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### Global Governance and Public Health<sup>1</sup>

Good morning, everyone. It is my great pleasure to open the first edition of the World Policy Conference – Health. I will start by reminding you of the context of the World Policy Conference. Since its inception in 2008, the World Policy Conference has aimed to improve global governance. This means that since the world is increasingly interdependent and, compared to the past, there is a qualitative at least as much as a quantitative change, it is absolutely essential to strengthen regulatory mechanisms. In physics you would probably use the term ‘control mechanism’. That way, whenever there is a shock the system is not totally destabilized and subject to butterfly effects. In fact, since 2008, when the WPC began, we have had many such shocks and a number of serious butterfly effects. The first one was the financial subprime crisis during the first WPC in Evian in October 2008. Then, in 2011, we had the so-called Arab Spring, which had a terrible butterfly effect. We are still living with its consequences. We have had a number of such jolts within the European Union: the financial crisis, Brexit, migration/refugee shocks, to name but a few. Now, of course, we are living through the greatest of all shocks since the beginning of the WPC, COVID-19, which probably belongs to the highest category of conceivable shocks. As a result, we will have to introduce health as a fundamental subject in all the discussions and reflections about the future of global governance.

Let me remind you of a few aspects of global governance. Usually, everyone talks about multilateralism and rescuing it after Trump, etc. In fact, multilateralism is not a very clearly defined concept. When we think of multilateralism, the first thing that springs to mind is the UN system. That system is legitimate in theory but relatively inefficient. I say “in theory” because in fact it is less and less legitimate since the UN system as it exists today was formed after World War II and the balance of power has changed considerably since 1945. This is why there are more and more questions about the legitimacy of the P5 for instance, the permanent members of the Security Council. You have a number of institutions within the multilateral system, of which the WHO is a part, but there are also questions about the legitimacy and efficiency of all these institutions. I think this was particularly the case with the WHO in relation to the COVID-19 crisis.

However, multilateralism as defined is only one aspect of governance. Political scientists also speak about plurilateralism, which means something like cooperation not with all the members of the UN system but with some of them. For example, the G20 is a plurilateralist institution. We have weak plurilateralism and strong plurilateralism. For example, the OSCE, the Organization for Security and Cooperation in Europe, is a weak plurilateralist organization. The European Union itself can be interpreted as a very strong plurilateralist organization. In fact, in my view, the European Union is the best model for multilateralism in the future. When a set of countries is increasingly integrated, institutionalized cooperation becomes increasingly efficient, even if it has to go through painful stages in the process, as we can see in the construction of the European Union.

Then there is a third category, minilateralism, which in the extreme is bilateralism. The best example I can give is arms control during the Cold War, which is/was a minilateralist concept that, by the end of

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<sup>1</sup> Introductory remarks, revised

that period, was starting to work very well between the United States and the Soviet Union. In fact, it spawned a number of very interesting developments. For example, it created a common language between the two competitors and gave each a *droit de regard*, an efficient, legal framework to look carefully at what was happening in the other country. Of course, you also had systems like the so called hotline, which allowed easy communication in times of crisis. If I emphasize the multilateral or bilateral aspect of multilateralism, it is because I really think that something like that might be necessary in the field of health. That is, a system that would allow major countries to seriously look inside other countries to understand what is happening at a very early stage, particularly when a major crisis such as a pandemic occurs. This does not exist at all today.

As I said, the WPC – Health is a new concept within the WPC organization. We thought of it very early on and actually had the idea before the pandemic started, but with the pandemic it has become a real obligation. Let me now tell you about a few key aspects I see in the global governance issue within the health framework, which we will have to develop not just today for the first edition of the WPC – Health, but also for the future. I will make four brief points.

I will start with the economic aspects of the issue because nothing can be done if we do not have a clear understanding of the economic stakes of this problem. The first point, and this should be very easy for anyone who has been trained in economics to understand, is that of course, human life has no price, but it has a cost. That is the difficulty. When you say human life has a cost you immediately raise the ethical problem. At this point, I would like to make some remarks about the concept of public goods. As a former mathematical economist, I dare say that the global public good is a tricky concept. A public good is first and foremost non-private. For instance, if I drink a glass of water, someone else cannot drink the same glass of water at the same time; it is impossible. If I take a drug, a pill, nobody can swallow the same pill at the same time. It is very private in that sense. The case of vaccines is more subtle since the vaccination of any particular person contributes to the protection of the community. That is, it carries positive external effects. In that sense, it contributes to the public good. You can even argue, like Professor Kazatchkine, that in the case of COVID-19, vaccinating the world population is a relevant example of a “global public good” independently from any specific nation-state. The other side of the definition of a public good is non-exclusiveness. This means, for example, that if I am walking in a public garden, I cannot prevent other people from walking in and enjoying the same public garden at the same time. In the field of medicine, drugs, pharmaceutical products, etc., it is usually possible to exclude others from consuming the same goods. For sure, public health like defense, as institutional concepts, are public goods, a priori inseparable from nation-states or of international organizations. It follows from this brief discussion that vaccines are both private and public goods. But on the public good side, we say little as long as we do not specify the institutional mechanisms that make the subject operational.

We could develop that at length. The global public good is a rich concept. In practice, what we are really talking about is how to cooperate at a global level, for example to make medicine more accessible. However, you then immediately come back to the issue of cost and, therefore, to the issue of how to share costs and who should pay for what and for whom. This in turn is related to ethics. Therefore, our approach to the economic dimension of healthcare should not be too naïve.

My second remark is that there are various kinds of dependencies. For instance, if you look at the Fukushima tragedy in 2011, one of the first consequences involved value chains and the location of industries. In 2011, many people had already identified this problem as a weak spot of globalization, which was related to the localization issue. Of course, we had exactly the same problem this year with the pandemic; everyone identified the problem of localization or delocalization of the pharmaceutical industry, among others. This is partially an economic problem and partially a security problem. Should I remind everyone that when one speaks of multilateralism one speaks first and foremost about security issues? We have a huge and serious security problem that is now clearly identified.

The third dimension I want to stress is the technological one. The technological revolution is the most fundamental aspect of globalization. It is not only continuing, but also accelerating. Therefore, exploring all the healthcare and global health facets of the technological revolution should certainly be one of the most important missions of the WPC – Health endeavor. Here too, we find the interdependence problem and related vulnerabilities, typically 5G; whoever controls 5G controls some of the most significant aspects of the world.

The fourth aspect is one I have already mentioned several times, but I want to put it into a special category: ethics. Ethics are extremely important in every decision-making process where complexity is involved, that is to say in any situation where it is not easy to decide what is good and what is not. You have to exercise judgement, which is partially philosophical and at the same time extremely human, because we all face hard choices in our private lives and collectively. Again, as far as health is concerned, as far as matters of life and death are concerned, these ethical issues are and should be at the forefront of any discussion.

Let me conclude by reminding you of the global context of global governance, including health, in the coming years. The global context is clearly the rivalry between the United States and China. That is going to be the most fundamental aspect of international relations in the foreseeable future. It is not an easy issue because the two 21st-century superpowers are bound to cooperate on a number of issues since they have much closer relations with each other than, for instance, the United States and the Soviet Union did during the Cold War. At the same time, the competition is very tough because the stakes are who will be the number one power in the world sometime in the next two decades or so.

I cannot imagine that the United States will easily relinquish its first-power status by 2049, for example. Why 2049? That will be the hundredth anniversary of the victory of Mao Zedong in China. My friend and a friend of the WPC, Professor Joe Nye, now likes to talk about “cooperative rivalry”, which is a nice concept that could perhaps work for the next few years for a number of reasons but in my judgement, certainly not in the longer term. The issue is how to develop and strengthen global governance mechanisms in a context where you have both a major rivalry between two major powers and increasing interdependence at the same time. That is the big challenge and I think that the contradiction between the two aspects will make everything extremely difficult, including the health issue.

I would like to ask all of you today and all the WPC friends at the forthcoming WPC in Abu Dhabi and later sessions to speak about these issues in a non-naïve way. It is too easy to be naïve, which is why I challenge the concept of the global public good. In a minute, Dr. Tedros, will also mention this concept. So let us pay more serious, careful attention to such concepts.

Moving on to the organization of this WPC session, in a minute we will hear from Dr. Tedros, Director-General of the WHO, whom I thank very much for agreeing to speak to us at the beginning of the first edition of WPC– Health. Then we will have the first session, which is called, ‘The Lessons of COVID-19’, as we see them today. This will be followed by a second session that takes the issues of technology, economics and ethics as a coherent framework to analyze global health issues. This afternoon, after sharing a very virtual lunch, we will have a shorter session on a more specific subject, ‘Mental Health and Addiction’, which I think will have to receive increasing attention in the future. When we first thought about introducing this subject it seemed relatively marginal compared to COVID-19, etc., but, with COVID-19 we are realizing that the issue of mental health lies in fact at the core of the pandemic’s consequences.

That will be it for today’s first edition. It is now my pleasure and honor to give the floor to the Director General of the World Health Organization.