

The Role of Institutions & the Regulatory Environment for Promoting OH

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ONE HEALTH GLOBAL GOVERNANCE OF INFECTIOUS DISEASES

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Questions guiding this session

- How should One Health (OH) & health equity principles & practices be *institutionalized* in global health governance & infectious disease (ID) response?
- What are some potential tools or regulatory mechanisms, & how do these mechanisms produce – or not produce – change?
- What needs to be done, by whom, to incorporate OH principles into global health governance & ID response?
- This requires: theory of power; theory of change

Academic articles: perspectives on power & change in global politics (including global health governance)

Avant, Finnemore & Sell:
“Who Governs the Globe?”

Gostin:
“Imagining Global Health with Justice”

Dzingirai et al: “Structural Drivers of Vulnerability to Zoonotic Disease in Africa”

Examples of specific tools & mechanisms for achieving change in global health governance

World Bank One Health Operational Framework

Declaration of Alma Ata

International Health Regulations
(also Framework Conventions – see Gostin)

Avant, Finnemore & Sell: “Who Governs the Globe?”

Key claims / assumptions:

- Many actors, not just states, can exercise power in global politics
- Power (authority) can take many forms: moral, expert, capacity

Important questions to ask when studying global governance mechanisms:

- Who has power? Why do they have power? What sort of power (authority) do they exercise?

Gostin: “Imagining Global Health with Justice”

Key claims / assumptions:

- International & domestic laws can & should advance social change, justice
- Decision-making should be participatory, but states & multilateral orgs have greatest power, authority, capacity to act

Important questions to ask when studying global governance mechanisms:

- Does this contribute to achieving global health (or OH) *with justice*? Is this mechanism legally binding?

Dzingirai et al: “Structural Drivers of Vulnerability to Zoonotic Disease in Africa”

Key claims / assumptions:

- Current global inequities are the result of history & global political economies
- Vulnerability is produced by structural drivers
- Need to address underlying political, economic & social relations
- To achieve change, power relations must be transformed

Important questions to ask when studying global governance mechanisms:

- Does this address structural violence, or structural drivers of vulnerability?
- What are the politics & power relations at work here?

Avant, Finnemore & Sell:
“Who Governs the Globe?”

Different actors can exercise power through different mechanisms; all have potential to catalyse change. Therefore, no preference for a specific type of tool or mechanism.

Gostin:
“Imagining Global Health with Justice”

International & domestic law are the most powerful mechanisms to make states accountable for meeting right to health obligations. Therefore, preference for legally binding tools / mechanisms.

Dzingirai et al: “Structural Drivers of Vulnerability to Zoonotic Disease in Africa”

Deep structural change is needed to transform inequitable global power relations. Therefore, technical tools insufficient; implied preference for normative tools / mechanisms; no preference re: binding or non-binding.

World Bank One Health Operational Framework

Declaration of Alma Ata

International Health Regulations
(also Framework Conventions – see Gostin)

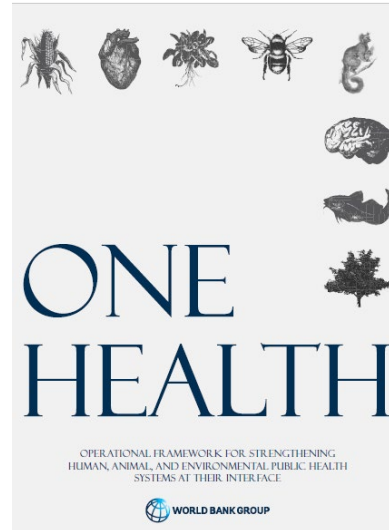
Non-binding mechanisms:
no force of law; work through power of expert or moral authority, norms, values, 'peer pressure'; can be technical or normative

Legally binding mechanisms:
work (in principle) through power of international & domestic law; require domestic ratification by states

Non-binding technical guidance: World Bank One Health Operational Framework

Critiques / limitations: Not legally binding; not directly addressing structural drivers

Strengths: not 'too political'?
May seem more feasible, realistic to implement



Lessons for OH & ID governance:

- 'technical' ≠ narrow, limited scope or impact
- Who has power, why?: Role of expert authority

Non-binding normative statements: Declaration of Alma Ata, 1978

Strengths: names & seeks to address structural drivers & health inequities

Critiques / limitations: not legally binding; did not achieve health for all by the year 2000

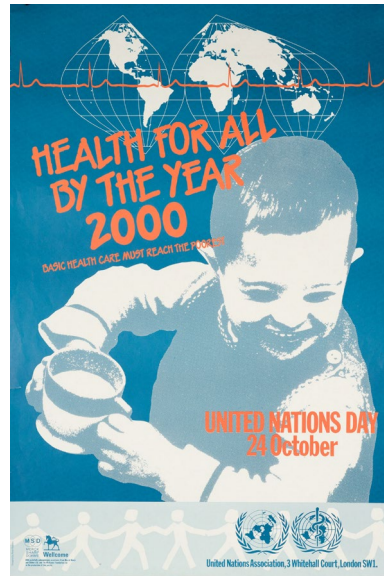


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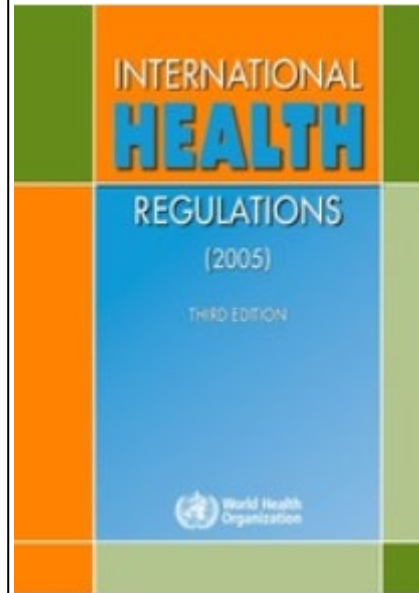
Lessons for OH & ID governance:

- Ambitious declarations are possible even in a deeply divided world
- Importance of context, incl. geopolitical context

International Health Regulations

Strengths: legally binding;
well-institutionalized

Critiques / limitations: lack
financing, enforcement;
domestic implementation
challenges; does not address
structural drivers / justice;
WHO capacity



Lessons for OH & ID
governance:

- Legally binding \neq effective domestic implementation
- There is no getting away from / outside of politics!



Image by Gordon Johnson from pixabay.com