Leadership in Global Health Governance

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Challenges to Leadership

• Change and transition
  – New institutions
  – Growth of non-state finance and influence
  – Challenges to state-based institutions
  – Changing nature of health advocacy and information
  – Reawakening of health and foreign policy
  – Globalisation of health policy
The need for leadership in global health

• Challenge to leadership
  – Overlapping mandate and purpose
  – Agendas that fit the finance
  – Depoliticisation
  – Reification of leaders that fit the mould
    • Male, white, western, western education (Chan the obvious anomaly!)
  – Absorption of dissenting voices e.g. civil society and activism
The need for leadership in global health

• Such changes and challenges have been met with increased rhetoric as to the need for leadership
  – World Bank and ‘leadership’ instead of ‘ownership’
  – Strong leadership praised in health reform in developing countries
  – Health Ministries – leadership in saying no or selling the product
  – Community groups leaders
Leaders in health history

• The Usual Suspects
  – Louis Pasteur (discovery)
  – Jonathan Mann (agenda-setting)
  – Peter Piot (agenda-setting)
  – Bill Gates (cash)
  – John D Rockefeller (cash)
  – Gro Harlem Brundtland (agenda-setting)
Leaders in health history

• The self-appointed
  – Jeffrey Sachs
  – Bono (!)

• The controversial
  – George W Bush
  – Siti Fadilah Supari

• The (overlooked?) visionary
  – Nafis Sadik
  – Adetokunbo Lucas
Understanding Leadership

- If we need leadership, what kind of leadership? How can we understand the concept?
  - Big Man
  - Big Management
  - Big Economy
How does leadership differ from power?

• Well, it doesn’t!
  – Form of power – leadership can be ‘A’

• BUT also interested in the agency of such a power relationship that refers to the ‘B’

• Often see leadership in terms of ‘A’ but combination of A and B

• Looking for ways of maximizing B
Still questions as to how this applies to global health?

• Leadership often defined by
  – Heads of institutions
  – States
  – Holders of the purse strings
  – Issue framing

• Leadership often improved by
  – Big management of learning how to lead
    • Vision, Mission, Change, Power, Politics (Wright et al 2000)
But still left with a set of questions

- What is particular about leadership in global health?
- Health always a process of change so always need for leadership?
- What is the right sort of leadership? Can it be taught/sold?
- What does the contemporary state of leadership in this policy space mean for effective global health governance?
Leadership in Global Health Workshop (thank you Wellcome Trust!)

• Lessons from history
  – Sanjoy Bhattacharya, Anne-Emanuelle Birn, Theodore Brown

• Lessons from health
  – Hooman Momen, Devi Sridhar, David McCoy

• Lessons from other forms of governance
  – Stephen Gill, Linsey McGoey, Alexander Betts
Some preliminary findings

• The crisis label
  – ‘Organic crisis’
  – Perpetual crisis and permanent revolution
  – Changes in leadership suggest crisis, but constant flux of social life
  – Change nature of political life, leadership is steering change with normative vision for an individual/institution

• Leadership is temporal and spatial
  • Meant to be changing, variable; subject to context and time
Some preliminary findings

• WHO
  – Leadership challenges not new; issue is to learn
  – Legitimacy without authority?
  – Marketing of work and ideas
  – External engagement
  – Communicating scientific ideas to policy and

• Health leadership strongly related to...
  – Science understanding policy and policy understanding science.... Which opens leadership up to...
Some preliminary findings

• Opinion formers as the new source of (inferred) legitimacy
  – The Lancet
  – Bill and Melinda Gates (not just money but how they communicate their work)

• Loud, selling leadership and the quiet leaders
  – Real leaders are those you don’t see
  – Silencing of actors from non-North America and Europe e.g. Smallpox, India and CDC
Future Research Agenda

• Sources of legitimacy in leadership
• Differences between leadership and power
• Marginalised and quiet spaces of leadership
• Subjectivity of health history to certain kinds of western, individualised leadership
• Communicating leadership