Globalization has given rise to global politics beyond the control of nation states, a growing interdependence of various types of actors and a rising common notion of global public goods and bads. This development is especially visible in the health sector, which has witnessed an institutional change from a structure that consisted primarily of independent national health politics and some international efforts to control cross-border effects of ill-health, towards a system of global health governance (GHG), explicitly concerned with trans-border issues that may affect populations worldwide either directly (e.g. global spread of infectious diseases or antibiotic resistance) or indirectly (e.g. political instability and global insecurity due to a vicious circle of ill-health, poverty and underdevelopment). We define global health governance, modifying a definition by Renate Mayntz (2005), “as the totality of collective regulations to deal with international and transnational interdependence problems in health” (cf. Bartsch/Kohlmorgen 2005).

We thus can consider the health sector – and especially the fight against the HIV/AIDS pandemic - an illuminating domain for a thorough analysis of global governance processes. Departing from the theoretical approach of multilevel governance (Marks, Scharpf) and referring to a commonly expressed desideratum of research, we develop a concept to capture and analyze the interfaces between different types of actors at global, national and local levels. We distinguish between legal, resource-based, organizational, and discoursive interfaces and argue that the type of interface does not only influence the number of participating actors, but also the patterns of conflict or cooperation between them and thus the results of global governance processes.

The concept of interfaces links the case studies done in the research projects and functions as frame of reference for the main research questions that can be summarized as follows.
- What are the characteristics of the main actors and institutions of global health governance?
- How can we explain the institutional change from international health politics to global health governance?
- What kind of interfaces between actors of different types and policy levels can we identify?
- How do the structures of GHG influence the poverty-oriented fight of diseases (with a focus on HIV/AIDS)?

(2) Case Studies of the research project

The following figure gives an overview of the case studies done in the project. Due to resource constraints, however, some of these actors could not be studied at depth (bilateral programmes, foundations and GPPPs).

Figure 1
(3) Research question: What kind of interfaces between actors of different types and policy levels can we identify and how do they translate into institutional change?

The first step consists in linking the concepts of multilevel governance and “interfaces” and determining the latter in more detail:

Marks/Hooghe (2004) distinguish type I and type II multilevel governance
– Type I: general-purpose power-sharing of various levels of government
– Type II: task-specific power-sharing between different types of actors

Most research concentrate on type I; there are hardly any studies and thus also no theoretical conceptualisations on type II governance and on interactions in global governance

For our conceptualization we take up the observation by Peters and Pierre (2004: 79): “governance including several institutional levels raises the question of what constitutes the linkages between these levels”. We use the concept of “interfaces” to characterize the linkages between institutional levels but also between various types of institutions and actors.

(4) Interfaces in Global Governance (definition)

Norman Long’s concept of “social interface” provides a first detailed conceptualization of this term. He developed it for his approach towards an actor centred development sociology. Long defines a social interface “as a critical point of interaction or linkage between different social systems, fields or levels of social order where structural discontinuities, based upon differences of normative value and social interest, are most likely to be found“ (Long 1989: 1-2). He explains that “studies of social interfaces should aim to bring out the dynamic and emergent character of the interactions taking place and to show how the goals, perceptions, interests, and relationships of the various parties may be reshaped as a result of their interaction” (Long 1989: 1-2).

For our approach of interfaces in global governance, we adopt most of the elements of Long’s approach, and try to adapt it to institutionalist approaches in International Relations and broaden it with respect to at least two aspects: First, we think it is reasonable to apply the
interface-concept on the whole field of global governance. Thus we apply the interface concept on other fields of global governance (in our case: on global health governance). Second, we do not use the interface concept for analysing only the interaction of international/transnational actors with national or local actors (vertical interaction) but also for the interaction of global actors at the global level and also national actors at the national level (horizontal interaction). Moreover, we modify Long’s approach that includes cultural practices and sociological aspects by focusing stronger on the political processes and dynamics.

Considering these aspects we arrived at the following working definition of “interfaces”
Interfaces are spaces of recurrent interaction of actors in the handling of specific problems.

(5) Types of interfaces

Interfaces can assume quite different forms, mostly related to the objectives of the actors concerned. We distinguish discoursive-programmatic, organizational, legal, and resource-based interfaces. Discoursive interfaces are the basis of all social interactions, thus also of interactions between different levels of politics and different types of actors. These might imply programmatic aspects if longer-ranging concepts of cooperation and problem-solving are developed. If these programs lead to the foundation of organizations, organizational interfaces appear which in the case of international organizations typically comprise actors from the international and national levels of politics and which, depending on the character of the organization also might include legal interfaces (international law/ national law/ actors trying to influence legislative processes and negotiations and or the implementation of law). Finally, resource-based interfaces play an important role particularly in the transfer of resources (immaterial and material) to poor countries, but, of course, also from rich countries to multilateral organizations in various fields of social politics.

(6) Politics at the interfaces: important variables

Politics at the interfaces of global governance constitutes a complex field. As a starting point, we distinguish between influences by

– the institutional setting (modes of governance)
– the constellation of actors
With respect to modes of governance we distinguish:
– regulation by state institutions (nation states, intergovernmental organisations) main logic of action: hierarchy
– regulation by self organisation (private sector and civil society), main logic of action: market or solidarity
– hybrid regulation (cooperation by states/international organisations, private sector and/or civil society), main logic of action: cooperation.

The constellation of actors comprises the following dimensions:
– interests (complementary interests; conflictive and mutually exclusive interests, common interests; indifference on certain issues, advocative interests)
– resources of power (decision making power, resource based power and discoursive power)
– logic of action (logic of consequentialism (rational choice), logic of appropriateness (Ostrom 1995), logic of arguing (Risse 2000)).

Figure 2 gives a schematic overview on what we suppose to be the main factors of interactions at the interfaces in global governance:
(7) Politics at the interfaces: Hypotheses:

The diversity of actors (governments, INGOs, CSOs, transnational corporations etc.) linked to various levels of political organization in “dealing with international and transnational dependence problems” have been at the center of most studies of global governance. So far, however, little attention has been given to the phenomenon of interfaces which tend to appear with the process of a consecutive structuration of the relationship between the actors involved in governance processes. To look at these processes in the case of global health governance constitutes the conceptual starting-point of our research project. Certainly, even if we concentrate on GHG we find a huge number of interfaces between which we can distinguish according to our classification, but at which we should also try to look in a structural perspective. Interfaces might be part of the constitution of an organization (e.g. General Assemblies as interfaces between an international organizations and its member countries), new interfaces might arise when new political actors enter the field (like civil society organizations (CSOs) in international politics) and might lead to institutional changes of existing institutional structures, but frequently also new institutions arise comprising the interfacing actors. This is obviously the case in the field of GHG (like PPPs or UNAIDS). Different interfaces are characterized by different problems to be dealt with, different modes of governance and different constellations of actors. In an attempt to link these aspects in our research, we propose the following hypotheses:

- The type of problem (regulative, distributive, re-distributive) affects the constellation of actors and the modes of governance at the interfaces.

- The more the type of power corresponds with the type of interface, the more influence an actor is able to exert

- The greater the heterogeneity of interests the more conflictive the political processes at the interfaces

- The mode of governance and the corresponding logic restricts the autonomy of the actors and structures the interactions at the interfaces

- Actors chose that mode of governance that seems to be most adequate for reaching their objectives (institution or forum shifting)
(8) Conclusion: Global Health Governance – a Contested Field of Global Politics

By examining the policies and politics of different institutions and countries, we provide an analysis of the multiple interfaces between major actors in the fight against HIV/AIDS on the global, national, and local level, using the common theoretical framework of multilevel governance. The following conclusions summarize our major findings.

First, the common fight against HIV/AIDS had a dramatic impact on global health governance, strengthening a number of new and existing institutions, ranging from public-private partnerships to NGOs, while weakening others. Secondly, in forcing a global compromise on the pricing of AIDS medication for poor and middle income countries, the major actors of the health scene have set a precedent for the need to supply low cost drugs for critical diseases in the future. Thirdly, the fight against HIV/AIDS seems to have strengthened the resolve of the national authorities to face the crisis, though in different ways. This contrasts with the findings of earlier observations which have maintained that most governments have lost important functions and tasks in the health field either to the international or local level.

The constellation of actors in the fight against HIV/AIDS is very heterogeneous, with actors differing not only with regard to their character (public, non-public), their institutional structure (formalized, informal) or their level of activity (global, national, local), but also with regard to their interests, their logic of action and their power resources. The manyfold interfaces function as points of mediation between the particular interests of these actors (e.g. pooling of funds and knowledge at the resource-based interfaces; coordinated activities through organizational interfaces) but also as arenas of global conflicts (e.g. conflicts between market- and welfare-oriented interests at the legal interfaces; conflicts on prevention vs. treatment at the discursive interfaces).

The influence of developing countries in global health governance varies according to their power resources, and so does their autonomy to conduct national health policy. The examples of Brazil and South Africa show that these countries followed two opposed approaches: while Brazil strived for an integration in global processes and change of global policies (e.g. cooperation with World Bank, interventions at WTO) and relied on the cooperation with NGOs and local actors, the South African government tried to limit the
influence of other actors and conduct his health policy autonomously from International Organizations. The indirect pressure, however, that was exerted by transnational NGOs and multinational corporations (which have lost a considerable part of their workforce due to HIV/AIDS) helped to empower local NGOs and contributed to an adoption of a more active national HIV/AIDS policy.

We thus argue that the emerging system of global health governance through its various interfaces can help to improve access and treatment in developing countries, as it mobilizes resources for the fight against HIV/AIDS and enables an inclusion of formerly marginalized actors while elites in the South are put under pressure to turn to more poverty-oriented health politics. On the other hand, the specific institutional setting in the fight against HIV/AIDS can be characterized as a fragile compromise between the particular interests of different actors, which comes along with a fragmentation of activities both at global and national level.

Whereas the empirical contributions of this research project focus on governance processes in the fight against HIV/AIDS, the theoretical and conceptual discourse on global governance and the role of interfaces between the various spatial levels of policy-making should facilitate an application to other aspects of global conflict and cooperation in health and beyond.

(9) Bibliography


