

A HARD DAY'S NIGHT :

WHAT THE WORLD HEALTH ASSEMBLY 77 TEACHES US ABOUT THE STATE OF GLOBAL HEALTH

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CAN MULTILATERALISM (WHO) DELIVER?

IS IT BROKEN? (INB)

TOO POLITICAL?

SHOULD IT DO LESS? SHOULD CERTAIN
FUNCTIONS BE MOVED ELSEWHERE?

CAN IT FUNCTION IN A GENUINELY
MULTIPOLAR ORDER? (CONSENSUS)

WHAT IF USA LEAVES? (FINANCE)

CAN IT DEAL WITH NEW PROBLEMS ?
(DIGITAL, AI, TECH-TRANSFER.....)





indigenous peoples' rights and access to resources
party machines gender equality
social & environmental apathy
funding founders and investors
responsive government
colonial capitalism
health issues
economic growth
to global south based movements and frontline
concentration of capital
culture
political power concentration
enclosures
intersectionality & commonly defined organisational sensemaking crisis
distribution of value in the world
the "gig economy"

polycrisis

poverty
governance
the future of work
in kingston, ny
polycrisis
information
function
diversity loss
polarization
workers' rights and bargaining power
public finance
crisis in democracy
lack of funding globally
dysfunctional democracy
environmental, social, technological, and economic
genuine collaboration to address the planetary body
carbon emissions

capital & community for the next
pandemics
systemic unsustainability
dysfunctional governance
over/undershoot of ecological & economic
political exclusion
unsustainability
sensemaking crisis
distribution of value in the world
the "gig economy"

inequality
corruption
escalating risk

North-South divide



business & trade
cultural clashes
diplomacy
Geopolitics
technology
immigration
international law
human rights

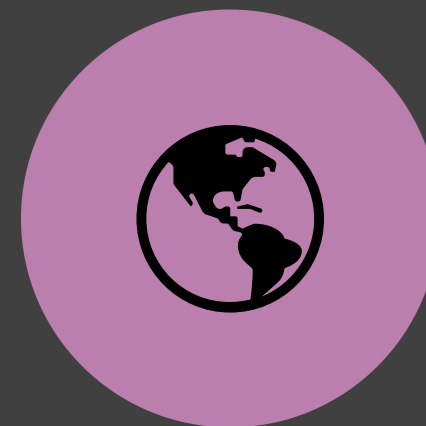
WHAT DRIVES GLOBAL HEALTH DIPLOMACY TODAY



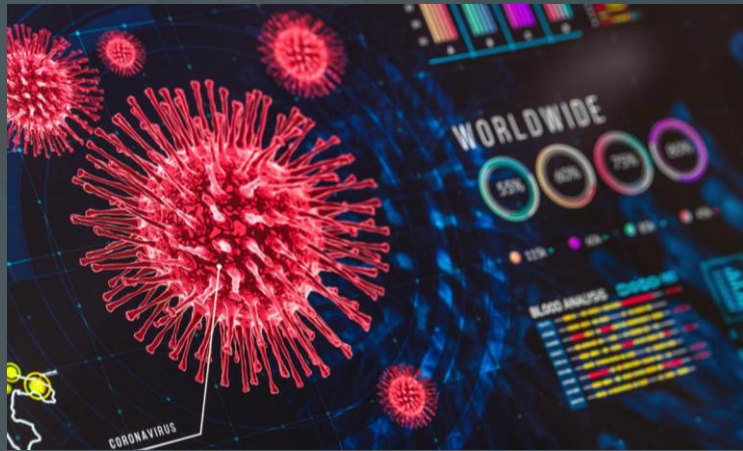
AGENDA SHIFTS



EQUITY

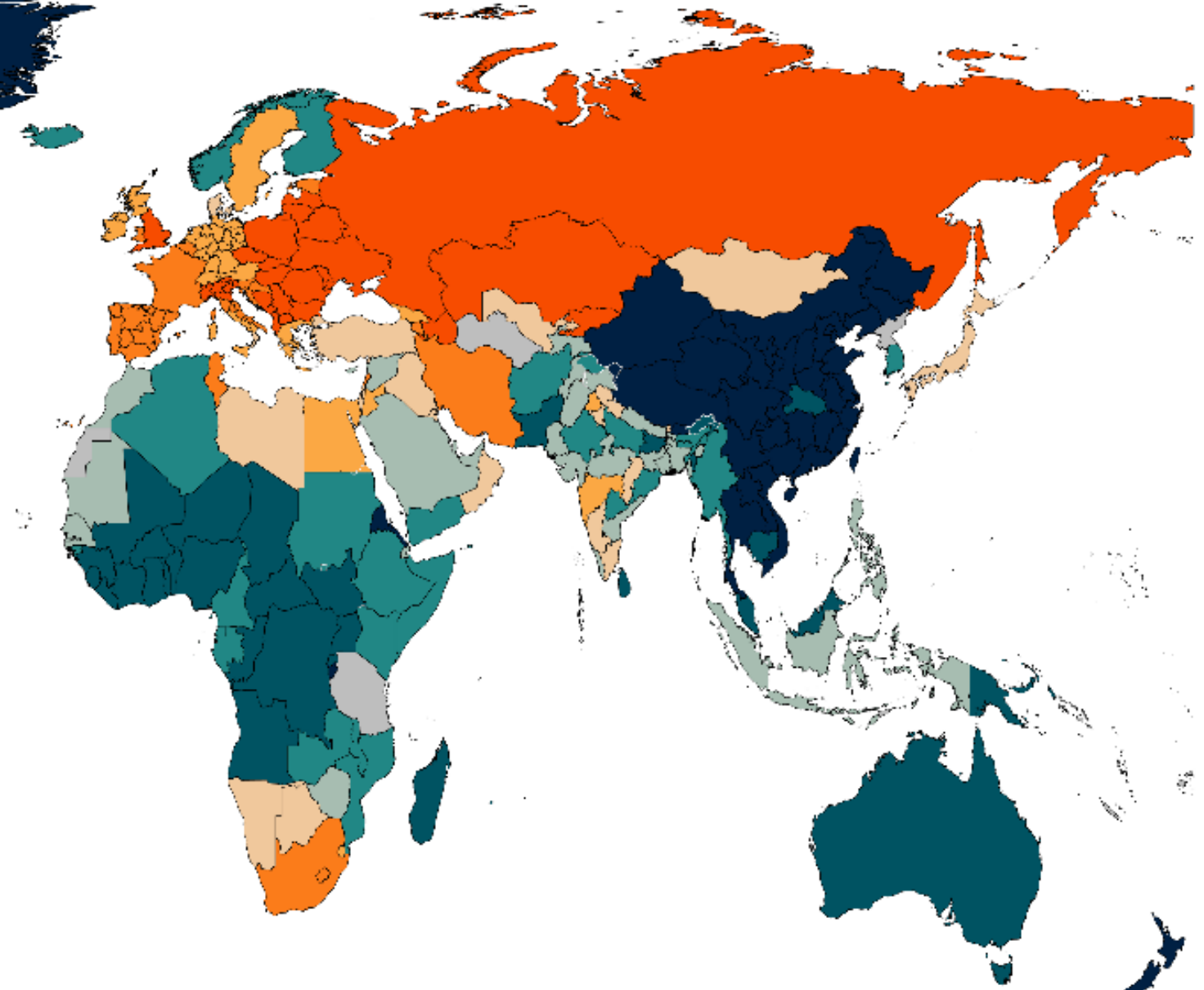


GEO
POLITICS



OOPS THERE WAS A PANDEMIC

7-20 MILL DEATHS





ORIGINAL DRIVERS OF HEALTH DIPLOMACY 1852

- **To co-operate seriously on cross-border transmission of pathogenic microbes**
- Drive for International sanitary convention
- Order and Uniformity - SOVEREIGNTY
- **Health security**
- **Trade and Travel**

WHO

PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provisions of adequate health and social measures.

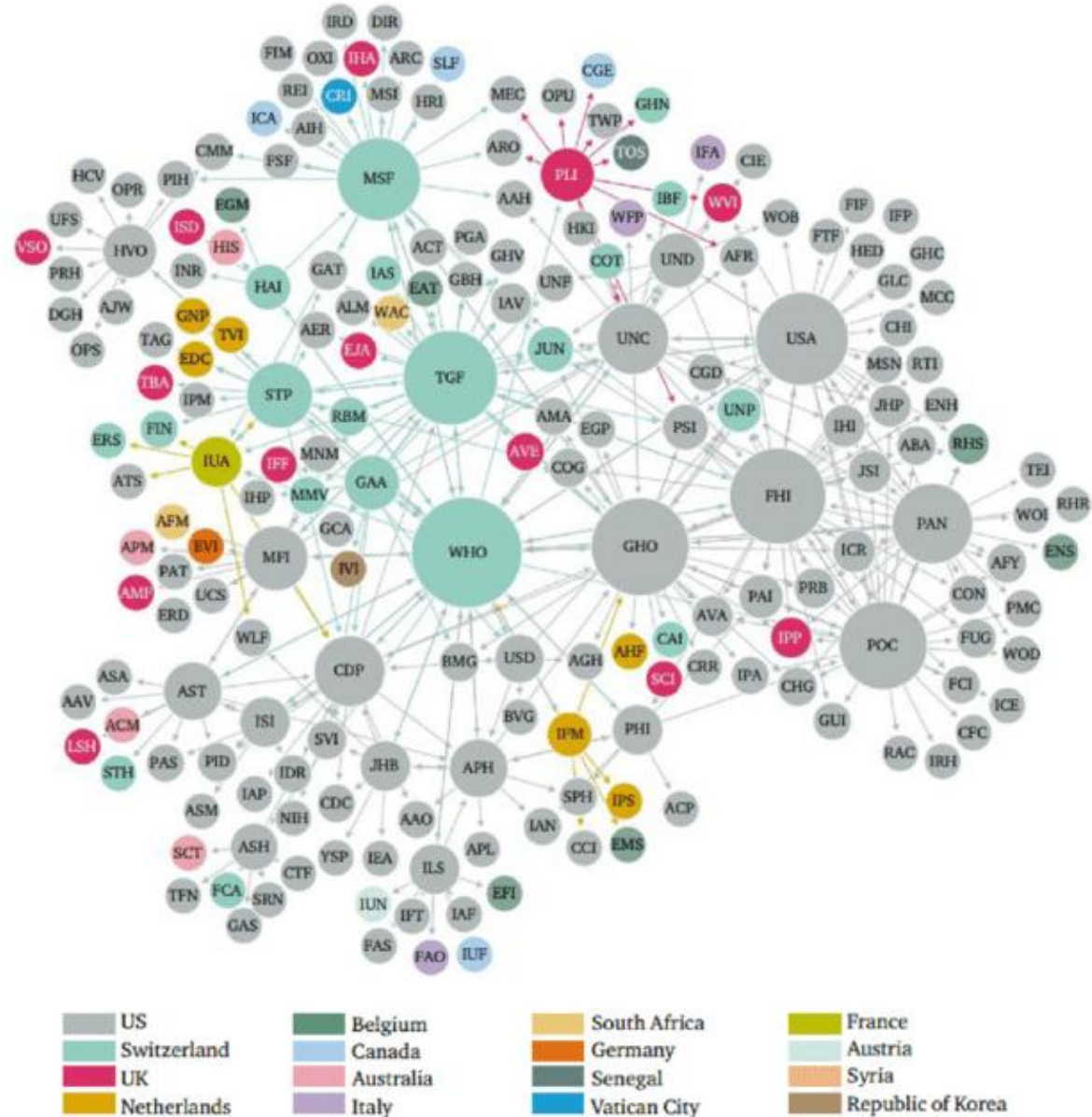
ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

1. DRIVERS OF HEALTH DIPLOMACY 1948 - 2000

- A FUNDAMENTAL RIGHT BASIC TO THE HAPPINESS, HARMONIOUS RELATIONS AND SECURITY OF ALL PEOPLES
- AN AGENCY TO PROTECT THE HEALTH OF ALL PEOPLES
- Proposed by "Global South"
- ALMA ATA agenda 1978 (new economic order) – Sachs report Investing in Health for Economic Development 2001

2. DRIVERS OF GLOBAL HEALTH DIPLOMACY

- «The golden age of global health» **EXPANSION ACTORS**
- Human Rights meet donor multilateralism – US hegemony “Saving lives”
- 1985 first international AIDS Conference
- 1994 Founding UNAIDS (ECOSOC)
- 2000 start Bill and Melinda Gates Foundation
- 2002 founding GAVI (WEF)
- 2002 start Global FUND (GFATM) (G8, Kofi Annan)
- Expansion public private partnerships
- Civil society voice (AIDS activists)



3. DRIVERS OF GLOBAL HEALTH DIPLOMACY

- **The AGE OF PANDEMICS**
- (1980 eradication smallpox)
- 1985 AIDS HUMAN RIGHTS

- **Expansion unique role of WHO – treaty making SEMINAL**
- 2003 SARS IHR
- 2003 *FCTC*
- 2011 *NCDs (UN GA)*
- 2013 EBOLA **!!!!**
- 2019 COVID19



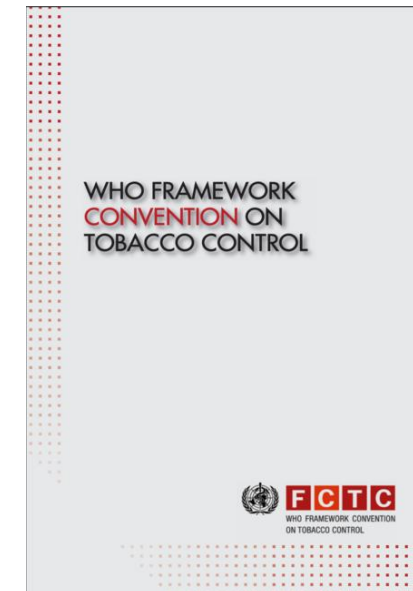


INTERNATIONAL HEALTH REGULATIONS 2003

- A framework for integrated, flexible and forward-looking governance for addressing serious threats to public health
- The new IHR engage State and non-State actors, address numerous public health threats and draw together objectives found in multiple international legal regimes-specifically those concerning infectious disease control, **human rights**, trade, environmental protection and security-and configure them in a way that has no precedent in international law on public health.
- **BEGINNING OF THE EXPANSION OF EMERGENCY/PANDEMIC CONTROL WORK OF WHO – recommendation of Ebola Task Force WHE (Model GPA) – EXD WHE now deputy director of WHO**

FCTC

- is the first treaty negotiated under the auspices of the World Health Organization. The FCTC is an evidence based treaty that **reaffirms the right of all people to the highest standard of health**. The FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the FCTC asserts the importance of demand reduction strategies as well as supply issues. **Addresses the industry.**
- **Framework Convention followed by COPs**
- **One of the most widely supported treaties in the history of the UN**



THE RIGHT TO HEALTH MEANS...

Ending
discrimination
in all
healthcare
settings



Health care should be provided to all
regardless of race/ethnicity, age, gender,
religion, place of birth, health or other
status

#StandUp4HumanRights



IHR: HUMAN RIGHTS 2005

- The new IHR require that the Regulations shall be implemented "**with full respect for the dignity, human rights and fundamental freedoms of persons**".
- Neither the old IHR nor any manifestation of the classical regime embedded in their texts contains obligations based on international human rights norms. Numerous provisions in the new IHR support **the general principle of implementing the revised Regulations in ways that respect dignity, human rights and fundamental freedoms.**
- The human rights obligations in the new IHR mean that the objective of minimum interference with international traffic includes protecting not only trade flows, but also human rights.



GEOPOLITICS

FIRST AFRICAN DIRECTOR
GENERAL OF WHO 2017

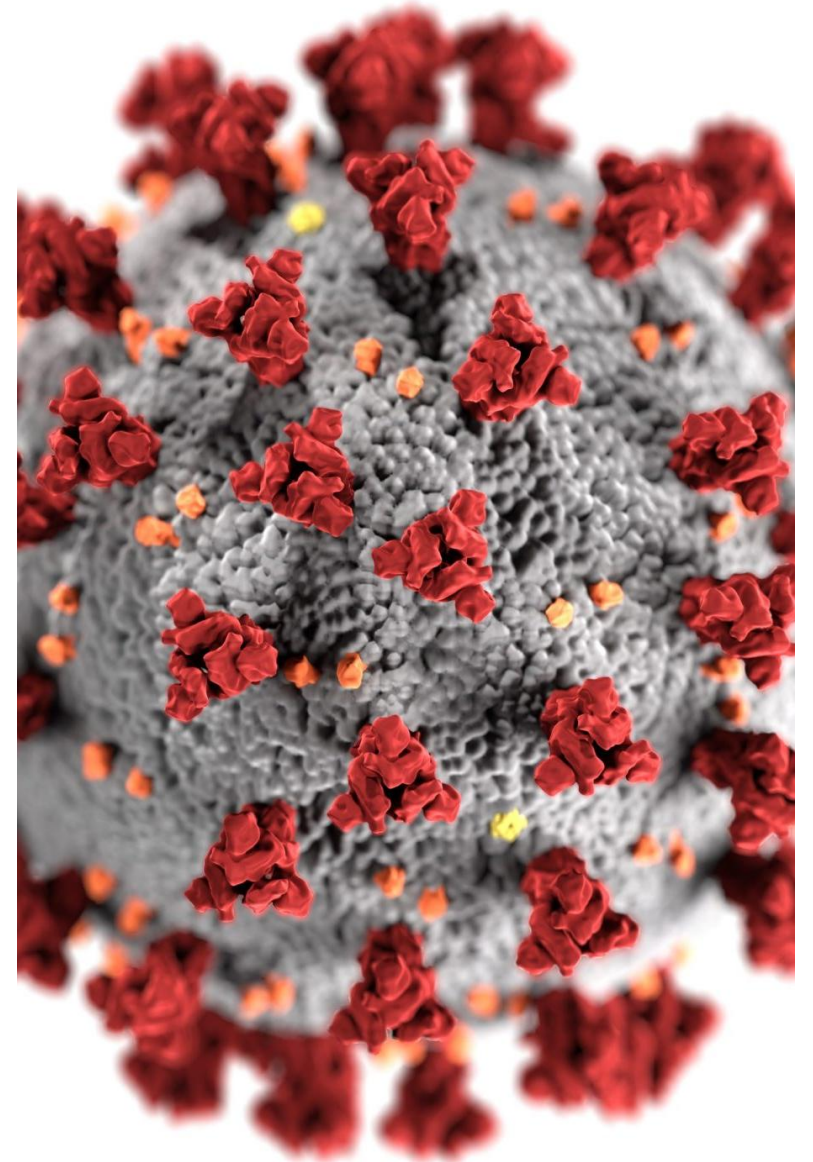
ALL AFRICAN CANDIDATE

REELECTED 2022

THE POWER OF THE
IHR PHEIC

WHAT IS A
PANDEMIC?

**THE POLITICAL
POWER OF
DEFINITION**



GEOPOLITICS

- 2020
- Trump threatens to leave WHO
- «beholden to China»
- Member States rally at WHA May 2020
- EU becomes a strong global health actor/funder



QUESTIONING THE DONOR MULTILATERALISM MODEL

- The monopoly that traditional “development actors” have had in the last 40 years will erode. (replenishments)
- **COVID-19** has revealed the need to manufacture health commodities and strengthen supply chains closer to where materials are needed domestically and globally.



EXPANSION OF WHO POLITICAL REACH - SIGNIFICANT G7 AND G20 ACTIVITIES

- A set of new financial and political actors enters the scene EU, G7, G20, AU
- WHO is catapulted to heads of state and government level - increasing health meetings
- Starting with extraordinary G20 summit at end of March 2020 – finance ministers/central bank governors . *Supporting the global economy through the COVID19 pandemic*



UN G20
HEADS OF STATE

FINANCE AND HEALTH

PANDEMIC FUND

NEW GLOBALIZATION
AGENDA BRASIL -
EQUITY





2020 EU CALL FOR A NEW TREATY:
2021 24 WORLD LEADERS CALL FOR
GLOBAL COOPERATION ON
PANDEMICS

- 2022/23 AT THE
CENTER:
EQUITY





LACK OF TRUST

THE CRISIS, IF NOT MANAGED BY A SUBSTANTIAL AND COORDINATED GLOBAL RESPONSE, WILL HIGHLIGHT AND DEEPEN THE DIVIDE BETWEEN NORTH AND SOUTH, CHALLENGING THE MULTILATERAL SYSTEM AND GLOBAL SOLIDARITY ON AN UNPRECEDENTED SCALE. ONLY EXTREMISTS WILL BENEFIT.



IHR EQUITY 2024 – NOW THE TREATY

- The **new equity provisions** create obligations for the WHO concerning issues on which it is already engaged, such as supporting countries seeking to increase the scale and geographic diversity of health-product manufacturing.
- However, like the IHR adopted in 2005, the amendments on equitable access and financial-resource mobilization **do not require high-income countries to provide equitable access to health products or financial resources for IHR implementation to low-income countries.**
- That continuity cautions against seeing the equity and financial assistance amendments as groundbreaking. Instead, those amendments reflect lowest common denominator outcomes on issues where the interests of high-income and low-income countries remain in tension.



POSITIONS

AFRICAN HIGH-LEVEL MINISTERIAL
CONSULTATION
APRIL 2024

- **1. ENSURE EQUITY IN THE DRAFT PANDEMIC AGREEMENT**
- **2. PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE (PPPR)**
- **3. PREDICTABLE, SUSTAINABLE FINANCING AND GOVERNANCE**
 - a. Call for an International financing mechanism that is accountable to the Conference of Parties and enshrining explicit commitments to new, sustainable, and increased funding support from developed countries for country-level pandemic prevention, preparedness and response in developing countries, debt relief and debt restructuring mechanisms including debt for PPPR swaps.

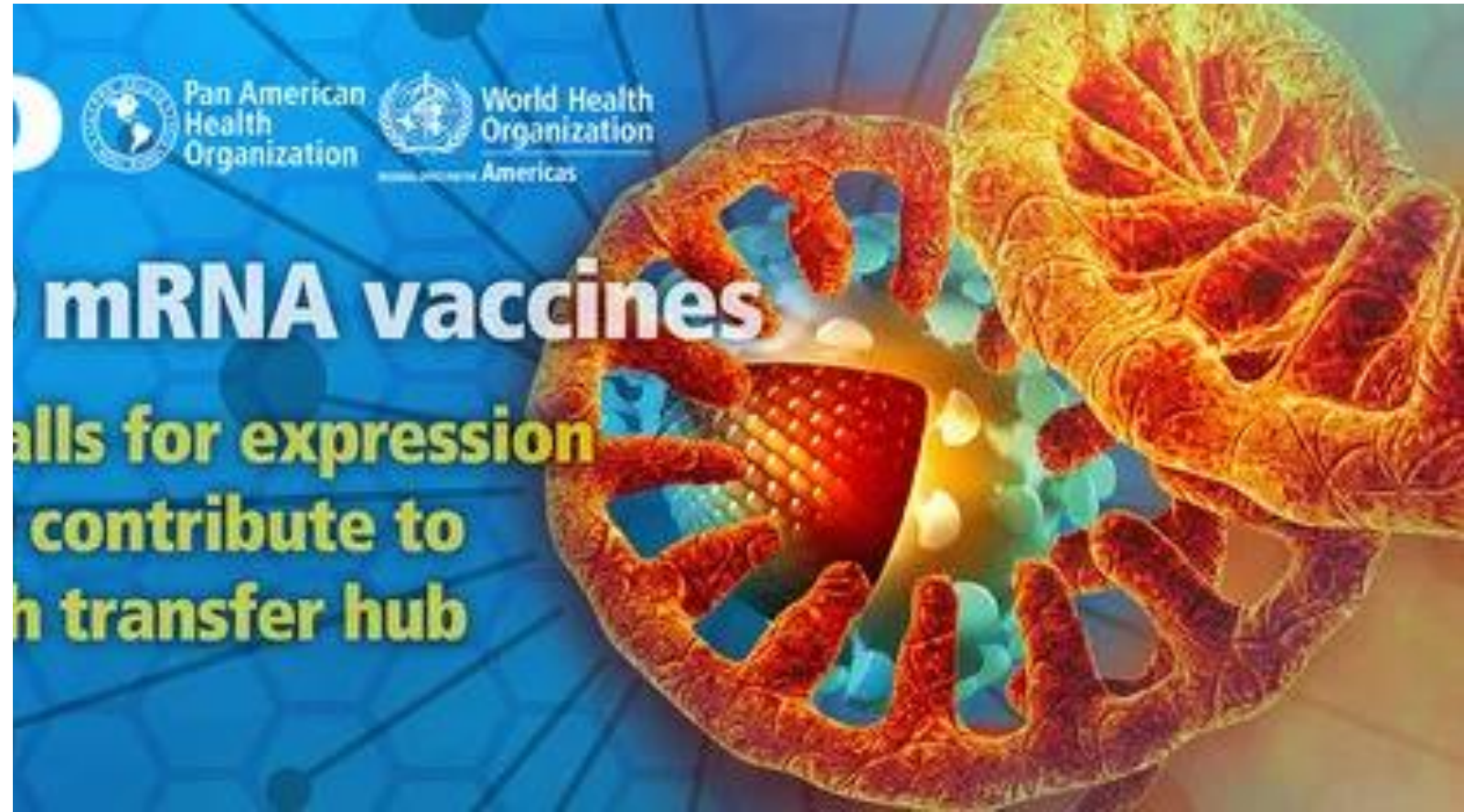




NEW AGENDA: TECH HUBS

REGIONALIZATION

- WHO to establish first vaccine tech transfer hub in South Africa
- South Africa will host the continent's first Covid-19 vaccine production facility, as President Cyril Ramaphosa said Monday Africa now understood that doses would "never come" from elsewhere in time to save lives.

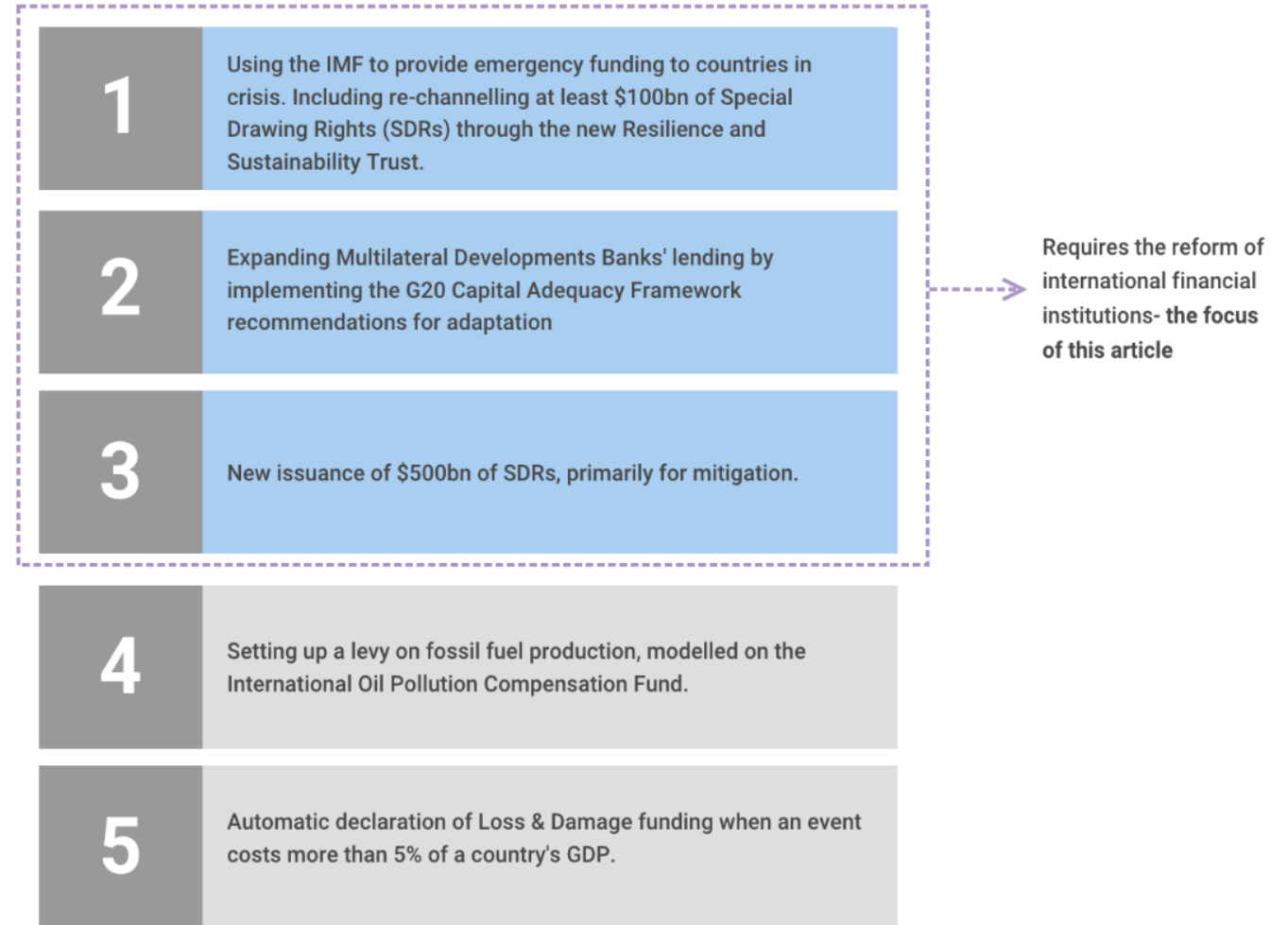




PRISM 1:

REFORM OF FINANCIAL INSTITUTIONS

Fig. 1: Key proposals of the Bridgetown Agenda





PRISM 2: FINANCING GLOBAL GOODS

INVEST IN HEALTH – WHO INVESTMENT
ROUND – BEYOND DONOR MULTI-
LATERALISM

PRISM 3 –

NEW GLOBAL INSTRUMENTS BASED ON NEW APPROACHES



International **Health** Regulations

Building international public health security



World Health
Organization



Access stands for access to genetic resources &

Benefit-Sharing describes the equitable sharing of monetary and non-monetary benefits arising from their use.



Objective

A multilateral access and benefit sharing system for pathogens with pandemic potential, the “WHO Pathogen Access and Benefit-Sharing System” (PABS System), shall be established to ensure rapid, systematic and timely sharing of PABS Material and Information (as such term is defined in this Pandemic Agreement¹) for public health risk assessment, and, on an equal footing, timely, effective, predictable and equitable access to pandemic-related health products, and other benefits, both monetary and non-monetary, arising from such sharing.

¹The definition of *WHO PABS Material and Information* would be included in Article 1. and include physical material and genetic sequence data.

THE EXEMPLAR - PABS SYSTEM

Paradigm shift

- Before 1992** > Biodiversity (plants, animals, etc.) is considered the **common heritage of humankind**.
- After 1992** > With the adoption of the Convention on Biological Diversity, **states have sovereign rights** over their biological resources.

“ We define [commercial determinants of health] as the systems, practices, and pathways through which commercial actors drive health and equity.”

The *Lancet* Series on commercial determinants of health
Anna B Gilmore et al.

THE LANCET

The best science for better



THE GLOBAL
CLIMATE & HEALTH
ALLIANCE

What does the World Health Assembly mean for climate and health?

This year is pivotal for the climate crisis and health movement as there is discussion of a **climate change WHA Resolution**.

If adopted, this resolution will outline actions for member states and WHO to take on climate and health.

PRISM 4: MANDATE ISSUES
THE ECONOMICS OF HEALTH FOR ALL
ONEHEALTH
CLIMATE AND HEALTH
DIGITAL HEALTH AND AI

PRISM 5: MANAGE POLITICIZATION

FROM CONSENSUS TO CONFLICT AND
VOTING

TECHNICAL VS POLITICAL

DESTABILIZATION

SOVEREIGNTY

HELPFUL G7 AND G20 VENUES –
SOMETIMES UN



WHA77 WATCH



THE "CULTURE WARS"

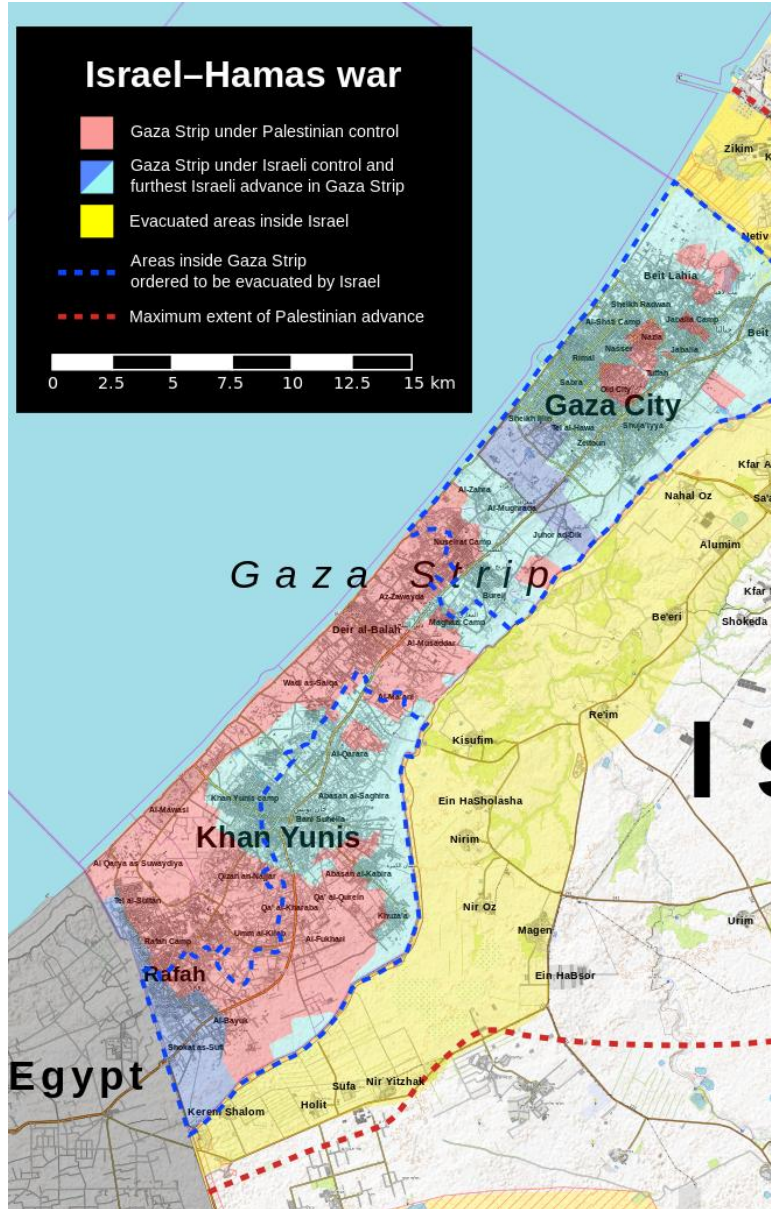
SEXUAL AND
REPRODUCTIVE
RIGHTS EB155



"We call on delegates to the 2024 World Health Assembly to protect and promote sexual and reproductive rights which are human rights, without discrimination."

KNOWN UNKNOWN WAR

(HEALTH OFFICE LEAGUE OF
NATIONS)





**MULTIPOLAR
WORLD –
WELCOMED BY THE
BRICS**

**IN-BETWEEN TIME (MONSTERS LURK.....
GRAMSCI)**

STABILIZATION THROUGH BIG 5?

WHAT PLAYS OUT PRESENTLY (INB)

Neither «the West» nor «the global south» are a coherent force (note EU-USA)

The Global South «rightly objects to **hegemonic privilege**» (Stuenkel) – the rules based order must apply to all – «the West» must live its values through agreements

Principles from other global negotiations: common but differentiated responsibilities, access and benefit sharing etc. can be applied in global health

Multilateral organisations must be flatter and more egalitarian

Financial responsibilities are not resolved
(donor multilateralism)

There are clear ideological value clashes – sexual and reproductive health, gender issues

Negotiators and by-standers no longer used to tough negotiations

Less willingness to find consensus (national pressures) –

Polarizations - health divides

Debate on reform of WHO

No alternative order has been proposed by Global South (play out in 2027 DG elections)

“

Health is a political choice that can and must transcend geopolitics. It is one area where nations can work together across ideological divides to find common solutions to common problems.

”

Dr Tedros Ghebreyesus
WHO, Director-General.

#HealthForAll
#WHO75



THE **HEALTH SECURITY** HERITAGE – WHY THE TREATY IS CENTRAL

- Despite a multitude of challenges and agendas **the response to pandemics has remained central to WHO's identity and increasing political role**
- It would seriously damage the future of the organization if its members cannot find consensus
- Or if its functions and powers related to pandemic management and response were reduced
- This makes WHO more political – but its executive board and its assembly are political not technical bodies
- This development and the skills it requires must be reflected in its leadership

CAN MULTILATERALISM (WHO) DELIVER? **YES – IF MEMBER STATES WANT IT TO**

IS IT BROKEN? (INB) **NO – BUT MUCH MORE COMPLEX**

TOO POLITICAL? **NO – IT MUST BE**

SHOULD IT DO LESS? **POSSIBLY** SHOULD CERTAIN KEY FUNCTIONS BE MOVED ELSEWHERE? **NO**

CAN IT FUNCTION IN A GENUINELY MULTIPOLAR ORDER? (CONSENSUS) **ANSWER LIES WITH THE MEMBER STATES – TRANSITION TIME**

WHAT IF USA LEAVES? (FINANCE) **LEGITIMACY // PRECEDENTS? // ACHIEVE BALANCE WITHOUT HEGEMON?**

CAN IT DEAL WITH NEW PROBLEMS ? (DIGITAL, AI, TECH-TRANSFER.....) **IT MUST**



World Health
Organization

Seventy-seventh
World Health Assembly

14 May – 1 June 2024
Geneva, Switzerland

AFTERTHOUGHT

- «The reality might be that we have the WHO that UN member states need – an organisation that can provide guidance and advice but also take criticism when states want to avoid blame and responsibility for health governance failures.»
- (Claire Wenham and Sally Davies 2023)

