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Global Health: Is a Window of Opportunity Opening or Closing?

A Turning Point

New landscapes of poverty, inequity, and security have emerged, all of which have great relevance for global health. The year 2016 could be a turning point in either direction: the recognition of the global threats could provide the "cosmopolitan moment" for concerted and determined action on global health; or the sheer magnitude and complexity of the all challenges at hand will bring an end to global health's golden era. This is not only an issue of financing but also of ideals, as we see established value systems such as human rights and humanitarian principles being questioned and eroded. Long standing international agreements such as the UN Convention and protocol relating to the status of refugees and the Geneva Conventions (which form the core of international humanitarian law) are being put aside and questioned as healthcare workers and facilities are targeted.

The political choices for or against global health are highly political and have great social, economic, and ecological relevance. They require decision-making power that goes far beyond the possibilities of ministries of health. Partly this was illustrated during the Ebola crisis as the G7, the UN Security Council, as well as regional organizations, provided a significant response. But, despite this, we are faced with a crisis of governance—member states are not willing to provide the institutions of global governance with the long-term political and financial backing to be effective. We have experienced this clearly in relation to the World Health Organization. Over the last decades member states have let its assessed contribution sink to only 20% of its funding and even after the Ebola crisis the contingency fund they established has received only \$30 million rather than the \$100 million aimed for.

Delineations and Dynamics

A new awareness requires an understanding of the interface between the ecological crisis, the financial crisis, the health security crisis, and the crisis of social dislocation; synergies between these

crises need to be dealt with; the responses need to be fast; but most of all their very origins in the distribution of power, money, and resources need to be addressed.

The politics of global health are inextricably linked to the economic dynamics of globalization and the winners and losers that have emerged in a neoliberal era. This relationship has been highlighted in the report of the Lancet University of Oslo Commission on Global Governance for Health. To assess the future direction of global health it is critical to analyze how changed political dynamics, novel financial mechanisms, new institutions, divergent interests, and different type of strategic thinking shape the governance of global health, its values and approaches. A dinner speech cannot cover them all. Established delineations no longer work in global governance and I would like to highlight three developments are particularly relevant:

- First, political factors such as the global power shift and "the rise of the rest" bring with them changed priorities and governance models. Old delineations of North-South lose their explanatory power. A much wider range of countries now possesses the means that are constitutive for participation in global governance: endogenous resources, transnational connectivity, and geopolitical status. And they are putting them to use to reshape the system as they deal with the consequences of a model of development that has neglected sustainability and equity.
- Second, present global health governance approaches fail the most vulnerable: populations in fragile states, victims of war, refugees, asylum seekers, trafficked populations, people in forced labor, slaves, and global migrant workers. The number of people affected by crises around the world has almost doubled over the past decade. The humanitarian, refugee and health crises throughout 2015 and 2016 have shown that the established dividing lines between the health, development, and the humanitarian system are counterproductive; some consider the complete separation between humanitarian and development funding "complete madness."
- Third, the challenges of NCDs, Ebola, Zika and AMR illustrate how interdependent and global most health issues are, yet countries still remain diffident to act with a common purpose and to fulfil their international obligations, such as the International Health Regulations. Today, health security is a key dimension of human security and must be an integral part of approaches to global, regional, and national security. And it must be integral to health systems' development. Here too, the existing delineations are counterproductive and out of date.

Paradigmatic Shifts

But overcoming these three delineation challenges of governance for global health will not be sufficient. Let me highlight two paradigmatic shifts with very practical consequences for health, global poverty, and inequality that will need to be achieved. Countries still underestimate the systemic impact and threat to human lives and livelihoods as well as the high level of economic vulnerability that arises, if they do not act on global health issues such as NCDs and health security. They also underestimate how determined action on both the top causes of disability and death worldwide and on health security could provide the fiscal space and the funds required to eradicate poverty and to build universal health coverage.

I suggest that first we will need to work with a different concept of global health and its ultimate goals. In 2002, I wrote that the term global health "stands for a new context, a new awareness, and a new strategic approach in matters of international health" and I proposed that its "goal is the equitable access to health in all regions of the globe." Today, the goal of global health requires an integrated approach which aims at "safeguarding both human health and the natural systems that underpin it." This means working together to achieve co-benefits between sectors. For example, we can no longer address obesity without taking into account food systems, which are now responsible for 32% of global emissions, more than all transport combined.

Further, I propose that we must accept that health no longer automatically follows wealth and much of the progress in health "has so far been achieved at the price of increased CO2 emission that drives the imminent climate crisis." Wealth measured along traditional models of growth no longer ensures wellbeing, health, and health security. For example, we can no longer look at GNP growth without understanding that macroeconomic simulations suggest a cumulative output loss of \$47 trillion over the next two decades due to NCDs if no decisive action is taken to curb them. At the same time, the recent *Global Health Risk Framework for the Future* suggests that average expected economic losses from infectious disease crises might amount to over \$60 billion per year if countries do not invest in preparedness and response.

This explains why the Ethiopian Prime Minister Hailemariam Desalegn, president of the Addis Ababa Conference, stated: "the only development worth having is sustainable development." It also explains the centrality of health to all sustainable development strategies.

The Global Risk Society

Sociological conceptualizations of the global risk society highlight that many of the risks we deal with in the 21st century are related to both unintended and neglected consequences of advancement and change; a chain of secondary effects. This means dealing with "the combined impacts of rapid demographic, environmental, social, technological, and other changes in our ways-of-living". The US Permanent Representative to the United Nations, [Samantha Power](#), stated with regard to 2015 that "this year has shown with painful clarity that our existing systems, approaches and funding are inadequate." The global risk society ties us together in ways for which the post-World War II international organizational structures are ill-prepared. There is indeed much complaint about the inability of the United Nations to deliver in the face of new political realities and complex trans-border risks. Yet countries are not willing to share sovereignty, pay for global public goods, or systematically invest in addressing global "bads." Health security is one of the most obvious areas to illustrate this, as the many reports following the Ebola outbreak show.

2015 Achievements

But 2015 also brought with it a range of achievements and was a critical year in which the United Nations set new global agendas. Four key international conferences reached consensus on a way forward in global problem-solving, and the emerging powers played a key role in all the negotiations:

- the [Third International Conference on Financing for Development](#) in July 2015 adopted the [Addis Ababa Action Agenda](#);

- the [United Nations Summit](#) in September 2015 [adopted the post-2015 development agenda](#) and agreed on seventeen Sustainable Development Goals (SDGs);
- the [2015 United Nations Climate Change Conference \(COP21\)](#) adopted the *Paris agreement*, the first-ever universal, legally binding global climate deal; and
- the [World Trade Organization Ministerial Conference](#), also in December 2015, adopted the *Nairobi Package*, with a focus on agriculture, with the aim to support the least-developed countries.

Anne-Marie Slaughter has suggested that the Paris agreement might serve as a model for effective global governance in the 21st century and calls it "a bold move toward public problem-solving on a global scale," especially because it substitutes rolling processes for fixed rules; relies on bottom-up [Intended Nationally Determined Contributions](#), which require the citizens and governments of each individual country to come together to determine what they can reasonably achieve; is addressed not only at governments, but calls on many other entities to play a major role (such as cities); and includes a finance mechanism—the Green Climate Fund. Maybe it is here that the governance window opens, as the emerging powers have a high stake in its success.

Seminal Shift

Thirty years ago "AIDS changed everything" and a new era of global health was born, based on social movements, scientific ingenuity, philanthropic commitment, and global solidarity. Today, we must bring together ecological, health, humanitarian, and human right challenges in new ways—something the SDGs have attempted. What approaches to global health governance emerge if we accept such a seminal shift? Will we need new institutions? How will existing ones need to change? What governance mechanisms will be the most effective? One popular answer in the face of multiple global crises has been to promote resilient systems as the next big evolution in global health. But such approaches do not go far enough in addressing the "causes of the causes" of the ecosystems stress both humans and the planet are experiencing.

In the 1970s, a classic book provided council on how to provide health care "where there is no doctor." The 2016 version will probably ask how to provide health "where there is no state." It raises the key question that defined all four major conferences in 2015 and will continue on into 2016 beyond: how will responsibility for our future be distributed as power is diffused? What political mechanisms will we have at our disposal? Can the commitment to the SDGs help build a new United Nations? Will the new powers want to support multilateralism? Will concepts of ecological public health facilitate a new agenda? I hope gatherings such as this will help take some of these questions forward.

*This speech was based on the paper ["Global Health Governance Challenges 2016 – Are We Ready?"](#) published in the *International Journal of Health Policy and Management*, June 2016.*