LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

MUNICH CENTER ON GOVERNANCE, COMMUNICATION, PUBLIC POLICY AND LAW

WORKSHOP SUMMARY

GLOBAL HEALTH AND INTERNATIONAL RELATIONS 19-21ST OCTOBER 2009, MUNICH

Session I: Studying Global Health & Governance

Introduction: Challenge of Global Health (Devi Sridhar)

Edgar Grande (co-chair) gave welcoming comments to the participants, made introductory words and gave a short presentation on the Munich Centre on Governance, Communication, Public Policy and Law with its interdisciplinary framework.

Devi Sridhar (co-chair) also welcomed the participants and started the workshop by explaining some of the objectives of the workshop and some of the possible outcomes, and the structure. The objectives of the workshop were first, to examine the ways in which the research area of global health is being studied by scholars of international relations, second, to see how IR scholars are studying the governance of other sectors such as climate change or migration and to learn from these approaches and see how they might be relevant to global health research.

With the intention to address these objectives she wanted to bring scholars drawn from a number of diverse backgrounds together to extend the conversation beyond health experts – while the main purpose of the workshop is academic. She added, nevertheless, that she is delighted to have Dr. Tikki Pang from the World Health Organization (WHO) participating at the workshop as well as other practitioners.

Following this introduction, Sridhar presented one of the challenges in studying global health: its normative nature– while it may be intellectually interesting in and on itself, global health is important because it involves improving health and reducing illness across the world – with a special emphasis on low and middle- income countries where morbidity and mortality are widespread. And so, global governance becomes, as Tikki Pang has noted, about global problem-solving – how do we actually solve major issues? How do we make sure the research we do is relevant?

She then proposed one of the ways forward that Simon Rushton had addressed in his paper for the workshop. In his paper, he stated that the central problem that scholars of global health are faced with is to explain why global responses are so often misaligned with health needs. Sridhar added that this disjuncture is relevant to many other issue areas as well. She noted that all of the papers identified a disjuncture:

- Why 'wrong' governance responses are adopted and too often the 'right ones' are not adopted (Simon Rushton).

- Why a standard rationalist explanation does not fully explain why it took half a century to agree on the basic set of rules to deal with outbreaks, the international health regulations (Mathias Koenig-Archibugi).
- Why a singular focus on an agreed outcome in the climate negotiations misses the real issues in the climate deadlock- implementation, enforcement and monitoring (Arunabha Ghosh).
- What institutional proliferation means for international cooperation and the change in the role and strategy of the International Organizations (Alexander Betts).
- Why the question is not why states act through formal IOs, but rather how member states re-delegate tasks away from formal institutions to informal agreements which may be instrumental in incrementally adapting IOs to systematic change without altering their formal structure and composition (Jochen Prantl)
- Why the debate on health security has neglected to examine how these debates have transformed our understandings of not only global health, but also security (Stefan Elbe)
- Why neither a principal agent approach, nor a sociological approach, to IOs might explain the behaviour of the WHO (Tine Hanrieder)
- How institutional design might affect the effectiveness of international institutions such as transnational public-private partnerships (Andrea Liese)
- Why the discourse has changed to referring to 'global health initiatives' rather than public-private partnerships (Sonja Bartsch)
- Why just looking at a global regulatory framework neglects a key factor in regulation: the national environment (Christa Altenstetter)

Sridhar ended her introduction with expressing the goal to look across these disjunctures during the workshop to see where similar themes and questions for future collaborative research could be picked out.

Transnational Risk Governance (Edgar Grande)

Grande began his presentation by stressing that his aim is to add an additional sociological perspective towards global health issues and presented the sociological approach of the theory of World Risk Society ('Weltrisikogesellschaft'), mainly referring to the work of Prof. Ulrich Beck. He claimed that this theoretical approach has advantages to look at.

The presentation was structured as follows: first Grande gave a definition of 'Global Risks', he then turned towards the dimensions of World Risk Society, the challenges of World Risk Society, the main problems of Risk Governance and the dilemmas of Global Risk Governance.

First, Grande gave a general introduction to the concept. Global risks have common properties: they are anticipated threats not real catastrophes, they are self-generated and uncertain (contrary to natural disasters), they transcend conventional distinctions between risk and uncertainty as well as existing social and territorial boundaries that might have scientific, social and territorial origins and can affect everybody at every place in the world.

Grande added that the term 'risk' is not used in a conventional meaning; in this context risks are incalculable. Therefore it is completely different from risk management as these risks are unmanageable and are beyond class and nation states. Risks can have several dimensions: they can be technological, environmental, security-related, health-related and can be systemic economic risks.

Contemporary (second) modern societies are 'Risk Societies' (Beck). 'Global Risks' are the most pressing problems of governance, Grande stated. The challenges of global risks, Grande then explained, are located at different levels. There is the governance challenge, as global risks require new types of perspective and regulatory activity. There is the epistemological challenge as regulation has to take place on the basis of insecure and incomplete knowledge (so-called 'unknown unknowns'), the institutional challenge as global risks require new institutional frameworks of transnational governance (international institutional design is inappropriate and needs a new design) and the political challenge as global risks produce new political conflicts, cleavages, and forms of global mobilization.

Grande then talked about the main problems of Risk Governance. First, he mentioned the mediatization of risk construction and risk communication (how are global risks, their urgency, alternative regulatory options, responsible governance actors, the legitimacy of political actions, etc., being constructed by mass media?). Then there is the institutional fragmentation and complexity (what is the most appropriate institutional design for global risk governance? What are the causes and consequences of the existing institutional fragmentations? Are there new, alternative modes of institutional coordination and cooperation?). Another problem, Grande then remarked is the lack of democratic legitimacy and the remaining question of how political authority can be effectively controlled beyond the nation-state and made democratically accountable?

The dilemmas of Global Risk Governance are manifold; Grande stressed three as most important: the dilemma of mediatization as mass media are indispensable in constructing global risks, the effectiveness-legitimacy dilemma as Global Risk Governance tends to lead to informal network types of governance with a high demand for scientific expertise and the so-called 'Cosmopolitan Dilemma': global risks produce cosmopolitan imperatives, a variety of (partly competing and conflicting) cosmopolitan modernities and strong pressures to re-nationalize political responses at the same time.

<u>Lead discussant:</u>
Jochen Prantl structured his comment in five areas:

1.) well known criticisms of Beck's theory of World Risk Society
2.) dimensions of World Risk Society related to globalization,
3.) institutional design and gaps,
4.) governance as a preventive activity, and the
5.) main problems of risk governance.

In his criticism to the theoretical approach he stated that the concept seems as an effort to describe the Western world. It seems to be a Western society perspective of modernity and the question occurred to him whether China could be regarded as a Risk Society and what the characterization of global risks would be. The concept, he claimed, comes from a Westphalian system's perspective and describes its status. He questioned whether very strong states in South and East Asia have the same notion of modernity. Thus perhaps, different types of modernity exist.

Prantl then talked about the dimensions of Global Risk Governance and urged to keep in mind density and deformity processes. He stressed that risks are not equally distributed across the world and the demands to governments are different as are the answers and reactions to them.

The analysis of institutions bares problems, Prantl then commented. He said that it is difficult to compare international institutions as for instance in East Asia, institutions have a

completely different role. Therefore, Prantl called for an analysis of governance processes instead of institutions. Prantl's fourth point related to the difficulties of implementing preventative activity- he noted that when there are competing agendas, the cost of not doing something is hard to estimate and thus it becomes difficult to generate political will. Finally he questioned the added value of 'risk governance' as a concept.

Group discussion:
Stefan Elbe mentioned that he questions some parts of Beck's theoretical framework, especially in relation to health problems. Elbe pointed out that he sees productive things coming out of those ideas but also sees the problem that the concept might end up prioritizing risks, especially the Western society risks. The resonances to the risks of modernization can be identified. On the other hand there are remaining problems. He gave the example that while HIV/AIDS might be seen as a result of risks of 'modernization' such as transportation and infrastructure, the main transmission route for HIV is still sexual intercourse which is not a problem of modernization

Edgar Grande stated that Beck's perspective needs to be pushed one step further to a cosmopolitan perspective and reported on a workshop last summer at the LMU that dealt with extra-European perspectives with numerous participants from Asia. Those Asian professionals, Grande stated, would say that there is a risk society (for instance in China) but a different one than ours. There are different modes of first and second modernity in competition and even the Western societies have different modernities, one cannot speak of 'one' cosmopolitan modernity. Therefore the basic premises should be reformulated to make them more applicable to global problems, Grande stated and mentioned that the early Beck-perspective can be considered as a very Western perspective, but the perspective is moving towards a different, more appropriate perspective.

Alexander Betts formulated some scepticism about the concept, especially when it comes to the analytical value. He argued that the theory of the World Risk Society mixes up different analytical perspectives, normative and prescriptive elements and raised the question about the added value of the concept (e.g. literature in the security area – what does the concept of World Risk Society add to the concept of securitization? What makes the two concepts distinct?). He raised the question of how the world society should be organized and pointed out the problems of institutional design.

In **Arunabha Ghosh's** opinion vulnerability is the key issue rather than risk itself. Ghosh stated that responsibility of governance is to increase both the ability to adapt to risks and mitigate the possible impact of risks. Actors with resources react and adapt to risks differently in contrast to actors without resources. For this reason vulnerability can be considered as the main problem in the area of risk governance. Ghosh would therefore prefer the notion of 'vulnerability reduction' instead of risk governance, as being an important approach. He said that the approach deals with risks we are trying to keep small. But the risk is in fact responded in different ways and that is where politics comes in as the answer highly depends on available resources.

The crucial question is the added value, **Edgar Grande** admitted. Facing the challenge of problem solving in the sense of a preventive activity as well as activities on hypothetical risks are attempts of problem solving regarding a very specific type of problems. Grande also admitted that the burdens of risks are unequally distributed between AND among societies and in consequence political conflict can occur. So the basic problems of risk governance can

only be handled politically, Grande stressed. He agreed to the suggestion that the framework could be sharpened and revised.

Functional Differentiation in Global Health Governance (Mathias Koenig-Archibugi)

Mathias Koenig-Archibugi's presentation examined functional differentiation in global health governance. He wanted to take a look at problems of regime regulation in terms of fundamental underlying values that those organizations have. He compared different theoretical explanations with the example of international sanitary conventions that are happening since the late 19th century. He is looking from a perspective of the relationship between segmentary and functional differentiation in world society.

Rationalist approaches in that sense provide good explanations of institutionalized cooperation among states but that does not mean they are accurate or sufficient. Therefore, Koenig-Archibugi analyzed three assumptions rationalist explanations imply and then questioned them. First, states rank various possible outcomes according to their contribution to an abstract metric ('utility') and the process through which this commensuration occurs is not theorized. Analytical benefits would occur from focusing on functional differentiation. The second assumption is that the commensuration of health goals, economic goals and political goals occurs within individual states, and processes at the international level play no role in it. Against that assumption it can hypothesised that politically relevant tensions between different functional subsystems are transposed, and possibly resolved, at the international level.. The third rationalist assumption is that international institutions and organizations may help states overcome various bargaining and commitment problems but do not contribute to the process of determining how various values should be weighed against each other. As this field is not very well researched, Koenig-Archibugi wanted to address this issue. In his presentation, he introduced a version of differentiation theory that is compatible with an actor-based approach and shall give room to analyze different forms of coordination.

To explain functional differentiation Koenig-Archibugi consulted two concepts: Talcott Parsons (1956 and 1966) concept of 'functional prerequisites' and the more inductive 'polytheism of values' approach by Max Weber. For a general understanding of functional differentiation he proposed Niklas Luhmann's (1971, 1997) work on social subsystems as systems of communication structures around specific binary codes (like right/wrong). Koenig-Archibugi discussed forms of inter-systemic coordination, which can happen spontaneously and unintentionally but can also be promoted through the creation of institutions that take the role as a broker and facilitate communication and deliberation between actors with different subsystemic conceptions. The result then can be 'transectoral alliances' to reach specific goals.

To demonstrate such cooperations, Koenig-Archibugi shed light on the health/trade/politics interface in nineteenth-century Europe and how each subsystem responded to increases of interaction beyond boundaries of local communities. Relationships between segmental differentiation and functional differentiation in world society are shown through Koenig-Archibugi's example of the international sanitary conferences since the 19th century. He stated that segmentary differentiation was predominant in those conferences because they were different from other scientific conferences as participants were selected according to political criteria. The delegates were negotiating regulations and agreements. However, it is questionable - Koenig-Archibugi claimed - that all the delegates came to the negotiations with already well-defined national positions; on the contrary, genuine deliberation occurred and voting was not strictly based on nationality. This can be interpreted as evidence that functional differentiation mattered even in an intergovernmental context.

In his conclusion, Koenig-Archibugi summarized that international organizations are composed of states and state interests are the driving forces. Nevertheless, the question remains to what extend institutions and organizations perform another function of allowing the coordination of functional subsystems. He had showed that in international negotiations not only segmentary elements were predominant but national goals and values were traded-off within processes of inter-systemic coordination and inter-sectoral coherence. Future work, Koenig-Archibugi noted, is going to examine how this problem was addressed and is addressed in the 20th ad 21st century.

Lead discussant:
Alexander Betts found the paper very interesting, especially since he has similar interests. The presentation, he stated, speaks to the core issue of the actual workshop and the new underexplored field of the politics of global health. He noted the paper had three key steps:

1. There are two forms of differentiation: segmentary (focus on states) and functional (focus on subsystems and with it on policy fields and issue-areas)
2. Each subsystem has its own set of ideas
3. IOs and international institutions facilitate coordination between states and also between different subsystems (inter-state level)

Betts then raised questions first on the theory, and then on the empirics:

On the theory, Betts queried how do know what a subsystem is as an entity? We recognize states, but how can we recognize sub-systems? When are issue areas defined as issue areas? From an IR perspective the state is the unit of analysis. The question is whether issue-areas can also be seen as actors and if so, which actors do we focus on?

He also claimed that policy fields can exist hierarchically and asked which policy field can be regarded as more important (or higher in the hierarchy)? And for those policy fields deemed more important, why and how is this?

On the empirical level, Betts mentioned that the paper shows first, deliberation matters and second, there are competing interests at the international level. However he argued that one does not need to draw on functional differentiation to show this- is the concept really necessary? He also noted that Koenig-Archibugi's upcoming research on health negotiations in the 20th and 21st century could be interesting as it will allow him to analyse the temporal dimension of sub-systems and functional differentiation.

Group discussion:
Andrea Liese noted that the usage of the prisoner's dilemma might not be suitable. She proposed to stress the question of how general state positions were generated and to refer to the two-level literature of Robert Putnam, Helen Milner and others. She also wondered how useful Martha Finnemore's work might be on norms to explaining health negotiations.

Edgar Grande noted that it is difficult to define a sub-system, which he stressed is not the same as an issue-area. He queried the added value of the functional differentiation approach for specific research questions in IR. He mentioned that the Luhmanian theory is based on communication and not on actors, which is a problem when applied to empirical cases. He also referred to the conceptual problems in identifying social systems (e.g. are health and media separate systems or do they belong together?). Can health be considered as a social system in contrast to social systems like science, education and politics?

Session II: Global Health and IR

Struggle for Global Health Governance (Simon Rushton)

Simon Rushton started his presentation by noting that the global health governance literature continually points out that the existing health 'system' is failing to deliver adequate results, especially for the poor. He noted that the GHG literature has put forward a number of explanations for this failure: a lack of resources (or the failure to properly utilize the available resources); a lack of coordination between different institutions and agendas, a problem which is becoming ever more difficult with increased institutional proliferation; and a lack of political will. While these are all real challenges, he argued that there are more fundamental issues underlying governance failure, namely the wrong governance responses being adopted too often, and the right responses not always being scaled-up sufficiently.

Accordingly, Rushton set out a framework which aimed to explain this disjuncture. He argued that the choice of governance responses to a particular health issue is the product of a process of contestation between competing framings of the issue in question. The outcome of this process is subject to both the power of the ideas themselves (which are embodied in well-established cognitive/normative paradigms), and to the power/authority of the actors who advocate for a particular frame. In addition, the structuring logic of neoliberalism is regarded as having a major impact on GHG. (See diagram on p. 9 of paper).

Rushton noted that global health issues are commonly framed in relation to eight paradigms (Biomedicine, Human Rights, Security, Civilization, Economics, Development, Communitarianism, Sovereignty). These overlap in many areas, often come into conflict, and change over time. Drawing on the recent public policy literature which examines the way in which ideas and power combine to produce particular policy outcomes, the paper argues that the ways in which issues are framed locates the debate on a particular discursive terrain and, by identifying, labeling, describing and interpreting a problem in a particular way, a particular way of responding is pre-determined. Actors may select a particular cognitive frame either because it fits with their deep-seated worldviews or for strategic reasons.

Power and authority are also involved in explaining the outcome of contestation over competing frames. Ideas do have a power of their own, but of key importance is who is pushing for a particular argument. Certain actors (e.g. powerful states) are in a privileged position when it comes to persuasively advancing a particular framing. This poses a clear methodological problem; namely, how to show that ideas actually matter in explaining the choice of global health responses, and that it is not just a case of power determining outcomes.

Finally, Rushton discussed the structuring logic of neoliberalism in the field of GHG. He argued that the current hegemony of the neoliberal ideology limits what is sayable, doable and even thinkable in GHG, and that powerful economic actors and financial institutions which operate according to these ideas have become more important in the field of GHG (e.g. the World Bank). Rushton explained the influence of neoliberalism on the different paradigms and stated that the 'deep core' of neoliberalism colonizes other paradigms, like biomedicine.

Lead discussant:
Arunabha Ghosh recalled that Rushton's presentation focused on the gap between disease burdens and government responses: in GHG, why are the 'wrong' governance responses

adopted so often while the right ones are too often ignored? Ghosh pointed out that this can be regarded as an important puzzle for IR scholars as well as for policymakers.

Ghosh concentrated his comments on:

1. Key questions that arose from the paper;
2. The identification of certain methodological challenges; and
3. The relevance of the paper for the field of IR and Global Governance.

The three key questions initially raised by Ghosh related to: the general theme of paradigms addressed in the paper; the specific paradigm of development; and the power of ideas. With respect to how certain paradigms achieve dominance, Ghosh raised the possibility that they are perceived to be value-neutral by the fact that their normative biases are obscured by a 'veil of objectivity'. He indicated that this perception may in fact be false, and recommended that the authors could do well to further investigate such assumptions. Regarding the specific paradigm of 'development', Ghosh agreed with the authors' qualification that the definition of such a paradigm can be interpreted in many different ways. As such, he raised the query as to why the authors did not consider referring to a 'human development and capabilities' paradigm, as he thought that such a paradigm had the potential to bridge some of the tensions in adopting a purely income-based or a purely distributive justice-based paradigm of development. Finally, Ghosh identified the fact that the paper focused significantly on 'the power of ideas'– how not all ideas are benign, how certain ideas gain precedence over others, – and noted that the paper argued that ideas framed within the structure of neoliberalism were more likely to be accepted. Nevertheless, he suggested that it may be preferable to also address the influence of politics on ideas: how do certain ideas win and others lose? The question is to what extent neoliberalism *per se* can explain outcomes once the strategies of contestation between ideas are taken into account.

On the methodological side, Ghosh offered a couple of questions/suggestions: that the distinction between paradigms, frames and outcomes is not that clear, and that the line between power and framing is beginning to blur as well, as sometimes power is disguised as framing. Ghosh raised questions as to: whether material power made it more likely to frame issues; whether success in framing strategies had the potential to increase the power of certain actors; and, whether power obtained in that way increased the possibility of success with a different policy-question. Further, Ghosh questioned if framing would be easier to achieve in the case of common points of reference, e.g. in a regional context, and asked what cases would be studied by the authors to pursue an empirical research agenda?

Considering the relevance of the paper for IR and Global Governance, Ghosh challenged the paper's conclusion that it is mainly governance failures that are observed in the field of GHG, and not market failures. In addition he points out that the regime complex in GHG raises certain questions about coherence, preferred institutions of states, the willingness of states to delegate authority and whether the threat of forum shopping and regime shifting increases the leverage of more or less powerful actors.

Finally, Ghosh stated that the paper presents on one side a call for cross-issue and cross-disciplinary research for researchers, and on the other side it calls for broad-based action for policymakers and activists

<u>Group discussion:</u>
Tine Hanrieders' stated that in her opinion the paradigms were more important than the actors, although she claimed that some of the paradigms do not really fit within the

framework as they are not specific to health governance. Further, Hanrieder raised questions about the existence of a hierarchy of paradigms and whether any such hierarchies vary over time.

Simon Rushton directly replied to this by mentioning that paradigms apply more widely and many of them are indeed not specific to health governance. These are ideas which are powerful in global governance more widely. They apply to GHG, but not only to GHG. In relation to the aspect of hierarchy, Rushton mentioned that hierarchies change over time, and also that the hierarchy varies according to the health issue in question.

Mathias Koenig-Archibugi asked what the normative perspective of the paper is and which of the paradigms provide the basis for assessing 'right' and 'wrong' policies?

Sonja Bartsch went on to ask what could be considered as the right or wrong approach. Further, she stated that different approaches are hard to choose because of various side-effects, different interests – same with the paradigms, it is hard to decide which ones are right or wrong and what should be the normative perspective.

Tikki Pang argued that one paradigm that of equity and social justice should be considered as the most important one, as it is central to the ultimate objective of global health. Therefore, in his opinion, one could speak of a hierarchy of paradigms.

Christa Altenstetter pointed out that a specification of the mentioned health problems is needed, and that tracing and delving into the depth of these problems is necessary, i.e. what really are GHG Problems?

Edgar Grande added to the discussion by stating that from the perspective of comparative politics, the analyzing of lines of coalitions is very important and the focus should be more on causal links. He also claimed that more empirical facts should be provided so as to be able to make the assumption that paradigms matter, rather than just analyzing the relevance of paradigms.

Andrea Feigl mentioned that the big question is how do we define what is right or wrong, and how can interest be shifted to the different areas of GHG. Further she noted that chronic diseases only receive 10-11% of all health funding, although they are so widespread and have a high mortality rate. She stated that health aid is more about framing and suggested looking at the reasons why people have been successful in accumulating funding for particular diseases.

Rushton identified some of the common themes which had emerged in the discussion. The relative lack of empirical detail had been identified in several comments. Rushton noted that this was a product of the fact that this paper was an early output from a major ongoing project into GHG. The majority of the original empirical work would be done in 2010. He also noted that several comments had focused on the tension between academic analysis and the strong normative position of the paper. In response Rushton argued that it was not possible for scholars to stand outside the paradigms of global health and that it was impossible to be a value-neutral and impartial observer of GHG.

Global Health and Security (Stefan Elbe)

The aim of Stefan Elbe's presentation was to observe the interplay between health and security from an IR perspective, and to analyze the changing nature of our understanding of

security when the concept of security is related to health issues. His thesis in this context is that a medicalization of security can be observed.

Elbe further presented the context of 'health as a security issue', in which the empirical question deals with the link between health issues and security concerns. He stated that the link between security and health consists of three complexes:

1.) National Security (pandemic threats like HIV/AIDS, SARS, Pandemic Flu)
2.) Biosecurity (bioterrorism and new developments in biological weapons)
3.) Human Security (endemic diseases like HIV/AIDS, TB, Malaria)

The second question in that field is more a reflexive question about whether the securitization of health issues is helpful (the discursive articulation of a threat and the question of whether the effects of such securitization are beneficial or harmful). Accordingly, the central questions are: what actually happens when we securitize health; how do the responses in the health field change accordingly; and what are the benefits?

Elbe further pointed out that from an IR perspective one must also look at the concept of security – does our understanding of security change by bringing health issues in? Further, he claimed that this is a question that requires different conceptual resources, and he suggested having a more detailed look in the field of sociology. He explained that, especially in the U.S., sociologists have started to understand social problems (alcoholism, addiction, menopause, attention deficit hyperactivity disorder, baldness and even homosexuality) more and more in medical terms. According to Elbe, this development consisted of three elements: a definitional element, the expanding of the medical jurisdiction (doctors treat more and more parts of social life), and the element of socialized medicine (occurs not only in doctor-patient interactions, but also within the 'body politique' – resulting in health becoming a macro-project of the population). As a result of these three components, the concept of security becomes defined by health as well. Accordingly, the concept of insecurity itself becomes, in part, a medical problem, the societal jurisdiction of medicine broadens (political fora opening up to doctors) and security begins to be practiced through medical treatment.

In conclusion, Elbe said that health security debates mark the peak of medicalization. This development is not seen as 'bad', but shows sociologically how powerful medicine has become.

Lead discussant:
Jochen Prantl stated that the framework presented by Stefan Elbe is highly applicable. According to Prantl, the central question related to the reach of the concept of security: how broad or how narrow is the concept understood? If we broaden our understanding of the concept of security, at what point does it lose its analytical value? Another question brought up by Prantl was whether there were any regions or areas where the concept would be more applicable.

Group discussion:
Andrea Liese brought up the example of the attention deficit hyperactivity disorder – a phenomenon which initially had an educational framing, yet now had its cause as well as its consequences seen from a medical point of view. Following this example of medicalization, she wonders if most security issues have really followed the same logic.

The question of whether, according to Elbe's presentation, one should speak of an individualization rather than of a medicalization of the security concept was brought up by **Sonja Bartsch**.

Stefan Elbe first replied to the comments made by Jochen Prantl and pointed out that the concept of medicalization should be seen as a universal concept, which has different characteristics in different areas and regions. Considering the comment made by Andrea Liese, Stefan Elbe raised the question of what can be considered as a true medical problem, and what not? He pointed out again that it is not specific diseases that are becoming medicalized, but rather the understanding of security and insecurity. He also stated, in consideration of the comment made by Sonja Bartsch that the nexus of individualization and medicalization is very important and should also be taken into account during the process of an elaboration of a wider theory of security. Finally, Elbe pointed out that he presented a framework for the broader understanding of security, whereas health was just one example.

Simon Rushton raised the question of whether it was only the idea of security or whether advances in medical technology knowledge had brought changes. He further queried the implications for the role of the states: logic seemed to suggest the need for strong welfare states providing health services for their citizens, but in fact the global trend seemed to be away from this type of arrangement.

Furthermore **Alexander Betts** mentioned that he considers securitization as a phenomenon that becomes strategically important to some issue-areas that are, like health, vulnerable to get involved in a '-ization' process.

Christa Altenstetter added to the discussion by stating that one should keep in mind that the pharmaceutical industry uses or abuses the field of medicine and doctors for their purpose.

Session III: Global Health Institutions

Links between Research and Policy. Perspective of WHO (Tikki Pang)

Tikki Pang began his presentation by highlighting the World Health Organization's core functions and stressed especially four functions as being important for links between research and policy: shaping the research agenda, setting norms and standards, articulating policy options and monitoring the health situation, and assessing health trends. He presented the broad view of WHO's research and its links to policy development and stressed that it is not only research for policy but also vice versa.

Pang presented the questions that are relevant for the WHO's work: What are the major global health problems? How does WHO shape policy recommendations to help tackle them? What is WHO's role in helping developing countries to strengthen evidence-informed health policy development?

He started by pointing out WHO's research and policy responses to global diseases and pandemics like the avian and swine flu and presented publications concerned with health issues that drew on WHO data. He then presented the WHO Framework Convention on Tobacco Control that represents a legally-binding international convention from a scientific recognition of a problem which 169 states have signed. He also explained about the creation of a registration platform for clinical trials that has helped to get them better monitored and evaluated. This is especially important as there is a shift towards more and more clinical trials being performed in developing countries. The research and pressure on this ongoing process

has led to a WHO database portal where all trials can be registered. This has also led to legislative agreements in Brazil and Argentina on the mandatory registration of clinical trials.

Pang then turned to the Millennium Development Goals (MDGs), where three especially deal directly with health issues. Progress towards achieving the MDGs have been informed by different WHO publications like Global Health Risks and World Health Statistics.

The WHO has also launched the 'Evidence-Informed Policy Network' (EVIPNet) which promotes systematic use of evidence in health policy-making in low and middle-income countries. It also promotes partnerships at country level between policy-makers, researchers and civil society to facilitate policy development. Monitoring and evaluation then lead to helping developing countries to strengthen evidence-informed health policy development.

Nevertheless, Pang stressed that the WHO still has much to do to link effectively with other UN organizations and NGOs to come up with effective policies, especially in the context of the inter-sectoral nature of contemporary health threats.

The challenges for the WHO, he stated, are still considerable if the organization wants to remain the main global player and reference body in health issues. There are internal factors like inadequate resources, unclear priorities among the departments and weak leadership playing a role. Also external factors imply problems: most importantly the declining commitment to multilateral action, the strong role of the World Bank, and growing political pressure from states and other actors. Nevertheless, Pang wanted to paint an optimistic picture and pointed out the comparative advantages of the WHO: its normative function and its influence on governments, its global reach and its political legitimacy and credibility as a consolidated international organization.

Pang came to the conclusion that the WHO has strongly contributed to using evidence from research to develop guidelines, advices and policies and also managed to reach international agreements based on evidence derived from research. Still, development, implementation, and evaluation of effective and evidence-informed policies face many scientific, logistic and political challenges.

Lead discussant:
Simon Rushton noted that Pang's presentation showed the difficulty in separating scientific research from politics. He noted that the WHO is in some cases able to play a coordinating role but in other cases, the organization has been sidelined, as happened with the creation of UNAIDS when HIV/AIDS was taken away from WHO. Rushton also wanted to note that scientific evidence is not the only factor that shapes policy outcomes. As demonstrated by the negotiations on the Framework Convention on Tobacco Control, political will is also needed to get agreements pushed through, particularly in the face of lobbying from powerful actors opposed to the measures. The proposed Committee C that had been introduced in the Global Health Governance Journal by Pang, Sridhar and Khagram, with the WHO as a broker between organizations on the one hand and networks and nation states on the other, could be a promising approach to answer the new challenges the WHO is facing, Rushton added.

Group discussion:
Tikki Pang replied immediately to Rushton's comments by mentioning the difficulty for the WHO in coordinating action given the plethora of actors in global health.

Devi Sridhar stressed that the perception of the WHO differs strongly in different quarters. In developed countries the WHO is often regarded as bureaucratic and ineffective, but in the developing world the WHO still has a good reputation and legitimacy derived from its inclusion in the World Health Assembly of all member states. Sridhar also queried how WHO's donor dependency and reliance on voluntary contributions constrain its work. Furthermore, Sridhar asked whether social science (in addition to clinical trials) has an impact at all on WHO policy.

In response **Tikki Pang** stated that the WHO presents a different 'brand' in developing countries and its role should be more understood as a 'negotiating platform'.

Stefan Elbe then talked about the WHO's personnel policy and shed light on the employment situation within the organizations: many employees only have short-term contracts. He wondered whether this has an influence on the quality of work and especially on the research produced.

Tikki Pang confirmed Elbe's observation and explained that many people are on short term contracts because of lack of long term available money as 75% of WHO's funding is now coming from external sources. Pang added that more job security for key personnel is highly essential for good and stable quality of work.

Alexander Betts recalled that 78% of funding of the WHO is for infectious diseases. Pang's slide on Cambodia also showed that donors primarily fund programmatic work on infectious diseases instead of meeting the needs which Cambodia has articulated, namely primary care and health systems strengthening. He assumed that this reflects the fact that the interests of the donors are the driving force for donations. He presumed that the donors fear the risk of disease spill-over- and perhaps this is more important than paradigms and frames in health action.

Tikki Pang responded that spill-over fears are not the main driving force behind the focus on infectious disease. He argued that it is rather the desire to see quick results and easily measurable impact.

Herbert Zöllner claimed that the role of WHO is very difficult considering its dual function as the expert organization in global health (problem analysis, evidence development, longer-term strategy and policy) and as a main actor in direct, day-to-day development assistance to countries in health, including global coordination and emergency relief.

Andrea Feigl also stressed the importance of further research on how we can better meet the needs of countries instead of donor's interests.

Bureaucratic Politics and Marketization on the WHO (Tine Hanrieder)

Tine Hanrieder gave her presentation on intra-organizational conflicts in international organizations (IO). She argued that first, decisions by the organization are the result of internal bargaining over material resources. Second, Hanrieder explained the increasing porosity of organizational boundaries as a result of decentralized IO-environment interactions and internal fragmentation.

Hanrieder illustrated these processes of bureaucratic politics in the WHO with two examples. The first example concerned the creation of UNAIDS. Hanrieder argued that UNAIDS was created because of WHO internal deadlock, WHO rivalry with UN institutions and pressure

by donors. She also stressed the important role Dr. Jonathan Mann played in the story. Hanrieder's second example concerned competition within the WHO over the budget for particular sectors due to the high proportion of funds from voluntary contributions.

To conclude, Hanrieder noted that research has to look inside the IO and identify the bureaucratic politics that account for an aggregate outcome. However, material power struggles within IOs are also influenced by the environment, not only 'locked-in' bureaucratic norms and personal or ideational conflicts.

Lead discussant:
Tikki Pang expressed his impression that Hanrieder is analyzing the WHO as one single organization which it is not because of all the different regional and country offices that hold influence and a high amount of autonomy. The Director-General for instance has no influence on the appointment of the Regional Directors. He stressed that the WHO is a very complex organization.

Group discussion:
A methodological question was brought up by **Alexander Betts**: how do we know when external/internal factors matter and how can we be sure about that? Would the question about external/internal factors count as a significant variable?

Simon Rushton suggested that Hanrieder's research is attempting to tackle a hard case for the bureaucratic politics model. He argued that the creation of UNAIDS was to a significant extent due to external political processes (e.g. the dissatisfaction with the Nakajima-era WHO, the belief that the multi-sectoral nature of HIV/AIDS need a wider viewpoint than WHO's public health-based approach). As such he questioned whether internal WHO bureaucratic processes could help explain the move from the Global Programme on AIDS to UNAIDS.

Herbert Zöllner also talked about the Nakajima – Mann conflict and additional dimensions, such as disagreements between USA and Japan and between WHO headquarters and some regional offices. The conflict was one reason for taking the AIDS program away from WHO. However, the official reason given was that WHO had been unable to reverse the increasing trends of global HIV/AIDS incidence and prevalence. Zöllner also noted WHO's old-fashioned budgetary rules that made it difficult to appoint 'permanent' staff from extra-budgetary resources. Any business enterprise hiring only from 'cash in hand' would be bankrupt by now.

Andrea Liese appreciated the empirical cases but proposed to tackle more the argument that the dismantling of AIDS was due to pressure from donors. She also noted that she is not fully convinced that the cases chosen are suitable for a comparison.

Bernhard Zangl made suggestions of putting together Hanrieders' two cases as they both speak to the second hypothesis, that external competition can be considered as a driver of internal bureaucratic politics.

Mathias Koenig-Archibugi wondered whether the bureaucratic politics perspective was about struggles *for* material power or struggles that are decided *by* material power. The two do not necessarily come together,

Christa Altenstetter appreciated the analytical perspective but noted that one important aspect had been forgotten: in reference to the work of *Allison Graham* Altenstetter noted that

it is only possible to explain 10-50% of a case, the rest is part of the external world and can accordingly not be explained. Therefore she suggested that more research on implementation could help because the bureaucratic model cannot explain anything from outside.

Devi Sridhar questioned how useful the bureaucratic politics framework is given that it can be applied to any institution, thus what does it add intellectually. While she agree with Zangl's hypothesis, she felt that the two cases presented actually were in favour of rationalist explanations for the creation of UNAIDS and for the move towards extrabudgetary funding. Thus bureaucratic politics may not be the best way to approach studying these two case studies.

Session IV: New Mechanisms

Informal Governance Arrangements (Jochen Prantl)

Jochen Prantl stressed in his paper the importance of uncovering and explaining the dynamics between formal treaty-based international organizations (IOs) and informal governance arrangements. Scholars have long emphasized the importance of both formal and informal processes to understand the workings of organizations at the domestic level (e.g. Barnard 1938). It seems therefore plausible to extend such analysis to the international level. In regard to the question 'what is governance?', Prantl referred to a definition from Keohane and Nye (2000): '[b]y governance, we mean the processes and institutions, both formal and informal, that guide and restrain the collective activities of a group.' Accordingly, Prantl considered governance as informal if the processes and institutions that regulate the behavioral patterns of a group are not codified or endorsed by public international law. Uncovering the dynamics between formal and informal governance helps to arrive at a more sophisticated answer to the question of why states act through formal international organizations. Abbott and Snidal (1998) highlight in particular two reasons:

1.) Centralization (of collective activities through a concrete and stable organizational structure and a supportive administrative apparatus, increasing the efficiency of collective actions);
2.) Independence (through the ability to act with a degree of autonomy within defined spheres).

Prantl challenged this claim by arguing that such account provides a rather static view and has tended to neglect the effects of systemic change on the workings of IOs.

Analysis of the dynamics between IOs and informal governance arrangements helps to explain two puzzles: (a) Why states continue to delegate certain tasks and responsibilities to IOs despite the limits of their organizational problem-solving capacity; and (b) how the delegation of tasks to informal governance arrangements may ultimately enhance IO governance. Nevertheless, the question remains as to why the proliferation of informal institutions can be observed?

Prantl argued that, within international society, an expanding geographical scope, an expanding functional scope, as well as an expanding normative scope can all be observed. Due to these developments, the operational environment of IOs has changed. The nature and complexity of post-Cold War risk and conflict settings, including increased normative ambitions, exposed multiple structural constraints of IOs in addressing collective action problems effectively. These changes led to a crisis in formal governance in the areas of IO decision-making, effectiveness and representativeness, which in turn caused the proliferation

of informal institutions. Further, Prantl suggested two Weberian ideal types of informal institutions:

1.) Exit (option for member states of leaving the institutional framework to escape multiple structural constraints of an IO)
2.) Voice (possibility for stakeholders to articulate their interests in the central decision-making bodies of an IO)

Moreover, in reference to Helmke and Levitsky (2004), Prantl highlighted four ideal-type effects of informal institutions on the workings of IOs:

1. Accommodating informal institutions create voice opportunities for states, effectively constituting a safety valve to lower the pressure for increased demands for formal change.
2. Complementary institutions may enhance efficiency of collective action by filling gaps in the institutional machinery of an IO.
3. Competing informal institutions usually co-exist with ineffective IOs, with a low degree of convergence with formal rules and procedures.
4. Substitutive informal institutions replace formal IOs by following their own rules and procedures to ensure effective collective action problem-solving.

Finally, and building on his previous analysis, Prantl concluded with a few suggestions about how to expand research into the dynamics between formal and informal governance to a broader research agenda that would allow a more in-depth study of governance processes across regions.

Group discussion:
Arunabha Ghosh referred to the two options of exit and voice and asked whether it matters who exits and who is governing and whether less powerful actors have the ability to create informal institutions.

Public-Private Partnerships in Health (Sonja Bartsch)

Sonja Bartsch started her presentation by asserting that, although the exact numbers of PPPs is debated, around 80 global health partnerships, which all differ in their disease focus, area of activity and governance structures, can be found today. As such, she questioned the consequences of such development, and, as an aside, she explained that partnerships should not be analyzed on their own, but as actors in the field of GHG.

Bartsch indicated that there had been a terminology shift from ‘Global Public-Private Partnerships’ to ‘Global Health Initiatives’. What is interesting, she claimed, is that some essential elements of the original definition have been lost in this shift: the element of interaction between public and private actors and the idea of partnership. This loss could possibly be seen as an adaption of the terminology to the observable realities in global health, but – from a constructivist perspective – is also telling for the way PPPs are perceived. This has cognitive, normative and practical repercussions for policy-making processes in global health.

Initially, the term ‘global public-private partnerships’ (GPPPs) was used to describe the cooperation that occurred among state and non-state actors to achieve a common goal in a certain area of global health. For this definition, the important elements were: a) the kind of actors involved, as well as b) the relationships among them. To overcome debates about the involved actors, the term ‘global health partnerships’ (GHPs) was introduced, and the focus shifted away from the individual actors, and their relationship to each other, and towards the outcomes and goals of the partnership. Recently, another term appeared in this context, the broad term of ‘global health initiatives’ (GHIs). Within GHIs, a large number of activities in

global health that are not necessarily based on joint-decision making, and all types of included actors, are covered. Accordingly, functions, goals and performance have become more important than the type of involved actors. This has consequences for 'input legitimacy.'

Bartsch outlined four phases of partnership development:

During the initial phase of partnerships, 1996-1998, the WHO was the main driver of the establishment of partnerships. Partnerships were seen as means to address the limitations (both financial and operational) of the UN and to increase both the capacity and the effectiveness of the WHO.

During the second phase, the phase of partnership proliferation from 1998 until 2002, the main drivers changed and were not so much the WHO or UN anymore but mainly private actors, who viewed partnerships as a way to influence agendas, gain market-access and improve reputation.

The third phase, the phase of 'the Big Ones' from 2002 until 2005, was characterized by the increasing financial and political influence of big partnerships like the Global Fund to Fight HIV/AIDS, TB and Malaria, the GAVI Alliance, IAVI, the Partnership for Maternal, Newborn & Child Health (PMNCH), the Roll Back Malaria Partnership and Stop TB. The Millennium Development Goals can be considered as a driver of creation in this phase.

The increasing influence and results of the major global health partnerships led to the current phase of consolidation, which aims at better integrating partnerships into processes of aid effectiveness and donor harmonization. The International Health Partnership (IHP+), which was created in September 2007, can be seen as a step towards more coordination between donors.

Using the classification of Caines et al. (2004), Bartsch described four categories of partnerships: advocacy GHPs, GHPs active in research and development, GHPs providing technical assistance or service support (access partnerships), and financing partnerships. The main goal of advocacy partnerships is to raise awareness for certain illnesses or health conditions among policy-makers, practitioners and the general public; R&D partnerships have been established to overcome market and policy failures by sharing risks and pooling resources of actors from the public and the private sector to develop and provide drugs for the developing world; access partnerships have been aimed at improving procurement of medicines through price reductions or donations – but the engagement of access partnerships can have negative side-effects and other mechanisms such as differential pricing, third-party price negotiations or pooled procurement often are much more favorable; and the fourth type of partnership financing partnerships have been focused on financing (by giving grants to developing countries) instead of conducting operational activities. The main challenge Bartsch noted for these partnerships is their reliance on donor funding, therefore putting them into competition with other organizations working in global health.

In conclusion, Bartsch said that partnerships brought important innovations in some fields (like R&D), but that their performance has to be considered as mixed (like in financing and advocacy) or even negative (like in the case of access partnerships). Apart from their performance, their actor constellations and governance structures, which both influence legitimacy and accountability, have to be taken into account when discussing the role of GHPs in GHG.

Lead discussant:

Andrea Liese stated that the paper provided a great overview of the GHP landscape in a historical and conceptual way, and that it aimed to give a critical appraisal of global health partnerships. She summarized that Bartsch's paper had three parts: (1) how the terminology as

well as the understanding of GHPs has changed, (2) how GHPs have evolved over time, (3) the various strengths and weaknesses of partnerships and their impact, which varies according to the function of the GHP. Liese felt that the three sections were not integrated enough, and proposed three possibilities for building stronger links:

1.) One could ask whether the depth of a partnership, the equity in decision-making and the sharing of risks and benefits have consequences for the impact of GHPs.
2.) It could be observed whether it is possible to link the categorization of different types of GHPs to phases and ask firstly how much knowledge or experience is necessary to design GHPs with a positive impact and secondly who are the drivers and does the type make a difference regarding the strength and weaknesses and the impact of GHPs?
3.) Within each phase the changes in structure could be identified and then linked to effectiveness/impact.

Liese stated that Bartsch's contribution to the general debate on GHPs was to detail the advantages and disadvantages of GHPs based on the four different categories of partnerships – finding firstly that GHPs have a comparative advantage in research and development, secondly that the role of GHPs in the areas of financing and advocacy should be regarded as critical in some parts and finally that failures have been observed regarding access partnerships.

Moreover, Liese added a number of questions:

- What are the criteria and yardsticks? (e.g. to measure who benefits?)
- What is the object of comparison (advantages/disadvantages?)
- Why are R&D partnerships doing better than access partnerships?

She argued that, on this basis, Bartsch could develop further hypotheses and explanations, and suggested that: a description of case studies and a comparison in greater detail could be very fruitful; and the inclusion of literature on institutional designs could be very useful in respect to obtaining further research results.

Sonja Bartsch agreed that linking the three sections of the paper would improve it. However, she commented there were not always clear relationships (e.g. the different phases of GHPs are not related to the categories of GHPs as different types of partnerships were established in all phases of partnership development.) In regard to the criteria with which she achieved her results, she explained that her analysis was based on two steps: she first identified policy gaps and failures in the respective fields and then compared how different actors (public, private, and GHPs) dealt with these challenges. She then assessed whether GHPs have a comparative advantage in the field. Further, she stated that, according to her observations, R&D partnerships are doing better because they were able to successfully address the failures which existed in terms of R&D for neglected diseases; access partnerships, on the other hand, have to deal with a multi-dimensional set of problems, but are only addressing .certain aspects of it and the way they are approaching the field is often critical, as many access GHPs are operated by pharmaceutical companies and lack clear governance structures and accountability mechanisms.

Transnational Public-Private Partnerships and the Provision of Collective Goods

(Andrea Liese)

Andrea Liese presented the results of her research project on PPPs within the SFB 700 Governance in areas of limited statehood. Consequently, she introduced her presentation with the definition of Transnational Public Private Partnerships: an institutionalized transboundary

interaction between public and private actors, which aims at the provision of collective goods. Although the scope of the research project included Transnational Environmental, Social Rights and Health PPPs (21 cases in total), Liese's presentation focused on PPPs in the Health sector – their effectiveness and the conditions of their success.

The leading research question was: why are some PPPs effective while others are not, and under which conditions are PPPs successful? The dependent variable was 'effectiveness', and the independent variables came from the institutional design. The dependent variable 'effectiveness' was understood as the achievement of the goals the PPP had set, and three dimensions had been identified in that context:

1.) Output: immediate activities of a PPP (e.g. setting up institutional structures, convening meetings, setting rules, delivering medication, counseling or treatment)
2.) Outcome: changes in the behavior of the involved actors or other effects during the further implementation of measures (behavioral effectiveness or compliance)
3.) Impact: broader results of PPPs' activities, their contribution to problem solving, and also any unintended negative side effects (problem solving or result effectiveness).

Throughout the research process, the Output, Outcome and Impact of PPPs were rated as either high (3), medium (2) or low (1). The five independent variables were: the degree of institutionalization, process management, capacity building, organizational learning, and inclusion. In this regard, she presented a coding sheet to illustrate the evaluation of health PPPs.

First of all, Liese pointed out that no correlation between the policy field (Health, Social Rights and Environment) and the degree of effectiveness was found. More or less effective partnerships exist in every policy field. The results she presented showed that:

1.) A high degree of institutionalization explains goal achievement, especially in cases of service-providing and standard-setting PPPs
2.) Process Management influences the effectiveness of service and standard-setting PPPs
3.) Capacity Development matters less for output, but seems to have an effect on impact
4.) (Aside from standard-setters) input legitimacy and learning are less relevant.

Lead discussant:

Sonja Bartsch's comment focused on two aspects: the measuring of effectiveness; and the explanatory factors of effectiveness.

Bartsch argued that, considering the measurement of effectiveness, the division in output, outcome and impact is clear and well-established, although, as indicated by Liese, measuring the impact is related to attribution problems. Within her presentation, Liese stated that effectiveness always relates to the goals set by the PPP itself – on the one hand, Bartsch argued, this is a logical thing to do as it provides a clear point of reference, yet on the other hand, Bartsch stated, it is problematic to base the measurement of effectiveness only on the PPP's own goals as they differ considerably in terms of precision and scope. Bartsch explained that if a PPP has clearly defined, narrow goals the chances that it achieves its goals are higher than for PPPs with only vaguely defined, broad goals, but that does not imply that the PPP with clearly defined, narrow goals is actually more effective.

To illustrate her point, Bartsch referred to the table with the PPP ranking and provided two examples

> Roll Back Malaria (RBM) is ranked 18 and considered as a PPP with low effectiveness – it only produces paperwork with no/few results (output); hardly any

change in behavior of targets is observable (outcome); and no/low contribution to solution of the problem (impact). Hence, RBM is considered as a PPP with low effectiveness. But, Bartsch stated, this ranking of RBM is based on the goal to 'halve the global burden of malaria by 2010' (which RBM indeed did not achieve) – and, she further argued, if the goal had been formulated more precisely in a way that better captures the aim of RBM as an advocacy partnership (e.g. 'raise awareness on malaria and develop a global plan to combat malaria') then the goal attainment, and in turn the effectiveness ranking of RBM would have been much higher.

In contrast, the Global Fund is a partnership with very precise goals and accordingly ranked as highly effective within Liese's analysis. However, if one would not take as overall goal of the Global Fund to 'attract, manage and disburse resources to fight the three diseases', but to mobilize 'additional resources' (as it is formulated in Fund documents), Bartsch argued that its effectiveness ranking would be different, as it is not clear whether the Fund has resulted in additional resources, or a rechanneling of existing ones. Consequently, Bartsch suggested that Liese should perhaps think again about other indicators for effectiveness.

Regarding the independent variables, Bartsch stated that Liese refers to internal factors, such as the degree of institutionalization, the quality of process management, the efforts of capacity building, organizational learning and stakeholder inclusion, and that it can be shown that these factors play (to different degrees) an important role in PPP effectiveness. However, Bartsch indicated that external factors which influence PPP effectiveness, like the actor constellation in the respective area (support of the PPP by other actors/competition from other actors), the characteristics of the policy field (Bartsch referred here to M. Koenig-Archibugi's presentation), the financial dimension (are there enough resources available?), the influence from other policy-fields (e.g. health as a security issue, cf. Stefan Elbe's approach) or the way the issues are framed (in reference to Simon Rushton's presentation), had not been taken into account.

Group discussion:
Alexander Betts commented on the five independent variables. First, Betts wondered why actors did not matter for the outcome category – arguing that if we were to think of the example of service provision, actors would matter for the outcome. Second, Betts asked whether any data about the incentives of private actors in relation to the provision of public goods had been collected.

Following on from Betts, **Bernhard Zangl** proposed to distinguish between the activities (e.g. standard setting) of different PPPs within the process of data collection and the precision of different categories according to their activity (e.g. service category). In relation to different types of PPPs, he suggested that hypotheses about their effectiveness should be elaborated upon and tested. Zangl also suggested making use of QCA (Qualitative comparative analysis) in relation to the 21 cases.

Andrea Feigl noted that it was not clear in health how one would distinguish between output, outcome and impact. She also noted whether it is possible to compare PPPs in different policy fields. She finally remarked that the ranking of different outcome measures (and the associated coding) was problematic.

Tikki Pang commented that no country data was included in the evaluation of the effectiveness of different PPPs. He also stated that the effectiveness rating highly depends on

who is receiving the money. It should be taken into consideration that responses and evaluation are made by different people with different standards and mechanisms. If these aspects were taken into account, GAVI would certainly be rated quite low in contrast to Liese's analysis where GAVI is rated quite high in terms of its effectiveness.

Simon Rushton referred to the problem that the effectiveness of PPPs is being measured against their own goals. He suggested that as a result the PPPs who set the most modest goals would appear to be the most effective, even though they may make less positive difference than PPPs who are striving (but failing) to meet more ambitious targets.

Liese responded that who is involved depends on the institutional structure. In response to Pang's comment, she noted that that the next phase of research will involve speaking to local actors. In response to Zangl she pointed out that institutional design of the PPP matters the most and all other variables are not as significant as the institutional design. This is confirmed by a QCA that has been conducted which will be the topic of another paper. In response to Betts questions, Liese outlined two incentives for private actors in PPPs, market access and reputational gain.

Session V: Regimes in Other Issue Areas

Refugee Regime Complex (Alexander Betts)

From an empirical point of view, Alexander Betts' presentation dealt with refugee protection. From an analytical point of view, the presentation consisted of two underlying concepts: regime complexity (the way in which two or more institutions intersect in scope and purpose); and issue-linkage (the way in which issues are connected in bargaining: tactical; substantive). Furthermore, the presentation was structured in three parts: the refugee regime complex, the travel-refugee regime complex, and implications for UNHCR.

Accordingly, Betts started the presentation by defining the refugee regime as compromising two main elements, the 1951 Convention on the Status of Refugees and the UNHCR, supported by other regional agreements. Betts stated that two core norms exist within the refugee regime: asylum and burden-sharing. Cooperation within the regime in relation to asylum can be explained by reciprocity and legitimacy, whereas international cooperation in relation to burden-sharing can be explained power and interests.

Betts outlined three aspects of regime complexity: first, institutions may be nested (they may be part of wider framework); second, institutions may be parallel (obligations may be contradictory); and third, institutions may be overlapping (multiple institutions may have authority over same issues). The consequences of complexity are regime-shifting (use of alternative regimes), forum-shopping (select venues) and strategic inconsistency (use contradictions to undermine), and in any case, other regimes have emerged and overlap now with the refugee regime to form the refugee regime complex. These new regimes can either be complementary or contradictory to the refugee regime.

Betts then discussed the travel-refugee regime complex, which illustrates the connection between the refugee regime and the travel regime. The securitization of travel can be seen as the main thrust of the evolving travel regime (although the international travel regime is not new, visas, passports, border control and customs all represent important norms and practices that regulate the movement across borders; however, over the past 20 years a qualitative change has taken place in the travel regime towards the securitization of travel through new forms of cooperation on irregular migration). The development of the international travel

regime and its securitization of irregular migration has led to a growing overlap between the refugee regime and the travel regime, which focuses on the notion of spontaneous arrival asylum (throughout different parts of the world, different states have different traditions of asylum provision). These new mechanisms of cooperation on travel have implications for access to territory. Betts argued that a major impact is a reduction in cooperation on asylum, as the development of the travel regime has created opportunities to engage in regime shifting and for Northern states to bypass the refugee regime without overtly violating the 1951 Convention. In turn, Southern states have recognized this and have reacted by imposing growing restrictions on asylum.

Betts noted how UNHCR has responded to this evolution by employing three strategies: mandate adaption, itinerant political actor, and issue linkage. In relation to the first, Betts provided hypotheses for adaption and tested them against the case of UNHCR:

1.) Original problem no longer exists: not proven
2.) Powerful states demand change: not proven
3.) Functional spill-over: to some extent but not full explanation, does not work for new areas of migration.
4.) Organizational sociology: more intervening than independent variable

Betts concluded that institutional proliferation represents an important intervening variable insofar as it makes regime shifting possible and has implications for the change in strategy and mandate of IOs.

Lead discussant:

Mathias Koenig-Archibugi first of all complimented the illustration of complexity of a very difficult set of issues, which, he argued, provided ideas for comparative analysis. He then referred to the travel-refugee regime complex and asked if, in the case of the travel regime, the stress is on multilateral, bilateral or unilateral measures? If most of the actual restrictive effect on mobility is the result of unilateral measures rather than multilateral or bilateral agreements, then it could be questioned whether we are talking about a proper 'international regime'. If, on the other hand, multilateral or bilateral agreements have had a major impact on flows, then it would be interesting to know more why (i.e., in exchange for what) 'Southern' states have accepted and actually implemented the more restrictive travel regime.

Koenig-Archibugi went on to question the impact of the travel regime and whether the impact could be quantified or data could be provided by Betts in reference to the impact on inflows of people in Northern states. In reference to the implications for UNHCR outlined by Betts, Koenig-Archibugi wondered whether there was a possibility that the travel regime might not have such a big impact on the refugee regime and whether the role of the UNHCR could be better described as proactive rather than reactive as presented by Betts. An alternative hypothesis would be that UNHCR used hypothetical rather than actual effects of regime shifting in order to legitimize a broader mandate and policies that it wanted to pursue anyway.

Finally, he argued that many issue-linkages would be positive for the affected states and are not used as much as they could be. This raises the interesting question of which international organizations are more proactive in promoting such issue linkages and which are less so, and why. It would seem that UNHCR is more proactive than the WHO in this respect. Koenig-Archibugi suggested a comparative study of 'challenged organizations' could be very interesting.

Group discussion:

Herbert Zöllner thought that Betts' framework could also be tested with WHO, an IO that also has a broad mandate. WHO has been criticized for taking on too many topics despite many of them having relevance to global health. While UNHCR has responded to new challenges by broadening its mandate, WHO seems to have narrowed its mandate over the past 50 years.

Tikki Pang added that the WHO has to consider the possibility of a further mandate change – considering new challenges like climate change.

Stefan Elbe further raised the question of how issue-linkage affects the policy process and what the benefits of such linkages are. He also presented a possible explanation of regime change: the individual or staff employed- how does one take account of this in a framework of IO change?

In response to Elbe**, Betts** noted that individuals in positions and organizations matter, but this is less applicable to UNHCR which is an organization heavily driven by one person.

Governing climate change – global and national implications (Arunabha Ghosh)

Arunabha Ghosh made it clear that in his presentation he would raise more questions than provide answers. First, he mentioned that the aim of regimes is to reduce costs (cf. Keohane 1984), which could be an explanation for a future deal in Copenhagen. But, Ghosh stated, regimes face different challenges to be considered credible. He mentioned three key governance elements in relation to a climate regime: first, implementing commitments (technology transfer – key element of deal on climate change); second, effective monitoring; and finally, enforcement. In reference to these three key elements, Ghosh analyzed the problem and identified what has been proposed so far.

What is the problem? What are potential governance challenges?

1.) Technology transfer: e.g. financing, control over choice of technology
2.) Monitoring: scope (e.g. emissions, comparability of effort under voluntary schemes, administering tax regimes, financial transfers), capacity (lack of reporting system and national communications in developing countries as well as need for capacity building), reliability (information from different sources, assessment and verification, peer-to-peer surveillance)
3.) Enforcement: the weak link in the climate regime, environmental concerns challenge competitiveness concerns, previous use of trade measures, problem of protectionism, governing of private standards, capacity/measurement and monitoring challenges

What has been proposed so far?
On technology transfer, Ghosh remarked that in response to several proposals by developing countries, there has been almost a non-response from developed countries. The financing requirements for developing countries to graduate to a lower carbon emissions trajectory require a new, credible financing mechanism. For monitoring, attention is needed both to correct institutional deficiencies at the international level and capacity constraints at the national level. For enforcement, Ghosh remarked that trade measures, such as border adjustments or 'green' tariffs, sanctions and subsidies, have been proposed for the element of enforcement (e.g. American Clean Energy and Security Act 2009, EU directives). But these proposals further complicate the trade regime and add to the monitoring and surveillance burden within the regime. In his final comments, Ghosh also remarked that attempts were being made to include developing nations, but stressed that the proper function of any post-2012 deal required the implementation of commitments in good faith, investments in

monitoring and regulatory capacity, and consistent enforcement rules: '[a] hurried outcome at the bargaining stage will not necessarily induce greater participation.' (Ghosh)

Lead discussant:
Stefan Elbe agreed with the comment that the key issue is not the conclusion of a deal, but rather to address the different elements. He then raised several questions:

1.) What does Ghosh mean by 'governance' in his presentation? Does he refer to the term just at the interstate level? He claimed that Ghosh is mainly focusing on inter-state diplomacy.
2.) Is the research question answerable, or should the focus be on sub-research questions?
3.) From a scientific point of view, are Ghosh's assumptions led by the consensus? And engaged with science?
4.) What is the relationship between climate change and health? Issue-linkages and comparative structures?

Group discussion
Tikki Pang started with the question of which is, or what could be, a lead-agency in the field of climate change. He also noted that WHO must find a way to respond (and perhaps adapt its mandate) to climate change given its importance for health.

Herbert Zöllner noted that climate debates focus on adaptation rather than attenuation. He noted that this is similar in public health where prevention is less of a focus than treatment.

Andrea Feigl thought that Ghosh's framework could be used for comparative analyses in relation to health issues.

Devi Sridhar agreed with Feigl, and noted that there also has been such a focus on 'getting a deal' in the virus-sharing debates rather than examining the challenges once a deal has been reached in terms of technology transfer (funds for surveillance/testing), monitoring and enforcement. She also noted that there has been similar celebration of the Framework Convention on Tobacco Control without sufficient attention to how it is being implemented in developing countries.

Simon Rushton noted that in health, there is not a strong lobby opposed to a 'deal' whereas in climate there is a strong private sector voice. He gave the example of the coal industry which lobbies against new climate saving policies in contrast to the International Health Regulations where there is generally consensus that stopping the spread of communicable disease is universally beneficial.

In reference to the comments, **Ghosh** mentioned that there is still a lack of clarity about the reference institution for climate, and governance is happening through many different institutions which results in the research question being hard to answer. This is why a functional approach to governance could allow the research to study how the climate regime fulfills one or the other of its intended functions. In regard to scientific diversity, Ghosh referred to the identified political problem within the context of climate change. Nevertheless, the overwhelming majority of scientific opinion recognizes that climate change has anthropogenic influences and poses a serious risk due to rising temperatures. With respect to issue-linkages between the areas of climate change and health, Ghosh argued that the MDGs represent aspirational, non-enforceable goals, which should constantly be monitored; but in the climate regime the quest ought to be for credible and enforceable commitments.

Regulation of Medical Devices (Christa Altenstetter)

Christa Altenstetter began her presentation by pointing out that regulation of medical technologies is one of the most neglected topics in social science and health policy research. This, she claimed, is in contrast to the increasing demand for life-enhancing medical devices. She hoped that by using problem-oriented approach, she could use the regulation of medical devices to gain insight into regulatory governance. Her key question is how the interaction of global, transnational, and local dynamics impacts on patient safety and access.

First, Altenstetter presented the factors that result in global regulation and named new technologies, globally operating device makers, locally delivered health care and demands by patients as the main driving forces. She then stated that the industries and regulatory authorities claim that setting up global/international standards for product and process regulation will bring higher safety and quality thresholds than national regulation alone. Altenstetter doubts that this is the true purpose. She noted that it is a complex balancing act between two competing objectives: on the one hand patient and user safety and on the other, rather powerful hand, the commercialization of medical innovations, trade, and profits. Medical devices often enter the market at an increasingly higher speed. That can have big impacts on the quality, safety and appropriateness of guaranties.

Altenstetter then turned to her three case studies of the U.S., the EU and Japan. She noted that all three countries experienced a similar evolution: all three cases use the 'life cycle' concept that is relevant in risk regulation as the concept assigns responsibilities to manufacturers, providers and users, and public health authorities. One of the biggest flaws in risk regulation with medical devices, Altenstetter stressed, is that patient voices are not institutionalized at national and international levels and even the transnational expert committees are uncommitted to giving voice to patients. She also emphasized that regulatory agencies are alarmingly dependent on user fees and external scientific expertise. Consequently the agencies have to deal with a loss of trust, reputation, integrity as well as professionalism.

Altenstetter concluded that her findings show that patient safety is often clashing with proprietary rights and industry interests. Results of clinical trails are often treated as trade secrets by the industry and the regulators and the results of clinical trials are not always shared with surgeons, hence not with patients either.

Lead discussant:

Tine Hanrieder thought that Altenstetter's presentation provided an excellent summary on the regulation of medical devices. She suggested that it might be helpful to try to reduce the complexity of the research. The conflict considering the global-national interplay could also be developed more clearly. Hanrieder further noted that the three cases displayed overwhelming similarities, which should be explained first instead of focusing on differences between countries.

Group discussion:

Tikki Pang pointed out that the lack of attention and consideration given to patient safety regarding medical devices is a potential time bomb. He added that many trials have been shifted to developing countries where less monitoring is present. Standards for drug trials already exist therefore he suggested that they should exist for medical devices as well.

The presentation showed clearly what the problems and issues of the medical devices market are, added **Herbert Zöllner**. He recalled that the regulatory powers are neither nation states

nor international governance structures of organizations, but to a large degree it is industry that controls the market. He suggested that WHO should pay more attention to medical devices alongside pharmaceuticals and to help enhance guidance and regulation.

Günter Fröschl spoke as a medical doctor who is involved in the post-market process and also approved that there is a big deficit with patient safety and that the patients urgently need a voice to advocate them.

Stefan Elbe suggested that it would be interesting to work out the differences between drug regulation and medical device regulation. Further he asked whether there exist clusters of diseases where medical devices are primarily used.

Arunabha Ghosh stated that he is puzzled why lawyer (and patient) voices are not more observed in the health sector particularly in the U.S. where one would expect there to be more activity.

Final Thoughts and Outcomes (Devi Sridhar and Edgar Grande)

Edgar Grande found that one of the common themes throughout the papers was the challenges of complexity. Complexity seems to be increasing everywhere and the papers have given several explanations for this: uncoordinated proliferation of actors, regimes and organizations and scaling up of domestic policies to the global. He noted that regimes tend to become regime complexity. This process holds true for refugee, climate change especially global health and many other issue areas. Also, informal institutions are growing and add to the already diverse landscape of formal institutions. Issue-linkages that result in connecting different policy areas show how policy paradigms change and complexity increases. Grande pointed out the importance of local regulation capabilities as top-down implementation and scaling-down of policies are increasing the complexity, especially outside the OECD world.

The internal complexity of international organizations is also increasing because new tasks are coming up and adaptation to changes from outside occurs. Grande suggested to speak of an ‘architecture of complexity’ (although there is no architect existing). It is important to move from recognizing that there is anarchical complexity to creating normative models that can explain the products of often unintended consequences and institutional dynamics.

Grande pointed out that it is also important to ask how this complexity affects the capacity of global health governance. Increased complexity is an adequate response to the field and a solution to the problem. Complexity can have positive as well as negative effects on policy effectiveness. He suggested that health scholars should be open to the outcomes but at the same time be sceptical. To link global health to a broader framework, he suggested health scholars should to be open to theoretical contributions from other fields. Grande ended by commending that the link of practitioners and IR scholars has been important and very fruitful.

Devi Sridhar then opened an overall comment round by asking the participants to give their assessment of the workshop and their suggestions what should be done with the results and papers of the seminar.

Tikki Pang commended the workshop and appreciated the large number of young scholars in attendance. He further pointed out that he especially appreciated the link between the different conceptual hooks and the different empirical problems presented. In terms of the challenges

for health governance, **Pang** mentioned first that coordination is very important and should be intensified. Second he noted that interactions in GHG on the national, regional and international level should be reconciled and a balance between sovereignty and solidarity needs to be established. Third he mentioned the challenge of systematization of knowledge in the development of GHG. The scientific community presents a possible solution to these challenges.

Simon Rushton noted that health is still a relatively new area for IR and that over recent years there have been two important processes. First there has been a search for the appropriate analytical/conceptual tools. This had led to a welcome theoretical pluralism in the field. Second, there has been an attempt to identify the boundaries of global health governance. Early work had tended to focus on infectious disease, but there are now signs that the agenda was broadening. Both of these processes are evidence that global health, although relatively new, is maturing nicely as a sub-field of IR.

Stefan Elbe suggested that more concentration on medicines should be done because this presents a field of GHG which has not been explored so far. Further he also brought up the idea of an edited book and a report.

Andrea Feigl criticized the strong focus on theoretical approaches and suggested to have more concepts that are closer to 'the real world'.

Bernhard Zangl added new ideas for research projects: research program on the question why the institutional complexity seems to be more anarchical in the health field than in others and a research program on different governance mechanisms of policy regulators.

Mathias Koenig-Archibugi mentioned that for follow-up work, in the interest of reducing complexity a unifying theme would be needed. Further he suggested it would be more fruitful to focus on the consequences of complexity rather than on the causes.

Arunabha Ghosh brought up some remaining questions: 1.) Are there reference institutions in a regime and what are their functions?; 2.) What are the expected overlaps of GHG with other fields?; and 3.) Are there conditions under which hierarchy could be established? Moreover he suggested that more research in the area of governance of private actors should be done and also in reference to the question whether different regimes have different approaches to global governance.

Devi Sridhar concluded the workshop by noting that she would be following-up individually to discuss next steps including possible publication plans, or a workshop in 2010 organized around a specific theme. She also was going to brainstorm collaborative projects cutting across issue areas. She thanked everyone for attending.

List of Participants:

- **Prof. Christa Altenstetter**, City University of New York
- **Dr. Sonja Bartsch**, German Institute of Global and Area Studies Hamburg
- **Dr. Alexander Betts**, University of Oxford
- **Dr. Stefan Elbe**, University of Sussex
- **Ms. Andrea Feigl**, University of Innsbruck

- **Dr. Günter Fröschl**, LMU Munich
- **Dr. Arunabha Ghosh**, Princeton University / University of Oxford
- **Prof. Edgar Grande**, LMU Munich (Co-Chair)
- **Ms. Tine Hanrieder**, LMU Munich
- **PD Dr. Robert Kaiser**, LMU Munich
- **Prof. Jens Kersten**, LMU Munich
- **Ms. Anja Kluge**, University of Heidelberg
- **Dr. Mathias Koenig-Archibugi**, London School of Economics
- **Ms. Martina Korzin**, LMU Munich (Rapporteur)
- **Prof. Andrea Liese**, Humboldt University of Berlin
- **Dr. Stefan May**, LMU Munich
- **Dr. Tikki Pang**, WHO
- **Dr. Jochen Prantl**, University of Oxford
- **Ms. Kristi Silva**, University of Texas
- **Dr. Devi Sridhar**, University of Oxford (Co-Chair)
- **Dr. Simon Rushton**, Aberystwyth University
- **Prof. Manfred Wilner**, Bavarian Food and Health Authority
- **Ms. Layla Yüzen**, LMU Munich (Rapporteur)
- **Prof. Bernhard Zangl**, LMU Munich
- **Dr. Herbert Zöllner**, LMU Munich and former WHO