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# The Transformation of Global Health Governance: Competing World Views and Crises



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Globalisation is changing patterns of health and disease worldwide. It is also changing the basis on which decisions on health are being made. This has created a challenge for health communities across countries to co-operate more closely, and across a wider range of issues, than ever before. This question, of how we should collectively protect and promote health in an increasingly globalised world, has opened up the policy space known as global health governance (GHG).

Over the past four years, and with support from the European Research Council, a team of researchers led by Professor Colin McInnes (Aberystwyth University) and Professor Kelley Lee (London School of Hygiene and Tropical Medicine) have been exploring this space with the aim of better understanding and explaining why progress on effective GHG has been so difficult.

### Our key findings are:

- There is no single underlying logic behind calls for GHG but a number of competing visions and frames, each with its own logic and preferred policy pathways.
- Particularly influential has been the framing of health issues in terms of human rights, security, economics, international development, and evidence-based medicine.
- Different frames have greater levels of policy purchase across different health issues and for some issues a dominant frame can be identified.
- No frame is dominant across the entirety of GHG and competing frames and visions are an important part of the explanation for a lack of progress in GHG.
- Framing allows health issues to be tied into other policy arenas (development, security, rights, economics). This multi-sectoral approach can be vital in advancing policy and developing governance frameworks. Claims based on health grounds alone are less likely to succeed. Health is not enough.

### Our key policy recommendations are:

1. Successful GHG must be grounded in an acceptance that it is an inherently political space. The challenge of improving GHG is not technical – of devising appropriate institutional configurations and competencies, and identifying and promoting treatment regimes. This is because the sort of problems encountered in GHG are not amenable to rational, value-neutral analysis leading to an optimal solution, but exist in an arena of competing values and interests underpinned by different visions and frames. Thus GHG is inherently a contested political space.
2. The existence of a range of competing visions and frames means that there is at present no single underlying logic behind calls for GHG. Rather than attempt to develop a unifying logic, GHG should actively engage with the divergent problem definitions and policy solutions these frames imply.
3. Smart advocacy can be developed where an issue can be strategically framed in different ways to appeal to different audiences within specific contexts and timeframes, in order to achieve desired policy outcomes.
4. Policy can be advanced through counter framing. This involves challenging the dominant vision of an issue by framing it in new ways. Examples here include the human rights frame being applied to access to medicines and the reframing of hitherto industry-led economic justifications for regulating tobacco.
5. Framing speaks to sectors outside health (including development, security and macro-economics, for example) and can therefore be used to develop a multi-sectoral approach to GHG, increasing chances of success in policy and governance.

The full report is available at <http://www.aber.ac.uk/en/media/Competing-Visions-of-Global-Health-Governance---meeting-summary.pdf>.



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