

Kent Buse, Wolfgang Hein, and Nick Drager, editors. *Making Sense of Global Health Governance – A Policy Perspective*. Basingstoke: Palgrave Macmillan, 2009. 376 pp. Hardcover: £60.00, ISBN: 9780230209923.

Global health governance is evolving as new stakeholders (e.g. organizations and networks) engage, and expand their resources, knowledge, and influence. As globalization spreads and becomes more entrenched, it presents new health risks and requirements, while also providing new opportunities, solutions, and innovative mechanisms for communication and cooperation. With increasing inequalities and poverty, as well as an increased vulnerability to illness and health risks, results in the need for an engagement to improve health security for all.

Concurrently, nations understand that they cannot manage certain health issues independently. Diseases, both communicable and non-communicable, have become of global concerns and require global solutions. Those solutions are realistic if trans-national and trans-organizational cooperation exists and is supported. To cope with these developments, new forms of cooperation, new financing mechanisms, and new ways of providing assistance have been established. Likewise, competition for resources and influence has also increased. New agencies and networks are keen to be involved in multilateral organizations. Given that these agencies often allocate large amounts of money and resources, they therefore want to be heard and included in decision-making and implementation processes.

Global health issues are increasingly more complex, thus the subject of global health governance has become a growing research field. The book *Making Sense of Global Health Governance: A policy perspective* edited by Kent Buse, Wolfgang Hein, and Nick Drager provides a clear overview of research issues on global health governance. The book is an outcome of a workshop held in February 2006 in Hamburg; the workshop motivated the participants and other scholars to further explore and understand global health governance.

The book aims to describe the “rules of the game” in the global health field, and to determine how priorities are set. Their research attempts to answer questions such as which actors are holding power, how money and resources are allocated, and outcomes from responding to global health issues. The book further highlights the key actors (e.g., organizations, foundations, and networks), as well as providing an analysis of their relationships and modes of interaction. Furthermore, the book analyzes the consequences of current global health policies and makes policy recommendations to scholars, policy-makers, private sector, organizations, fund-raisers, and networks in order to contribute to the growth and development of global health as a public good for all.

In the first chapters, the authors illustrate the history and structure of health governance. The authors discuss how the issue is increasingly becoming more global and more relevant, as it also affects the sectors of security, labor, migration, nutrition, and family issues. The wide variety of actors in the global health sector that have been emerging since the 1960s consists of public-private partnerships, global initiatives, private foundations, and governmental as well as non-governmental organizations (NGOs), all of whom compete for resources and attention. Although they have new mechanisms with which to work, and new options for decision-making, these actors also face increasing problems of efficiency, transparency, and activity scale-up.

In chapters four and five, conceptual models and norms are presented. Wolfgang Hein, Scott Burris, and Clifford Shearing discuss the concepts of interfaces and of “nodal governance.” The idea of interfaces – the power relations between actors – is able to clarify what types of binding forces relationships are possible

between the different actors. The authors use the concept of “nodal” governance, which is a combination of node and global, in order to look at non-state and hybrid actors alike. Sonja Bartsch, Carmen Huckel Schneider and Lars Kohlmorgen conceptualize the terms of effectiveness, legitimacy, accountability, and balance of power between actors. Balance of power is especially emphasized, considering that in the field of global health, the weak and poor are disproportionately impacted, while wealthy nations and private foundations retain significant influence and power at the global level. The question of legitimacy is also an important aspect for non-state actors as they are becoming increasingly involved in global health.

Sources and mechanisms of financing represent significant determinants of the global health governance structure, claims Richard D. Smith in chapter six. Smith’s concept of health as a global public good comes to the conclusion that with a countless number of actors, compliance and coordination are difficult tasks to maintain, as all of the actors have different interests and priorities. He argues that incentives have to be provided in order to convince the actors to cooperate voluntarily. Further, nations must serve as a stable intermediary force between policy demands from actors inside and outside the state. He also calls for increased engagement by international organizations with non-state and private actors (e.g. inclusion in aid organizations).

In chapter seven, the issues of HIV/AIDS and access to medicines in Brazil and South Africa shows the interaction of public and private actors that are involved in tackling the disease in an increasingly globalized world. The conflicts surrounding Trade Related Intellectual Property Rights (TRIPS) as well as the pharmaceutical industry’s attempts to influence developing country governments are examined. Developing countries have managed to significantly lower the cost for antiretroviral medicines due to advocacy by civil society organizations, international organizations, and select governments. Continued negotiations on health systems funding between an increasing number of actors, the authors hope will lead to an agreement on legal norms and better-coordinated efforts to improve global health.

The interaction of international trade and health are discussed in the next chapter. The outbreak of Severe Acute Respiratory Syndrome (SARS) showed how tightly interrelated trade and health are, as it highly influenced the volume and movement of trade for affected countries. This vulnerability regarding health issues was addressed by governance agreements across sectors, and thereby proved the ability of institutional arrangements to quickly adapt to challenges. Nonetheless, these arrangements still remain loose and require further institutionalization.

Kent Buse and Chris Naylor shed light on commercial health governance. They examine how the balance of power between public and private sectors has changed, and analyze the increased power of global enterprises and industries. The commercial sector has grown in size, power, and importance. The authors come to the conclusion that increased involvement of the commercial sector in global health issues has had both positive and negative outcomes for public health. The various regulation attempts (e.g., self- and co-regulatory mechanisms) with public authorities prove that the private sector can also show responsibility. Especially promising are those co-regulations with the public health community in order to ensure and promote public health and lead to a fruitful collaboration with the commercial sector.

The relationships of civil society organizations (CSOs) and private foundations between existing global health governance institutions and the private sector can be characterized by a high-level of competition regarding funding and influence on decision-making. The authors state in chapters 10 and 11 that CSOs and foundations influence the international organizations through external lobbying, but are also

increasingly being integrated into the institutions; this has significantly changed their power.

David McCoy and Margaret Hilson in particular analyze the way in which CSOs cooperate and work through WHO structures to ensure their interests are represented. Their “watchdog” role has strengthened the accountability and the effectiveness of health institutions, and has also improved how institutions allocate resources, share knowledge, and provide technical assistance. Nevertheless, the authors argue convincingly that the influence of CSOs upon international organizations (e.g. the WHO) can run the risk of undermining the work and authority of aid organizations. In addition, the private foundations also contribute to the weakening of the WHO, as they often possess significant resources and staff, and tend to by-pass the often slow decision-making processes of organizations. To rectify this problem, the International Health Partnership (IHP) and the H8<sup>1</sup> have been established to strengthen the relationship between public and private actors in global health for a greater benefit for all: states, organizations, foundations, and the CSOs, as well as the people most in need of aid.

There are further examples of global health partnerships (GHPs) in which private and public actors are collaborating. Kent Buse and Andrew Harmer shed light on the “mosh pit” in which they act: a non-hierarchic system in which multiple actors try to find common solutions. The authors state that the GHPs strongly contributed to the increased cooperation among the actors. To further increase cooperation, the authors suggest a stronger commitment to the 2005 Paris Declaration on Aid Effectiveness, and argue for standard operating procedures to further improve accountability and coordination.

Chronic diseases and the fight against HIV/AIDS are dealt with in the chapters 13 and 14. Non-communicable diseases are highly underfinanced and neglected in the private sector as well as within organizations and NGOs, despite evidence which clearly shows that nearly the half of all deaths in developing countries are due to chronic diseases. The steady increase in chronic diseases has not been matched with a similar increase in investment as it has been in responding to infectious diseases. Funding for HIV/AIDS alone often exceeds the public sector health budget of some African states. Although these nations receive a significant financial assistance and resources, the response to diseases (e.g. HIV/AIDS) still needs improvement. Long-term projects with the goal of reconstructing health systems in Africa are heavily underrepresented. A successful fight against HIV/AIDS requires robust and strong health systems. Thus, the authors argue for system-focused responses rather than disease-specific responses.

Iлона Kickbusch looks at the future of global health governance and analyzes the geopolitics of health. Multilateral institutions (e.g. WHO) are increasingly used as platforms and brokers between the various actors, and the new emerging actors are continuously influencing the institutionalized systems in order to implement their goals. Kickbusch calls for capacity building of countries through global health diplomacy to enable participants to engage with each other, and thereby create a better understanding of what is important in the process of securing health as a global public good.

While the book examines global health history, concepts, case studies, terminology, and different actors, it also gives the reader a profound insight as to the important issues in global health. The central theme of the book – to analyze global health governance in a globalized world – is successfully picked up by all contributing authors.

Even when the goal of the authors is to provide policy recommendations, theoretical approaches also need to be applied in order to give the field of research a wider scientific frame and to compare it with other research on issues such as climate change, development aid, and migration. For future works, concepts of institutional change and fragmentation, the weakening of institutions, agenda-setting mechanisms of non-state actors, and organizational sociological concepts could be applied to global health issues. As the research on global health is currently being extensively promoted, now is the time to look beyond health and analyze the interconnectivity among various global sectors, as has been conducted in the analysis on health and trade by the recent special series in *The Lancet*.

The authors includes leading scholars from history, sociology, pharmaceutical research, public health, politics, and economics and includes collaborations with representatives and policy-makers of key health institutions (e.g., the WHO, the Canadian Public Health Association, and the Health Metrics Network). The inclusion of both academic and practitioner perspectives is one of the major assets of this book, as it results in a diversified analysis of global health governance issues. As such, the book is relevant for multiple audiences: policy-makers, civil society groups, and also scholars and students researching global health issues.

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<sup>1</sup> H8 (or Health Eight) is an informal group of health-related organizations: WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, Bill & Melinda Gates Foundation, and the World Bank.