



The Future Of Multilateralism In

GLOBAL HEALTH

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Global health governance is at the cusp of a transition.

The pandemic of COVID-19 had provided an opportunity for countries to put to test the strength of multilateral decision-making. The pervading inequities in the response and recovery from the pandemic has shown that the international community has spectacularly failed the multilateralism test. But as a result, it has changed diplomacy and governance questions forever.

No where is this more evident than in the on-going negotiations at the World Health Organization, where countries have come together to negotiate new rules in the governance of health emergencies and in the discussions on the amendments to the International Health Regulations (2005). And this in my view, is a renewed opportunity to push the boundaries, or indeed secure the fundamentals of multilateralism in global health.

But as before, the possibilities for strengthening multilateralism in global health is being, and will be dictated by, current realities and forces outside of global health.

WHY MULTILATERALISM IS FAILING?

There are multiple reasons why multilateralism in global health has been under challenge. From prevailing economic structures to the rise of transnational corporations, from the rising influence of philanthropists at national and international levels to the systematic dismantling of public funded health systems – these underlying factors have affected decision-making at international levels.

Emergence of other forums of decision-making, made up of a smaller group of countries have also skewed the way global health issues are discussed and

governed. The nature of international cooperation has changed, not only because of geopolitics, but also because of the rise bilateral and regional interests among countries.



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WHY MULTILATERALISM NEEDS TO SUCCEED?

COVID-19 has showed that complex challenges such as pandemics and the climate crises that respect no borders, will need true international cooperation and a functional multilateral system in decision-making.

The onus of making multilateralism work lies on all countries, and other powerful stakeholders that have impinged on this space.

Countries must make space for democratic engagement at not only international levels but also national levels. Policy space for countries must be protected from commercial and private interests when governing health matters. A blatant and one-size-fits-all approach to “multistakeholderism” that treats private interests at par with people’s interests represented by civil

society groups, affects this policy space. In time, this begins to eat into the possibilities in multilateral governance.

For multilateralism to work, and to solve multifaceted challenges, there needs to be a new social contract between and within countries. This will not be possible if governments everywhere ascribe to short-termism and protect status quo without attempting radical changes in the way some of these issues have been governed.

WHAT IS IN STORE?

The climate for multilateralism in global health does appear bleak. However, there are openings and possibilities that countries can explore and expand. The onus is on all member states, but more so on those who have the luxury of leading and shaping other exclusive forums such as the G7 and the G20.

To be sure, this is a challenge not only for WHO member states, but one that will continue to need support from democratic forces including robust civil society participation, expanded diverse decision-making rooted in decolonial framings, and in the mutually supportive roles of other powerful global health agencies. Many believe that for multilateralism in global health to succeed in Geneva, the process must begin at the national and regional levels. To an extent, Geneva is a reflection on impulses and impetus from capitals. The answers to the concerns on multilateralism may lie beyond the immediate confines in Geneva.

CURRENT NEGOTIATIONS IN GLOBAL HEALTH

Despite the diverse and complex motivations of various countries in the on-going negotiations in global health, it appears that it may offer opportunities for multilateralism to succeed. For one, the aspiration for better “global health security” may be a powerful factor in catalysing a consensus forged by multilateral decision-making. This is notwithstanding the top-down imposition of the concept of global health security – that has now effectively been embraced even by developing countries.

Ultimately, by way of these negotiations countries may begin to find shared visions to make the world a safer and a healthier place. And even if this

means small steps to address the inequities in the access to medical products, or in the investments in health systems, these efforts could collectively contribute to an overall progress in the way countries come together to find solutions to problems that affect everybody.

At stake are the lives, health, and futures of those left behind. Saving multilateral decision-making in global health is a compulsion not an aspiration for international cooperation.

A number of successes have been cited as proof that the world can come together, whether it is signing up to achieve the sustainable development goals, or numerous international treaties. Global health has the potential to demonstrate that multilateralism in decision-making is worth saving.

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