



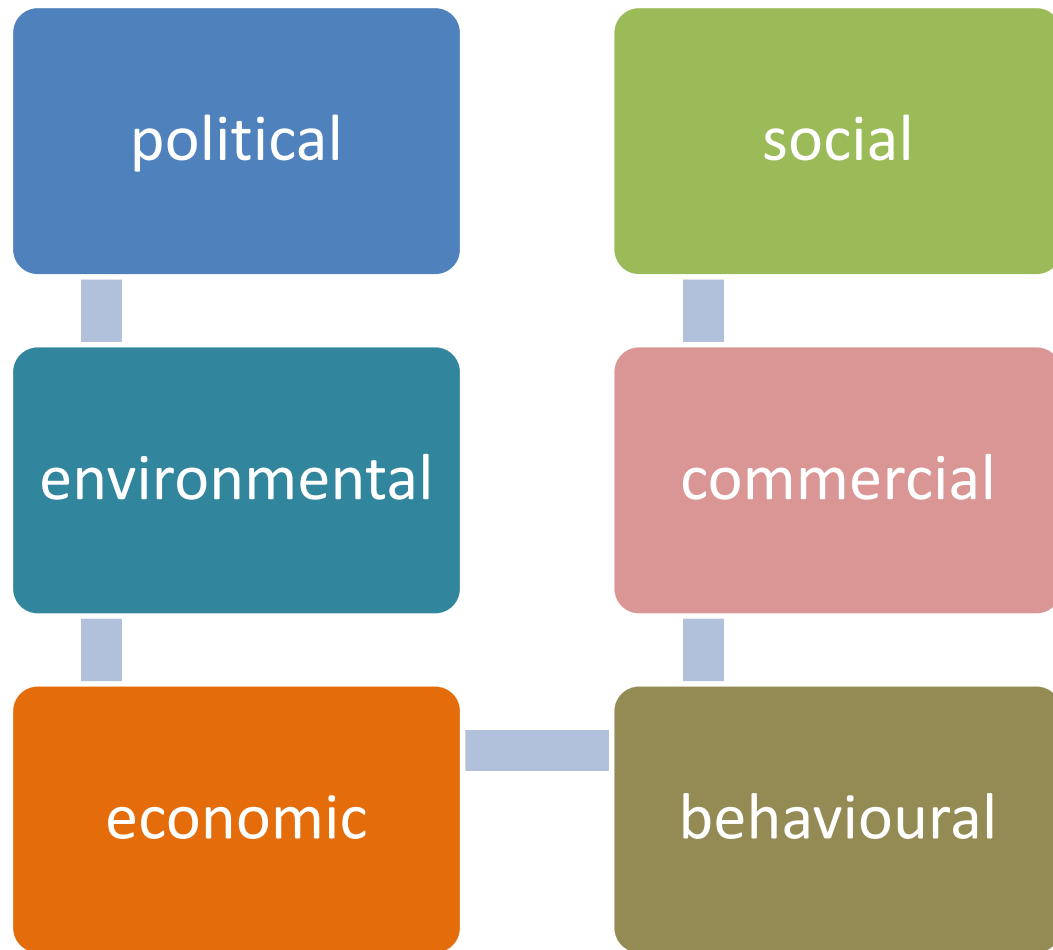
# What should we expect from Global Health Diplomacy?

Ilona Kickbusch

Rio 2014

**Health is a political choice  
at all levels of governance**

# Interface of determinants



# Health: what are the political choices?

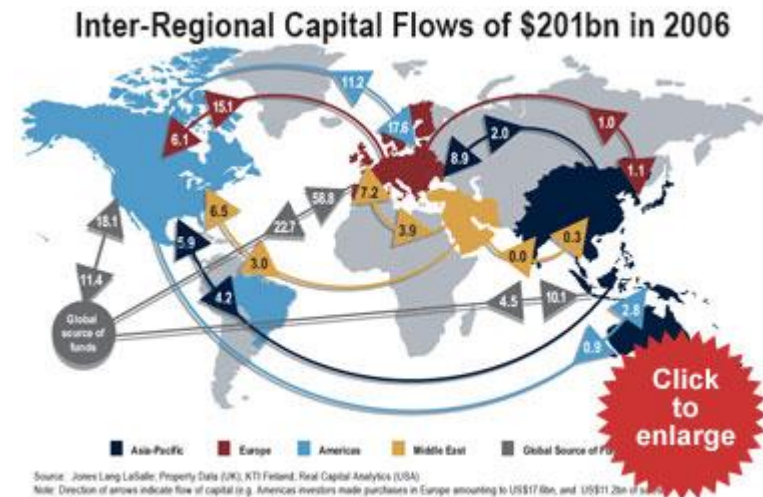
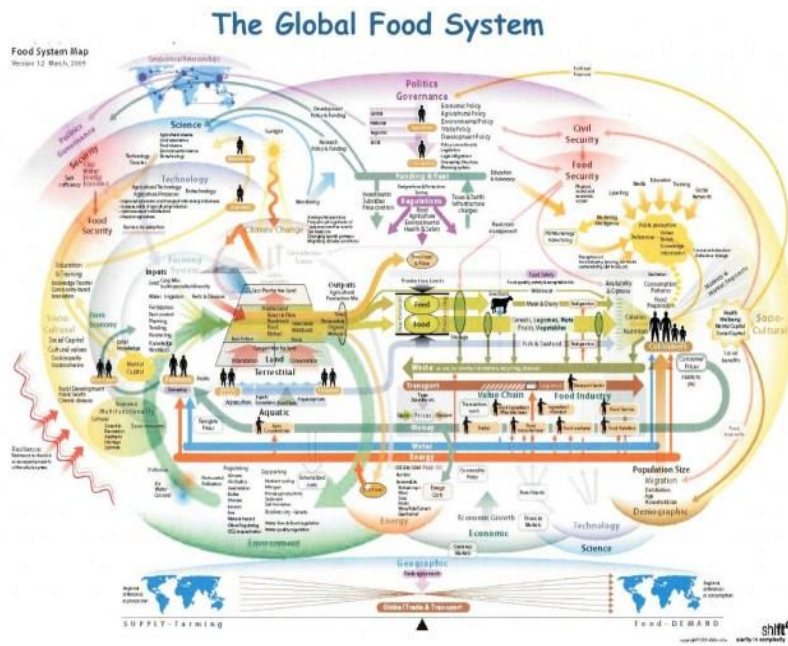
- **Inequity** – social determinants – social protection
- **Universal access to health systems**: infrastructure – people – products - financing
- **Environment** – climate change – animal health - AMR
- **Globalisation of lifestyles** – non communicable disease
- **Outbreaks** – diseases of poverty

# The interface of health in a global world

*Global Health* refers to those health issues which **transcend national boundaries** and governments and call for actions on the **global forces and global flows** that determine the health of people. *Kickbusch 2006*



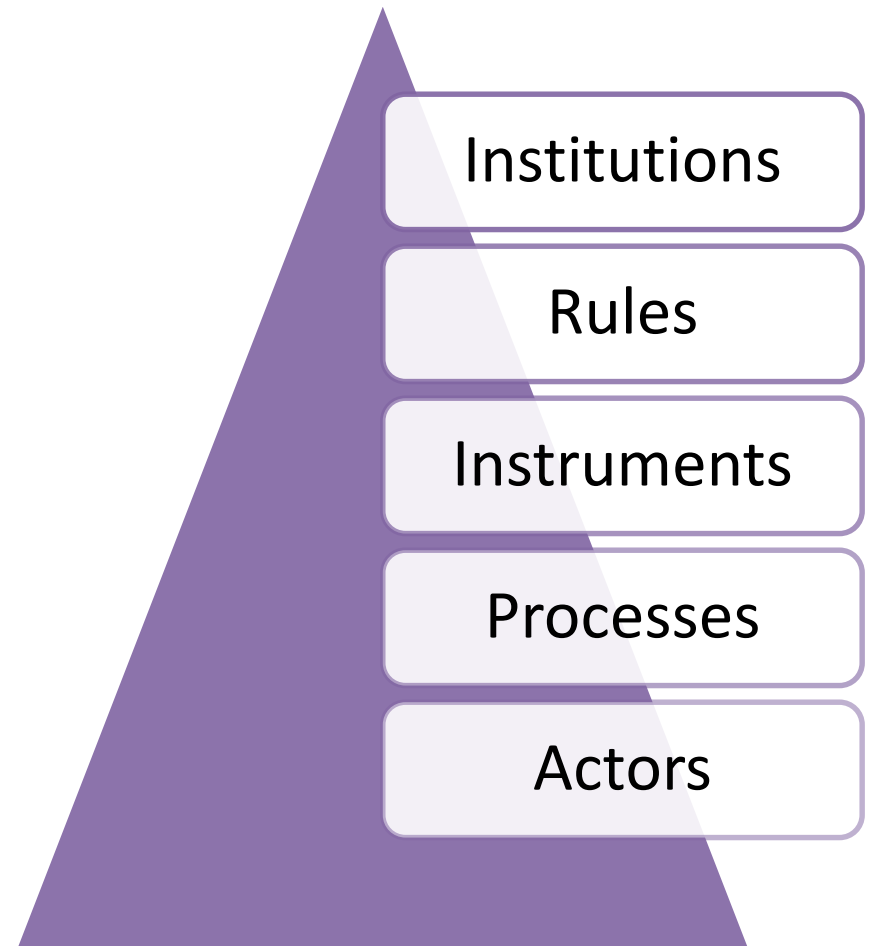
# Global forces and global flows



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# Cross border collective action

- **Global governance** is a purposive order for the management of interdependence in the absence of a global state. (Rosenau 1992)
- It implies a **system of rules, processes and institutions** which functions and operates at the global level and provides the frame within **which actors interact and take decisions.**



# Global Health Diplomacy

- **Goal:** the pursuit of health, health equity and human rights as a collective goal (GPGH)
- Negotiating the political choice for health in the face of other interests – foreign policy goals
- Improving relationships between states/between actors through health

**Approach: smart sovereignty** through which states “exercise their policymaking sovereignty more effectively and intelligently by pooling their efforts.”



# Critical factors for global health diplomacy

*the role of science and scientists and evidence:*

interface between diplomats and health experts is critical for successful health negotiations

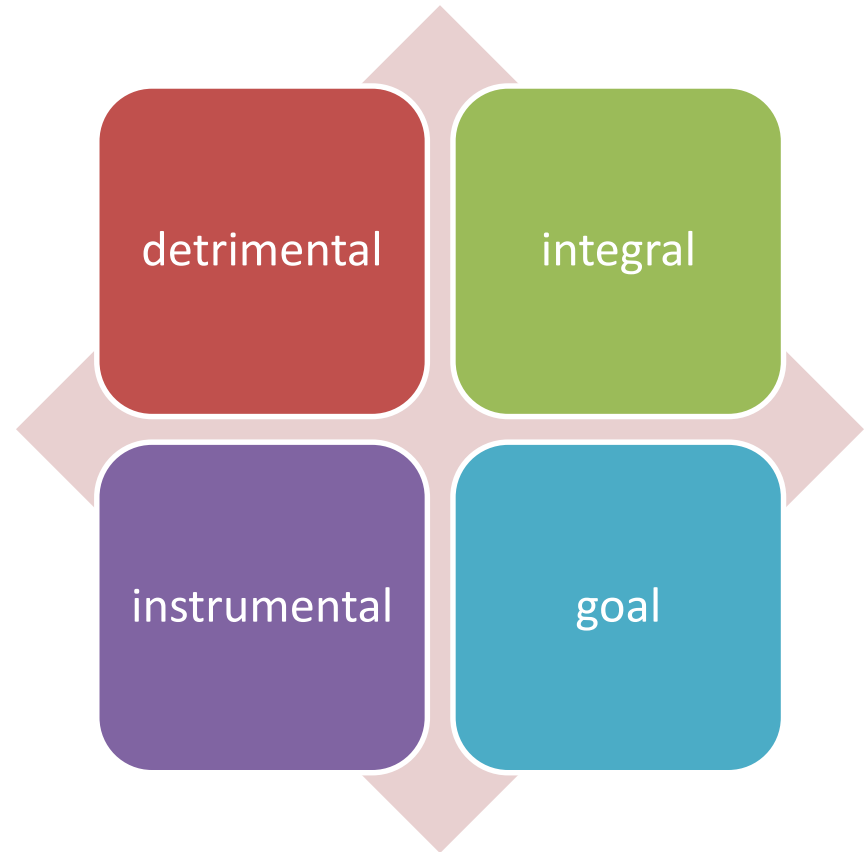
*the value base – health equity and human rights issues :*

equity is a driving force of the global health agenda

**Health Diplomacy is**  
**- as is all diplomacy**  
**- an essentially**  
**political process**

# Arenas of Global Health Diplomacy

- A) In multilateral negotiations: a *method* for *reaching compromise and consensus in matters pertaining to health*, usually in the face of other interests (power, security, economic interest) but also to values and principles
- B) In bilateral/geopolitical contexts: a *soft power strategy* using health for foreign policy goals, including security and/or avoiding global agreements
- C) In crisis situations: a *bridge to peace* (increasingly at national level)



# Global Health Diplomacy moves in all directions: NN SS NS SN multilateral

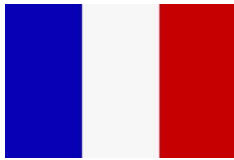


– **USA: PEPFAR** (*the US Presidents Emergency Plan for AIDS Relief*)



– global health initiatives at the **G8 Summits**

– **Beijing Summit China – Africa**



– **Cuba – Venezuela: oil for doctors.**

– **EU** adopts council conclusions EU as a global health actor

– all BRICS countries have **south south health programmes**

– **Millennium Development Goals //Post2015**

– **Bi lateral trade agreements**

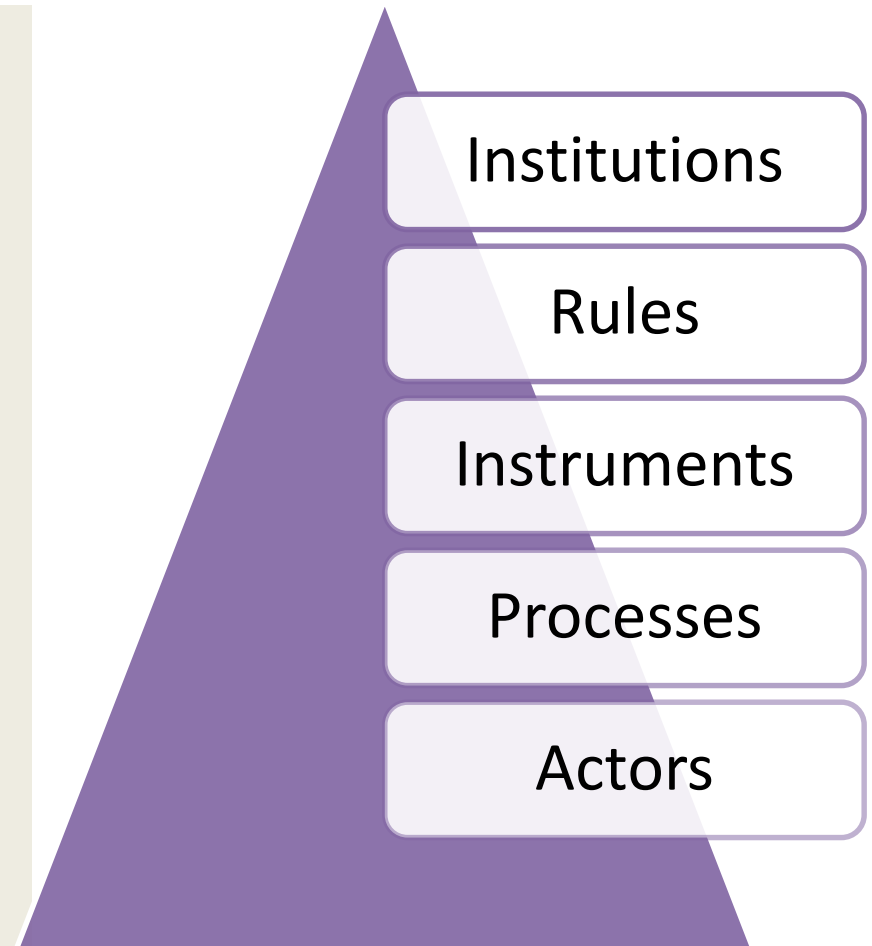
– **Polio vaccine diplomacy**

– **Lusophone countries**



# Global Health Diplomacy

- managing **globalisation** - negotiating global public goods
- management of (rapid) **change** and global crisis
- managing **relationships** (soft power) and multitude of actors – policy networks
- Political **entrepreneurship** - positioning

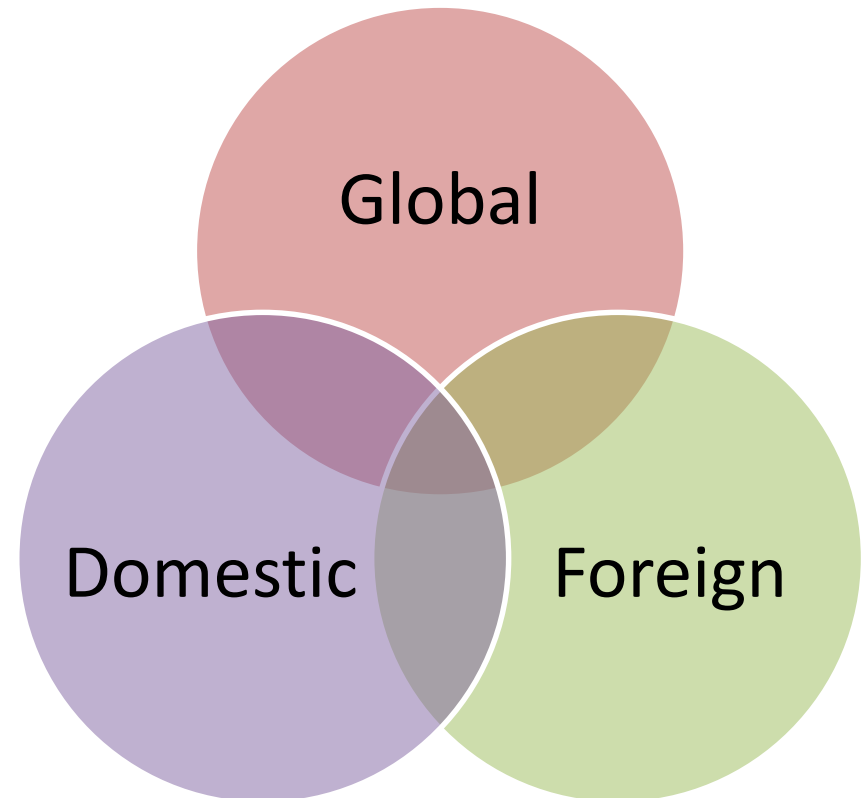


# GHD Goals – outcomes

- **better health security and population health** outcomes for each (and all) of the countries involved and an improved global health situation;
- **improved relations between states** and a commitment of a wide range of actors to work together to improve health and
- **outcomes that are deemed fair** and support the goals of supporting human rights, reducing poverty and increasing equity.

# Foreign policy has changed in a global world

- In the past it was enough for a nation to look after itself - today that is no longer sufficient. (Robert Cooper 2006)



# Diversity of multilateralism

- G-X world

- Diffusion of power
- The rise of the rest

Governments have taken to

- operate in many venues simultaneously
- Participate in a wide array of issue specific networks and partnerships, ad hoc coalitions, public private arrangements
- Support incremental change

# Governing the global public health domain

- A “global public domain” is “an institutionalized arena of **discourse, contestation and action** organized around the production of Global Public Goods (GPG). It is constituted by interactions among non-state actors as well as states (...). It differs from anything in the past that might resemble it in its dynamic density, and by operating in real time.” (Ruggie)
- The global public health domain encompasses an extraordinarily **dense range of initiatives and institutions**: international organizations, sectors and agencies in countries, development banks, global health initiatives, hybrid organizations, alliances, civil society, private industry, philanthropies, academic institutions, professional associations and dedicated individuals, some with significant power.



# Multi stakeholder diplomacy – a multitude of competing interests

MSF

BILL & MELINDA  
GATES foundation



## The Global Fund

To Fight AIDS, Tuberculosis and Malaria



BONO



WEF

## GAVI

THE GLOBAL ALLIANCE FOR  
VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

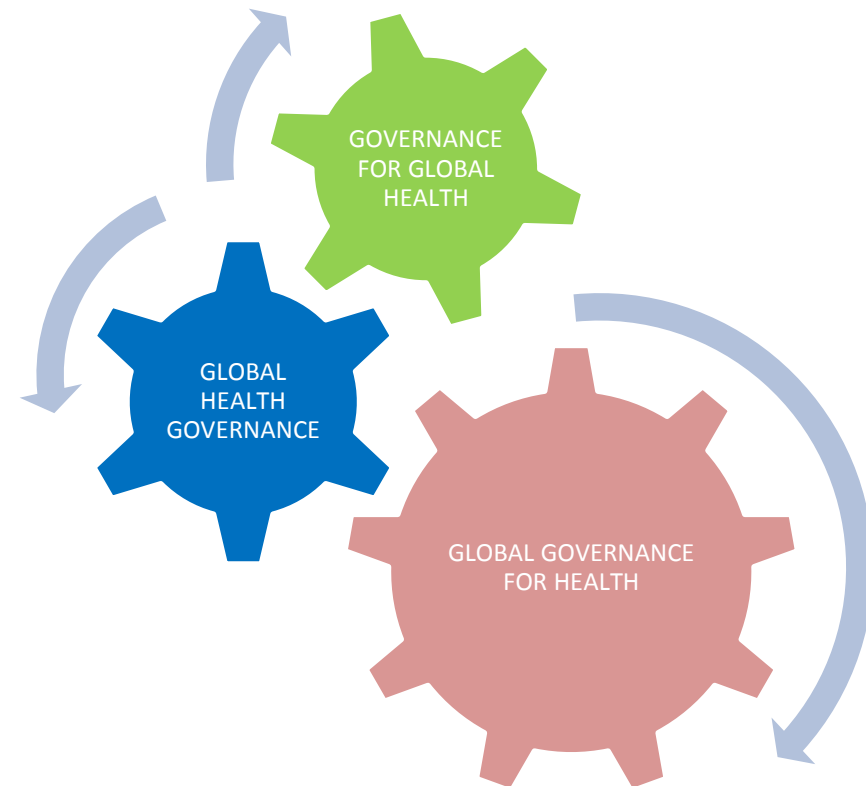
World Bank



250 PPPH

# The governance and diplomacy interface

- **Governance for Global Health**  
Governance at national and regional level in support of global health agendas
- **Global Health Governance**  
Governance of the dedicated health organisations and their interface
- **Global Governance for Health:**  
Health in the context of global organisations in other sectors
- **Network and Negotiation hubs**

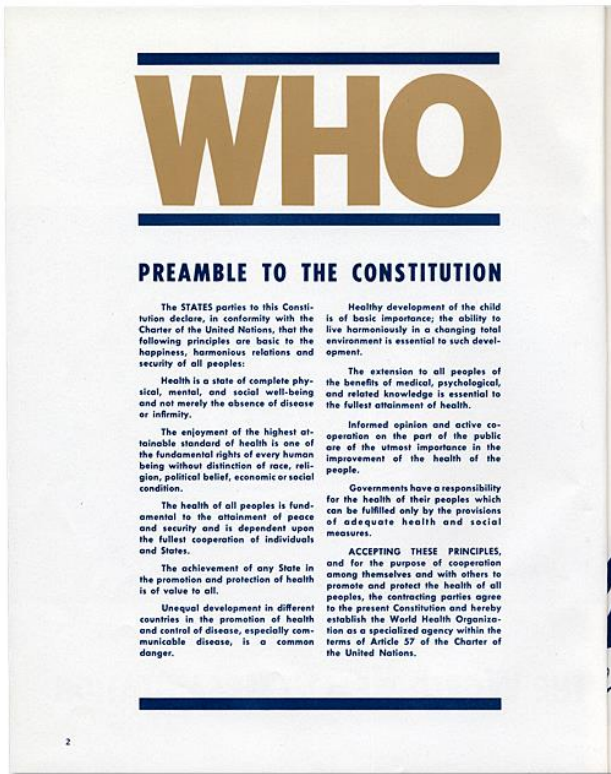


# Global - national

- Effective GHD and governance for global health requires the capacity to participate in negotiations that decide on global public goods for health – that is to practice **“smart sovereignty”**

**Good global  
health begins at  
home**

# Unique actor: Constitution of WHO



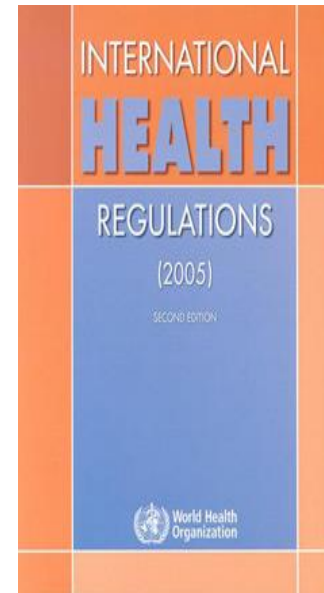
## Article 19 2(a)

**to act as the directing and co-ordinating authority on international health work;**

## Article 19

The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes

# WHO intergovernmental – treaty making power, norms, standards



- **Whats next?**

# WHO and the new multilateralism

- **Norm building hub of network governance -**
- A 21<sup>st</sup> century approach to interpreting Article 2 of the WHO Constitution to “act as the directing and coordinating authority on international health work”.
- **manage a complex adaptive global system of many interests and voices by enabling ongoing feedback loops and consensus building**
- requires skills in relationship building and negotiation and explains the growing interest in the field of global health diplomacy — everyone has become a health diplomat in some fashion
- Requires **new kinds of outreach** – social media, public diplomacy
- Such a dynamic global policy domain must be nurtured and supported by **clear rules of engagement, transparency and accountability** – and be funded by multiple sources

# Challenges

- The **increasingly political nature of global health agendas**: NCDs, SDH, UHC
- The **power of global industries** – the health industry, food, soda, tobacco, alcohol.....
- The **clash of norms and ideologies**
- The **rise of sovereignty and nationalism** in the face of interdependence
- The use of **health as a political tool**

# Trans boundary economic agenda

- **economic impact** of poor health on development or of pandemic outbreaks on the global market place,
- the **economic relevance** of the health sector, of certain industries such as tobacco, food and pharmaceuticals and
- the **growing global market** of goods and services (6.5.trill USD) in relation to health: medical devices and diagnostics, m-health



India's move to strip German drugmaker Bayer of its exclusive rights to a cancer drug has set a precedent that could extend to other treatments, including modern HIV/AIDS drugs, in a major blow to global pharmaceutical firms, experts say.

<http://www.dawn.com/2012/03/13/india-cancer-ruling-opens-door-for-cheaper-drugs.html>



# Unhealthy commodity industries

- Over the past decade sales of packaged foods around the world have jumped by 92%, to \$2.2 trillion this year. **In Brazil, China and Russia sales are three to four times their level in 2002.**
- **Sales of soft drinks across the world have more than doubled in the past decade**, to \$532 billion; in India, Brazil and China sales of fizzy drinks have more than quadrupled. This is troubling, given that sugary drinks accounted for at least 20% of America's weight gain between 1977 and 2007. The Economist Dec 15/2012

# Follow the money

- **Commission on the global financial and commercial environment as it relates to health**
  - A) Map the growth of the global health industry, the investment strategies of other key industries as they relate to health and the role of trade agreements etc. – both supplement reports on morbidity and mortality and show interrelationship

- **Much of the future of global health is decided in boardrooms not in ministries of health**

# Follow the money

- B) propose **new financing mechanisms** for global public goods for health
- We need a well financed system for global health governance – **states must act** - **emerging economies with attractive markets and weak national institutions would benefit**
- New proposals being developed by UNITAID, WHO financing dialogue – **away from charity model of ODA/BMGF** - *oil-producing African countries to levy 10 cents on every barrel produced to provide funds to help the poorest nations improve public health*

# Health at the UN is getting stronger



- Security Council HIV AIDS 2000
- Millennium Development Goals 2000/**Post2015 SDGs**
- UNGASS HIV AIDS 2001
- General Assembly: Global Health and Foreign Policy 2009.....
- General Assembly: Non Communicable Diseases 2011/2014

# Health in Clubs ....

An increased role of health in global and foreign affairs, in particular trade and security and development: health is now part of the G7/8/20/77 summits, BRICS, OIC



# Corporate consumption complex

- Alcohol
  - Automobiles
  - Firearms
  - Food and beverage
  - Pharma
  - Tobacco
- 
- N. Freudenberg

## CDOH: Promoting consumption at the expense of health and wellbeing

Kickbusch 2014

**"Today, more than 95% of all chronic disease is caused by food choice, toxic food ingredients, nutritional deficiencies and lack of physical exercise."**



# The next frontier of global politics

- The economics of the food system are a part of geopolitics and global reconfigurations of power
- The food and nutrition industry is one of the largest industries in the world: 10% of global gross domestic product, which makes for about \$4.8 trillion.
- Food crises have become matters of security and foreign policy: strategic threat of lack of food and water
- The liberalization and globalization of the food market have strengthened industrial food production. Large scale food producers, traders and retailers have become important players in the global market



# Independent Panel on global health impact

- Analyse and oversee the implementation of the health and other international agreements adopted (such as in trade, food, environment) in relation to their **impact on health** and report regularly to the UN General Assembly, ECOSOC and the World Health Assembly (IPCC)



# Global - National

- Global governance needs to be better integrated with national responses.
- one of the most productive ways to approach global governance challenges is to **put in place mechanisms that support global public goods at the national and the global level.**

# National global health strategies

- structures and mechanisms that engage sectors and actors at the national level
- this means strong departments of international health in ministries of health and intersectoral mechanisms that work towards policy coherence in relation to the collective action goals: ***national global health strategies.***

- ***“contemporary global governance requires the creation or reform of national institutions.” (Kaul)***

# Global Health Strategy

Collective  
action  
multilateral

Technical  
cooperation  
Partnerships  
South South

Donor  
relationship  
bilateral

National  
Action on  
global  
priorities

**Multiplier effect**

# Some final thoughts.....

- Politicians and electorates need to accept that in a global world we now have **both national and global health interests** - and governments must be held accountable for both
- We need to accept a set of key principles that form a **global health ethics and work to produce global public goods for health.**
- It is not sufficient to string a set of priority (health) challenges together -- we must have the courage to think beyond health and **embrace a broad notion of sustainable development linked to SDG process and ensure financing.**
- **We must learn how to govern a global system in the making more fairly.** No longer can "the West" write the roadmap of global governance and development.

**Our global health debate must start  
not end with governance and the  
political determinants of health**