India, Brazil and South Africa:

hope for health collaboration in the global south?

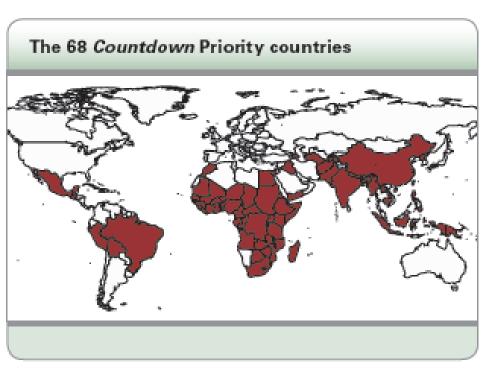
Marian Jacobs University of Cape Town Global Health Initiative







global health in the 21st century



- Improvement juxtaposed with inequity
- tropical-international-global health: a current tsunami of GHIs
- place and contribution of the global south?
- time to revitalise southsouth collaboration

• • • •

south-south cooperation



Bandung 1955 little histories





NAM 1961



IBSA 2003



G20 2003

UNITED **NATIONS**

Technical cooperation among developing countries

GENERAL

Distr.

TCDC/9/3 7 April 1995

ORIGINAL: ENGLISH

TCDC



BRICS 2010

Buenos Aires Plan 1978

SSC for development- a 30 year perspective: High-level UN Conference 2009

United Nations



General Assembly

Distr.: General 27 October 2009

Original: English

Sixty-fourth session Agenda item 58 (b) Operational activities for development: South-South cooperation for development

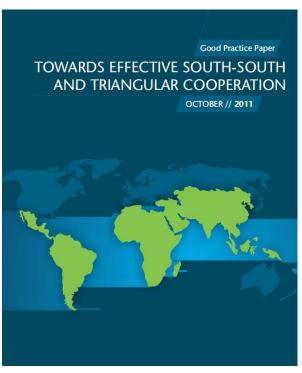
Promotion of South-South cooperation for development: a thirty-year perspective

Report of the Secretary-General

- lead role of emerging economies
- addressing transnational challenges
- bi- & multilateral initiatives
- S-S networking
- emergence of triangular cooperation
- regional & inter-regional initiatives
- "S-S" in global negotiations, trade, finance & investment

SSCfD is still relevant: Busan HLF4





- SSC addresses development needs
- MIC leadership a valuable source
- triangular cooperation supported
- handbook available!

India – Brazil – South Africa as a model

- Why?
 - democratic credentials
 - status as emerging economies
 - potential to engage in the world

- How?
 - political forum for consultation & coordination
 - cooperation on projects
 - support poverty reduction projects elsewhere







challenges



POLICY BRIEFING 24

Emerging Powers and Global Challenges Programme

September 2010

BRIC and IBSA Forums: Neo-liberals in Disguise or Champions of the South?

- economic progress vs social development and redress for internal inequity
- regional solidarity vs global advantage
- SSC for economic cooperation or global power
- Political waves or a truly global development commitment
- IBSA governance, plans resources and accountability



IBSA for health: Brasilia Declaration 2003

- priority to social equity and inclusion
- (focus on) food security, health, social assistance, employment, education, human rights and environmental protection
- exchange of experiences in combating poverty, hunger and disease useful





Table 5. Progress towards achieving MDG's in IBSA regions and countries

	1990	2000	2005
Poverty ratio*			
LAC	11	11	8
Brazil	15	11	8
South Asia	52	44	40
India	54	49	42
SSA	58	58	42
South Africa		26	

Child mortality rate: deaths of children under age 5 years per 1000 live births

	1990	2000	2005
Child mortality rate			
LAC	52	34	27
Brazil	56	34	26
South Asia	125	97	81
India	118	93	77
SSA	181	160	143
South Africa	62	77	65

2000

Maternal mortality rate: deaths per 100,000 live births

1990

o,000 live on this	
110	91
79	64
430	330
390	280
800	710
380	490
	110 79 430 390 800





2005

a rights-framework

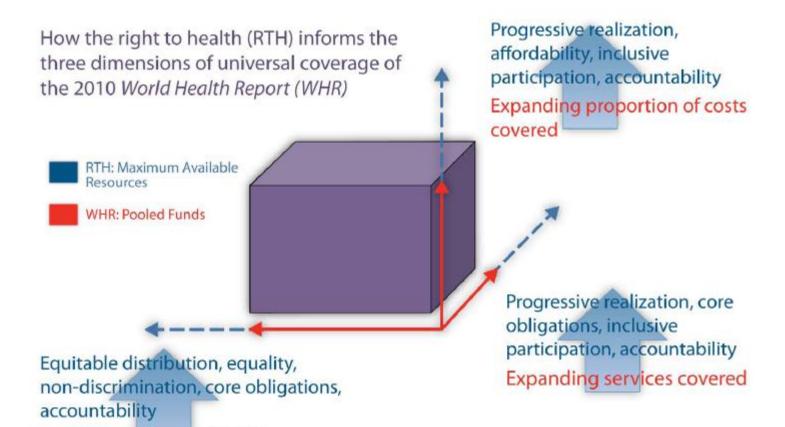
India Constitution Article 47:
 duty of the state to raise the level of nutrition and the standard of living and improve public health

• <u>Brazil's Constituacao Federal Article 196</u>: Health is a right of all and a duty of the state

South African Constitution Section 27(1):

Everyone has the right to have access to health care services, including reproductive health care

Universal access ... SUS ... NHI





Expanding who is covered



SOUTH AFRICA obligations to TRIPS vs right to ARVs









building on the strength of civil society



THE SIEM REAP CSO CONSENSUS on THE INTERNATIONAL FRAMEWORK FOR CSO DEVELOPMENT EFFECTIVENESS

AGREED BY THE SECOND GLOBAL ASSEMBLY,

OPEN FORUM FOR CSO DEVELOPMENT EFFECTIVENESS,
SIEM REAP, CAMBODIA, JUNE 28 – 30, 2011

What are Principles for CSO Development Effectiveness?

CSO development effectiveness principles are statements of values and qualities that should inform CSO socio-economic, political, and organizational relationships. They are universal points of reference for CSO activities in development, emphasizing the impact of these actions on the rights of people living in poverty and marginalized populations. In their diversity, CSO development effectiveness is highly dependent on context: their relevance to unique locales, sector, governance and development relationships.

Engaging citizens: Lessons from building Brazil's national health system

Andrea Cornwall and Alex Shankland Social Science & Medicine, 2008, vol. 66, issue 10, pages 2173-2184



Cape Town, South Africa - July 2012

Third People's Health Assembly









expanding the scope of academic collaboration

THE World University Rankings 2011 - 2012

WORLD RANK	INSTITUTION	COUNTRY	OVERALL RANK
1	CIT	US	94,8
2	Harvard	US	93,9
2	Stanford	US	93,9
4	Oxford	UK	93,6
5	Princeton	US	92,9
6	Cambridge	UK	92,4
7	MIT	US	92,3
8	I CL	UK	90,7
9	U Chicago	US	90,2
10	U C Berkley	US	89,8
	THE	GAP	
103	UCT	SA	53,2
178	U Sao Paulo	Brazil	44,1
301-350	Ind Inst Tech	Bombay	-





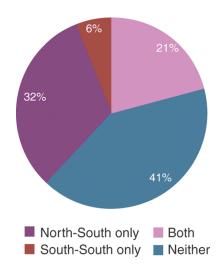
research output and impact SCOPUS "Medicine" 1996 – 2010

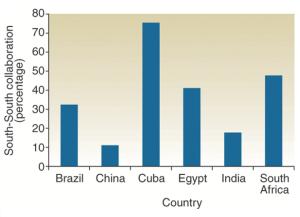
	USA	UK	Т	India	SA	Brazil
Publ's	1514274	458293	H	92 938	20 432	80 958
H-	784	508	G	125	135	173
index			Α			
			P			

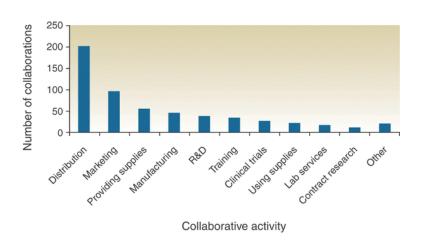




R & D - the case of health biotechnology







"most collaborations linked to licensing arrangements, very few resulting in the joint development of new products"

Thorsteinsdottir, 2010





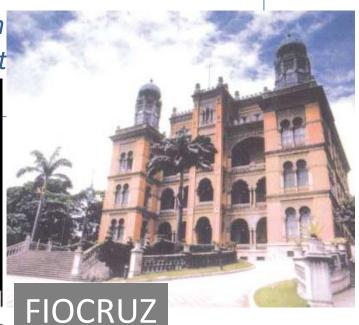
INTERNATIONAL CENTRE FOR GENETIC ENGINEERING AND BIOTECHNOLOGY

An international organisation dedicated to advanced research and training in molecular biology and biotechnology, with special regard to the needs of the developing world

TRIESTE / INDIA (Delhi) / SOUTH AFRICA (Cape Town)

- scientific and educational environment
- highest standards
- innovative research in life sciences
- training and funding for research
- comprehensive promotion of biot
- benefit of devel





regional collaborations: Africa's experience



NEPAD Planning and Coordinating Agency

Human Developmen

African Platform
on
Human Resources
for Health

mechanism through which
African leaders
could pursue
new approaches to the
political and socioeconomic transformation
of Africa









advance and sustain medical schools in Africa for a healthy Africa

the time for IBSA health is right

- implementation of universal coverage through financing in each country
- global concern about health governance

- threat of declining ODA
- gateway to regional solidarity & health development



Quo vadis? 5 action steps for SSCfD in health



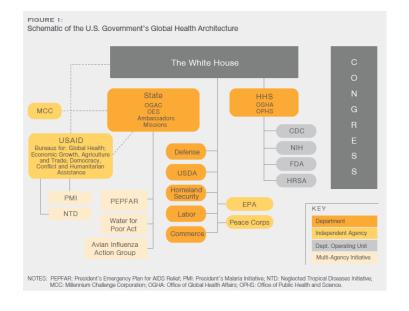
1. Active engagement of the global south in health development plans

- NCD Summit
- World Conference on Social Determinants
- COP17
- HLF4
- Commission on Global Health Governance



2. Gaining a better understanding of the position of the US and other development partners

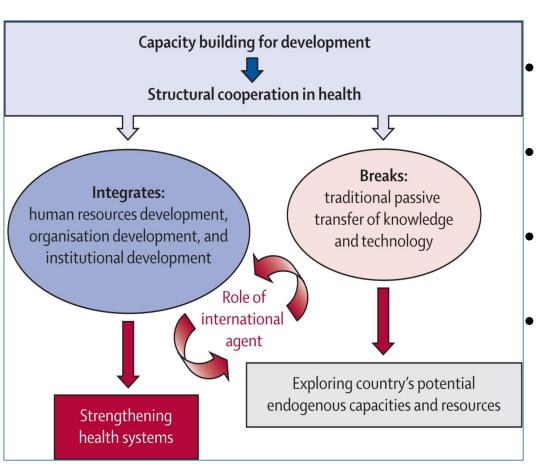








3. Reviewing the Brazilian conceptual framework as a model for trilateral partnerships



- long-term engagements, based on need
- strengthening whole system capacities
- promoting dialogue among actors
- facilitating leadership in processes and ownership of agenda

4. Claiming the place of the global south in the plans for new global health governance

OPEN ACCESS Freely available online

PLOS MEDICINE

Policy Forum

The Joint Action and Learning Initiative: Towards a Global Agreement on National and Global Responsibilities for Health

Lawrence O. Gostin¹*, Eric A. Friedman¹, Gorik Ooms², Thomas Gebauer³, Narendra Gupta⁴, Devi Sridhar⁵, Wang Chenguang⁶, John-Arne Røttingen⁷, David Sanders⁸

1 O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, D.C., United States of America, 2 Institute of Tropical Medicine, Antwerp, Belgium, 3 Medico International, Frankfurt, Germany, 4 Prayas, Chittorgarh, India, 5 Oxford University, Oxford, United Kingdom, 6 Tsinghua University Law School, Beijing, China, 7 Norwegian Knowledge Centre for the Health Services, Oslo, Norway and Institute of Health and Society, University of Oslo, Oslo, Norway, 8 School of Public Health, University of the Western Cape, Bellville, South Africa

The Lancet—University of Oslo Commission on Global Governance for Health, in collaboration with the Harvard Global Health Institute

Ote Petter Ottersen, Julio Frenk, Richard Horton

global health initiative

5. moving to action

- IBSA commitment: IBSA regions global south: G20+?
- dedicated leadership
- plan with goal, values, principles and clear outcomes
- monitoring and reporting mechanism
 - progress
 - Impact
 - accountability



call for a low-level forum?



emerging economies

South African Journal of International Affairs

Table 3. Size of the economies of IBSA and their regions, 2007

Region	Population (millions)	GNI (\$b)	GNI per capita (\$)	GDP growth rate 1990-2000	GDP growth rate 2000–2007
World	6,610	52,850	7,995	2.9	3.2
LAC	561	3,252	5,801	3.2	3.6
Brazil	192	1,122	5,860	2.7	3.3
SSA	800	761	951	2.5	5.1
South Africa	48	274	5,720	2.1	4.3
SAS	1,522	1,339	880	5.5	7.3
India	1,125	1,071	950	5.9	7.8

Notes: SAS, South Asia; SSA, sub-Sahara Africa; GNI, gross national income.

Source: World Bank World Developments Indicators 2009. Washington, DC: World Bank.

337

Table 2: BRICS World Bank's Doing Business Index, 2010

Dimensions	Brazil	Russia	India	China	South Africa
Ease of doing business (overall score)	129	120	133	89	34
Starting a business	126	106	169	151	67
Construction permits	113	182	175	180	52
Registering property	120	45	93	32	90
Protecting investors	<i>7</i> 3	93	41	94	10
Trading across	100	162	94	94	148
Enforcing contracts	100	19	182	18	85
Closing a business	131	92	138	65	76

Research and Development Expenditure

