

PROGRAM



Launch Conference

11. February 2014 12:00–3:45 PM



What are the Political Root Causes of Global Health Inequities?

Gamle festsal

Domus Academica,
Karl Johans gate 47, Oslo

Reception at 3:45 PM
in the Law Faculty Library,
Domus Bibliotheca



Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION

PROGRAMME



11 February 2014

Welcome address

Jeanette H. Magnus

Head of the Institute of Health and Society, UiO

Improving Global Health through Foreign Policy

Børge Brende

Norwegian Minister of Foreign Affairs

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

Ole Petter Ottersen

Commission chair and rector of UiO

What does the Commission mean for Global Health?

Richard Horton

Editor, The Lancet

Health is too important to be left to health ministers alone – Why health needs to be everybody's business

Jonas Gahr Støre

Member of Parliament, Former Foreign Minister (2005-2012) and
Health Minister (2012-2013) of Norway

The Role of Civil Society in Global Governance for Health

Jashodara Dasgupta

Co-chair of the Commission

Coffee Break

Music by **Laura Ellestad**, Hardanger fiddle

WHO's role in Global Health Governance and Governance for Global Health

Gaudenz Silberschmidt

Senior Adviser to the Director General of the WHO

Closing the Gap in My Generation

Unni Gopinathan

Head of the Lancet-UiO Youth Commission

Video Address

Amina J. Mohammed

Special Adviser to the UN Secretary General on Post 2015
Development Planning

Panel debate:

Prospects for Change: Reaching Globally Beyond the Health Sector

Chair: **John-Arne Røttingen** (Acting Deputy Director General, Norwegian
Institute of Public Health, Adjunct Professor of Health Policy, University of Oslo)

Panel: **Sakiko Fukuda Parr** (Professor, The New School New York and member
of the Commission), **Ayanda Ntsaluba** (Executive Director, Discovery Holdings,
South Africa and member of the Commission), **Ilona Kickbusch** (Director of the
Global Health Program at the Graduate Institute of International and
Development Studies in Geneva), **Bjørn-Inge Larsen** (Permanent
Secretary General, The Norwegian Ministry of Health and Care Services),
Dagfinn Høybråten (Board Chair, GAVI Alliance)

Closing remarks

Ole Petter Ottersen

Commission chair and rector of UiO

Reception

3.45 PM at Law Faculty Library

For more information

www.uio.no/global-governance-health/

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Biographies of the participants



Ole Petter Ottersen (Norway)

Ole Petter Ottersen (MD, PhD) is chairman of The Lancet – UiO Commission and Rector (President) at the University of Oslo. He is also professor of medicine. He has been Vice-Dean of Research at the Medical Faculty, and headed the Center for Molecular Biology and Neuroscience – one of Norway's centers of excellence. Ottersen was chief editor of the Neuroscience – the journal of the International Brain Research Organization – from 2006 to 2009. He has been awarded several prizes for his research. (Photo: UiO)



Børge Brende (Norway)

Mr Børge Brende is the Norwegian Minister of Foreign Affairs, with responsibility for both foreign affairs and development. Before taking up his present post, he was Managing Director of the World Economic Forum (2011-13), and before that Secretary General of the Norwegian Red Cross (2009-11). From 2003 to 2004, he was Chairman of the UN Commission on Sustainable Development. Mr Brende has previously held several political posts, such as Minister of Trade and Industry (2004-05) and Minister of the Environment (2001-04), and has also been a Member of the Storting (Norwegian parliament). (Photo: Lise Åserud/NTB Scanpix)



Jashodhara Dasgupta (India)

Ms. Jashodhara Dasgupta is the vice-chair of The Lancet – UiO Commission and the Coordinator of SAHAYOG (Lucknow), an NGO working with women's health and gender equality using human rights frameworks. She has been working with issues of women's rights in Uttar Pradesh for nearly 25 years and is currently a researcher and policy advocate on sexual and reproductive health and rights. (Photo: UiO)



Dr. Richard Horton FRCP FRCPCH FmedSci (UK)

Richard Horton is Editor-in-Chief of The Lancet, Council member of University of Birmingham and a Senior Associate of the UK health-policy think-tank, the Nuffield Trust. Horton qualified in physiology and medicine from the University of Birmingham, and is an honorary professor at the London School of Hygiene and Tropical Medicine, University College London, and the University of Oslo. He has written reports and books about medicine and health, among them Health Wars (2003). In 2011, he was appointed co-chair of the independent Expert Review Group overseeing delivery of the UN Secretary-General's Global Strategy of Women's and Children's Health and was elected a Foreign Associate of the US Institute of Medicine. He has a strong interest in global health and medicine's contribution to our wider culture. (Photo: University of Pennsylvania)



Jonas Gahr Støre (Norway)

Mr. Jonas Gahr Støre is a Member of Parliament for the Labour Party. He is former Minister of Health (2012-13) and Foreign Minister (2005-12). In the period 1998-2000, Jonas Gahr Støre was Executive Director at the World Health Organization. He is also former Secretary General of the Norwegian Red Cross (2003-05). (Photo: St. Olav's Hospital)



Dr. Gaudenz Silberschmidt (Switzerland)

Dr. Gaudenz Silberschmidt is Senior Adviser in the office of the Director General at the World Health Organization. Before joining WHO in 2012 he was Ambassador for Global Health of Switzerland, where he was heading since 2003 the International Affairs Division of the Swiss Federal Office of Public Health. He represented Switzerland on the WHO Executive Board and in several health negotiations. From 1998-2003 he directed the International Society of Doctors for the Environment (ISDE), a nongovernmental organization. (Photo: Medicusmundi.ch)



Unni Gopinathan (India/Norway)

Unni Gopinathan is a medical doctor, PhD. candidate at Oslo University Hospital and head of the Lancet – UiO Youth Commission. He was Liaison Officer to the World Health Organization for the International Federation of Medical Students' Associations (IFMSA) (2010-11), and Global Health Fellow in the Duke Program on Global Policy and Governance in 2011. (Photo: Gorm Kallestad/Scanpix)



John-Arne Røttingen (Norway)

Dr. John-Arne Røttingen is Adjunct Professor in health policy at the University of Oslo, Acting Deputy Director General and incoming Director of Infectious Disease Control at the Norwegian Institute of Public Health. He is also visiting Professor at Harvard School of Public Health and Institute and visiting Scholar at the Harvard Global Health Institute. Røttingen is a former director of the Norwegian Knowledge Centre for the Health Services and serves as chair of the Alliance for Health Policy and Systems Research at WHO. (Photo: UiO)



Sakiko Fukuda Parr (Japan)

Professor Sakiko Fukuda-Parr is member of the Lancet – UiO Commission. She is a development economist and professor of International Affairs at the New School in New York, and has worked on a broad range of issues related to global poverty and development. She was the lead author and director of the UNDP Development Reports (1995-2004). She was appointed as Vice-Chair to the UN Committee for Development Policy and serves on boards of several NGOs that advocate human rights and technology for development. (Photo: UiO)



Ayanda Ntsaluba (South Africa)

Dr. Ayanda Ntsaluba is member of the Lancet – UiO Commission and Executive Director of Discovery Holdings. Discovery is an integrated financial services organization and the largest administrator of Health Insurance in South Africa. Ntsaluba served as Director-General of Health in South Africa (1998-2003) and as Director-General of Foreign Affairs of South Africa (2003-11). During his time in office he coordinated South Africa's participation in the Foreign Policy and Global Health Initiative. (Photo: UiO)



Ilona Kickbush (Germany)

Professor Ilona Kickbush is Director of the Global Health Program at the Graduate Institute of International and Development Studies in Geneva. She is known for her contributions to innovation in public health, health promotion and global health. Kickbush has contributed significantly to the new field of global health diplomacy. She has published widely on this subject – including a textbook on global health diplomacy – as well as on the wider issues of global health and foreign policy. She is a member of a number of policy networks in this field including the Global Health Diplomacy Network (GHD-NET). (Foto: Thinkers.au)



Bjørn-Inge Larsen (Norway)

Mr. Bjørn-Inge Larsen is Secretary of Health and Care Services. Larsen was Director General for Health (2002-13) and has served on the Executive Board of the World Health Organization (2010-13). He is currently chair of the health committee of OECD. In global health, Larsen has been engaged in the shortage of health workforce in developing countries, in social inequalities in health and in the epidemic of non-communicable diseases. (Photo: Health Directorate)



Dagfinn Høybråten (Norway)

Mr. Dagfinn Høybråten is the Chair of the GAVI Alliance Board, a global private public partnership for immunization of children in low income countries. He is Secretary General of the Nordic Council of Ministers and previously served as Minister of Health (2001-04 and 1997-2000), Minister of Labour, Vice President of the Norwegian Parliament and Party leader of Norway's Christian Democrats (2004-11). As Minister of Health, Mr. Høybråten introduced the total ban on smoking in restaurants and bars, making Norway one of the first countries to do so. (Photo: krf.no)



Jeanette H. Magnus (Norway)

Jeanette H. Magnus is the Head of Department at the Institute of Health and Society at the University of Oslo and has been the administrative director of The Lancet-University of Oslo Commission. She has a Medical and Philosophy Doctorate from the University of Tromsø and has previously held positions as Director of Tulane Xavier National Center of Excellence in Women's Health, Head of Maternal and Child Health Section in the Department of Community Health Sciences in Tulane University School of Public Health and Tropical Medicine, and Clinical Professor in the Department of Medicine at Tulane University School of Medicine.

Prospects for Change

EXECUTIVE SUMMARY

DESPITE LARGE GAINS in health over the past few decades, the distribution of health risks worldwide remains extremely and unacceptably uneven. Although the health sector has a crucial role in addressing health inequalities, its efforts often come into conflict with powerful global actors in pursuit of other interests such as protection of national security, safeguarding of sovereignty, or economic goals.

THIS IS THE starting point of The Lancet–University of Oslo Commission on Global Governance for Health. With globalisation, health inequity increasingly results from transnational activities that involve actors with different interests and degrees of power: states, transnational corporations, civil society, and others. The decisions, policies, and actions of such actors are, in turn, founded on global social norms. Their actions are not designed to harm health, but can have negative side-effects that create health inequities. The norms, policies, and practices that arise from global political interaction across all sectors that affect health are what we call global political determinants of health.

THE COMMISSION ARGUES that global political determinants that unfavourably affect the health of some groups of people relative to others are unfair, and that at least some harms could be avoided by improving how global governance works. There is an urgent need to understand how public health can be better protected and promoted in the realm of global governance, but this issue is a complex and politically sensitive one. Global governance processes involve the distribution of economic, intellectual, normative, and political resources, and to assess their effect on health requires an analysis of power.

THIS REPORT EXAMINES power disparities and dynamics across a range of policy areas that affect health and that require improved global governance: economic crises and austerity measures, knowledge and intellectual property, foreign investment treaties, food security, transnational corporate activity, irregular migration, and violent conflict. The case analyses show that in the contemporary global governance landscape, power asymmetries between actors with conflicting interests shape political determinants of health.

WE IDENTIFIED FIVE dysfunctions of the global governance system that allow adverse effects of global political determinants of health to persist. First, participation and representation of some actors, such as civil society, health experts, and marginalised groups, are insufficient in decision-making processes (democratic deficit). Second, inadequate means to constrain power and poor transparency make it difficult to hold actors to account for their actions (weak accountability mechanisms). Third, norms, rules, and decision-making procedures are often impervious to changing needs and can sustain entrenched power disparities, with adverse effects on the distribution of health (institutional stickiness). Fourth, inadequate means exist at both national and global levels to protect health in global policy-making arenas outside of the health sector, such that health can be subordinated under other objectives (inadequate policy space for health). Lastly, in a range of policy-making areas, there is a total or near absence of international institutions (eg, treaties, funds, courts, and softer forms of regulation such as norms and guidelines) to protect and promote health (missing or nascent institutions).

RECOGNISING THAT MAJOR drivers of ill health lie beyond the control of national governments and, in many instances, also outside of the health sector, we assert that some of the root causes of health inequity must be addressed within global governance processes. For the continued success of the global health system, its initiatives must not be thwarted by political decisions in other arenas. Rather, global governance processes outside the health arena must be made to work better for health.

THE COMMISSION CALLS for stronger cross-sectoral global action for health. We propose for consideration a Multistakeholder Platform on Governance for Health, which would serve as a policy forum to, provide space for diverse stakeholders to frame issues, set agendas, examine and debate policies in the making that would have an effect on health and health equity, and identify barriers and propose solutions for concrete policy processes. Additionally, we call for the independent monitoring of how global governance processes affect health equity to be institutionalised through an Independent Scientific Monitoring Panel and mandated health equity impact assessments within international organisations.

THE COMMISSION ALSO calls for measures to better harness the global political determinants of health. We call for strengthened use of human rights instruments for health, such as the Special Rapporteurs, and stronger sanctions against a broader range of violations by non-state actors through the international judicial system.

WE RECOGNISE THAT global governance for health must be rooted in commitments to global solidarity and shared responsibility through rights-based approaches and new frameworks for international financing that go beyond traditional development assistance, such as for research and social protection. We want to send a strong message to the international community and to all actors that exert influence in processes of global governance: we must no longer regard health only as a technical biomedical issue, but acknowledge the need for global cross-sectoral action and justice in our efforts to address health inequity.

KEY MESSAGES

- The unacceptable health inequities within and between countries cannot be addressed within the health sector, by technical measures, or at the national level alone, but require global political solutions
- Norms, policies, and practices that arise from transnational interaction should be understood as political determinants of health that cause and maintain health inequities
- Power asymmetry and global social norms limit the range of choice and constrain action on health inequity; these limitations are reinforced by systemic global governance dysfunctions and require vigilance across all policy arenas
- There should be independent monitoring of progress made in redressing health inequities, and in countering the global political forces that are detrimental to health
- State and non-state stakeholders across global policy arenas must be better connected for transparent policy dialogue in decision-making processes that affect health
- Global governance for health must be rooted in commitments to global solidarity and shared responsibility; sustainable and healthy development for all requires a global economic and political system that serves a global community of healthy people on a healthy planet

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



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

Ole Petter Ottersen (chair), Jashodhara Dasgupta, Chantal Blouin, Paulo Buss, Virasakdi Chongsuvivatwong, Julio Frenk, Sakiko Fukuda Parr, Bience Gawanas, Rita Giacaman, John Gyapong, Jennifer Leaning, Michael Marmot, Desmond McNeill, Gertrude Mongella, Nkosana Moyo, Sigrun Møgedal, Ayanda Ntsaluba, Gorik Ooms

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