Review of *Governing Global Health*

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Governing Global Health is the rare academic book that gets its own book tour, presentation on C-SPAN, and attacks in right-wing publications. (I could only hope that any of my writing would get that sort of notice.) Some of the attention, no doubt, comes from the stature of the authors. Devi Sridhar holds the Chair in Global Public Health at the University of Edinburgh, and Chelsea Clinton has a D.Phil. in international relations from the University of Oxford and is an adjunct assistant professor at the Mailman School of Public Health at Columbia – in addition to being a vice chair of the Clinton Foundation and the daughter of a former president, former senator, former Secretary of State, and parents who have run for president four times over the past 25 years.

That is all fine and good, and certainly attracts some degree of attention, but this book does not simply trade on its authors' fame. Through sustained case studies of four of the leading global health institutions – the World Health Organization (WHO); World Bank; Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); and Gavi, the Vaccine Alliance (Gavi) – Clinton and Sridhar highlight how the international community's conceptualization of global health

has evolved over time and where the current institutional architecture falls short of meeting its ambition. While there have been a number of books and articles that look at one or two of these institutions, the in-depth comparative focus on these four organizations sets the book apart. Its writing style lends itself well to classroom use, and the empirical focus will make it useful for researchers.

While this is not a theory-heavy book, Clinton and Sridhar do ground their analysis in principal-agent theory. In particular, they distinguish between the “multiple principal” model (where each individual member enters into its own relationship with the organization) and the “collective principal” model (where members enter into binding agreements with one another to condition their relationship with the organization). They describe all four of their case study organizations as falling under the collective principal model, but this seems to be an area where they could have pushed their analysis further in three ways. First, there is the question of how collective the principal needs to be. If organizations are increasingly controlled (captured?) by the interests of the USA, UK, and the

Bill and Melinda Gates Foundation, as Clinton and Sridhar argue on page 203, is it meaningful to talk about a collective principal? Does WHO, for example, still qualify as operating under a collective principal model when 80 per cent of its budget is controlled by voluntary contributions earmarked for specific projects? Their case studies would seem to suggest that principal-agent theory would be well served by finding some sort of intermediate category – something that distinguishes between collective principals that are genuinely collective and those that are dominated by a small elite.

Second, their findings raise intriguing questions about the conditions under which agents gain greater autonomy. As Clinton and Sridhar point out, principal-agent theory assumes that international organizations find greater slack – and thus greater opportunity to carve out their own paths – when there exists asymmetric information. At first glance, global health would seem to be an area in which the agents have far more information, but Clinton and Sridhar complicate this assumption. On the one hand, we could see the proliferation of global health institutions as part of an effort by states to reassert control over their agents. Rather than investing time and energy in reclaiming authority and power within the World Bank or WHO, states find it easier or more advantageous to create wholly new agencies. They are trying to reduce asymmetric information, and thus agency slack, by creating something new. On the other hand, though, the increasingly specialized nature of new global health institutions could potentially make it harder for the principals to maintain control over information. A government is more likely to have a policy about global health (likely in line with its overall approach to foreign policy) than to have a specific policy about vaccine development. This could end up being counterproductive in the specific instance, but also raise broader questions for principal-agent theory about the conditions under which member states seek to create new organizations.

Third, Clinton and Sridhar's analysis draws attention to a relatively underexplored element of the principal-agent relationship: the bureaucracy. Bureaucracies in international organizations have received a good deal of attention (see, for example, Barnett and Finnemore, 2004; Moe, 1996; Oestreich, 2007; Weaver, 2008), but Clinton and Sridhar suggest that the bureaucracy itself is a tool used by principals to control agents. They stress how the newer global health institutions are far less bureaucratic than the traditional ones. The Global Fund and Gavi have far smaller bureaucratic structures than the World Bank or WHO. To some degree, that could simply reflect their relative youth and more tailored mandates. That said, it is also plausible that states saw limited bureaucracies as ways to prevent these organizations from developing too much of their own institutional culture or ability for autonomous action. Admittedly, this may sound awfully conspiratorial on my part (and I admit that the idea came to me in the midst of a sleep-deprived flight), but it speaks more toward how Clinton and Sridhar's analysis actually informs the scholarship and theory on international organizations more than they emphasize in the text itself.

Aside from the theory angle, Clinton and Sridhar's book raises a number of key issues about the future of global health governance. In particular, there is a tension between the types of institutions they profile. WHO and World Bank, they argue, are old-school intergovernmental organizations with sprawling mandates and organizational structures that may not be well suited for operating in the current political and economic environment. Gavi and the Global Fund, by contrast, are newer creations with more limited mandates and were specifically created in order to remedy the failures (actual or perceived) of the legacy intergovernmental health organizations. The authors point out that WHO and the World Bank need to reform if they want to stay relevant and continue to influence the global health governance system. The question is

whether member states *want* these organizations to reform. A cynic (which I may or may not be) could look at what has happened to WHO and the World Bank over the past 20–30 years and see their decreasing efficacy as part of a concerted effort to weaken these institutions. By tying their funding to specific programs, denying them a sense of agency, and actively thwarting efforts by these organizations to take control of their agendas, their member states look like they are intentionally trying to hamstring the organizations – which can then in turn be used as evidence that they lack the authority and legitimacy to act and should be replaced by newer organizations that can more closely be controlled.

Clinton and Sridhar do not allege such quasi-conspiratorial thinking, and I am not sure whether I believe in such a nefarious plot (call me an optimistic pessimist about WHO and the World Bank and their role within global health), but these issues about the tensions between older and newer global health institutions have a direct bearing on the “new” challenges Clinton and Sridhar raise in their concluding chapter. Issues like noncommunicable diseases, universal health coverage, and pandemic preparedness are undoubtedly important, but they do not necessarily neatly fit into the existing global health institutions, and it is not clear how (or whether) existing organizations can adapt to address them. These are long-term issues that demand dedicated resources, patient attention, and a willingness to defer success for a long time. They do not lend themselves to short-term fixes or easily quantifiable results.

These realities thus raise the question of who has the appetite to address them. Would a new organization dedicated to noncommunicable diseases be the best path to addressing this issue? Data from the Institute for Health Metrics and Evaluation (2017) show that noncommunicable diseases received less than 2 per cent of all development assistance for health in 2016.

Would a new organization solely dedicated to noncommunicable diseases be able to generate the sort of attention and funding that the Global Fund and Gavi have been able to do in their respective areas? Is the model of creating new organizations sustainable for these seemingly more intractable global health issues?

Alternatively, could the future of WHO, the World Bank, and other “legacy” global health organizations be rooted in these longer-term issues? Perhaps the way going forward is by creating a division of labour among global health organizations. There could be specialized organizations to address vertical, issue-specific interventions and organizations whose mandates encompass these broader, cross-cutting issues. This is by no means a perfect solution, and it raises a host of potential problems (Would states be willing to financially support a proliferation of global health-related organizations? How would they coordinate their operations?), but it could allow organizations like WHO and the World Bank to trade on their existing legitimacy and authority to address these longer-term issues. Clinton and Sridhar’s book encourages the reader to think about how various organizations operating in the global health space collaborate and coordinate with one another and why the need for such coordination is only likely to grow over time.

The future of global health governance is very much an important issue in international politics these days. WHO just elected its new Director General – and, for the first time ever, did so through an open process that featured candidates competing with one another complete with campaign websites, endorsements, and even mudslinging. Observers and member states recognize that WHO – and perhaps even global health governance more broadly – faces a crucial inflection point. Will the international community rally together to reform how global health governance structures operate in order to make

for more effective responses to the leading health challenges of our day, or will the system fragment even further and become less resilient? Clinton and Sridhar's book gives readers one way to think

about how global health governance has operated in recent years and what its future might look like.

References

- Barnett, M. and Finnemore, M. (2004) *Rules for the World: International Organizations in Global Politics*. Ithaca: Cornell University Press.
- Institute for Health Metrics and Evaluation. (2017) *Financing Global Health 2016: Development Assistance, Public and Private Spending for the Pursuit of Universal Health Coverage*. Seattle: Institute for Health Metrics and Evaluation. <http://www.healthdata.org/policy-report/financing-global-health-2016-development-assistance-public-and-private-health-spending>. Accessed 20 June 2017.
- Moe, T. M. (1996) The positive theory of public choice. In: D. C. Mueller (ed.) *Perspectives on Public Choice*. Cambridge: Cambridge University Press.
- Oestreich, J. (2007) *Power and Principle: Human Rights Programming in International Organizations*. Washington: Georgetown University Press.
- Weaver, C. (2008) *Hypocrisy Trap: The World Bank and the Poverty of Reform*. Princeton: Princeton University Press.