HEALTH DIPLOMACY MONITOR

Health Diplomacy Monitor

The Health Diplomacy Monitor aims to report and inform readers about key international negotiations currently underway which have a significant impact on global health. The objective is to "level the playing field" by increasing transparency and making information about the issues and proposals being discussed more readily available.

in this issue

A WORD FROM THE EDITOR

Summer time in the northern hemisphere generally means a slowing down of negotiation processes in the centres of multilateral diplomacy, such as Geneva and New York. It does not, however, mean that a number of dynamic and important discussions haven't taken place in the last couple of months. It was a summer of expectations and highlighted the role of activists, social movements, and other non-state actors in shaping debates that have an impact on global health.

Paulo M. Buss and colleagues write about the much anticipated and high-profile United Nations Conference on Sustainable Development (UNCSD), the so-called Rio+20 meeting, that took place in early summer. Buss and his colleagues consider the place of global health in the packed agenda, and the decision to forge ahead with the creation of sustainable development goals as a way forward. In her editorial, Dr Amy Pollard of the Catholic Agency for Overseas Development (CAFOD) picks up on the discussion of the place of health in the context of a post-Millennium Development Goals (MDGs) world, noting that we are entering into a more difficult negotiating climate.

In July in Washington the International AIDS Society organized the 19th International AIDS Conference, bringing together stakeholders from across the globe. Priyanka Kanth reports on the conference and its stated goal of achieving an AIDS-free generation. She also raises questions around the failure to include marginalized groups, such as sex workers, in the main event in Washington due to visa restrictions.

Lotte Danielsen and Inger B. Scheel report on another dynamic gathering, the meeting of the People's Health Assembly in Cape Town, South Africa, also in July. They consider how this grassroots movement is becoming an important global health actor, and how the non-hierarchical and fluid form of the People's Health Movement increases its reach and impact, in part because it is free from responsibility to donors.

Susan Johnson, Director General, International Operations & Movement Relations of the Canadian Red Cross Society, raises an increasingly urgent issue in her editorial, namely the increase in attacks against health care workers, health infrastructures, and patients seeking medical care in armed conflicts and other situations of violence around the world.

September marks the beginning of several busy months for multilateral activity. Rangarirai Machemedze looks ahead to the upcoming meeting of the World Health Organization (WHO) Regional Committee for Africa, scheduled to take place October 22-26, 2012, in Luanda, Angola. Adam Kamradt-Scott provides an overview of a consultation held in Bali in June for the promotion of multisectoral preparedness in the Asia-Pacific region. The meeting laid the foundations for a follow-up meeting to be held in November to finalize arrangements for the regional platform and to secure financial commitments from partners ahead of the initiative's official launch.

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- Bente Molenaar Neufeld

EDITORIAL: HEALTH CARE IN DANGER

Susan Johnson
Director General, International Operations & Movement Relations
Canadian Red Cross Society
susan.johnson@redcross.ca

The past few months have been troubling for health workers and the populations they serve.

In April, British health care worker Khalil Dale, a health program manager for the International Committee of the Red Cross (ICRC), was murdered in Pakistan following his kidnapping in January. In July, Syrian Arab Red Crescent worker Khaled Khaffaji, a first aid responder, was killed in Eastern Syria while in a clearly marked ambulance. Both Mr. Khaffaji and Mr. Dale were providing urgent medical care to victims in need.

These deaths are only two among the many health care professionals who have lost their lives while providing vital health services. In Syria alone, five Syrian Arab Red Crescent staff and volunteers have lost their lives while providing humanitarian assistance in the last eight months.

Disturbingly, these deaths mark widespread attacks against health care workers, health infrastructures, and patients seeking medical care in armed conflicts and other situations of violence around the world.

Targeting health care workers and destroying or looting medical facilities directly impacts emergency and life-saving medical assistance, often at a time when it is most needed. When services provided by clinics or first aid posts are disrupted or blocked due to security issues, there is an immediate and direct impact on communities of children, women, and men of all ages who need urgent care.

Recently, the ICRC completed a study documenting 655 violent incidents affecting health care delivery in 16 countries around the world. The study clearly reveals patterns of insecurity ranging from direct attacks on patients, health infrastructures, and personnel to the denial of access to care, kidnapping, lootings, and a general lack of secure access to health facilities. This study emphasizes the high levels of vulnerability for the wounded and sick and for health care providers. It clearly illustrates that violence against healthcare workers and facilities remains one of the most critical humanitarian problems we face today.

In response to this pressing humanitarian challenge, the Red Cross has launched the Health Care in Danger campaign. This international initiative aims to engage leaders in civil society, governments, the medical community, academia, and health practitioners to generate concrete recommendations to strengthen the protection for the wounded and sick during times of armed conflict and other situations of violence.

Humanitarian organizations like the Red Cross rely on all parties in a conflict to understand and respect humanitarian principles and rules. This includes ensuring that aid workers can deliver services in these difficult contexts free from the fear of abduction, violence, and murder. Specifically, the Red Cross and Red Crescent emblems are universally recognized as symbols of neutrality and assistance, and their use is protected by international law and must be respected.

By launching the Health Care in Danger campaign, the Red Cross strives to increase awareness around these issues. We can all do more to ensure that health care providers around the world and those they serve are better protected. The Canadian Red Cross and many Red Cross and Red Crescent national societies will be working with governments, the medical community, and interested organizations to identify concrete steps to safeguard the medical mission and the provision of health care to the most vulnerable.

EDITORIAL: POST-MDG HEALTH CHECK: AS THE TEMPERATURE RISES, THE DEBATE GETS FEVERISH

Dr. Amy Pollard
Lead Analyst
Catholic Agency for Overseas Development (CAFOD)
apollard@cafod.org.uk

In recent weeks, the temperature of debate about what should come after the Millennium Development Goals (MDGs) has been rising. The debate as a whole is moving into a new, more difficult phase.

The last two or three years have seen a dramatic ramp-up in the levels of interest and engagement around the issue of post-MDGs. When the Catholic Agency for Overseas Development (CAFOD) first started working on post-MDGs back in 2009, there were barely a handful of actors engaged in thinking about the issue. The predominant attitude was that it was "too soon" to be discussing it seriously, lest attention be drawn away from the on-going MDGs effort. The number of actors who were keen to kick off the conversation was small, and it was relatively easy to broker conversations between them. In 2010, when CAFOD founded the civil society campaign "Beyond 2015," there was no United Nations (UN) process of any kind. The scope of the debate was as wide as the oceans and as high as the sky—and ideas started busily filling that entire space.

Job number one was to get the United Nations to show some leadership and pull a proper process together that would lead to a strong, legitimate new framework. To bring this about, a relatively collaborative approach was taken between civil society actors, UN officials, and key officials from enthusiastic country governments. High-level politicians, statesmen, and leaders were notably absent from the debate, with lower-level officials doing most of the running behind the scenes. They often had fairly similar values and outlooks to those held by many of the civil society actors, and the agenda swirled comfortably around a variety of progressive themes. Health was always amongst them, as a core topic.

In early 2012, advocacy and lobbying efforts started to pay off. The UN started, albeit tentatively and slowly, to assert its leadership. National, thematic, and e-based consultations were announced, and details of these plans started to drip out. Now involving the entire UN system—not just a few sympathetic officials—it seems increasingly likely that some patches of the process will be strong, whilst others will be much weaker.

While it's too early to say for sure, there are some concerns that health will fall into a patch of weakness. The thematic consultation in this area seems to be lagging behind some

of the others, and it is currently unclear exactly how, when, and where this will take place. There is a widely held view that health got more than its fair share of attention in the original MDGs—with three "health goals" reflecting the divisions between three UN agencies who wanted to lead on each of them, rather than a more objective balancing of these issues against others.

Health is also in a more vulnerable position than some other issues in the context of sustainable development discussions. While it is relatively easy to make the argument that climate change has the greatest impact on the poorest, and it is the poorest who will suffer most in terms of health, it is less easy to trace the links in the opposite direction and show how improved health outcomes would strengthen efforts to protect the environment. Increasingly, candidate goals for a post-2015 framework must justify their case in terms of links to sustainable development – if this requires both a mitigation and an adaption case to be made, health goals will find themselves on more difficult ground.

In recent months, high-level leaders and statesmen have finally arrived at the table and are starting to make their presence felt. At the Rio +20 conference, in retribution for the disastrous early leak of David Cameron's appointment as co-chair of the UN High Level Panel on post-2015 (before his co-chair partners Ellen Sirleaf Johnson and Susilo Bambang Yudhoyono had been announced), the G77 brokered the formation of an intergovernmental Open Working Group to take forward the Sustainable Development Goal agenda. There had been grave concerns that this would set up a parallel process with post-MDGs discussions, although the details of their working arrangements have provided little reassurance on this issue.

Then, just a few weeks ago, the United Nations finally announced the full membership of its High Level Panel on Post-2015. While some of the basic asks from civil society organizations were fulfilled, it has become clear that the era of cosy collaboration has drawn to a close. The composition of the panel speaks to a much more traditional view of development and international cooperation, with aid, economics, and the nation state firmly at the centre. With the arrival of much bigger beasts, the lower-level officials with whom we had worked in the past are losing their ability to steer the debate, and we can expect a much greater divergence of views on the way forward.

As hard, political imperatives start to redraw the boundaries of the agenda, the post-2015 debate looks set to become less about the world we want, and more about the world we live in.

SUSTAINABLE DEVELOPMENT AND GLOBAL GOVERNANCE FOR HEALTH: FROM RIO+20 TO POST-2015 SUSTAINABLE DEVELOPMENT GOALS

Photo: http://www.uio.no

Paulo M. Buss, Coordinator of Fiocruz Center for Global Health, Full Member of the Brazilian National Academy of Medicine, buss@fiocruz.br

José Roberto Ferreira, Program Coordinator of Fiocruz Center for Global Health, Doctor Honoris Causa of the National School of Public Health (Fiocruz), ferreirj@fiocruz.br

Claudia Hoirisch, MD in Business Management (FGV), Researcher at Fiocruz Center for Global Health, claudiah@fiocruz.br

Álvaro Matida, PhD in Public Health/Epidemiology, Assistant for Latin America and the Caribbean at Fiocruz Center for Global Health, almatida@fiocruz.br

BACKGROUND

THE ISSUE

The United Nations Conference on Sustainable Development (UNCSD), known as Rio+20, was staged in Rio de Janeiro, Brazil, from June 20 to 22, 2012. Representatives from 191 UN member states and observers, including several heads of state and government and a large number of ministers, attended. [1] The main outcome of the conference was the official report entitled "The Future We Want,"[2] which included discussion of the health dimension as an important component of sustainable development, one that merits more comprehensive analysis.

GLOBAL HEALTH IMPACT

The final declaration of the Rio+20 Summit recognizes that "health is a precondition for, an outcome of, and an indicator of all three dimensions of sustainable development."[6] The Rio declaration will play one part in shaping the post-Millennium Development Goals (MDGs) debate by its decision to set up sustainable development goals (SDGs).

THE ROLE OF DIPLOMACY

The conference renews the UN member states' "commitment to sustainable development and to ensure the promotion of an economically, socially and environmentally sustainable future," and acknowledges that "eradicating poverty is the greatest global challenge facing the world today and an indispensable requirement for sustainable development, including the promotion of "empowerment of the poor and people in vulnerable situations," "removing barriers to opportunity, enhancing

productive capacity, developing sustainable agriculture and promoting full and productive employment and decent work for all, complemented by effective social policies… [and] social protection floors," with a view to achieving the internationally agreed development goals, including the MDGs.

INTRODUCTION

In spite of the fact that the United Nations Conference on Sustainable Development (UNCSD) was not able to launch new processes, significantly modify the international framework, nor establish concrete goals and targets, the conference reaffirmed key concepts and commitments and created upcoming opportunities for the UN General Assembly and other forums to shape the true Rio+20 legacy. This article will consider the health dimension of the Rio+20 conference and also highlight some of the central themes discussed.

CENTRAL THEMES AT RIO+20 AND HIGHLIGHTS OF THE FUTURE WE WANT

Green economy in the context of sustainable development (SD) and poverty eradication were central themes of the conference. Recognizing that there are different approaches and tools available to each country, all approaches should be guided by Rio+20 principles, Agenda 21, and the Johannesburg Plan of Implementation, and should contribute towards achieving relevant internationally agreed development goals, including the Millennium Development Goals (MDGs). Despite agreeing on the principles, including trade protection avoidance and aid conditionality,[3] the official outcome document was severely criticized by environmental experts and activists for its exclusive economic dimension and for being a mechanism for international business of "green mitigation technologies" maintaining the current models of production and consumption, which are the real causes of the current environmental and social crisis.[4,5]

Another central theme of Rio+20 was governance for sustainable development. Despite not presenting a concrete proposal to transform the current framework of global governance, the outcome document points out that the Institutional Framework for Sustainable Development (IFSD) should integrate the environment, the economy and the social dimensions, which include health, in a balanced manner. In order to strengthen the IFSD, it is necessary to enhance coherence, reduce fragmentation, and avoid duplication, while increasing effectiveness and transparency. The document also advocates:

- reinforcing coordination and cooperation
- promoting full and effective participation of all countries in decision-making processes
- engaging high-level political leaders
- promoting the science-policy interface
- enhancing the participation and effective engagement of civil society and other relevant stakeholders
- promoting the review and stock taking of progress in the implementation of all sustainable development commitments, including means of implementation.

The Rio+20 outcome document advocates an inclusive, transparent, reformed, strengthened, and effective multilateral system in order to better address the urgent global challenges of sustainable development today, acknowledging the universality and central role of the UN and the strengthening of its Economic and Social Council (ECOSOC). The document outlines the decision to establish a universal, intergovernmental, high-level political forum, building on the Commission on Sustainable Development (CSD) and its experiences and inclusive participation modalities, promoting balanced integration of the three dimensions of sustainable development, and subsequently replacing the CSD. The high-level forum could strengthen the science-policy interface in the form of a global sustainable development report.

The document invites the United Nations General Assembly (UNGA), during its 67th session, to adopt a resolution strengthening and upgrading the United Nations Environment Programme (UNEP). The proposal includes recommendations to:

- establish universal membership in its governing council
- strengthen UNEP engagement in key UN coordination bodies
- provide capacity building
- facilitate access to technology
- strengthen its regional presence.

Finally, the document recognizes that sustainable development should be given due consideration by the programs, funds, and specialized agencies of the UN system and other relevant entities, such as international financial institutions. It also recognizes the importance of integrated data and information in

the three dimensions of sustainable development, and calls on countries to strengthen national, sub-national, and/or local institutions or relevant multi-stakeholder bodies and processes.

HEALTH

The final declaration recognizes that "health is a precondition for and an outcome and indicator of all three dimensions of sustainable development."[6]
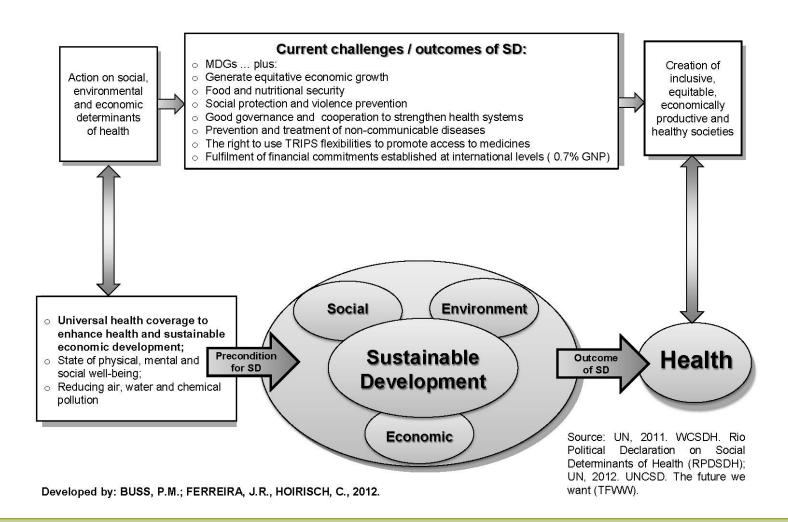
Highlights on health in the UNCSD outcome document are summarized in Figure 1 below. [2,7] In addition to the three MDGs directly related to health, all others are also health-related. The scheme below expands the MDGs and introduces current challenges/outcomes of SD which can create inclusive, equitable, economically productive, and healthy societies.

Figure 1: Health is a precondition for, an outcome of, and an indicator of all three dimensions of sustainable development

In addition to health commitments made at the meeting in Rio (UNCSD), all other cross-sectoral issues listed in the declaration have effects on the well-being of the world population. Poverty eradication; water and sanitation; food security, nutrition and sustainable agriculture; employment, decent work for all, and social protection; transport; sustainable cities and human settlements; education; gender equity and empowerment of women; climate change; desertification, land degradation and drought; chemicals and waste; and (sustainable) consumption and production are social and/or environmental areas which impact the health and well being of all citizens of the world. These cross-sectoral issues contain proposals and promised actions, most of which are useful for countries to implement as guidelines.

The Rio+20 document recognizes the importance of a set of sustainable development goals (SDGs) which should be coherent with and integrated into the UN Development Agenda beyond 2015. The development of these goals should not divert the focus or effort from the achievement of the MDGs. [2]

Current challenges / outcomes of SD:
- MDGs ... plus:
- Generate equitative economic growth
- Food and nutritional security
- Social protection and violence prevention
- Good governance and cooperation to strengthen health systems
- Prevention and treatment of non-communicable diseases
- The right to use TRIPS flexibilities to promote access to medicines
- Fulfilment of financial commitments established at international levels (0.7% GNP)

Action on social, environmental and economic determinants of health

Creation of inclusive, equitable, economically productive and healthy societies

- **Universal health coverage to enhance health and sustainable economic development;**
- State of physical, mental and social well-being;
- Reducing air, water and chemical pollution

Social **Environment**

Sustainable Development

Economic

Precondition for SD

Outcome of SD

Health

Source: UN, 2011. WCSDH. Rio Political Declaration on Social Determinants of Health (RPDSDH); UN, 2012. UNCSD. The future we want (TFWW).

Developed by: BUSS, P.M.; FERREIRA, J.R., HOIRISCH, C., 2012.

The document underscores that SDGs should be action-oriented, concise and easy to communicate, limited in number, aspirational, global in nature, and universally applicable to all countries, while taking into account different national realities, capacities, and levels of development, and respecting national policies and priorities. The goals should address and be focused on priority areas for the achievement of sustainable development.[2]

FINANCING

With respect to financing, member states invite the international financial institutions, UN member states, and other stakeholders to continue providing financial resources, especially through specific mechanisms for the promotion of sustainable development and poverty eradication in developing countries, by establishing an intergovernmental process under the United Nations General Assembly, in open and broad consultation. The process will assess financing needs, consider the effectiveness, consistency and synergies of existing instruments and frameworks, and evaluate additional initiatives as options for financing strategies of SD objectives.

Member states acknowledge that the fulfillment of all commitments related to Official Development Assistance (ODA) is crucial, including those made by developed countries to achieve the target of contributing 0.7 percent of GNP to developing countries. There are references to getting funds from a "variety of sources" and "new partnerships and innovative sources of financing," a code for the reduced importance and quantum in developed countries' government financing for developing countries.[3] This means, therefore, that there has been no agreement on new and additional concrete resources. Ironically, the only reference to additional resources that is linked to responsibility in the finance section is in the paragraph addressing South-South cooperation and triangular cooperation. [8] In this sense, South-South cooperation should be seen as an expression of solidarity and cooperation between countries, based on their shared experiences and objectives, and both forms of cooperation support a development agenda that addresses the particular needs and expectations of developing countries.

In the technology section, the commitment agreement mentions technology transfer on favourable terms to developing countries, including on concessional and preferential terms "as mutually agreed." There are general references to technology transfer but the language is non-committal on all sensitive issues,

including intellectual property. During the course of the negotiations a senior UN official mentioned that the United States and developed countries argued that technology is a private asset and has to be purchased at full price. Activists from the developing world consider that the language in the final document falls far short of what developing countries wanted. There are references to the right to use the flexibilities in the Trade-Related Aspects of Intellectual Property Rights (TRIPs) Agreement for the protection of public health and the Doha Declaration on the TRIPs Agreement and Public Health which reaffirmed the TRIPs flexibilities. The declaration expresses that member states can circumvent patent rights for better access to essential medicines.[9]

NEXT STEPS: THE SUSTAINABLE DEVELOPMENT GOALS

There are some challenges in constructing global governance for intersectoral social policies. In scaling up UNCSD high-level commitments to construct strong and coherent linkages between MDGs and SDGs, the 66th session of the UNGA adopted a new resolution. It requests "the Secretary-General, in close collaboration with the Director-General of the WHO and with the participation of relevant programmes, funds and specialized agencies of the UN system, as well as other relevant multilateral institutions, as appropriate, and in consultation with Member States, to give high priority to generating and collecting comparable and reliable data on the linkages between health and environment, and health and natural disasters, and to submit a report to the GA at its 67th session, under the item entitled "Global health and foreign policy."[10]

At the UNCSD, states agreed that an open working group (WG) should be established in order to identify SDGs for the post-2015 development agenda. The group, which will be constituted in September, comprises 30 representatives, with an aim to ensure fair, equitable, and geographically balanced representation.

The WG will ensure the full involvement of relevant stakeholders and expertise to provide a diversity of perspectives and experience and will submit a report to the 68th session of the UNGA (September 2013) containing a proposal for SDGs for consideration and appropriate action.

In order to provide technical support to the process and to the work of the open WG, the UN Secretary General (UNSG) will establish an inter-agency technical support team with representation from all UN agencies

and programs (including the World Bank (WB), the International Monetary Fund (IMF), the World Intellectual Property Organization (WIPO), the World Trade Organization (WTO), and even the World Health Organization (WHO) and other "UN social agencies") and expert panels. The UN Task Team will lead an official post-2015 policy process, and the technical input provision includes the assessment of the development goals, revision of emerging development challenges, and assessment of possible formats for post-2015, meaning that the UN will support the overall process of identifying the SDGs.

The first report from the UN system-wide Task Team on the Post-2015 Development Agenda has been released and it will serve as a roadmap for the work of the UN High-Level Panel of Eminent Persons. The report recommends that new goals should build on the strengths of the MDGs; be universally applicable, though they should allow for target-setting adapted to regional, national, and sub-national conditions in compliance with international standards; and be based on the fundamental principles of human rights, equality, and sustainability. Based on lessons learned from the MDGs, the post-2015 framework should retain the format of concrete goals, targets; and indicators.[11]

In addition to the processes described above, the United Nations Development Programme (UNDP), working with other UN Development Group (UNDG) agencies, will support national and thematic consultations on the post-2015 agenda. The agencies will organize national consultations in 50 countries of the South until January 2013.[12] The UNDG will facilitate regional/global consultations with academia, media, the private sector, and civil society, among others, to discuss thematic and cross-cutting issues in the post-2015 global agenda. The themes to be considered are, inter alia health, including issues covered by MDGs 4, 5, 6, plus non-communicable diseases (NCDs); environmental sustainability; growth; employment (including social protection); and governance at all levels.

The outcome from the national consultations and the thematic meetings will be consolidated into a single report which will be launched in the first quarter of 2013 in order to inform the September 2013 UN MDG Summit.[11] This event will provide a good opportunity to reach an initial consensus on the post-2015 development framework.

From the GA in 2013 through to 2015 it is important to increase efforts to achieve intergovernmental consensus while maintaining an open and inclusive process to refine the content and structure of the future development agenda. The health dimension, especially, now included in the final document, must be strengthened to provide a contemporary vision to the SDGs with a broader influence on the MDGs post-2015 to improve the human condition.

REFERENCES

[1] United Nations. UNCSD. Rio+20 in numbers. Available from: http://www.uncsd2012.org/index.php?page=view&nr=1304&type=230&menu=39 [accessed June 26, 2012].

[2] United Nations. UNCSD. The future we want. Available from: http://www.uncsd2012.org/content/documents/727The%20Future%20We%20Want%2019%20June%201230pm.pdf [accessed June 24, 2012].

[3] Third World Network. Rio+20: mandated follow-up actions are key. Rio+20 News Update. 25 June 2012. Available from: http://www.twnside.org.sg/title2/rio+20/news_updates/TWN_update23.pdf [accessed June 27, 2012].

[4] People´s Summit. What is at stake at Rio+20: For unity and mobilization of peoples for life and commons, social and environmental justice against commodification of nature and "green economy." Available from: http://cupuladospovos.org.br/en/2012/05/what-is-at-stake-at-rio20/ [accessed June 26, 2012]

[5] People´s Summit. The green economy is not the future that we want. Available from: http://cupuladospovos.org.br/en/2012/04/the-green-economy-is-not-the-future-that-we-want/ [accessed June 27, 2012].

[6] United Nations. The future we want. Available from: http://www.uncsd2012.org/content/documents/370The%20Future%20We%20Want%2010Jan%20clean%20_no%20brackets.pdf [accessed June 28, 2012].

[7] United Nations. Rio political declaration on social determinants of health. World Conference on Social Determinants of Health. Available from: http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf [accessed Aug 2, 2012].

[8] Social Watch. Rio 2012: Tough fight over financial resources and technology transfer. Available from: www.socialwatch.org/node/15082 [accessed June 28, 2012].

[9] IP Watch. Rio+20 climate talks finish with little IP; flexibilities under fire. Available from: http://www.ip-watch.org/2012/06/25/rio20-climate-talks-advance-with-little-ip-flexibilities-under-fire/ [accessed Aug 3, 2012].

[10] United Nations. UNGA. Sixty-sixth session. Agenda item 126. A/RES/66/115. Global health and foreign policy. 24 Feb 2012. Available from: http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/465/72/PDF/N1146572.pdf?OpenElement [accessed July 19, 2012]

[11] United Nations. Realizing the future we want for all. UN System Task Team on the Post-2015 UN Development Agenda. Report to the Secretary General. New York, June 2012. Available from: http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf [accessed July 9, 2012].

[12] International Trade Union Confederation. UN post-2015 framework. Available from: http://www.ituc-csi.org/IMG/pdf/post_2015_-_tudcn_briefing_note.pdf [accessed July 11, 2012].

Deep Diplomacy: The Role of the People's Health Movement in Global Health

People's Health Movement
Making the Right to Health Real

Lotte Danielsen, LEVE/Centre for Development and the Environment, University of Oslo, Lotte.Danielsen@sum.uio.no

Inger B. Scheel, The Norwegian Knowledge Center for the Health Services, Oslo Norway, Ins@Nokc.no

BACKGROUND

THE ISSUE

The third People's Health Assembly (PHA) took place in Cape Town, South Africa, in July 2012. The PHA is the manifestation of the People's Health Movement (PHM), and is a platform for mobilizing action for health. The Assembly brought together activists, researchers, and health practitioners (biomedical as well as traditional), and non-governmental organization (NGO) workers from more than 60 countries.

GLOBAL HEALTH IMPACT

The PHM has become an important actor in a global governance complex that is currently characterized by democratic deficits in decision-making processes. The main objective of the PHM is to push for people's right to health, challenging power structures that perpetuate health inequity. Imprints of PHM actions are, for instance, to be traced in the 2011 Rio Political Declaration on the Social Determinants for Health, and the World Health Assembly (WHA) resolution that followed in May 2012, albeit in a paler shade than the activists' original demands.

THE ROLE OF DIPLOMACY

It is by its virtue of being a loose network, united by a common purpose and with global representation, that the PHM has the potential to be a powerful agent of change, to challenge existing power structures, to drive through accountability measures, and, through its form as a network, to create solidarity and strength to empower receptive social communities.[1]

INTRODUCTION

In this article we reflect on the potential of the People's Health Movement (PHM) to impact governance processes, illustrating how the PHM is an important actor in increasingly complex global governance structures. The structural position of the Movement allows for gaining both local and global force by virtue of the similarities of a common project, without losing the ability to contextualize battles and maintain the specificity of the issues at hand.

As the network grows from grassroots its struggle bypasses the common pitfall of depoliticizing poverty and inequality, since the structural character of people's local problems is recognized in the realm of PHM and integrated into its common global agenda.

THE HISTORY OF THE MOVEMENT AND PEOPLE'S HEALTH ASSEMBLY

The People's Health Movement can be viewed as a result of failures: the failure of the governments of the world to realize the goal they pledged in the 1978 Alma Ata Declaration, "Health for All by the Year 2000," but also the global failure to politically control the more unfortunate and unequally distributed effects of global economic integration. The PHM was born at the end of the year 2000, when several international organizations, civil society movements, NGOs, and women's groups organized the first assembly in Savar, Bangladesh, to remind the world of the forgotten commitments, and by reiterating the pledge in the People's Charter for Health. From Savar, the PHA moved to Cuenca, Ecuador, in 2005, and this year, 2012, the third People's Health Assembly, was held in Cape Town. Its aim was to call people to action in response to the crises of the current world. "The Cape Town Call to Action" states that: "Our health is threatened by the crisis of capitalism, manifested in food, ecological, financial, economic, and political crises. These crises underpin the growing global health inequities within and between countries."[2:1]. The critique is thus far-reaching and directed towards the very structure of the world order.

It is at these assemblies that the global movement is manifested and takes on a concrete form. The role of the assemblies can thus not be separated from that of the Movement.

THE GOAL: "HEALTH FOR ALL NOW!"

The PHM's foundational struggle is people's right to health, illustrated by the slogan "Health for All Now!" The PHM encourages people to become active claimants of the right to health, and thus challenges top-down understandings and practices of the notion of rights.

Often, rights have been granted from the top, without any concern about a right-claimant. However, a right is worth little if people are not aware of the possibility of claiming it.[3] This has made several scholars [4,5] question whether the current human rights framework has been serving mainly as the legal and normative conscience of a neo-liberal, market-driven, world order.

THE ASSEMBLY AS THE NETWORK

The inclusive organization of the Assembly is a reminder that the power of the network lies not in its donors or its technical expertise, but in the will to unite in a common purpose.

A multiplicity of voices from across the globe and from various walks of life assembled in Cape Town. There were activists, researchers, indigenous and biomedical health practitioners, and NGO workers from more than 60 countries. It was organized as an assembly not only for those who have the resources to take part, but by cost-sharing mechanisms suggested to participants with access to resources, and by conference prices tailored to the accessible resources of each individual.

The Assembly cultivated a highly transparent, non-hierarchical style: every afternoon a session on the Cape Town Call to Action was held, where anyone could come to voice their opinions and discuss openly, sitting together in a circle. Each night, representatives from the secretariat revised the document in accordance with the comments from the participants. During the final day, the plenary session was devoted to allowing the 800 participants to voice their opinions on the Call to Action. After the conference, the Call was posted on the website, and anyone interested was encouraged to comment on it by e-mail for further revisions.[2]

Plenary sessions were held each morning throughout the conference, before the schedule proceeded to a number of parallel panel sessions and workshops, with the active engagement of all participants. The central topic was the global political and economic context of health, and included a wide range of issues: climate change and the environment, food, trade, militarization and occupation, and decent work. All sessions were translated into French, English, and Spanish, and radios were provided to access interpretations. Hence, a variety of people with a broad range of perspectives and backgrounds were able to meet and connect, and discuss issues regardless of language.

Through the network and during each Assembly, people meet and share experiences. The movement builds on utilizing the technological opportunities to mobilize, provided by the current intensification of globalization through digital communication, social media, etc., in order to address the many challenges to people's health. Meeting personally at the Assembly, and through other channels, people can share experiences across contexts, issues, and backgrounds, thus taking on a character of equal sharing and exploring, rather than a hierarchical structure of imposing and teaching.[4]

Although the critique was directed towards the power holders, the key message from the lectures and discussions at the Assembly and in the Cape Town Call to Action was for people and organizations to mobilize on relevant issues. Delegates were encouraged to work to reach a more equitable society nationally and globally, while drawing on the strengths of the global PHM network. The premise for the PHM is that change should be initiated from "below" rather than from "the top." In addition, the People's Health University was arranged back-to-back with the PHA to provide participants with the tools, knowledge, and a network to enable people to initiate action for health from their own home countries and villages.

CREATING DEEP DIPLOMACY?

The PHM and PHA are examples of how grassroots movements find new ways of combining local and cross-border activism with horizontal global networking and advocacy. The work of the PHM shows it to be a movement that seeks to reshape power relations rather than to gain power itself. The structure as a network and alliance rather than an established organization with fixed funding structures provides it with more freedom to act, compared with other similar bodies, such as NGOs.

A large body of literature has criticized a wide-held image of NGOs as representatives of civil society, and as an autonomous, controlling party to which states and power holders are to be held accountable. The role of NGOs has been found to be paradoxical. First, historically, the massive rise of NGOs came with increased neo-liberal policies in the 1980s, as an expression of distrust of the state.[4,6] Hence, it was not primarily an act of making the state accountable to people, but one of hoping to reduce the state's power. Second, the premise that NGOs are controlling parties, representing civil society and

hence democratic participation in relation to states and powerful institutions, has been challenged by the fact that, to a large extent, they are funded by and affiliated with the institutions they are claimed to control.[7,8] In consequence, the lines of loyalty have been found by many to be vertical where an NGO is accountable to funding authorities, rather than horizontal, or downwards, where NGOs are accountable to the people they claim to represent. [7,8,9] The needs of donors might thus become more significant than the needs of people.

Social movements have been thought by many to bypass the established power holders and power structures, and to create new forms of solidarity. [4,12,13] The PHM attempts to create horizontal solidarity across nations and contexts as a means to achieve the downward accountability structure. The network provides new horizontal modes of solidarity, based on typical issues such as the environment, food, economy, and health care, or within identity based themes such as gender, indigenous, gay/lesbian, and migration issues. During the Assembly, people were repeatedly challenged to see the larger, common focus that they represent together.

The sharing of experience and knowledge through the PHM network may lead to a wider distribution of common recognition of the impact of global forces (such as the multiple crises recognized in the Call to Action), while people may also find new ways to articulate and interpret their own local situations. This can have mutual benefit for local and global struggles. [2] With the support of the global network, local factions can gain increased prestige and strength in local political negotiations. Simultaneously, the Movement is a global actor that relates directly to global bodies such as the WHO, or global powers, forces, and interests. The most important example is its partnership in the development of Global Health Watch,[16] which is an alternative World Health Report, and the monitoring, analyzing, and documentation of 13 WHO meetings and related events through a network of health activists.

GRASSROOTS POWER IN GLOBAL GOVERNANCE?

The People's Health Movement represents a global network and alliance that attempts to institute a "democracy without borders."[4] It sees people themselves as the drivers of that change—the change in relations of power. In this perspective, global health diplomacy becomes primarily a matter of allowing the network of these deep grassroots movements to take on an active role in deciding their futures, rather than being on the receiving end of global policies, whether they are good, bad, or indifferent in relation to local realities.

REFERENCES

[1] Campbell C et al. Heeding the push from below: How do social movements persuade the rich to listen to the poor? Journal of Health Psychology 2010;15.

[2] People's Health Movement. The Cape Town Call to Action. 2012. Available from: http://www.phmovement.org/en/pha3

[3] Danielsen L, Roalkvam S. Whatever happened to the 'health' in 'global health'?: framing within the contemporary landscape of (ill) health. Forthcoming, 2012.

[4] Appadurai A. Deep democracy: urban governmentality and the horizon of politics. Public Culture 2002;14(1):21-47.

[5] Englund H. Prisoners of freedom: human rights and the African poor. Berkeley, Calif.: University of California Press; 2006. XI, 247 s., ill.

[6] Bull B. Development theory revisited. In: Banik D, editor. Poverty, politics and development: interdisciplinary perspectives. Bergen: Fagbokforlaget; 2006.

[7] Tvedt T. The international aid system and the non-governmental organisations: a new research agenda. Journal of International Development 2006;18(5):677-690.

[8] Sending OJ, Neumann IB. Governance to governmentality: analyzing NGOs, states, and power. International Studies Quarterly 2006; 50(3):651-672.

[9] Tvedt T. Utviklingshjelp, utenrikspolitikk og makt: den norske modellen. Makt- og demokratiutredningen, Oslo: Gyldendal akademisk; 2003. 355 s.

[10] Roalkvam S, Blume S, McNeill D, editors. Saving the world's children: the politics of immunization. Oxford: Oxford University Press; forthcoming, 2013.

[11] Eggen Ø. Dissonance in development: foreign aid and state formation in Malawi. Department of International Environment and Development Studies, Norwegian University of Life Sciences 2011;Ås, p. X, 173 s.

[12] Escobar A. Anthropology and the development encounter: the making and marketing of development anthropology. American Ethnologist 1991;18(4):658-682.

[13] Escobar A. Encountering development: the making and unmaking of the Third World. Princeton, NJ: Princeton University Press; 1995.

[14] Farmer P. An anthropology of structural violence. Current Anthropology 2004;45(3):305-325.

[15] Ferguson J. The anti-politics machine. In: Vincent J, editor. The anthropology of politics: a reader in ethnography, theory and critique. Malden, Mass: Blackwell; 2002.

[16] Global Health Watch. Available from: http://www.ghwatch.org/who-watch

Promoting Multisectoral Preparedness for Public Health Risks in the Asia Pacific: Report on a 2012 Bali Consultation Meeting

Photo: http://asianstudies.georgetown.edu/

Adam Kamradt-Scott
Senior Lecturer in International Security Studies
Centre for International Security Studies, University of Sydney
adam.kamradt-scott@sydney.edu.au

BACKGROUND

THE ISSUE

On June 8, 2012, representatives from various countries, development agencies, international organizations, private industry, and academic institutions attended a consultation meeting in Bali, Indonesia, and agreed to support the creation of a regional information-sharing platform to share best practices, training, and advice for multisectoral partners to strengthen preparedness and resilience against public health risks. In mid-November 2012 a follow-up meeting will be held to finalize arrangements for the regional platform and secure financial commitments from partners ahead of the initiative's official launch.

GLOBAL HEALTH IMPACT

In the aftermath of events such as the 2003 SARS outbreak, there is increasing recognition that public health emergencies often require coordinated, whole-of-society responses in order to minimize human morbidity and mortality while also preventing unnecessary economic and social disruption.[1] Yet, despite this recognition and the attention given to pandemic planning over the previous decade, many countries still possess significant vulnerabilities.[2] Closer collaboration between multiple stakeholders, including private industry, academia, international organizations, and government agencies, is needed to address gaps and identify solutions to minimize harm.

THE ROLE OF DIPLOMACY

Second-track diplomatic forums—such as the meeting planned for November 2012—have been shown repeatedly to be effective tools for engaging government and non-government partners in open dialogue and for finding innovative solutions to collective action problems. [3] The November meeting, where plans are expected to be finalized for the creation of a new information-sharing platform, will be critical for further strengthening multisectoral preparedness in the Asia-Pacific region, and are reportedly some of the first steps by the World Health Organization (WHO) in encouraging greater private-sector investment in preparedness globally.

INTRODUCTION

Over the past two years the World Health Organization (WHO) Health Security and Environment Cluster has convened a series of consultation meetings designed to raise awareness, share experiences, and identify practical ways to strengthen regional and global multisectoral preparedness and response to global public health risks. In June 2010, the WHO in collaboration with the Asian Development Bank held an initial roundtable discussion in Shanghai, China, on strengthening multisectoral preparedness with companies that held business interests in the Asia-Pacific region. This initial roundtable confirmed that considerable interest existed amongst private industry partners to strengthen preparedness, and so an informal working group was convened the following year, in February 2011 in Singapore, to begin developing initiatives for enhanced public-private collaboration. Responding to the interest and recommendations put forward by the informal working group, with support from the Indonesian Ministry of Health, the WHO organized a workshop and table-top exercise in Jakarta in September 2011 to examine preparedness plans and best practices, identify gaps, and determine areas for further public-private collaboration. The workshop was then followed in October 2011 by an official conference in Singapore on multisectoral management of global public risks, which brought together a diverse range of government and non-government stakeholders from across the Asia-Pacific region. Conference participants heard from international, regional, and national experts on the lessons learned from responding to previous global public health risks, as well as identifying new areas and opportunities for collaboration in multisectoral preparedness.[4]

THE BALI CONSULTATION: PROGRESSING THE AGENDA

One of the key recommendations to emerge out of the Singapore conference on the multisectoral management of global public health risks was to establish a common information-sharing platform in the Asia-Pacific region that all partners could access. The WHO, with support from the US Department

of Health and Human Services (HHS) and the Indonesian Government, subsequently agreed to convene a further consultation meeting to give effect to the recommendation and examine the proposal in greater detail. The consultation, which was held in Bali on June 8, 2012, brought together a wide range of key stakeholders that included government officials from China, Singapore, Malaysia, Thailand, South Africa, Indonesia, Cambodia, and the United States of America, as well as representatives from development agencies, international organizations, private industry, and academic institutions. Following the official opening by the then-acting Indonesian Minister of Health, the Honourable Professor Dr Ali Ghufron Mukti, participants heard a series of presentations from public and private-sector representatives on risk communication and the effective management of mass gatherings. Delegates were then divided into two groups and tasked with examining: (a) strategies to strengthen information sharing and risk communication amongst multisectoral partners, and (b) arrangements for establishing an information-sharing platform.[5, 6]

At the conclusion of the meeting, the event organizer, Mr Ludy Suryantoro, External Affairs Adviser for the WHO Assistant Director-General of the Health Security and Environment Cluster, stated in an interview for the Monitor that the consultation had produced a number of "very positive, concrete results" in securing private-sector support for the information-sharing platform.[7] Mr Suryantoro went on to note that "a real and open dialogue has been started on how we can make this a win-win process for all government and non-government stakeholders in building an effective defense system against global public health risks."[7] Mr Robert Sorenson, Deputy Director, US Department of State, similarly noted the benefit of the meeting, stating that "sometimes multisectoral planning efforts focus exclusively on bringing together various government agencies. The inclusion of the private sector in the Bali meeting is a good example of a true whole-of-society approach." Deputy Director Sorenson went on to say that, "this series of efforts by WHO and HHS is invaluable in better preparing the world for an influenza outbreak and ultimately for any emerging infectious disease, as well as other public health emergencies."[8] Mr John Cahill, CEO of McCann Healthcare, who also attended the consultation, reinforced these views, indicating his strong support for the creation of an information-sharing platform. Mr Cahill stated in an interview with the Monitor that such an initiative "is an excellent way forward so that all stakeholders can build common information and risk communication tools and procedures."[9] He went on to suggest that the platform would serve as an important tool to "share more readily existing infrastructures and better train all communities in enhancing preparedness and risk management assessment and communications."[9]

NEXT STEPS

Following the Bali meeting and ahead of the next workshop that is due to be held in mid-November 2012, discussions remain ongoing between the WHO, development agencies such as the German development agency GIZ, and private industry partners such as McCann Healthcare, to progress plans for the creation of the proposed information-sharing platform. Mr Suryantoro, who is helping to organize the November meeting, claimed that delegates remain "eager to move forward" with the proposal to strengthen information sharing and risk management alliances. "In recent years we have seen a lot of evidence of the shared vulnerabilities that both sectors face when confronted with global public health risks," he said, "and so there is clearly a strong commitment in the Asia-Pacific region to enhance multisectoral collaboration."[7]

In an interview for the Monitor, Mr Cahill, who has pledged his company's financial support for this initiative, echoed similar views, stating that these meetings were "vitally important" for encouraging private-sector participation in global health security because they helped to "foster the exchange of information and ideas" between government and non-government authorities. Mr Cahill went on to stress, however, that "more work needs to be done in assisting the private sector to see more clearly the long-term benefits of collaboration. In this respect, the November meeting should aim at piloting some of these good suggestions in the region."[9] In a separate interview, Mr Suryantoro concurred, suggesting "it is time for both public and private, policy maker and business professional alike, to think outside the box. Our world is now exceptionally well connected and so it is vital that we address the challenges together." Mr Suryantoro went on to say that "multisectoral collaboration is clearly the way forward, but we need to seek out the commonalities and keep in mind that is about keeping people, and economies, healthy for the benefit of our future generations." The November meeting will be important in this regard

for continuing the positive dialogue that has been commenced on risk communication, in developing a better understanding of our shared vulnerabilities and interests, and in encouraging both the public and private sectors to embrace the multisectoral approach where health is at its core," Mr Suryantoro said.[7]

Much will be riding on the successful creation of the Asia-Pacific information-sharing platform for, if it is shown to be beneficial, it is likely that the platform will be used as a model for further private-sector engagement in multisectoral preparedness globally. Governments and the WHO Secretariat will therefore need to ensure that private industry partners recognize the value of participating in such initiatives, and moreover, that the benefits of public-private collaboration are widely disseminated. Companies like McCann Healthcare that have been involved with this project since its inception two years ago will also have an important role to play in this regard. Ultimately, time will tell, but the November meeting is an important next step in making the Asia-Pacific information-sharing platform a reality.

REFERENCES

[1] Nicoll A, Kreidl P. Preparing the European Union for the next pandemic—half way there. Eurosurveillance 2007; 12(51):pii-3335. Available from: http://www.eurosurveillance.org/ViewArticle. aspx?ArticleId=3335 [accessed Sept 6, 2012].

[2] O'Sullivan T, Kuziemsky C, Toal-Sullivan D, Corneil W. Unraveling the complexities of disaster management: a framework for critical social infrastructure to promote population health and resilience. Social Science & Medicine 2012. Available from: http://dx.doi.org.ezproxy2. library.usyd.edu.au/10.1016/j.socscimed.2012.07.040 [accessed Sept 6, 2012].

[3] Morrison C. Track 1/Track 2 symbiosis in Asia-Pacific regionalism. The Pacific Review 2004;17(4):547-565.

[4] World Health Organization. Multisectoral collaboration to manage public health risks: an investment for a safer future: action planning for multisectoral collaboration in the Asia Pacific. Geneva: World Health Organization; 2012 [internal document].

[5] World Health Organization. A consultation to share experiences in risk communication and to develop multisectoral information sharing approaches and platforms to manage global public health risks. Bali, Indonesia, 2012 June 7-8: Meeting Report. Geneva: World Health Organization; 2012 [internal document].

[6] Personal observation as participant in WHO meeting on multisectoral collaboration to manage global public health risks. Bali, Indonesia, 2012 June 8.

[7] Email correspondence with Mr Ludy Suryantoro, External Affairs Adviser, Office of the Assistant Director-General, Health Security and Environment Cluster, World Health Organization. 2012 Sept 6.

[8] Email correspondence with Mr Robert Sorenson, Deputy Director, Department of State. 2012 Sept 8.

[9] Email correspondence with Mr John Cahill, CEO of McCann Healthcare. 2012 Sept 5.

AFRICAN WHO MEMBERS HAVE ANOTHER CHANCE TO ADDRESS HEALTH CHALLENGES FACING THE REGION

Photo: http://www.afro.who.int

Rangarirai Machemedze, Deputy Director, SEATINI
rmachemedze@seatini.org

BACKGROUND

THE ISSUE

The 62nd session of the World Health Organization (WHO) Regional Committee for Africa is scheduled to take place October 22-26, 2012, in Luanda, Angola. The Regional Committee, comprising health ministers from 46 member states, is the governing body of the WHO in the African Region and its purpose is to set policy and approve the budget and programme of work of the Organization in the region.[1] A number of issues, as indicated in the provisional agenda, will be discussed at the meeting, including, but not limited to:

- disaster risk management: a strategy for the health sector in the African Region
- human resources for health: roadmap for meeting the needs for universal access to health care
- addressing the challenge of women's health in Africa
- health promotion: strategy for the African Region
- leveraging global health initiatives to strengthen national health systems
- HIV/AIDS: strategy for the African Region
- the African Health Observatory: strengthening health information systems through national health observatories
- health and human rights: current situation and way forward in the African Region
- implementation of international health regulations in the African Region
- Consultative Expert Working Group on Research and Development: Financing and Coordination.[2]

GLOBAL HEALTH IMPACT

The regional committee for Africa is one of six WHO regional committees responsible for, among other things, formulating health policies governing matters of an exclusively regional character.[3] The African Region faces a plethora of health challenges compounded by the HIV/AIDS pandemic, inadequate financial resources, disparities and inequalities between and within countries, and poor

health infrastructure. Moreover, the capacity to investigate and respond to epidemics and public health emergencies remains weak in the African Region.[4] These challenges are generally and specifically reflected on the suggested priority of issues to be discussed at the Luanda meeting, and once again the African health ministers and experts have an opportunity to deliberate on and formulate policies that would help address these challenges.

THE ROLE OF DIPLOMACY

The 60th World Health Assembly (WHA) in May 2007 adopted resolution WHA60.11 on the Medium-Term Strategic Plan for 2008-2013 which provides the strategic direction for the Organization for the six-year period. Within the strategic objectives of the Medium-Term Strategic Plan specific key areas important to the WHO during the six-year period were reflected as priorities in the plan. These respond both to emerging health concerns and to the priorities of member states which are supposed to be implemented at national, regional, and global levels. The proposed agenda items for the 62nd session of the WHO Regional Committee for Africa have been agreed to in line with the objectives of the Medium-Term Strategic Plan, taking into account the health priorities of the region.

INTRODUCTION

The meeting of African health ministers in Angola in 2012 will provide an opportunity to reflect on some of the key issues identified as necessary for improving health care on the continent. The World Health Organization (WHO) has noted that over the past 20 years there have been major gains in life expectancy globally, but there are widening gaps in health status; some countries have witnessed reversals of earlier gains because of such factors as infectious diseases, in particular HIV/AIDS, collapsing health services, and deteriorating social and economic conditions.[5] In order for countries to deal with these challenges, the WHO notes that any progress requires strong political will, integrated policies, and broad participation. Hence, the African regional committee meeting of the WHO provides a platform for showing political will and broad participation of stakeholders to deal with the various health challenges.

A synopsis of some of the issues that will be discussed at the meeting is given below. By agreeing to discuss these issues at the meeting, the African health ministers have shown a commitment to improve health standards in the African Region.

DISASTER RISK MANAGEMENT

Africa is prone to natural disasters, such as the droughts in the horn of Africa, and floods and landslides that have devastated most parts of the continent over the years. The droughts and floods have occurred within the context of climate change. It is important to note that, as the regional committee discusses a strategy for Africa on disaster risk management, resources could be maximized if this strategy is integrated with climate change policies and the African Public Health Emergency Fund—two issues that were discussed at the last meeting and resulted in resolutions. The capacity to respond to disasters, epidemics, and emergencies in the region is weak, hence the need for this holistic approach in integrating new strategies with existing ones.

HUMAN RESOURCES FOR HEALTH

The meeting will discuss a road map for meeting the needs for universal access to health care. Universal access to health care is possible through the utilization of available human resources in the region. Retaining an effective, responsive, and equitably distributed health workforce is a necessary ingredient, especially for balancing regional differences where some countries have excess health workers and others do not in a global environment of difficulties and challenges. There is greater scope for the African Region to cooperate in health worker migration, especially by addressing challenges related to an excess of health care workers in some countries and shortages in others. In addition, the ministers will have an opportunity to discuss lessons and experiences drawn from the long-standing relationship between Cuba and African countries on health matters. The issues of South-South cooperation, especially improving capacity based on evidence and joint learning, can also be addressed. The scaling up of health worker education, training, and integration into national health systems is critical, and the road map should be able to address these issues.

WOMEN'S HEALTH

The 2009 WHO Women and Health report showed that women generally live longer than men but that women's longer lives are not necessarily healthy lives. There are conditions that are uniquely experienced by women, and only women suffer the potential risks. Pregnancy and childbirth are not diseases, but rather biological and social processes that carry health risks and require health care.[6] For a region like Africa that already has much of the health burden shouldered by women, the risks, especially of death from complications related to pregnancy and childbirth, are

even higher. The meeting will address the challenges of women's health in Africa, and it is important that the challenges should not only be limited to health per se but should cut across all streams of social, political, economic, and environmental conditions.

HEALTH PROMOTION

A strategy for the African Region on health promotion will also be discussed at the four-day meeting. The region is working on policies, plans, strategies, and programs to accelerate their response to address priority public health issues. These include:

- maternal and child health
- HIV/AIDS, TB, and malaria
- diabetes, hypertension, cancer, violence, injuries, and other non-communicable conditions
- environmental degradation
- water, sanitation, and hygiene
- polio, leprosy, and other neglected tropical diseases
- new threats to health (climate change, pandemic influenza, rapid urbanization).[7]

HIV/AIDS

HIV/AIDS remains one of the biggest challenges in Africa today, despite efforts to contain the pandemic. UN organizations report that considerable progress has been recorded across the world in responding to HIV and AIDS. Despite this progress, the number of people newly infected with HIV continues to rise in many countries, and Africa is the hardest hit. AIDS is still a leading cause of adult mortality. [8] Treatment has become more widely available, but the costs for individuals and countries remain significant, and the sustainability of treatment is a serious concern. With dwindling resources due to economic crises facing the world economy, Africa needs new strategies—especially financing mechanisms—to contain the challenges posed by HIV/AIDS. Hence, the development of an African strategy at the Luanda meeting will be one of the highlights.

RHETORIC VERSUS ACTION

Some health experts from governments and civil society have warned that, despite an impressive list of items that are on the agenda of the regional committee meeting in Angola, African governments must go beyond rhetoric and implement policies that are agreed at the regional levels.

A consultant with the United Nations Millennium Campaign, Mr. Thomas Deve, said African countries are good at coming up with policies and strategies but the majority of these are never implemented. He also noted:

"We have had good platforms over the decades where we developed plans and strategies on various issues but these have not been implemented by the majority of countries. A case in point here is the Abuja commitment where African leaders agreed to a target of 15% of the government budget being devoted to the health sector and a target of government spending of US$60 per capita. Most countries in Africa are still far from achieving these fair financing targets. We need to go beyond rhetoric and statements of intent. We need to implement policies and plans."

An official from Zimbabwe's ministry of health, who requested anonymity, said that the many issues under discussion at the meeting will undoubtedly result in a number of resolutions, but implementation of those resolutions will be a serious challenge due to inadequate resources and infrastructure. "Well thought-out resolutions have always come out of the regional committee meetings but I am afraid inadequate resources have hampered implementation. If we don't deal with clear financing mechanisms then all these plans and strategies will come to naught," she lamented.

The regional committee meeting will also convene a Consultative Expert Working Group on Research and Development: Financing and Coordination. [2] In essence, this group should present financing mechanisms for a number of policies across the health sector. Funding challenges will always be there but prioritizing issues and an integrated approach is needed to achieve health for all in the shortest possible period of time.

REFERENCES

[1] http://www.afro.who.int/en/sixty-first-session.html

[2] WHO Regional Committee for Africa, Draft Provisional Agenda AFR/RC62/1.

[3] http://www.afro.who.int/en/who-in-the-african-region/governance/regional-committee-for-africa.html

[4] Address by Dr Luis Gomes Sambo, WHO Regional Director for Africa, at the opening of the 61st session of the WHO Regional Committee meeting for Africa. Available from: http://www.afro.who.int/en/sixty-first-session.html

[5] World Health Organization. Medium-term strategic plan 2008-2013. Available from: http://apps.who.int/gb/e/e_amtsp.html

[6] World Health Organization. 2009. Women and health: today's evidence tomorrow's agenda. Available from: http://whqlibdoc.who.int/hq/2009/WHO_IER_MHI_STM.09.1_eng.pdf

[7] http://www.afro.who.int/en/clusters-a-programmes/hpr/cluster.html

[8] WHO, UNAIDS, UNICEF. 2011. Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011. Available from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20111130_UA_Report_en.pdf

2012 International AIDS Conference and the Fight to Guarantee the Rights of Marginalized Communities

Photo: Steve Shapiro - Commercialimage.net

D. Priyanka Kanth, Kanth.priyanka@gmail.com

BACKGROUND

THE ISSUE

From July 22 to 27 this year, the International AIDS Society organized its 19th International AIDS Conference (IAC) in Washington, DC.[1] The conference returned to the United States after 20 years, following President Obama's decision to lift a travel ban that previously didn't allow people living with HIV/AIDS to enter the American territory.[2] The conference was attended by numerous dignitaries, NGOs, activists, and interest groups.[1] The main objective of the conference, entitled Turning the Tide Over, was achieving an AIDS-free generation. [1-4] Leaders from the world over shared optimism on achieving an AIDS-free generation. However, amidst all the optimism, there are still many challenges and hurdles that need to be addressed. Primarily, these challenges surround the attention, treatment, and care given to vulnerable populations, such as sex workers and injecting drug users (IDUs).[1,4-7] The concerns ranged from them not being able to attend the conference due to US visa restrictions to meeting their basic human rights. This pushed sex workers to assemble in the Indian city Kolkata to conduct a simultaneous conference, considered as a "hub," also sponsored by the International AIDS Society. [1] Other concerns included sustained funding when most of the western economies are going through a tough economic crisis.[2,5]

GLOBAL HEALTH IMPACT

HIV/AIDS, discovered approximately 30 years ago, has been a deadly human pandemic, causing innumerable deaths. It took a long time to understand the virus, its modus operandi, how the disease spread so fast in communities, and to identify groups that were most vulnerable. The AIDS pandemic is now on the decline. In 2010 the global AIDS-related burden was 1.8 million, as opposed to 2.2 million in 2005. The rate of infection of the disease has finally started to decline, and more people are on anti-retroviral treatment thanks to the great strides made in improving access to low-cost generic medicines. However, there are still an estimated 33.3 million people living with HIV/AIDS. In 2011, the Global Fund to Fight AIDS, Tuberculosis and Malaria raised less funding than required for maintaining the level of activity and satisfying incoming grant applications. Such funding shortages have been experienced by other organizations as well. [8-9] Fears were that these cuts would mostly affect prevention programs, which have less immediate impact but are extremely crucial in the long term.

THE ROLE OF DIPLOMACY

HIV/AIDS diplomacy has evolved over 30 years and ties in various areas and actors of global health diplomacy, including activists, civil society, international organizations, donor countries and organizations, and the pharmaceutical industry, to name a few. The role of activists and civil society has been tremendous in bringing attention to the various social aspects of the disease, such as: stigmatization; the role of donor countries who have ensured sustained funding to fight the disease and invest in researching its treatments and cures; the role of international organizations who have helped channel the debate and provide a space for other actors to negotiate and find a middle ground and in identifying priorities; the role of the generic industry which is now providing anti-retroviral treatment at marginal cost in order to reach as many people as possible. Organizations such as Médecins Sans Frontières (Doctors Without Borders) shepherded the access-to-medicines campaign starting with HIV/AIDS drugs as they were not accessible to the poor and most in need. Other NGOs and activists who represent the interests of sex workers, injecting drug users, and men who have sex with men (MSM), led the fight to bring the human rights of these marginalized groups to the fore. Governments are investing increasingly in health systems, strengthening them by investing in low-cost preventive measures.

THE 2012 HIV/AIDS CONFERENCE

Many marginalized but interested groups were not able to attend the conference due to severe US visa restrictions. US visa restrictions do not allow the granting of visas to anyone who has a record of injected drug use or prostitution in the ten years preceding application.[1] This meant that a significant number of people living with HIV/AIDS weren't able to attend the conference. These vulnerable populations, as it was shown in a recent Lancet article, have a 33 percent higher chance of passing on the virus, and as such constitute a very important group in the fight against the disease. This raised a lot of questions about global acceptance of

HIV/AIDS and the ongoing stigmatization around these groups, as well as the disease. Navi Pillay, the UN High Commissioner for Human Rights, reinforced the need to protect the rights of the marginalized groups: "One of the key drivers of AIDS has always been, and remains, this failure to ensure human rights protection for marginalised communities, including prisoners, sex workers, drug users (…). Homophobia, gender discrimination, racial profiling, and violence against women have further impeded efforts to effectively manage and contain the spread of HIV." She went so far as to say "the face of HIV has always been the face of our failure to protect human rights."[4]

She also added that "vulnerable populations that are most at risk must not only be included in national responses to HIV, they must be given the opportunity to participate in making the policies that will affect them." Recognizing these concerns, a parallel "hub" session was organized in Kolkata, India, where sex workers from more than 40 countries united. Prasada Rao, UN Special Envoy for HIV and AIDS in Asia-Pacific, reiterated the same point as Navi Pillay: "these (…) groups have to be central to the global response to HIV, and their absence makes any discourse on HIV and AIDS insufficient and not meaningful. While the IAC in Washington will have a large gathering of AIDS activists, the exclusion of two important communities robs it of the universality of its message." He added that "the battle for recognition of their rights is still a long and arduous one, and stigma and discrimination are still the overriding issues for vulnerable communities."[6]

This parallel conference, while being connected to the main conference in Washington by video link, had its own separate agenda. The agenda focused on human rights of these populations, which included decriminalizing their work, their right to travel freely, and being recognized as legitimate and legal entities so that they can access health care freely.[1] Dr Elly Katabira, President of the International AIDS Society, echoed: "if we are to take advantage of the huge possibilities that the science is now affording us in tackling the epidemic, we urgently need the most vulnerable populations at the table, but at the same time we need governments to be brought to account for policies that are criminalizing sexual preference and people's behaviour rather than dealing with these issues as public health concerns."[6]

Many countries are making attempts to remove HIV travel restrictions, such as the Republic of Korea, which organized a satellite session on the same issue. The aim of the session was to understand the different approaches being undertaken by countries trying to overcome such travel restrictions while understanding the possible repercussions for national health security.[7]

A related point of contention has also been the way PEPFAR—President's Emergency Plan for AIDS Relief, established by George W. Bush—has done business so far. PEPFAR has enforced the signing of an "anti-prostitution pledge" to organizations that receive funds from them. The idea was to not be seen promoting or supporting sex work or drug consumption. However, it has invariably had negative effects on the AIDS responses that communities have been able to develop. The United States has since modified the pledge and does not require it to be signed by any US-based organization. It does, however, still require signing by organizations based outside the United States. [11] The Obama administration is trying to amend this. Hillary Clinton, during her address at the HIV/AIDS conference, promised US$15 million for identifying most-effective interventions; US$2 million to civil society organizations which can reach vulnerable populations, and US$20 million for country-led initiatives. She named Dr Eric Goosby as Ambassador at Large and Global AIDS Coordinator to be the architect of ensuring an AIDS-free generation.[2]

Even amidst all this optimism, scepticism exists. Chewe Luo, senior advisor on HIV/AIDS at UNICEF (United Nations Children's Fund), said that "we are totally off target." According to their analysis, "at most we are reducing infections (in babies) by 10% each year," far from the Millennium Development Goals (MDGs) target of new infections in infants by 2015.[13] Similar figures have been shared on The Guardian's data blog on the rate of mother-to-child transmission.[10] On the positive side, recent research from the Clinton Health Action Initiative has shown that the total cost of treating one patient for one year is approximately US$200, as opposed to the total of US$880 that was generally calculated up until now. This also means that treating expectant mothers and thereby curtailing the spread of the disease to infants is much more cost-effective than the previously perceived costs and the costs that are budgeted in requested funding.[10]

NEXT STEPS

With the reaffirmed financial and political commitments made at the International AIDS Conference, it is obvious that the global fight against the disease is still very much alive and strong. While significant strides have been made, as highlighted by all conference attendees, global leaders, and activists, significant challenges remain, notably around the de-stigmatization of some vulnerable groups. More importantly, we are seeing a paradigm shift in how communities and countries are addressing this disease—a shift from a focus on treatment to a focus on longer-term preventative measures, and the building of sustainable health systems. Efforts exist at different levels: community levels through NGOs/ civil society groups, national levels, and regional levels through bodies such as the Association of Southeast Asian Nations (ASEAN),[14] which have their own strategies; and the international and global levels where normative standards are set by a varied range of institutions: WHO's 2011-2015 Strategy, the UNAIDS' strategy,[15-16] the PEPFAR funding strategy, the Global Fund's initiatives, the World Bank's normative and funding agenda, and many more. The most important next steps are to ensure that these strategies align themselves with the common goal of an AIDS-free generation.

REFERENCES

[1] Provost C. Sex workers gather in Kolkata for alternative AIDS summit. The Guardian, 2012 July 20. Available from: http://www.guardian.co.uk/global-development/2012/jul/20/sex-workers-kolkata-alternative-aids-summit

[2] Clinton HR. Remarks at the 2012 International AIDS Conference. 2012 July 23, Washington, DC. Available from: http://www.state.gov/secretary/rm/2012/07/195355.htm

[3] Boseley S, Clinton HR. US will not back down on fight to beat AIDS. The Guardian, 2012 July 23. Available from: http://www.guardian.co.uk/world/2012/jul/23/clinton-us-fight-beat-aids

[4] Pillay N. Turning the tide together on HIV- a human rights perspective. Remarks at the 2012 International AIDS Conference, 2012 July, Washington, DC. Available from: http://www.aids2012.org/WebContent/File/3rd_party/2012-07-11%20HC_OpEd_on_AIDS_Conference.pdf

[5] Jim Yong Kim. Ending AIDS and poverty. Remarks at the opening plenary, 2012 International AIDS Conference, 2012 July 22, Washington, DC. Available from: http://www.aids2012.org/WebContent/File/Speeches/AIDS2012_World_Bank_Group_President_Jim_Yong_Kim.pdf

[6] AIDS 2012. Official press release: day 5. Real participation of key affected populations, men who have sex with men, sex workers, transgender people and injecting drug users key to turning the tide of the HIV/AIDS Epidemic. Available from: http://www.aids2012.org/WebContent/File/AIDS2012_Plenary_Media_release_26_July_2012_EN.pdf

[7] AIDS 2012. Official press advisory. Call at AIDS 2012 for action to remove HIV-related travel restrictions. International AIDS Conference, 2012 July, Washington, DC. Available from: http://www.aids2012.org/WebContent/File/Press_Release_Travel_Restrictions_21_kuly_2012.pdf

[8] Molenaar B. Funding shortfall forces difficult decisions for the Global Fund. Health Diplomacy Monitor 2011;2(6). Available from: http://www.ghd-net.org/sites/default/files/Health%20Diplomacy%20Monitor%20Volume%202%20Issue%206_0.pdf

[9] Molenaar Neufeld B. A not so happy tenth anniversary for the Global Fund: better times ahead. Health Diplomacy Monitor 2012;3(2). Available from: http://www.ghd-net.org/sites/default/files/Health%20Diplomacy%20Monitor%20Volume%203%20Issue%202.pdf

[10] Burn-Murdoch J. Mother-to-child transmission of HIV falls across Africa. The Guardian, 2012 July 20. Available from: http://www.guardian.co.uk/news/datablog/interactive/2012/jul/20/aids-transmission-mother-child-africa-data

[11] Provost C. Anti-prostitution pledge in US AIDS funding "damaging" HIV response. The Guardian, 2012 July 24. Available from: http://www.guardian.co.uk/global-development/2012/jul/24/prostitution-us-aids-funding-sex

[12] Boseley S. AIDS breakthrough as study says treatment should cost less. The Guardian, 2012 July 20. Available from: http://www.guardian.co.uk/society/2012/jul/20/aids-breakthrough-treatment-costless

[13] Boseley S. UN "way off target" on promise to end HIV infections in newborn children. The Guardian, 2012 July 25. Available from: http://www.guardian.co.uk/society/2012/jul/25/un-children-hiv-aids

[14] Kamradt-Scott A. ASEAN and HIV: 10 years later, what next? Health Diplomacy Monitor 2011;2(5). http://www.ghd-net.org/sites/default/files/Health%20Diplomacy%20Monitor%20Volume%202%20Issue%205.pdf

[15] MacLean T. New 2015 AIDS targets to include high-risk groups. Health Diplomacy Monitor 2011;2(4). Available from: http://www.ghd-net.org/sites/default/files/Health%20Diplomacy%20Monitor%20Volume%202%20Issue%204.pdf

[16] Loewenson R. Keeping the global momentum on AIDS: WHA adopts strategy for 2011-2015. Health Diplomacy Monitor 2011;2(3). Available from: http://www.ghd-net.org/sites/default/files/Health%20Diplomacy%20Monitor%20Volume%202%20Issue%203_0.pdf

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