

Global Governance for Health

(i.e., questions involving the connections between health and other regimes [sectors])

Multi-sector and stakeholder collaboration: What is the role of an FCGH in encouraging collaboration within countries among different sectors (e.g., health, water, education, finance, agriculture, etc.) and stakeholders (e.g., government, civil society, communities, etc.)? How might it do so?

Elevating status of health and right to health in other international regimes: How should the FCGH elevate health in international legal regimes outside the health sector, particularly ones that can come into conflict with health? How can international law best be shaped through the FCGH to elevate health in this regard? What exactly should state responsibilities be in these other regimes? To respect and protect the right to health? What about more affirmative obligations with respect to fulfilling the right to health?

Specific ways to address health and other international regimes: Are these other international regimes (e.g., trade, intellectual property, agriculture) that the FCGH should specifically address? Which ones? Should the FCGH include specific requirements in these areas? If so, which areas, and what requirements (e.g., informing adaptation measures that will reduce the health impact of climate change, ensuring that intellectual property agreements and laws do not interfere with public health including access to medicines [such as agreement on ensuring TRIPS/Doha Declaration flexibilities in bilateral and regional agreements?], and regulating “land grabs” [the large-scale foreign purchase of land in developing countries, which can threaten food security])? Would FCGH protocols likely address more detailed requirements in these areas?

Respecting right to health abroad: Should the FCGH specify responsibilities countries have to prevent other transnational activities from harming health abroad, such as international health worker recruitment, transnational pollution, and the impact of climate change? What are existing responsibilities in these areas (e.g., the Global Code of Practice on the International Recruitment of Health Personnel), what could the FCGH add to them? To what degree of precision should the FCGH prescribe ways in specific areas for states to prevent harming the right to health in other countries?

Economic policy constraints: How (and how much) do macroeconomic (or other economic, e.g., trade regime) policies constrain national health spending, or otherwise impede health, in developing countries? In practice, what control do developing countries (and other countries seeking support from international financing institutions) themselves (as opposed to international financial institutions) have over these policies? Are there specific changes needed in international financial institution practices that would enable countries to increase health and health-enhancing spending? If so, what, and should the FCGH respond to the need for these changes? Similarly, outside of international financial institutions, such as in the area of trade, are there rules or policies that impede on health and health-enhancing government spending? How should these be changed, and what is the role of the FCGH in these changes? [NOTE: Question also in the Funding section.]