

# Global Health Governance

(i.e., questions addressing health-related institutions and structures)

Relationship between FCGH and other international health law: How, if at all, should the FCGH relate to existing binding global health law (the International Health Regulations, the Framework Convention on Tobacco Control)? Should it apply any of its compliance and enforcement mechanisms to these other legal instruments? And how should the FCGH relate to non-binding global health law (e.g., codes of practice, World Health Assembly resolutions, WHO global strategies)? Should the FCGH incorporate key elements of these? If so, which? Should the FCGH incorporate any of these indirectly, such as having WHO strategies in particular health areas form the standards for aspects of the universal conditions of good health to which everyone would be entitled under the FCGH?

Regional health responsibilities: Should the FCGH include any regional health responsibilities? What regional responsibilities and mechanisms can enhance regional health solidarity for reducing inequities within regions?

World Health Organization: What is needed for WHO to achieve its constitutional role as the coordinating authority on international health work? What role should the FCGH have in supporting WHO, including with respect to ensuring it sufficient and flexible funds?

Global health coordination: What are the main obstacles to global health coordination? What are the most effective ways to improve global health coordination, cooperation, and collaboration, and how could these be incorporated into the FCGH?

Innovation: What are new and emerging mechanisms and models through which the FCGH could address innovation, access to medical products, access to knowledge and information, and other ways of improving health?

Joint Assessments of National Strategies: What role might the Joint Assessment of National Strategies (JANS) (<http://www.internationalhealthpartnership.net/en/key-issues/national-health-planning-jans/>) (a process where strategies are jointly reviewed people involved in developing the strategies and by independent stakeholders ) or comparable process have in future global health governance structures?

States in conflict or upheaval: How, if at all, should the FCGH address special needs to best ensure essential health services and other conditions required for good health for people who live in conflict areas over which the state lacks authority, as well as in post-conflict states? What about states experiencing other political, social, or economic upheaval that disrupts health and social systems?

NGO regulations: Should the FCGH include responsibilities or guidelines for NGOs, particularly international NGOs, such as on transparency (e.g., of overhead costs, how they are using their money, how many local compared to international staff they employ)? Should it have a mechanism for coordinating NGOs in response to natural disasters and humanitarian crises to

reduce competition for funds (and thus improve efficiency)? If so, would these responsibilities come in the form of state regulation of their NGOs? What dangers would that create of using the FCGH to suppress NGOs that are critical of the government?

Transnational corporations and other transnational non-state actors: How could the FCGH exert control over transnational corporations (and other transnational non-state actors)? Upon which states should the obligations to regulate these corporations fall (e.g., states where corporation is incorporated)? What regulatory mechanisms should states employ? [Note question also in the Right to Health section.]

Obligations of non-state actors: Should the FCGH create direct obligations on corporations (and other non-state actors), as opposed only through states as the intermediaries, with requirements to regulate non-state actors? If so, how would the FCGH create these direct obligations, particularly assuming that non-state actors are not direct parties to the FCGH? [Note question also in the Right to Health section.]