The Lancet – University of Oslo
Commission on Global Governance for Health

in Collaboration with the Harvard Global Health Institute

Report of the Second Meeting

Arusha, 3-5 July 2012
Executive summary

Aims of the Commission

The main aim of the Commission is to provide bold and edgy recommendations on ways to combat the greatest affronts to health, not sidestepping the big, difficult issues that can be linked to lack of purposeful global governance – the causes of the causes of the causes. Central to the Commission’s deliberations and recommendations is the equality and equal worth of all human beings. The focus is on how to improve global governance to reduce adverse health impacts that stems from failure of global governance, whether these governance gaps are there by accident or by design. An important step in this respect is to identify criteria for success and signs of progress. The Commission needs to elaborate a set of principles that inform the debate and decisions among actors in the global governance sphere, and take steps not overlook the importance of capturing all levels and including people. It must be an academic report with a human face with space for equitable participation and it must provide crisp, global messages to inspire local action.

The envisaged role of the Commission:

To act as catalyst and inspire new thinking about global governance, and how it can work better for health. Our work should feed into other ongoing processes, such as the intergovernmental process on sustainable development goals where there is a plan to create an open working group in 2012, and report to the 68th Session of the Assembly in 2013.

The Commission should identify potential allies and there is an opportunity to use the inherent credibility of the Commission to strengthen and empower other actors within the global governance space.

Audience/actors within the global governance sphere

The target audience is most likely to include actors within the global governance sphere, encompassing not exclusively the UN-system but also country governments, multilateral networks, regional unions, private donors, multinational corporations, civil society and social movements. In addition there may be important actors that we have not have identified yet, such as city mayors or trade unions.

Methods, frameworks, approaches and analyses

The Commission report should be based on research evidence, but also recognize and make use of subjugated and disqualified knowledge. As a foundation, the Commission on the Social Determinants of Health and its knowledge networks has provided a large body of evidence that ties social causes to health outcomes. It was suggested to try out “the global governance gaps” as level of analysis, working inductively as well as deductively, on vignettes of three cases, and to develop a conceptual framework on “Political Determinants of health”. “Global Governance” needs to be defined, but this is not urgent and may be
developed throughout the process. The question was raised whether we have a language with which to articulate and address “global governance”, and if not, whether it was the Commission’s task to articulate the problem and develop a language for addressing global governance for health. In terms of the content, form and tone of the report, it was deemed important to communicate in clear, accessible language and use concrete examples to illustrate key messages. By example of BMJ it was suggested to use short words that provoke feelings, like: work, water, blood, etc.

**Themes and issues**

There was agreement on moving from considering the issues that had been discussed in sector-specific groups before the meeting towards gaps in global governance for health that leave so many problems unresolved. Central to the discussion was how gaps in global governance influence the distribution of power, resources and money, and the cascading effects of this imbalance on the daily living conditions that affect human lives and health. Inequity and inequality was believed to be more useful perspectives than poverty for this work. Conflict, and especially violent conflict, was also seen as a major impediment to a healthy development. A wide range of themes were discussed, and it was agreed to move forward with a few cross-cutting themes to test out the gaps-approach indicated above, while not closing the door for the final list of themes and issues for the report.

**Challenges**

95% of commissions “sink without a trace”, only a small share live long and inspire change. The Commission needs to be aware of the long list of ongoing global processes on themes that are tied to the Commission work, and there is a need for strategic interactions in these processes.

**Way forward**

It was agreed to carry out the following steps in order to advance the work of the Commission towards its 3rd meeting in November 2013:

1. Send the draft meeting report no later than 14 days after the Commission meeting
2. Develop a work plan to be distributed to Commission members
3. Carry out three swift cases (3 - 5 pages each). Two case analyses will be carried out inductively, starting with health outcomes in the conceptual framework developed by the Commission on Social Determinants of Health, seeking to identify the global governance gaps associated with the social determinants and the health outcomes. A third case will be analyzed deductively beginning with a global governance gap
4. In collaboration with commission members to draw up a preliminary list of global governance gaps
5. Suggest how to engage the Commissioners in the research cases of their interest and expertise
6. Draft an outline of the Commission final report

7. Develop a plan for communication with civil society, social movements and other identified allies for the different phases of the work