Between Chaos and Choreography Who Decides on the Architecture of International Health Policy?

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Summary: Over the past few decades, policy-making on international health has undergone an unparalleled transformation: from intergovernmental cooperation within the World Health Organization framework towards a complex—some call it chaotic—landscape occupied by international organizations, public-private partnerships and powerful foundations. However, an historical approach reveals a dense web of interactions. Such an analysis of ordering processes shows an architecture that binds actors in international health together.

The international crisis caused by the West African Ebola epidemic of 2014 and 2015 once again called attention to the cross-border nature of the challenges facing health policy. Global health is an urgent issue of our times. In this case, it was a bat in a hollow tree in Guinea that put human welfare at risk worldwide. Major epidemics have always pushed international cooperation in the health sector to the top of foreign policy agendas: the plague, cholera, yellow fever, HIV, avian influenza, swine flu, SARS, MERS—the list is now a long one. Since 1990, and especially since the turn of the millennium, health policy has experienced an unprecedented transformation with respect to protagonists, institutions, and subject matter.

Today, it is no longer only ministers of health and foreign affairs that decide on joint strategies for combating cross-border health hazards. Rather, international health policy is shaped by a multiplicity of partnerships between state and private actors. The World Health Organisation (WHO) and other international organizations such as the World Bank and the United Nations Children's Fund (UNICEF) cooperate routinely on health issues with business enterprises, research institutes, faith-based organizations, organizations of interested parties, and business consultants.

After its establishment in 1948, the WHO exercised a relatively modest mandate for many decades. It had been established to enable international coordination in the health field, above all providing expertise for member states and developing and supervision norms and standards. The WHO focused on the fight against communicable diseases and prevention through global vaccination programmes. Observers agree that its greatest success to date was the worldwide eradication of smallpox in 1979.

In 1988, the global community set out to eradicate a second virus from the face of the earth: the polio virus, which at that time affected an estimated 350,000 people per year. In one of 200 cases, this virus causes lifelong paralysis, above all of the legs, and in some cases can have lethal consequences. Since the establishment of the Global Polio Eradication Initiative (GPEI) in 1988—a partnership between the WHO, the American Center for Disease Control and Prevention, Rotary International, and UNICEF—the number of new infections has been reduced to almost zero. But only almost. To this day, polio remains a serious health problem in Pakistan and Afghanistan. The doubtless historic success in containing polio is shaky. In 2014, the WHO proclaimed an international health emergency when the polio virus once again began to spread rapidly in Pakistan, Cameroon, Syria, and other countries. The violent conflicts of present times and the concomitant waves of refugees have shown how fast polio can once more develop into a public health problem and how difficult it is to conduct vaccination campaigns in conflict zones. Although the number of new infections was at a relatively low level in 2014 (356 registered cases), the financial and logistical effort to eradicate the virus was enormous.

The global strategy against polio has been the most comprehensive worldwide health programme to date. It shows graphically how cooperation in this field has changed over the past 25 years—from health diplomacy between states to global health governance by state and non-state actors. In the course of unprece-

dented privatization of global policy after 1990, coupled with a legitimacy crisis in almost all international organizations, global health policy underwent tectonic shifts that have shaped the entire policy area to this day. International organizations (IOs) opened their doors in unparalleled measure to private actors; private actors pushed their way into IOs, civil society and economic actors organized themselves beyond national and international forums and institutions. Between 1990 and 2000 alone, the number of private actors in global health policy multiplied. For example, there has been a sharp increase in the number of public-private partnerships addressing single diseases, in which business enterprises and private foundations are particularly prominent. Between 1988 and 2013, Rotary International invested $1.2 billion in the global polio strategy. In 2007, the Gates Foundation became involved in the Global Polio Eradication Initiative and has since spent a further $1.9 billion on the programme. Spending on polio reflects the general growth in financial resources for global health: between 1990 and 2010, development funding in this field quadrupled worldwide.

Most scholars addressing this shift in the health sector complain about growing complexity. Fragmented, chaotic, perplexing, ungovernable—such adjectives mark the current discourse on global health policy. Research on global health governance has shown underperformance in the face of overabundant resources, institutional fragmentation, and a collision of regulatory systems. The polio discourse has also fundamentally changed over the years. Unlike HIV, for example, polio is an infectious disease that has long been known and is easy to treat—and the landscape of international actors is reasonably limited. Nevertheless, the virtually insurmountable barriers to eradicating the virus meanwhile show how complicated a problem polio is. Polio demonstrates the problems of limited statehood; the fight against polio suffers from inadequate coordination and harmonization. Polio stands for a fragmented global health policy.

Many scientists and practitioners see the Achilles' heel of the entire health policy field in the lack of coordination and cooperation among the protagonists of international health policy. Once again, the Ebola virus shook governments awake around the world and triggered a flood of activities aimed at lending coherence to health policy and embedding it in an identifiable architecture. The feverish search for what holds global health policy together, for choreography and oversight shapes the current debate.

Our investigation of global health governance by reconstructing the historical relations between international organizations reveals multiple, evolving types of interaction: knowledge transfer and joint knowledge production, for example in expert bodies; bilateral strategic consultations or joint monitoring and evaluation systems; legal interaction, for instance, in the form of formal cooperation agreements or board membership of traditional intergovernmental organizations in more recent public-private partnerships such as the global vaccination alliance GAVE or the global fund for combating AIDS, tuberculosis, and malaria.

Relations between global health organizations and initiatives constitute a dense web of connections ranging from legal aspects and expertise to joint policy making and harmonized administrative procedures. This web grows, shrinks, and changes over time, but it constitutes a recognizable order between organizations. This finding contradicts the sweeping judgement that relations between organizations in health policy are hopelessly complex, bewildering, and fragmented.

The historical perspective shows that cooperation constantly changes in nature: new types of interaction develop, others are relegated to the background but do not entirely disappear. Until the late 1980s, for example, interaction between the WHO and UNICEF in the field of basic immunization was largely limited to the exchange and further development of technical expertise and the bilateral coordination of existing development projects such as national vaccination campaigns to eradicate polio. Later, cooperation increasingly took the form of network-like interaction—for instance in creating disease-specific public-private partnerships such as the Global Polio Eradication Initiative, which only massive

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resource mobilization by Rotary International made possible. Looking at the many types of interaction between international health organizations that have developed since 2010, it is clear that forms of cooperation and the institutional landscape itself have been addressed more intensively and with extensive organizational reforms. In other words, there is a growing awareness among organizations about how they tackle cooperation and what place and what authority each organization has within such cooperative structures. In both the Global Polio Eradication Initiative and the Global Vaccination Alliance, there has been a great deal of controversy about the extent to which public-partnerships ought to unite their efforts in the fight against polio.

In our view, taking a historical perspective on global health policy is essential to focus awareness on how discursively established standards and stocks of knowledge determine "good governance" and how these standards are negotiated and institutionalized between organizations. In the light of the current discussion on the reform of global health architecture, it is imperative to ask what ideas about good international and global organization have shaped and are shaping health policy. It must be asked how such discourses about good global health policy affect action and relations between actors.

Another question is the principles by which global health policy should be ordered—and who ought to decide that better organization is needed. There are signs in the current debate about improving the choreography of international health policy that coordination is becoming an end in itself.

Harmonization and effectiveness are being lauded as cure-alls where international organizations and global public-private programmes fail to meet their often very ambitious goals (such as the entire eradication of polio). But are the superordinate goals set the right ones? Are the actors that dominate global health policy and their programmes appropriate? Do other actors, for example from the global South have perhaps quite different ideas about what constitutes good global health policy? Scholars and practitioners are still to answer these substantial questions.

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References

Holzscheiter, Anna: "Interorganisationale Harmonisierung als sine qua non für die Effektivität von Global Governance? Eine soziologisch–institutionalistische Analyse interorganisationaler Strukturen in der globalen Gesundheitspolitik." In: Eugénia da Conceição–Heldt/Martin Koch/Andrea Liese (Eds.): Internationale Organisationen. Politische Vierteljahresschrift, 2015, special edition 49, pp. 322–348.

Holzscheiter, Anna: Restoring Order in Global Health Governance. CES Open Forum Series. Cambridge, MA: Center for European Studies, Harvard University 2015.
Jessop, Bob: "Metagovernance." In: Mark Bevir (Ed.): The SAGE Handbook of Governance 2014, pp. 106–123.

Lidén, Jon: The Grand Decade for Global Health: 1998–2008. Centre on Global Health Security Working Group Papers. Working Group on Global Governance, Paper 2. London: Chatham House 2013.