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Conclusion: The Transformation of Global Health Governance

Abstract: This chapter identifies how transformations in global health governance are reflected in the governances of specific health issues such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), pandemic influenza, tobacco control and access to medicines. It illustrates the importance of ideas such as security, rights, economics, development and bio-medicine in the formation and legitimisation of interests in global health. The chapter explains the link between global health governance and other areas of global governance. It also underscores the multi-sectoral nature of global health governance and how this is reflected in institutions and actors. Finally it suggests that the way forward in improving global health governance is to link health and other concerns both in the framing of issues and in institutional architecture.

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What is global health governance, where does it take place and to what extent has it been transformed? This book argues that global health governance (GHG) is not a coherent set of rules and norms that are made in an easily identifiable setting. Rather, it is made of a variety of policies – some complementary, some disjointed or even conflicting – which are made in multiple sites and at multiple levels of global governance. GHG is part of a wider system of global governance and shaped by policies and institutions in areas like development, security and trade. At the same time, GHG consists of the governance of a variety of specific global health issues, such as HIV/AIDS, pandemic preparedness, tobacco control and access to medicines.

The book set out to interrogate the relationship between these different sites and levels of global health governance. How are macro-level narratives about global governance and global health governance reflected at the mezzo-level, in the ideas and institutions governing specific health issues, such as HIV/AIDS, pandemic preparedness, tobacco control and access to medicines? How is GHG influenced by trends and changes in other areas of global governance, such as international development, security and trade? And to what extent do the governance structures of specific health issues show distinct characteristics and dynamics? In Chapter 1 we highlighted that the narrative of global governance is characterised by a sense of deep transformation that international relations have experienced in the past three decades or so. In particular, we focussed on globalisation as the driver of GHG, the emergence of different framings and the political contestations that this helped to produce, and the proliferation of actors – including private actors – in GHG. This final chapter uses the same template to structure our conclusions.

**Globalisation and GHG**

There is a clear sense that the transformation in governance is driven by globalisation, the notion of a compression of time and space through new information and communication technologies, and a growing interdependence of peoples and states through the opening of markets and the ever faster movement of goods and people. In the narratives of global governance, in general, and GHG, in particular, globalisation has increased the number of problems that span national borders and can, therefore, not be solved by national governments alone. Some of