Author's response to reviews

Title: From conceptual pluralism to practical agreement on policy: global responsibility and the case for a Global Fund for Health

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Author's response to reviews: see over
BioMed Central

Dear Mr. Diorelle Gato,

Thank you for the opportunity to revise and resubmit our manuscript (MS: 1131651731133614) entitled, “From conceptual pluralism to practical agreement on policy: global responsibility and the case for a Global Fund for Health,” for further consideration. As requested, herewith we submit our revised manuscript and this cover letter with point-by-point responses to the referees’ comments and details on changes made to satisfy each comment or rebuttals. Please do not hesitate to contact me if you require further information.

Sincerely,

Jennifer Prah Ruger
Response to Referees’ Comments
MS: 1131651731133614
“From conceptual pluralism to practical agreement on policy: global responsibility and the case for a Global Fund for Health” for BioMed Central

Referee #1:

General comments:

1. This opinion piece links together many disparate ideas/goals (disease objectives, health objectives, human rights, social protection, human security) and problems (recessions, interdependence, aid ineffectiveness), and then suggests a single solution – a “Global Fund for Health”. However, the connection between the ideas, the problems and the solution doesn’t come through clearly, there are few concrete examples of how such a fund would address each idea/goal/problem, and –as a result- I didn’t find the proposed solution very persuasive as a means to address the disparate issues.

Thank you for this comment, as discussed below, per referee #3’s comments, the aim of this article is a conceptual exploration of the logical plausibility of moving from conceptual pluralism in theories of the global responsibility for health to practical agreement on policy to realize this end, not a robust practical discussion of doing so, which we leave to practitioners working in this area.

2. Major revisions that might help: (i) reduce the number of ideas/goals/problems to a manageable number and clearly describe what meeting/dealing with them would imply, in one part of the paper; (ii) build out a more persuasive case for how, practically, the proposed Fund addresses this smaller number of issues, using specific examples; (iii) describe any recent movement towards expanding the scope of the Global Fund and discuss obstacles more fully; (iv) end with a clearer policy recommendation – what would need to happen for an expanded Fund to become a reality and who would have to act to get it done.

Thank you for these comments, they are very helpful. These suggestions are very similar to comments by other referees; modifications can be found below.

Specific comments:

1. The article’s motivating premise and first sentence states that “the global economic crisis…[will] impact on the health of the most vulnerable people of the world.” Yet the impact of the recession on health status is not well documented (the cited Horton 2009 article is not an adequate reference) and evidence has been mixed – some studies find that recession improve health status, while others posit the opposite. Further, the recession’s effects were concentrated in Europe and the US, while low- and middle-income countries (LMIC) did not experience contraction but instead quite rapid economic growth during this same period. Perhaps the authors are referring to the increase in food prices in 2008/9? But even here, the effects on the poor and
vulnerable were mixed and short-term – on the one hand, prices increased and may have limited consumption of health-promoting goods, but on the other hand, the poor are more likely to produce food and benefit from higher prices. Indeed, as a whole, health is improving, even among the poorest, as are the economies of LMIC. So the question is whether this is a good way to frame and motivate the article?

We thank the referee for this helpful comment. We have modified the introduction to provide a more accurate frame and motivation for the article, with more relevant citations. The following text is removed:

“As recovery from the global economic crisis continues, its impact on the health of the most vulnerable people of the world becomes starkly apparent…”

and is replaced with:

“The impact of the global economic crisis on the health of the most vulnerable people of the world has become starkly apparent…”


and is replaced with:


2. One of the rationales for setting up the Global Fund was the financing of global public goods in health, namely the prevention and control of infectious diseases with cross-border externalities (recall the Commission on Macroeconomics and Health). This rationale intersected with AIDS exceptionalism. It is worth returning to the ideas of the Commission, as they raise the important question of what is the role of global agencies versus national governments in meeting the objectives laid out in the schematic.

We thank the referee for this helpful comment. We make the argument in the article that “the GFATM continues to ground its ‘raison d’etre’ on exceptionality of the combined epidemic of AIDS, TB and Malaria, it risks going down together with the fall of this exceptionality. While another rationale for the Global Fund was to finance global public goods in health, in particular preventing and controlling infectious disease with externalities that cross borders, AIDS exceptionality was a particularly powerful motivating force.

3. Is there any evidence -outside of journal articles- that political leaders and funders embrace the concepts “health as a human right”, “globalized social protection” and “human security is a global responsibility” as motivators for an expanded mandate at the Global Fund? It would help the reader to understand if this idea is actually feasible.
Thank you for this comment, it is very helpful. The aim of this article is a conceptual exploration of the logical possibility of moving from conceptual pluralism in theories of global responsibility for health to practical agreement on policy to realize this end, not a discussion of the feasibility of doing so. We have modified the text so that this specific aim is clearer. Please refer to comments from referee #3 for specific changes.

I understand that there is some opportunity to add basic maternal and child health interventions if CCM/PR propose, and there is some move afoot to set up more money –again for MCH only- as an expansion of the Health Results Innovation Trust Fund at the World Bank. Certainly these marginal efforts don’t do much for social protection, human security, broader health goals, etc., etc.

Thank you for this comment, it is very helpful. MCH can in fact be understood through each theme. Health security, or the health components of human security, encompasses security from epidemiological risks, safety risks associated with poor-quality services, and financial risks (see Frenk J. Strengthening health systems to promote security. Lancet 2009;373:2181-2). MCH interventions seek to improve the quality of care received by women and new mothers, thus reducing safety risks, as well as provide these services at a low-cost, thus reducing financial risk. MCH also help achieve broader health goals. Healthier women will give birth to healthier children, and healthier children overall will result from stronger health systems more capable of delivering high-quality neo-natal care. Finally, adequate health care is just one dimension of social protection. Improving MCH is one effort toward more adequate health care for a vulnerable and traditionally under-served population.

4. On CCM and the general discussion on governance platforms, the problem with the co-governance idea is that “civil society” in many countries and in particular on the Global Fund CCMs are generally recipients of funding, and this has led to capture of funding by the same recipients over time. In addition, while there is an idea that civil society involvement in resource allocation decisions on public monies is a good idea in the abstract, there is little evidence that it has contributed to better outcomes – whether health or human rights or governance.

Thank you for this comment, it is very helpful. We are less concerned with documented evidence that civil society participation has led to better health outcomes than with the ethical imperative to include the voices of those whose health is ostensibly to be improved through initiatives like a Global Fund for Health. To reflect this point, the following text has been added in the paragraph on the seventh linkage after, “While CCMs are not free of problems, they are useful platforms for civil society participation…”:

“…which is necessary if we are to benefit from the voices and perspectives of those whose health is ostensibly to be improved through initiatives like a Global Fund for Health.

Level of interest:

An article of importance in its field

Quality of written English:
Needs some language corrections before being published

**Statistical review:**

No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests

**Referee #2:**

This argument is important. It is not clear exactly to whom it is directed.

Thank you for this comment. The argument is intended for scholars and policymakers working in global health—from policymakers to theoreticians. We offer both practical policy suggestions for policymakers as well as a conceptual exploration of the theoretical space in global health, therefore appealing to both groups.

Further there is insufficient analysis of existing attempts to convert these ideas into policy.

Thank you for this comment. It helps us address the scope of the article. We are concerned less with existing attempts to convert these ideas into policy than with demonstrating the logical plausibility of agreeing on one policy solution given the conceptual pluralism that underpins a global responsibility for health. This aim should now be more clearly reflected in several modifications to the text.

2. Does the debate address an important problem of interest to a broad biomedical audience?

Yes. There is no doubt that this is an important issue.

3. Is the piece well argued and referenced?

It is well argued but as stated above insufficient reference to existing similar commentary.

See above.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?

The figures may be genuine but there is no justification of that particular logic model - what alternatives did they consider / what else exists?

Thank you for this comment. This logic model aims to address a gap in the literature. Therefore, this is the first logic model that allows moving from conceptual pluralism in theories supporting
global responsibility for health to practical agreement on policy to realize this end. This is why we have not considered alternatives.

5. Has the author used logical arguments and sound reasoning?

Yes - but there is not enough inoculation against counter argument - why might some people against this - and how should that be overcome.

Thank you for this comment, it is very helpful. We have added more text to the section titled, “Objections and Future Options”. The following text:

“Notably, one critic has written: “Without the necessary additional funding, this proposition will just water down the Global Fund’s current ability to deliver effectively and make an impact.” However, supporters of a Global Fund for Health point out that success in addressing priority diseases is “intrinsically fragile” in the absence of strong health systems.[17a] Both specific conditions and health systems must be addressed to achieve long-term positive change. We agree, however, that a GFATM with a wider mandate would need a lot more funding to remain functional, but one might remember how the creation of the GFATM twelve years ago required a ‘leap of faith’, overcoming fears then that it would mainly shift existing DAH, not add to it.”

Now reads: “Notably, one critic has written: “Without the necessary additional funding, this proposition will just water down the Global Fund’s current ability to deliver effectively and make an impact.”[17] However, supporters of a Global Fund for Health point out that success in addressing priority diseases is “intrinsically fragile” in the absence of strong health systems.[17a] Both specific conditions and health systems must be addressed to achieve long-term positive change. We agree, however, that a GFATM with a wider mandate would need a lot more funding to remain functional, but one might remember how the creation of the GFATM twelve years ago required a ‘leap of faith’, overcoming fears then that it would mainly shift existing DAH, not add to it.”

6. Is the piece written well enough for publication? (nb. Since we do not charge for access to published research, we cannot undertake the costs of editing poorly written manuscript. If you tell us that the writing is not acceptable for publication, we will ask the authors to find someone, or an editing service, to help them rewrite it. If you tell us that the manuscript is too poorly written for it to be peer reviewed, we will ask them to rewrite it now.)

Referee #3:

Major Compulsory Revisions:

While the topic under discussion in this piece is of interest and importance the value added of this particular manuscript is not obvious to me. The authors’ already cite the Chatham House Paper of the Corresponding Author, and I would suggest that the Ooms & Hammonds reference provides more insight and coherence on the issue.
Thank you for this comment, it is very helpful. It is true these articles support the development of a Global Fund for Health, but the arguments for support are grounded in theories of either “political realism” (Chatham House paper) or “health as a human right” (Ooms & Hammonds). The current manuscript addresses the difficulty of agreeing on a theoretical grounding for the development of a Global Fund for Health inherent in a theoretical space that is conceptually plural; that is, a theoretical space in which “political realism” and “health as a human right” are only single motivating concepts among many others (see page 5 of manuscript for further examples). We address this difficulty by arguing for a practical means of obtaining agreement on policy options (in this case, a Global Fund for Health) despite this conceptual plurality and without watering down the fundamental concepts between these pieces, a contribution not within the scope of the Chatham House and Ooms & Hammonds pieces. This is the value added from our perspective.

To clarify this aim of our manuscript, we have removed the following text:

“This article argues that there are alternatives to the exceptionality of the combined epidemic of AIDS, TB and Malaria, alternatives that also support the idea of global responsibility for health, and a Global Fund For Health expressing this global responsibility. [3a, 3b] However, these alternatives do not easily track from theory to practice and they do not support a Global Fund for Health with a mandate limited to three diseases. This creates both an analytical quandary embedded in conceptual pluralism and a practical dilemma for the scope and raison d’etre of the GFATM. Analytically, at first glance it is difficult to see how to construct practical policies out of seemingly intractable conceptual variety. In this article we provide something that is missing in the theoretical space in global health: a logical framework that allows moving from conceptual to practical agreement on policy.”

with:

“This article argues that there are alternatives to the exceptionality of the combined epidemic of AIDS, TB and Malaria, alternatives that also support the idea of global responsibility for health, and a Global Fund For Health expressing this global responsibility. However, these alternatives typically ground global responsibility for health realized practically through a Global Fund for Health in only single theoretical concepts: “political realism” [3a] and “the right to health” [3b], to highlight a few and do not support a Global Fund for Health with a mandate limited to three diseases. This creates both an analytical quandary embedded in conceptual pluralism and a practical dilemma for the scope and raison d’etre of the GFATM. Analytically, at first glance it is difficult to see how to construct practical policies out of seemingly intractable conceptual variety. In this article, therefore, we provide something that is missing in the theoretical space in global health: a logical framework that allows moving from conceptual pluralism in theories supporting global responsibility for health to practical agreement on policy to realize this end.”

We also replaced the following text in the abstract: “To address these issues we offer a logical framework for moving from conceptual pluralism to practical agreement on policy.”
with: “To address these issues we offer a logical framework for moving from conceptual plurality in the theories supporting global responsibility for health to practical agreement on policy to realize this end.”

The following text is also replaced: In recent years, ideas and concepts of global responsibility for global health have been put forward…”

With: “In recent years, ideas and concepts of global responsibility for global health have been put forward, resulting in conceptual pluralism around this theme…”

The article aims to ‘provide something that is missing in the theoretical space in Global Health: a logical framework that allows moving from the conceptual pluralism to practical agreement on policy’ (lines 106-108). However I was not clear where the insights into the practical agreement on policy were presented as it was a little vague on the feasibility of the idea and I would like to have seen more reflection on the political economy in which this concept is expected to unfold.

Thank you for this comment. This comment is similar to the one below about whether the thrust of the paper is conceptual exploration. Please refer to our responses to that comment.

One of the central components of the paper, Figure 1, and its subsequent explanation do not seem to me to add any new insights in to the debate.

Thank you for this comment. This should be addressed by the above modifications to the manuscript’s clarity and stated purpose.

I accept this is a complex issue and it is difficult to distil it into a limited word count. I also appreciate that many of these authors are eminent and well respected in the field of global health governance, however, I find the arguments put forward in this paper a little porous and hard to follow.

For example, I would like to have seen more critical thinking around the concept of a Global Fund for Health and more reflection on how this would somehow overcome the existing inefficiencies and political quagmire that is associated with the current GFATM.

Thank you for this comment, it is very helpful. Please see additions to the discussion of linkages six through ten.

The following text has been added to the paragraph on linkage six: “…by resulting in board representation by all countries, not just those fighting AIDS, tuberculosis, and malaria, thus reducing the inequities and power disparities associated with the current DAH regime.”

The following has been added to the paragraph on linkage ten: “…like AIDS, tuberculosis, and malaria which may not result in strengthened public health systems or improved general well-being for all.”

Also, the following sentence has been added to the paragraph on the current DAH architecture: “
DAH should conform to principles of global health justice. To improve prospects for global health equity, DAH should abandon the donor-recipient dichotomy and replace it with equal respect for all person’s capabilities.

And the following citation in which this argument is made was also added to the reference section: “Ruger JP. Ethics of development assistance for health. Hastings Centre Report 2015, 45 (3): 23-26”

Maybe the thrust of the paper is a conceptual exploration and the authors do not seek to get drawn too much into the realities, preferences and positioning of various global health stakeholders - and furthermore - how this would challenge the concept for a Global Fund for Health? If so, then one suggestion would be to be much clearer in the introduction about the exact remit and purpose of the paper explaining what the paper was and was not aiming to achieve – this would help manage readers’ expectations.

Thank you for this helpful comment. We have added the following text at the end of the background section to clarify the exact purpose of the paper, including what is and is not achieved:

“While it is not within the scope of this article to suggest the practical means necessary for realigning the preferences and commitments of the various stakeholders in global health governance to establish a Global Fund for Health, we demonstrate that it is in principle possible to move from conceptual pluralism in this matter to practical agreement on policy.”

Level of interest:

An article whose findings are important to those with closely related research interests

Quality of written English:

Acceptable

Statistical review:

No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests