

Globalization and facilitated governance: Exploring new ways of creating health effects

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Introduction

Health policies and health policy outcomes represent the most deeply held values in social systems. They affect human wellbeing in a wide sense, and are as such, important determinants for the degree of justice and equity that people experience. Poor health can lead to incapacity, incompetence and loss of integrity for governments, thus health policies and their outcomes are directly relevant for stability and sustainability in human societies. Resilience, adaptability, and dependence on renewable resources, a fair interpretation of sustainability, is lacking in governance for global health. It has been easier for politicians, bureaucrats, and leaders in the public and private sector, to solve “local challenges” and optimize for short-term goal achievement, and leave negative side effects to “the others”.

Globalization, with rapidly growing interconnectedness in fractious, undisciplined, and often chaotic environments, leaves national, regional and local health bureaucracies to a brawl when trying to create desired health effects. In this, we see signs of an institutional collapse with escalating costs and uncertain benefits, duplication of services, and a growing disregard for fairness and equity. Traditional hierarchical governance models of steering and coordination are failing confronted with global and complex dynamics that elude established command-and-control chains. The most prominent global health initiatives, including the Millennium Development Goals, the 2005 Paris Declaration Process on Aid Effectiveness on need for alignment and coordination, and the 2008 Accra High Level Forum on Aid Effectiveness, have yet to prove their value (UNICEF 2006). They can easily be perceived as top-down negotiated instruments and do not necessarily have support in local communities (1).

For the last decade or so, the international main response to emerging health disparities have been single disease programs such as the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the US President's Emergency Plan for AIDS Relief (PEPFAR), United Nations AIDS (UNAIDS), Polio Plus, and the World Bank Multi-Country AIDS Program (WBMAP). Despite considerable success in raising funds and attention to some issue areas, these

programs have represented a drive towards separate health service delivery systems, in many instances with raised concerns as to whether they are detrimental to over-all health systems, or to programs with less funding (2). In other arenas we see failures of the state-based negotiation system for health related issues, especially evident after the stalemate at the 2009 Copenhagen Summit on Kyoto Protocol commitments and the 2012 shelving of the WHO-initiated treaty on medical research and development to support poor populations. Alongside these malfunctions of policy design and stakeholder commitment there are reductionist researchers trying to discover “one truth” through evidence-based practices which lack the methodological capacity to craft and assess interventions for comprehensive policy reform, and that end up in a difficult situation when attempting to measure whole-system-effects (3). Thus, clearly, many of the existing models for governance and fact-finding for health are becoming anachronisms.

Based on the above, this article explores some supplementing forms of governance where health organizations are treated as complex adaptive systems (CAS). Those who are at the receiving end of any attempts to regulate and coordinate are regarded as agents in an increasingly globalized and complex world. Facilitated governance for emergent order-creation and adaptation to ravishing change is presented as a supplement to hierarchical steering and coordination of the different actors in different health systems, both on a global, regional, national and local level. To illustrate the effectiveness of such self-organizing and adaptive organizations, some examples from the highly successful civil society HIV/AIDS-movement are offered towards the end.

Globalization and risk

The main reason for the prevailing institutional collapse is globalization, and the dynamics of more and more closely connected countries, markets and societies. Increased complexity in the world due to globalization has become a powerful factor in how we think, talk, decide and act together in all types of social systems. This is challenging to traditional hierarchical forms of governance, steering and coordination.

Governance for health must deal with contexts, which displays all the characteristics of a complex adaptive system (4). This system continuously creates new interactions, including new pieces of information, which are not represented in its initial condition, and consequently cannot be reduced back into its previous components. In the wake of such developments there are a great number of systemic risks most clearly manifest through unpredictable, big-scale events, or “black swans” (5), that urgently need to be harnessed. The 2008 financial melt down, the El Niño weather phenomenon, the recurring international terrorist attacks, the trans-border spread of pathogens (like HIV/AIDS, SARS or the bird flu), river flooding of the Ganges delta (like the 1970 and 1998 severe floodings), and the several famines that revisit the Sub-Saharan continent, are all examples of not predictable shocks where the resilience in the social systems at different levels was limited due to poor and rigid governance structures. In this respect, governance failures cannot be understood by reducing the parts of the system into separate or smaller components, but must be seen as complex, relational and interconnected. This is a complementary view to the founding perspectives for traditional hierarchical models - models that mainly run our health systems on all levels today.

Governance sclerosis in the dynamics of globalization

Hierarchy is an old form of governance, which was further developed, and heavily exploited, towards the end of the 18th century, with the advent of machine-based manufacturing. Indeed, the hierarchical model was one of the most important factors in the industrial revolution, allowing for an increase in the scale of individual labor. But despite its historical success, hierarchical governance does not represent a perfect fit to all organizations in all times. Hierarchical governance models work best for solving repetitive and simple tasks in stable and controllable environments. When trying to solve complex tasks however, like running a hospital, raising a child, or organizing a revolution, hierarchies become irrelevant, inefficient and rigid as stand-alone models. The problems occur especially due to failed communication across imposed organizational boundaries, a general lack of trust, lack of common goals and meaningful coordination. There is a need for complementary practices. Let us start with some theoretical overall approaches, evolution and complexity.

Exploring new ways: Evolution and Complexity

Evolution theory is still mainly associated with development in biological systems. Evolution theory has, however, also been applied to social systems, and is recognized as a useful frame for explaining social dynamics and change¹. Only those information units (ideas, means of communication, decisions and actions) with the greatest sustainability within a social system will be accepted and will therefore survive. In social systems, the people who mutually affect each other make conscious and unconscious choices about what are acceptable information units. The units that prove to be most sustainable will spread within that social system. Units with great sustainability and strength will also spread into other systems. People choose information units pragmatically, based on what they believe will work within what they perceive as their system. The adaptation of information units into the system is a function of what people need and find useful, thus there is a selection of what works. The fitness of information units is a function of what individuals and groups of individuals think they need based on their own state, the system's state and events that take place. Evolution in this perspective is a trial and error process of variation and natural selection at all levels of complexity ([Heylighen 2012]).

Complex tasks require complex organizations. There is a need to treat health systems both on a global, regional, national and local level, as CAS. A CAS-approach builds on evolution and complexity theory, which differs from traditional reductionist theory. In contrast to the Cartesian tradition², which emphasizes the study of each part in a system, a CAS-approach sees the system as a whole. Instead of studying isolated cause-effect mechanisms, the objects of study are patterns (simple and complex), links, communication, and mutual dependencies. Individuals in organizations often employ separate strategies to

¹ Because of the misuse of the Darwinism through Social Darwinism, a lot of social scientists are still reluctant to go into aspects of Darwinian thinking and apply it to social systems. "Social Darwinism is a pejorative term used to attack ideologies or ideas which allegedly misuse concepts from biology in social sciences to promote a wide range of social concepts such as social evolution through artificial selection, as well as other social and economic ideas including deliberate conflict between individuals, groups, nations, and ideas. It has very rarely been used as a self description" (6), "Social Darwinism in Anglophone Academic Journals: A Contribution to the History of the Term" (pdf), Vol. 17 No. 4 (Journal of Historical Sociology): pp. 428–463, ISSN 0952-1909,, retrieved 2010-02-17, "Social Darwinism, as almost everyone knows, is a Bad Thing."

² René Descartes is associated with the emphasis on reductionist logical analysis, mechanistic interpretation of physical nature, and dualistic distinction between thought (mind) and extension (matter).

achieve goals. Emergent effects are created within the system when these separate strategies are brought into action within the same timeframes. A social system is considered complex when there are high levels of interaction and interdependence between different individuals' actions and the effects they create.

The CAS-approach is cross-disciplinary, and tries to explore and explain different physical, biological, ecological, digital and social systems, and the relationships between them. CAS can be applied on different aggregation levels, depending on what we define as the system we are studying. One way to recognize complex a CAS is to look for:

- A hierarchy of parts in wholes that are parts of greater wholes
- A high degree of various links between the parts
- A high degree of interdependence between the parts
- Constant change and emergence over time, also called evolution
- Parts that constantly change or adapt to their surroundings
- Parts that have limited input from the whole of the surrounding system (Vada 2009).

A CAS is defined through a combination of order and disorder, and is considered dynamic when the ongoing interaction of individuals lead to emergent and self-organizing effect that influence the whole system. Creativity, learning and change occur when emergence forms a previously unknown solution to a problem and creates new outcomes.

Agents in CAS

Individuals and groups of individuals can be regarded as agents in CAS. Agents are free and goal-directed entities that maximize “utility”, “benefit” and/or “fitness.” (8). They only have limited knowledge defined by the context they operate in and cannot always foresee the overall and long-term effects of their actions. Agents act in their local systems with local environments and interact with each other according to simple rules, determined by their goals and knowledge ([Heylighen 2012]). Agents are therefore bounded rational (9). They lack the ability and resources for optimal solutions. Instead they apply their rationality to what they perceive to be the choices available to them. Thus, agents tend to seek satisfactory solutions, rather than optimal ones. Because agents are free entities with an inherent agency, the organization of a CAS defies hierarchical control. Inside a CAS group-formation and concerted, meaningful action tends to take place following basic principles of self-organization.

Since the start of the millennium we have seen fantastic effects created by CAS outside of our health organizations: Wikipedia, The open source movement in programming, Kiva on funding, Flickr on sharing, and a whole lot of other crowd- and network based initiatives. These systems share common ground with regards to what they survive and thrive on; 1) the motivation and well-meaning efforts of a multiplicity of trusting individuals, 2) a low degree of traditional control, often manifest through principles of a mainly facilitative –or enabling– character. Based on the above, we believe the CAS-approach is entailed with complementary questions and answers relevant to governance of health systems on all levels in society.

Vertical and horizontal continuums

Health systems are multi-layered, non-linear, and very vulnerable to feedback effects resulting from the unsettlement or malfunction of any of its components (10). Health systems can be regarded along vertical and the horizontal governance continuums (1).

The vertical governance continuum encompasses processes from the local (down to the individual) to the global, and the vice versa. Important actors are supra-national governance bodies (like the EU), IGOs, nation states, regional governance bodies at the national level, local communities, and civil society (including individuals). Within this continuum, divergences are on the rise when it comes to problems that manifest globally while ultimately demanding coordinated local responses (e.g. preservation of the climate, management of fresh water resources, etc). Also, there is a growing conflict between emergent developments of civil society, where individuals with different educational, cultural and social backgrounds increase their interaction and mobility, and the governmental perceived need for hierarchical control (e.g. when civil society groups advocate for global regulation of pressing issues).

The horizontal governance continuum transgresses national borders, business sectors, or regime complexes (which are collective and partially overlapping and nonhierarchical regimes) (11). It encompasses overlapping, as well as wholly lacking, regulations (from norm conflicts to the lack of norms) within all governance arenas relevant for health. A main challenge in this continuum is the fragmentation and duplication of services amongst actors that work for the same or related causes, but lack the capability to communicate across organizational borders.

Mounting complexity influences the way we generate and relate to knowledge. Traditional solely reductionist research methods are challenged in three ways; 1) if there are enough variables that determine a system, their emergent qualities will defy unpacking by analysis, as well as attempts at exhaustive mapping, 2) if a problem changes faster than solutions can be optimized, any new attempt at optimization will be obsolete before it is carried out, 3) in a progressively more fragmented and complex health context, it is ever more counter-productive to utilize research methodologies that reduce problems into increasingly smaller and more manageable units; this only contributes to exacerbating the fragmentation that is felt on the ground and in governance processes. The latter fits the description of a “fragmentation paradox”.

Structural changes

We are in the infancy of a paradigm shift where new governance models, and methodologies for fact-finding and knowledge creation, are slowly emerging. Governance for health urgently requires structural changes and adjustments of the existing institutions and processes tasked with complex tasks in complex environments. Cutting-edge literature in this field already provides insights that illustrate the systemic nature of global risks and opportunities, although most stop short of suggesting how to design governance arenas, structures and processes that apply the perspectives of evolution and complexity theory. If the aim is to improve health systems there will most likely be a need for multiple research approaches to shape interventions and assess their outcomes (12). On this background we find good reason to examine some concepts that can be utilized as complimentary governance strategies.

When we treat health systems as a CAS with free interlinked agents, outcomes of programs and strong political intentions will never be perfect, but rather pragmatic solutions to operational and practical problems. Both in physical and digital governance of such CAS, a low degree of traditional control, manifest through facilitative principles, can contribute towards necessary coordination and capacity building. This can magnify desired effects in current policy processes, but also carry the potential to trigger new key developments that go beyond the currently imaginable, thus serving as a mechanism to inject the global health system with timely, innovative ideas. When free agents with an agency contribute with their best, produce effects, get their local jobs done, and get recognition, emergent positive overall effects can be created (Vada, 2011).

“New governance” for health

Governance is traditionally perceived to be the steering and coordination of social systems.³ In this respect, public governance is often seen as the obligation of the state to insure the needs of the public, while private governance is about balancing the interests of corporate owners, management, and employees –and even sometimes their social responsibility. The governance literature consists of several perspectives and approaches (13) (14). In most cases governance is regarded as different forms of steering and coordination of social systems treated as hierarchies, networks and/or markets (15). Governance for health lies in the midst of this, and due to the theoretical flora of approaches there are no common guiding principles and sources for practical work and implementation.

A CAS-approach is about endowing independent agents with learning and adaptive capabilities, so that they are prepared and empowered to tackle the unexpected. Adaptability is the ability of an agent, or a system, to change its behavior when confronted with a perturbation (16). This can also be recognized as a whole-of-government or whole-of-society approach (17,18). The complexity inherent in such an endeavor necessarily carries with it a lack of predictability with regards to what the outcomes of any policy initiative will be. Indeed, agents are only bounded rational, and creation of any truths is a relative process that deals with true uncertainty. The reason for this uncertainty is due to the flourishing interactions and the continuously renewed flow of information as a result of these. New information contains new variables and since solutions to how these variables will interact cannot be found a priori, there is a need for a qualitatively different approach when managing them (19).

There are several ways to design and govern more adaptive social systems. One is to rely solely on self-organization. Naturally, self-organization happens without any central authority to make decisions about which direction to go, but this happens on an interactive scale from moment to moment – which again defies the idea of hierarchical control. A more directive alternative, as a trade-off between hierarchies and networks, would be a facilitative approach to governance, where steering is about adopting low-control procedures, or minimum specification governance principles that work both along the vertical and horizontal continuum, designed to foster communication, responsibility, trust, and constructive interaction, as well as creative process towards solving wicked problems (Zimmermann et al.,

³ A prerequisite of a social system is interaction of at least two persons. On the other end of the scale we can treat all individuals on the globe as a social system. In sociological systems theory there are different perspectives of what constitutes a social system. Talcott Parsons (1951) focuses on action, Niklas Luhmann focuses on communication, and Jürgen Habermas applies the term ‘communicative actions’, merging the two. A more indept approach to systems will follow later in this thesis.

1998). Together, this can contribute to enhancing positive developments initiated by agents themselves, and to negating negative ones, all the while respecting the autonomy and integrity that lies in the concept of agency.

Facilitated governance

Facilitated governance is a response to the sclerosis witnessed in the current health governance structures. It is about assisting stakeholders in the global governance arena to develop a better understanding of their own role and the role of others, both what their superficial interests and needs are, but also what are their deeply held commitments, values and beliefs. But crucially it is about accessing the ambiguous space between existing governance structures, like the global and the national and/or the national and local governance levels, or between societal sectors and regime complexes, and swaying it favorably. A facilitated approach is about interpretation of where the agents are, where they want to go and how to get there.

Notable examples where governments have played an active, but subdued, role to support local problem solving can be found in countries where the HIV/AIDS epidemic was met by a strong, vibrant civil society. In Uganda, under some very courageous leadership from national authorities, a powerful civil society response emerged within a climate that facilitated NGOs to tackle problems they perceived as imminent. TASO (The AIDS Support Organization of Uganda), founded already in 1987, was spurred on by a more open political system, so that when funding finally did become available, there were functional organizations already on the ground, which could be supported. Consequently, for later entrants into the HIV/AIDS battle in Uganda, there was a bedrock of principles and ownership already established. This was a grim contrast to other countries where support organizations came into existence only when funding was accessible (20).

A similar development could be witnessed in Senegal, where from the beginning, the government response to the HIV/AIDS crisis accommodated a role for all societal levels. Particularly important in this picture were the partnerships between women's groups, faith-based organizations, government agencies and private sector bodies (UNDP, 2001). The result was that traditional Christian and Muslim leaders jointly launched religious-based HIV/AIDS campaigns.

In Thailand, a relatively progressive government sustained the community response. For example, the number of Thai support groups for people living with HIV/AIDS grew from one to over 400 from 1991-2001. A moral leader of this endeavor, known locally as "Mr. Condom", started out as an activist criticizing the government, and ended up as a minister in the Cabinet.

Based on the experiences above, facilitated governance aims to bring forth and enhance agents' views on contentious issues as well as their underlying motivation. Consequently, a key task of the facilitative approach is to assist all stakeholders in the framing and reframing of positions, interests, needs, commitments, values, and beliefs. The framing approach allows all agents to clarify their own agency, as well as their boundary conditions. If it turns out that there are diverging ideas on how to handle issues, a reframing of the conditions can be utilized to collectively redefine a problem. In practice, facilitative governance for health could be based on the following (Box 1):

Box 1 Principles for facilitative governance for health (Vada, 2011)	
<ul style="list-style-type: none"> • Treat the different organizations and individuals as agents 	<p>Agents are free and goal-directed entities that maximize “utility”, “benefit” and/or “fitness” (8).</p> <p>They only have limited knowledge defined by the context they operate in and cannot always foresee the overall and long-term consequences of their actions.</p> <p>Agents act in their environment and interact with each other according to certain rules, determined by their goals and knowledge.</p>
<ul style="list-style-type: none"> • Select the agents for the CAS or let them pick themselves 	<p>This should be based on attraction in form of concrete and articulated challenges, which are regarded as relevant and beneficial. Create projects attractive for the agents based on their capabilities and attitude</p>
<ul style="list-style-type: none"> • Create common goals and work on trust among the agents within the CAS 	<p>Trust internalizes the idea that agents move together. Goals that are understood and regarded as realistic by all agents unleash the will to act in concert</p>
<ul style="list-style-type: none"> • Allow self-organization and order-creation to manifest within the CAS 	<p>Design and facilitate arenas, and governance structures, for desired emergence where the agents find ways of handling local challenges, on different aggregation levels through interaction within well-defined frames with clear principles for behaviors</p>
<ul style="list-style-type: none"> • Use comprehensive and holistic approaches to assess the impact of interventions with system-wide effects (3). 	<p>Relevant and manageable whole-system indicators can be accompanied with process indicators that do not control only for outcomes, but also for fair and equitable collaboration. They could for example look at issues such as the selection of leaders, levels of participation, the ways in which conflict is resolved, to name but a few (21).</p>
<ul style="list-style-type: none"> • Treat the organizations as they have inner drive and a desire to contribute 	<p>Intrinsic motivation and drive is important. Interest in the task itself exists within agents often as more relevant than external motivators.</p>
<ul style="list-style-type: none"> • Redefine the term control and how you achieve it 	<p>Local control is partly distributed among the agents through operational interactions. Global control is partially achieved through the facilitator and the design of the CAS governance structure.</p>
<ul style="list-style-type: none"> • Manifest the CAS digitally. 	<p>Information sharing is faster and easier when the CAS are digitally documented. There are several tools for doing so between and inside organizations.</p>

Facilitated governance can facilitate or trigger actions contributing to effective whole-of-government approaches in at least four ways:

- Advocacy: Public involvement can help to build public commitment to the health promotion agenda and empower the public to advocate for a whole-of-government-approach (22,23). Such public advocacy can help to induce legal changes as well as promote a cultural shift within governments and other relevant agents contributing to a whole-systems-approach.
- Evidence support: The public's experiential knowledge constitutes valid and legitimate evidence that can help to find innovative and local solutions to collective problems⁴
- Setting goals and targets: Public deliberations can help to build momentum and reach agreement between citizens, experts, policy-makers and other agents on a set of goals and targets (26).
- Policy guidance: Involving the public can offer policy guidance on how to move forward, or what policy options are socially, politically and ethically sound. This is why the public can be seen as "value consultants" offering guidance on complex issues (27).

Facilitated governance principles can be incorporated into any kind of regulatory instrument, depending on political will and support in relevant constituencies. To alleviate the "globalization paradox" one could picture a set of supra-national principles that commits states per se to abide by certain kinds of facilitative principles as to how they communicate and relate to each other in a broad sense. In this respect, one could also imagine procedural principles that delineate how issues crucial for global stability should be brought up, who should be present in discussions, and how decisions should be made. In addition, supra-national principles could require states to incorporate in national procedures, arenas and structures a similar approach to deal with complex challenges. However, facilitative principles on the global level cannot replace the need for hierarchical governance. In fact, in an absence of hierarchical governance contributes to enforce the social contract between citizens by debriding emergent negative behavior, national, regional and global governance is bound to fail, or will have limited effectiveness. Indeed, the monitoring and control of organizations and social systems within and beyond government remains a critical factor for the success of a whole-systems approach. Also, facilitative processes must be institutionalized so that they fit into the two main governance continuums, assuring that there is a dynamic relationship between all the agents involved. These tasks carry with them particular challenges for traditional research and evaluation, in particular how a whole-systems-approach link to hierarchical government structures and processes (WHO 2012).

Many of the structures with capacity to trigger facilitated governance are already found in intergovernmental organizations, governments, parliaments, and at the bureaucratic levels across the globe. Crucially, there are the arenas that have already been developed for communication exchange and collaborative problem solving. A concerted response from these three levels in as many countries as possible has great potential to identify both the forums and the actions that spark and enhance a systemic approach to governance.

Across all arenas, facilitative governance has to include all those at the receiving end of the iterative and ongoing decision making process. Through participation and dialogue one idea and another idea can be discussed and debated and then synthesized on the basis of respectful

⁴ (24); (23); (25).

exchange. Facilitation of such participatory “deep democracy” enables testing out ideas in such a way that the complexity of the decision is matched by the complexity of the agents and the context (28). The closest we can get to effective and fair whole system policies is through multi-agent dialogue, which is also the closest we can get to ethical and equitable outcomes.

A global health convention

The idea of a global health convention seems to build on a recognition that coordination of actors across sectors and regime complexes should not be based on a widely different and complicated sets of rules⁵. A global health convention could contribute to the national development of such rules by delineating commitments for member states to develop a set of minimum standards for facilitative network governance. This could include prompting the national development of low-control standards, principles, and timelines through inclusive and participatory processes where broad coalitions of stakeholders, including civil society, are included. Minimum standards could also encompass routines for monitoring of mainly procedural indicators, as well as routines for regular policy evaluation. A global health convention, thus, would give voice not to only national representatives, but to a multiplicity of stakeholders on different aggregate levels and from different governance arenas. In this way, a global health convention containing facilitative rules has the potential to combine CAS perspectives and hierarchal models, by striking a balance between the need for capacity building, by means of empowerment of agents in CAS, and the stifling effect, which is a side effect of hierarchical control by states (29).

Comprehensive governance processes must involve communicating and working across civil representatives, elected representatives and corporate structures to link public, private and non-governmental organizations. It also involves joint testing –or reviewing– with all agents, along with the need to build social, economic and environmental factors into planning, implementation and monitoring. Empowered communities are likely to take advantage of the potential for litigation to enforce national policies, which could bolster support for public right-to-health education and establish new policy standards (30). Empowered communities also have the capacity to demand and incorporate approaches to ensure proper prioritization of health and of the right to health in other sectors such as trade, investment, as well as the environment. That empowerment makes a difference is confirmed by a study from Tanzania that found nearly all material assistance to families affected by HIV/AIDS to come from relatives and local communities (31). In terms of monetary spending, a study on HIV/AIDS concluded that individual out-of-pocket payments represent the largest single component of overall HIV/AIDS spending in many countries in sub-Saharan Africa (32).

In exploring new ways human systems work, the most 'true' premises we can use are based on minimum standards of decent human behavior. In accordance with Darwinian principles of evolution and selection of what works, adaptation to a changing environment and acquisition of problem-solving skills should principally be utilized to drive the further development of health policy systems research towards transformational change (WHO, 2012). In this respect it has to develop its own standards for evaluating ‘evidence’,

⁵ In 2007 Professor Lawrence Gostin at Georgetown University proposed that a framework convention for global health: “...could powerfully improve global health governance [...] by committing States to a set of targets, both economic and logistic, and dismantle barriers to constructive engagement by the private and charitable sectors.”

assembling ‘knowledge’ and translating it into recommendations that decision-makers and researchers in the health system can comprehend, trust and implement (33).

Challenges to the idea of facilitated governance

The low level of traditional control involved in facilitated governance might make it seem like an overly altruistic endeavor. However, as this article has argued, even well intended, highly directive policies have a limited impact on global governance for health. A CAS perspective and a facilitative approach does not set out to conceal this truth, but rather it offers a solution based on a realistic assessment of power dynamics on all levels. Indeed, powerful agents will continue do as they wish and are unlikely to comply by an idealistically motivated set of requirements – especially if they confer large costs. A facilitative approach, in contrast, aims to create new arenas and processes for exchange of timely and relevant information, as well as new ways of communicating opportunities and reluctances in policy creation. This renders a possible advance of humanitarian aspirations within what must be perceived as an environment governed by prevailing power and interest based policies, which in turn, substantially increases the potential for developments based on individual and community empowerment.

There is also reason to believe that support from national elites and intergovernmental organizations, although present in demagoguery, will be reluctant. As argued by Rau (2006):

“...many politicians fear providing support and credibility to the initiatives of civil society organizations, lest such groups then build upon their successes to question and challenge development failures. Second, bureaucracies—whether newer HIV/AIDS commissions or established ministries—fear losing their mystique of expertise and the power that goes with the control they have over budgets and planning. Third, international agencies have little trust in the expertise of community-led groups and use their funding power to define approaches and regulations.”

There are of course problems of a more pragmatic nature, for example how to organize the arenas and processes where CAS and facilitated governance policies can be shaped and reshaped in accordance with the needs and aspirations of a multiplicity of stakeholders. Further research into how this can be done is needed; this will require resources from existing agendas. In order to achieve this policy makers must first agree there is a need for a paradigm shift with respect to how health systems should be governed. Accountability and internal risk management are also challenge areas, and a crucial question is how to organize a facilitative governance model that builds on mutual minimum governance standards, joint action, and shared worldviews, on the one hand, and vertical accountability for individual agents’ performance, on the other (18). The degree of monitoring and control will have to depend upon the types of agents involved and how strong the social contract is from case to case. One might also ask why a global health convention with facilitative principles would have a different destiny than traditional governance instruments. With low-control, but empowering, principles such a convention would be less committing to states than other currently proposed instruments, and it would be easier to argue for both the adoption of a treaty and compliance by the rules. Given the transformative potential that lies within facilitative governance, such a solution based on realism, not on optimism, would perhaps be the best we can achieve.

Conclusion

Our health systems require governance arrangements that include multiple levels as well as multiple agents. “Wicked problems” need to be discussed and articulated by all relevant agents, including the public, to fully understand their complexity and achieve agreement on acceptable solutions (34). In addition, governments cannot effectively tackle such severe problems if they rely exclusively on a “command and control” strategy. Facilitated governance is a complementary way of creating effects within the global health system - a system that can be used where the hierarchical approach of steering and coordination obviously does not work. Facilitated governance demands new attitudes, skills and capabilities with capacity to strengthen human relationships. It necessitates cooperative actions orchestrated through complex adaptive systems. To achieve such cooperative actions, public administrators must develop new skills and strategies: convening, conflict assessment, negotiation, active listening and reframing, facilitation, and consensus building (35). In the vertical governance continuum there is a need for policy processes that build on collaboration and partnerships; indeed, constructive policy-making requires that voices from all parts of the global health arena be considered. Combining the traits of facilitated governance; flexibility, shared power, ambiguity, would make the system utterly responsive to immediate needs, resilient to external pressure and purpose driven to the extent that efficient and equitable prioritization is part of the system. From a hierarchical perspective, it is thus necessary to integrate bottom-up as well as top-down perspectives in one continuum in order to build strong (local, national and global) communities that enjoy enough freedom to thrive and prosper, while at the same time act in a coordinated fashion in respect of binding rules and regulations. Lastly, there is a trade-off between handling complexity through a CAS perspective and facilitated governance approach, and handling scale through the hierarchy. This trade-off needs to be explored further and utilized, in harnessing the increased complexity of health governance in our globalized world.

List of abbreviations:

AIDS:	Acquired Immunodeficiency Syndrome
CAS:	Complex Adaptive Systems
EU:	European Union
GAVI:	Global Alliance for Vaccines and Immunization
GFATM:	The Global Fund to fight AIDS, Tuberculosis and Malaria
GHG:	Global Health Governance
HIV:	Human Immunodeficiency Virus
IGOs:	Intergovernmental Organizations
NGOs:	Non-governmental Organizations
PEPFAR:	The US President’s Emergency Plan for AIDS Relief
SARS:	Severe Acute Respiratory Syndrome
TASO:	The AIDS Support Organization of Uganda
WBMAP:	World Bank Multi-Country AIDS Program
WHO:	World Health Organization
UNAIDS:	United Nations AIDS Program

UNDP: United Nations Development Program
UNICEF United Nations Children's Fund

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