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The Lancet–University of Oslo Commission on Global Governance for Health, in collaboration with the Harvard Global Health Institute

Governance challenges in global health have gained attention in recent years. This increased scrutiny is a welcome recognition of the fact that improving health worldwide is not merely a matter of technical intervention or resource mobilisation, but also demands credible, legitimate decision-making processes and effective, efficient, and equitable action. The debates around global health governance have usually addressed the governance of the global health system—that is, actors whose primary intent

is to improve global health, and the rules, norms, and processes that govern their interaction.

What merits increased attention, however, is a broader consideration of the many actors and forces outside the global health system and the ways in which they influence health. The global context today differs dramatically from 1948 when WHO was created. Globalisation has tightened the links of interdependence binding together states, societies, and economies;¹ this has both increased the degree to which we face shared health threats, and opened up new opportunities for collaborative action by a diverse range of sectors.² New players also bring new resources, interests, and agendas to the table: today, non-state actors, such as private firms and civil society organisations, wield significant influence, alongside sovereign nation states and intergovernmental organisations. Finally, there is growing recognition that global governance processes outside the health sector, such as those relating to security, trade and investment, environment, education, agriculture, and migration, increasingly affect health both negatively and positively. For example, international intellectual property rules may restrict national policy space to control the price of medicines, whereas global norms on tobacco control may facilitate the adoption of national measures like tobacco taxes that can positively impact public health. Similarly,



Norwegian Minister of Foreign Affairs Jonas Gahr Støre

climate change negotiations can influence the scope of, and responses to, one of the most pressing health threats of our time. There are, however, no satisfactory mechanisms to protect and promote health in these other governance arenas. Rather, health concerns often come into direct conflict with other powerful interests, such as protecting national security, safeguarding sovereignty, and pursuing economic activities.

An increased understanding of how public health can be better protected and promoted in various global governance processes is urgent, but complex and politically sensitive. These issues involve the distribution of economic, intellectual, normative, and political resources, and require a candid assessment of power structures. The Norwegian Minister of Foreign Affairs, Jonas Gahr Støre, has argued that there is a scarcity of empirical knowledge on how health can be better promoted through foreign policy making and other global governance processes. In a speech at the Harvard Kennedy School in December, 2010, Støre called for an academic commission on global governance for health to promote innovative thinking that would move beyond conventional wisdom.³

Therefore, we are launching an independent academic effort, *The Lancet–University of Oslo Commission on Global Governance for Health*, in collaboration with the Harvard Global Health Institute, to bring new research and analysis to bear on these questions. The Commission follows the Oslo Declaration of the Foreign Policy and Global Health Initiative,⁴ which has pointed to the need to engage beyond the health sector to solve key challenges in global health.

It is proposed that the Commission analyse the inter-relations between health and other governance sectors, to assess how policies and actions in these areas affect global health objectives—and hence identify how targeted actions outside institutions of health governance may contribute to global health.

The Commission will propose recommendations on how public health can be more effectively protected and promoted in selected key policy-making domains. Moreover, the Commission will seek to build on, and relate to, ongoing work on achieving health in all policies⁵ as well as the social determinants of health.⁶

Under the leadership of Rector Ole Petter Ottersen, the University of Oslo will anchor the Commission and engage Commissioners who bring diverse geographical, disciplinary, and personal perspectives to its work. Over the course of 2 years, the Commission will examine aspects of governance, at both national and global levels, with the aim of making recommendations for improving global governance for health.

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Unprecedented opportunities to promote excellence and equity in health-care delivery for the world's most underserved populations are upon us. Successful programmes to reduce the transmission of and mortality from infectious diseases have invigorated discourse about the human right to health, and have

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