- Funding and political influence from member states.
- Handling global health crises (e.g., Ebola, COVID-19).

2.Bilateral Organization

- International Cooperation Agencies such as: Japan International Cooperation Agency (JICA), The Korea International Cooperation Agency (KOICA)

- International Development Agency: e.g. USAID

- Donor ➡ Recipients

- Usually donor countries influence health and/or health policy directions and

- They also influence other sectors such as Finance, education, agriculture, …

3. National Governments:

Governments are pivotal in formulating and implementing health policies, allocating resources, and engaging in international health negotiations. Ministries of health and foreign affairs often collaborate to advance health diplomacy objectives.

4. Non-Governmental Organizations (NGOs):

NGOs, such as Médecins Sans Frontières and the Bill & Melinda Gates Foundation, contribute to global health through advocacy, funding, and direct service delivery.

The Role of Non-Governmental Organizations (NGOs)

– **Mandate**: Addressing health crises, providing aid, and supporting global health initiatives.

– **Challenges**:

– Funding dependencies and sustainability concerns.

– Aligning with national governments' policies and global health priorities.

5. Private Sector:

Refers to any partnership, corporation, association with agencies that are not a public body

Pharmaceutical companies, health technology firms, and other private entities

play significant roles in developing and distributing health innovations, as

well as in public-private partnerships aimed at addressing health challenges.

6. Academic and Research Institutions: Universities and research organizations conduct studies that inform health policies and contribute to the evidence base for global health initiatives.

7. Regional Organizations: Entities like the European Union (EU) and the African Union (AU) coordinate health policies and responses within their regions, facilitating collaboration among member states.

WHO IN MORE DETAILS

World Health Organization

- WHO began in April 1948.
- "health" specialized agency of the United Nations, the WHO plays a central role in coordinating global health activities, setting global health standards, and providing leadership on health matters.
- Six Regional offices, working with 194 member states
- Main function/Mandate is to direct and coordinate international health work and policy making.
- Providing Technical Assistance
- Organized in three levels: Country/Region/and Head Quarter.

Working Areas	Priorities
• Providing Leadership for health matters	• Achieve Universal Health Coverage
• Building coalition and engaging partners	• Strengthen global health security
• Shaping the research agenda, generation, translation, dissemination and utilization	• Modify behavioural, social, economic and environmental determinants of health
• Setting standards and norms	• Deliver core public health functions
• Evidence based policy options	• Strengthened governance of health' ministries
• Providing technical support and building sustainable institutional' capacity	• Implementing the program of work.
• Monitoring health status	
• Assessing health trends	

Advantages & Critiques

Advantages	Criticism
Neutral to all member state	influenced of donor countries votes
Semi-universal membership	Limited authority over sovereign nations.
Global Networking	
Uniqueness/Specialization	Political Pressures
Expertise in all health issues	Staff profile in some highly specialized fields
Strong coordination	Weak voters; MoH are the weakest in many governments
Global cooperation and investments	Funding constraints due to political influence from member states.

UN Agencies

UNICEF

United Nations Children's Fund UNICEF

- Established on December, 1946

- **U**nited **N**ations **I**nternational **C**hildren's **E**mergency **F**und

- It's main function was food and healthcare children affected and devastated by the second World War WWII

- 8 years later, 1953, became a permanent part of the UN system

Current missions:

- Ensure basic needs of children (Nutrition, health & education) are met

- Give children equal opportunities to expand their potential

- Create an International ethical standard of behaviour towards children.

Strengths & Critiques

Advantages	Criticism
Long term in-country presence	Bureaucracy and complexity
Program tailored to local situation	Management by inputs is still dominant
Action oriented and programmatic approach	
Close working relations with government	Criticising government and their partners child-related policies and practices
Leader in supporting immunisation programs	Gaps in technical competencies
Multi partnership with government, NGOs and civil society	Limited scope of partnerships
Strong, trusted, world-wide brand image	Weak accountability regarding result-based management
Effective fund-raising, with a growing total income	Although the total income growing; the regular resources has been flat

UN Agencies

UNFPA

United Nations Population Fund "UNFPA"

- Established on 1969

- **United Nations Fund** for **Population Activities**

- Support 150 countries

- Spread over 4 Geographic Regions

United Nations Population Fund "UNFPA"

- Vision is to have a world where every pregnancy is **Wanted**, every childbirth is **Safe**, and every person's potential is **fulfilled.**
- **Therefore**, their working Areas are:
  - ➢ Reproductive Health,
  - ➢ Gender Equality and
  - ➢ Population and Development.

United Nations Population Fund "UNFPA"

Advantage	Criticism
Feminist: Enabling and empowering women to make independent decisions about their reproductive health.	United Nations organization whose original existence was to help end population growth.
Change of their strategy and now they focus on people reproductive rights not population control.	Focused on a quota according to demographic statistics not to individual reproductive rights

Key Players in Global Health Governance

International Organizations:

World Health Organization (WHO)

United Nations (UN)

World Bank

Global Fund

Government Agencies:

National health ministries

Public health agencies (e.g., CDC, NIH)

Non-Governmental Organizations (NGOs):

Médecins Sans Frontières (MSF)

International Red Cross

Global Health Organizations (e.g., GAVI, Bill & Melinda Gates Foundation)

Power Imbalances and Equity Concerns

– **Global Power Dynamics**:

– The influence of powerful donor countries on the global health agenda.

– Marginalization of low-income countries in decision-making processes.

– **Equity in Global Health**:

– Ensuring health equity for vulnerable populations.

– Addressing inequalities in health outcomes.

Conclusion

- **Complex Landscape**: Global health governance is multi-faceted, involving diverse actors with different interests.

- **Ongoing Challenges**: Coordination, accountability, and equity ⇒ continue to be central challenges.

- **Future Directions**:

- Need for stronger governance structures.

- Enhanced collaboration among international organizations, governments, and NGOs.

Conclusion

The scene of global health governance is continually evolving. Recent events, such as the COVID-19 pandemic, have underscored the need for robust international cooperation and have highlighted challenges in global health governance.

For instance, the U.S. withdrawal from the WHO recently raised concerns about the WHO's capacity to its global health mandate effectively.

Additionally, the emergence of new health threats, such as the monkey pox outbreak in Africa, has emphasized the importance of timely and coordinated responses to prevent global health risks.