## **T20 Policy Brief**



#### Task Force 06

STRENGTHENING MULTILATERALISM AND GLOBAL GOVERNANCE



### Decolonizing Global Governance and Multilateralism for an Equitable Healthcare

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#### Abstract

As countries struggled to contain the COVID-19 pandemic, pre-existing inequities due to imbalanced power structures resurfaced, which resulted in growing calls to decolonize and strengthen global governance. The Commission on the Social Determinants of Health inferred that equity could not be achieved without redistribution of power and resources. Therefore, more equitable governance of international institutions is a prerequisite to improving the global response to global challenges.

Governance reform at the multilateral institutions would facilitate the participation of low- and middle-income countries (LMIC), including those formerly colonized, bringing us closer to reducing power disparities. In addition, making the governance of multilateral institutions and international decision-making more democratic would provide an opportunity for those marginalized to serve on the WHO's executive board, UN Security Council, and the other decision-making bodies of the international governance system while further empowering WHO to prioritize health over commercial interests in international trade. The G-20 presidency gives Brazil, a formally colonized state, an opportunity to overcome the inadequacies of global arrangements by reshaping the agenda of global health governance and addressing the credibility crisis facing multilateralism.

In this policy brief, we examine the existing landscape of multilateral institutions and the complex interaction between multiple power players to understand the interconnectedness of global health practices and colonialism. The prognostic framing presents strategies and solutions for addressing problems and progress markers of elevating Global South voices and decolonizing global health frames. Finally, we discuss the trade-offs to reduce disparities across the Global North–Global South.

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G20 global leaders must commit to a more equitable governance structure where the priorities of all countries are considered equally as rhetoric without sustained political action, which will lead to irreversible loss of human life and economic damage. Neglecting to rectify oppressive practices and failing to adopt protective measurements, the past's extractive, unfair, and regressive patterns will continue to plague the present. As the systems of oppression are longstanding and complex, there is no single solution to dismantle them. Therefore, it is necessary to examine and reform existing institutions.

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Keywords: Global South; Multilateralism; Governance; Global Health; Equality; Decolonization

#### Challenges (Diagnosis)

As countries struggled to contain the COVID-19 pandemic, pre-existing inequities due to imbalanced power structures resurfaced, resulting in growing calls to decolonize and strengthen global governance. The Commission on the Social Determinants of Health inferred that equity could not be achieved without redistribution of power and resources. Therefore, more equitable governance of international institutions is a prerequisite to improving the global response to global challenges.

There is a board agreement that unfair power balances within global health exist, and advances in decolonizing global health would contribute significantly to equity. Global health work should be conducted as an act of social justice and not charity. Power and voice asymmetry in global health are symptoms of racialized hierarchization of health systems, humanity, and exploitative liberalism. To decolonize global health, we also need to address the problem of power asymmetry in global health governance, which requires a structural transformation of global health governance, giving power to low-middle-income countries (LMIC) and representation on the boards and working groups of major global health organizations and initiatives (Kwete et al., 2022). As witnessed recently during the Ebola epidemic and the COVID-19 pandemic, the WHO could not operate and ensure compliance with the International Health Regulations by the member states, weakening health security.

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interconnectedness of global health practices and colonialism. The prognostic framing presents strategies and solutions for addressing problems and progress markers of elevating Global South voices and decolonizing global health frames. Finally, we discuss the trade-offs to reduce disparities across the Global North–Global South.

Calls to decolonize global health are part of broader movements to decolonize wider aspects of life; the global health decolonization process is embedded within a more significant economic and political structure of power asymmetries that are beyond global health practices and policies themselves. It postulates that global health appears to operate in an apolitical vacuum; however, in reality, global health operates within an international economic and political context, perpetuating poverty in LMIC and inequality among nations, thus resulting in poor health outcomes and the need for aid in LMICs (Javed, 2020; Javed 2022).

As a forum, the G20 provides a powerful stage for Brazil to press its equity agenda, reform multilateral governance, and advocate for its decolonization process. As the world faces several global threats, for example, pandemics and climate change, there is a need for universality: a space for solidarity, no matter their political differences. However, there is a clash between values and universality. Today's Multilateralism faces a core contradiction that jeopardizes the effectiveness and legitimacy of the UN and the broader multilateral system. Representation is another major challenge, begging the question of representation regarding voting wages of countries genuinely aligned with the states of the modern world. The Security Council's most privileged members, the P5, are truly representative of the global power distribution today. Global issues require an effective and decolonized multilateralism based on equality and substantial cooperation to solve the most pressing challenges (Kwete et al., 2022).

The international monetary system emerged from the Bretton Woods Conference when

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imperial powers still ruled most of the Global South. Hence, the inequalities that underpin voting power in the international financial institutes (IFI) were founded in 1944 and, therefore, designed under colonialism, having their roots in the colonial period. The World Bank (WB) is one of the most prominent financiers of global health programs and projects, thus giving it a powerful voice in shaping health agendas and interventions. These institutions have remained, in crucial respects, colonial for over the past 80 years. The imbalance in voting power helps explain why the WB and the IMF have been able to impose neoliberal structural adjustment programs across the global South. This significantly impacts global health and has had negative consequences in the global South. As the world moves towards greater multipolarity, revamping the governance of major IFI to account for new realities is critical to renewing their credibility and legitimacy.

#### Recommendations



#### i. United Nations

The roots of the U.N. are deeply colonial. Back in 1945, four out of the five permanent UNSC members (P5) were colonial states. Over the 75 years of the U.N.'s existence, 80 former colonies have gained independence. Now, the (P5) accounts for 26 percent of the world's population and just 3 percent of the U.N. member states. The veto power granted to the P5 has become a tool that primarily benefits the powerful nations (Siddiqui,2024).

The UNSC seats are distinctly Eurocentric. As our research shows, the Western European and Others Group and the Eastern European Group combined represent just 17.1 percent of the global population, but they have held 47 percent of Security Council seats. The P5's failure to distribute economic benefits to the rest of the world despite decolonization is also a structural problem that justifies change. Decolonizing the UNSC means abolishing the Permanent five (5) members: the United Kingdom, France, the USA, Russia, and China (Ryder et al., 2020).

#### ii. World Health Organization

WHO's Commission on Social Determinants of Health highlighted power asymmetries and unjust and exploitative economic systems as core drivers of health inequalities (WHO 2008)

It requires shaping a decolonizing global health agenda. Such an agenda would need to address the domination of global health by actors, institutions, and knowledge systems in some high-income countries, as well as the undue influence on global health of powerful financial and corporate interests and their unethical and excessive extraction of wealth through the health sector (Marriott & Maitland, 2021; Marriott, 2023).

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Enabling the participation of grassroots voices and social movements in global health, improving the representation of perspectives from lower-income countries on technical working groups and in global health conferences, and creating new mechanisms to make powerful global health actors more accountable (Kapilashrami & O'Brien, 2012). As advised by various experts, 1) the WHO must be able to take decisions and act quickly by setting up an emergency preparedness and response centre; 2) the establishment of an intermediate alert level that would warn and mobilise the international community at the start of a health crisis; 3) the development of innovative financing mechanisms such as insurance to mitigate the adverse economic effects in order to encourage countries to notify the WHO of public health risks and if needed may be creation of health tribunal in the future.

#### iii. World Trade Organization

Although health care is generally benevolent, it is also a trillion-dollar economic sector that creates incentives and opportunities for economic exploitation, as witnessed during the COVID-19 pandemic. The power of pharmaceutical companies and their financial backers, supported by a corporate-friendly system on intellectual property rights, resulted in billions of dollars of profit from a global health emergency that left hundreds of millions of households economically overwhelmed (Marriott & Maitland, 2021).

The abuse of intellectual property rights, the control of key sectors in the health domain by a few oligopolistic corporations, and the high levels of tax avoidance that enable and perpetuate wealth extraction and inequality. Such an agenda may also require global health actors to question their own actions, whether they have tacitly legitimized stakeholders involved in exploitative and extractive practices by including them in health and humanitarian partnerships or whether they have endorsed charitable projects and philanthropic capitalist models of development that have not been independently and critically evaluated (McCooey, 2014).

Contemporary colonialism is organized around powerful private financial institutions and transnational corporations controlling large parts of the global economy (Sparker, 2004).

Underpinning this control has been a growth in the volume and mobility of financial capital and the global integration of markets and supply chains under a largely neoliberal policy model, mostly implemented through global economic institutions such as the International Monetary Fund and World Trade Organization and many other multilateral, plurilateral and bilateral trade and investment agreements (Harvey, 2005).

Bring in other Global South representations, create new categories, and dilute the veto power exercised by the P5. A reimagined structure for a Security Council would see all 15 seats being made temporary for periods of five years to provide more continuity, with wide, non-regional open competition for each seat, alongside clear, monitored restrictions on lobbying expenses and two-term limits within a cycle of 30 years to reward excellence while avoiding domination.

These 15 countries, just as non-permanent members have established precedents for doing so now, would need to be elected by others—they would need to prove their worth to others. They would need to build allies within the U.N., for instance, within their groupings, and campaign to show they are indeed responsible and capable of being trusted to help the world tackle issues from poverty and climate change to pandemics and financiais crises. P5 members could thus arguably remain on the council, but they would need to compete and pitch to do so.

#### **Discussion (Scenario of outcomes)**

G20 global leaders must commit to a more equitable governance structure where the priorities of all countries are considered equally as rhetoric without sustained political action, which will lead to irreversible loss of human life and economic damage. In order to deconstruct colonialism and the world order in which international organizations are embedded, it is time for the G20 to make some tough decisions, and some painful losses on the path to equity are inevitable, as is the case for every process of de- and reconstruction. It would require Global North to scale down, step back, make space, and allow its counterparts from the Global South to take the lead. However, A truly transformative approach is not just about representation at the decision-making table. Still, it is imperative to determine how power can be moved to the South effectively and let the Global South determine the path on the way forward to decolonization.

To continue down this difficult path of transformation would require us to pay the due prices and to stand in solidarity with those the multilateral system was established to support. Solidarity in a decolonized, transformed world means a long-term commitment and support from a position of humility, respect, trust, and equality. It would require courageous leadership from G20 to make difficult decisions, make strategic choices, and have commitment and persistence to deploy the right resources along that journey. This process cannot be done in isolation and requires all relevant actors' involvement. Equality is necessary for a truly socially just society and must go far beyond some selected sectors. There is a need to transform the broader power structures in which all our behaviors, assumptions, and behaviors are embedded. Although there is a long road ahead, it will yield the greatest rewards if taken.

In addition to its devastating impact, COVID-19 has illuminated promising paths to

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decolonization. Notably, the pandemic demonstrated the importance of reshaping global health, humanitarian aid structure, and international cooperation. We must realize that the resources deployed through multilateralism are for social justice and that the resources are for just transformation; this fundamental change can only be realized when it is embedded in the system. Leaders and organizations should not use decolonization as a tag, but it also means these words are put into action to make tough decisions and to put the Global South at the center of decision-making and implementation.

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