

GLOBAL PUBLIC GOODS FOR HEALTH IN A DIVIDED WORLD

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Global public goods for health: A tale of two decades

In *Our Common Agenda*, the UN Secretary-General seeks to rejuvenate global governance so that collective-action mechanisms can improve outcomes for peace and security, sustainable development, and human dignity. *Our Common Agenda* considers these outcomes to be “global public goods.” This roundtable’s focus is on governance “mechanisms that support improvements in human health outcomes as global public goods.”

The global-public-goods concept was prominent in the late 1990s and the 2000s largely through the UN Development Programme’s work. It informed efforts to reform global health governance to produce “global public goods for health.” During this period, balance-of-power politics and ideological competition did not characterize international relations. The United States was the dominant power, globalization was valued, democracy was ascendant, and global health was receiving unprecedented political attention, financial resources, and governance innovation.

However, the century’s second decade suggested that the global-public-goods concept did not meaningfully change global health governance. Countries did not reform the World Health Organization (WHO) or revise the International Health Regulations (2005) after the influenza H1N1 pandemic. The Pandemic Influenza Preparedness Framework arose from low-income countries threatening to undermine global public goods—surveillance and vaccine development—by withholding virus samples to force benefit sharing with source countries.

The Ebola outbreak in West Africa required the UN to intervene when the WHO failed to respond appropriately. Efforts to generate more political attention and financial resources for non-communicable diseases produced disappointing results. Collective action on climate change and biodiversity continued to be inadequate, increasing the health threats associated with such environmental degradation. State and non-state actors weaponized online disinformation in an “infodemic” that threatened health. The decade ended with multilateralism breaking down comprehensively during the COVID-19 pandemic, a disaster that produced collateral damage across domestic and global governance.

The collective-action failure concerning COVID-19 was a symptom of political transformations during the 2010s that made global governance more difficult. The balance of power returned as China and Russia challenged U.S. dominance. China and Russia changed the international distribution of power without prioritizing collective action on global public goods for health, and the United States lost geopolitical ground while pursuing global health leadership.

In addition, ideological competition between democratic and authoritarian countries became fierce. This competition emerged as authoritarianism spread and democracy declined around the world. This pattern developed despite the emphasis major democracies placed on global health. Many democratic and authoritarian governments turned inward with nationalistic and populist policies and embraced disinformation. Countries considered leaders in global health—such as Brazil, India, United States, United Kingdom, and members of the European Union—performed badly during the pandemic.

This “tale of two decades” exposes past problems and future challenges for the global-public-goods concept in global health. In the first decade, the concept emerged in a more benign international system

when global health was experiencing a “golden age.” Despite such advantageous circumstances, the concept did not strengthen global health governance. The transformation of domestic and international politics reflected in the COVID-19 tragedy has produced a far more challenging context for collective action on global health.

The shadow of war

The Russian invasion of Ukraine started a war that threatens to destroy a democracy, destabilize European security, and disrupt the international balance of power. The war elevates geopolitical imperatives, distracts from addressing the damage done by the pandemic, and marginalizes the importance of global health governance reforms. Many have called the invasion a turning point in history. The turn takes global health deeper into an international system riven with problems that make producing global public goods for health difficult.

Global public goods for health in a divided world

Our Common Agenda does not address the political changes that adversely affect whether and how nations engage in collective action. The report does not analyze balance-of-power politics, ideological competition, the rise of authoritarianism, and the decline of democracy. It acknowledges that “populism and inward-looking nationalist agendas” make governance difficult. However, its solution of a “renewed social contract” does not grapple with how geopolitics, ideological animosity, the spread of authoritarianism, the metastasizing cancer of online disinformation, and the continued power of nationalism and populism within countries salinize the common ground needed for collective action. The invasion of Ukraine and its aftershocks reveal how far the world is from a social contract on any issue.

In a divided world, global public goods for health will be produced through a volatile mixture of constrained multilateralism, competitive coalitions of states, and committed non-state actors. Balance-of-power politics and ideological competition will limit international consensus. Global health as a policy area does not offer rival states strategic geopolitical advantages, which reinforces that global health will again be, as it was during the Cold War, “low politics” in international relations.

In this context, concepts used to support production of global public goods for health will develop less expansive meanings. The scope of health “security” will narrow to center on epidemic and pandemic infectious disease threats. Global “solidarity” will not mean equity in access to global public goods for health. It will shift towards the transfer of resources and responsibility that allow countries and regions to develop more autonomous capabilities to produce public goods for health—including for climate change adaptation—and reduce their dependence on more powerful states.

Global health governance in a divided world does not mean global health is entering a “dark age.” During the Cold War, collective action produced results without a global social contract and without health being of any strategic geopolitical importance. During that period, international cooperation at different levels addressed health needs with new strategies and technologies that bettered human well-being. Today and tomorrow, the challenges are different and more difficult than during the Cold War. Progress will depend on finding and working the potentialities underneath the conflict, coercion, and competition that will characterize international politics for the next decade and perhaps beyond.