The ‘S’ in BRICS: global health, and turning dread into capital

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This presentation

- BRICS at a glance
- A Global South multilateralism: BRICS as an idea
- A BRIC(S) too far?
- Global health as an arena of geopolitics
- Do not waste these crises (parts I & II)
- Health diplomacy □AIDS diplomacy
- Three questions from the CSIS

BRICS at a glance

BRICS

- 1/3 of the world's population
- Combined GDP of USD 14 trillion
- USD 4 trillion in combined for. reserves
- Goal 1: Reform financial institutions
- Goal 2: More involved

Family photo

A Global South multilateralism: BRICS as an idea

- The seductiveness of multilateralism
- BRICS as an alternative to the status quo
- Opportunity for assertiveness
- Opportunity to showcase lovely old-fashioned postcolonial discourses (to apportion blame)
- Opportunity for commerce
- Opportunity to change the rules of the financial game
- Opportunity for realism to dress up as idealism, using the language of structuralism

BUT

- The BRICS are not a monolith
- What binds BRICS?
  - A quest for soft (but maybe also hard) power
- What divides BRICS?
  - South Africa is an odd outlier (economically, geographically, demographically)
  - Histories of tension (India and China)
  - Selfish impulses (China and S. Africa are emperors of Africa)
  - Russia and China have global ambitions, the others not (yet)
  - India's need to be loved by the US
  - Other multilateralisms (e.g. IBSA, G20)

A BRIC(S) too far?

- The metrics show that South Africa does not belong
- Ideologically/pragmatically, South Africa does belong
- A (very) foreign policy:
  - Prodigal returns as Middle Power, becomes Rogue Democracy
  - Champion of multilateralism
  - Firebrand for Southern solidarity
  - African power, Regional giant
  - Strange votes in UN Security Council
- Apartheid: pariah, a diplomacy of circumvention
- Mandela: idealistic, but unpredictable;
  Mbeki: African Nationalist;
  Zuma: chaotic (no norm entrepreneurship; Dalai Lama)

Global Health is new

- ‘International’ health □‘Global’ health
- A multitude of actors
- A multitude of agendas
- So what are the rules? Or is it ‘anarchy’?
- Evolution in three periods
  - mid-1800s to early 1900s
  - early 1900s to the 1980s
  - 1990s to now

The 19th C. regime

- Cholera first international conference 1851
- Scourges: plague, yellow fever, malaria, TB
- Louis Pasteur, Robert Koch (Germ Theory, causality 1880s)

20th C. regime

- First disease control convention 1903, IHRs
- Int. Org. Pub. Hygiene 1907
  - Concerned mainly with commerce
- League of Nations Health Organization 1922
- W.H.O. 1946
- IHR revised 1951
- Success with smallpox
- Sense of dominance of nature

From the 1990s to now

- The big fear
- Emergence of new pandemics
- Relationship between disease and poverty, zoonotic pathogen transfer
- Boom in INGOs, NGOs, transnational
- Multilateralization of responses to threats
- 2000 UNSC special session on AIDS
- 2000 GOARN (Global Outbreak Alert & Response Network)

(cont.)

- 1996 HAART □Brazilian case
- India a leader in manufacture of generic drugs
- 1998-2001 South African TRIPS case
  - Role of MSF, ACT-UP, transnational actors
- 2003 SARS
- 2005 □2007 revision of IHR
- Focus on surveillance
  - ProMED-mail
  - Global Public Health Intelligence Network
- Growth in PPPs, multilateral health assistance

Global health architecture

- The state-centric international health governance model was a non-starter
- Global agenda-setting, local implementation
- Neglect of 'agency'—i.e. the interaction and interests of many actors involved, their ideas, values, motivations and exercise of power
- This is an exciting time

… let's zoom in more closely on the last 40 years

PHC 1970s to mid-1980s

- Initially, WHO for technological solutions
  - Immunization
- By 1960s observers started to question exclusive biomedical focus
- By mid-1970s a move away from 'disease control' to the promotion of PHC
- Alma Ata 1978: 'Health for all', a human right
- Division in early 1980s: comprehensive vs. selective PHC approaches
- Also, early 1980s Reagan and Thatcher

Health reforms: mid-1980s to late 1990s

- Enter the IBRD
  - Economists, Rational Choice Theory
- PHC disappears
- Priority: lower govt expenditure on health, etc.
- But INGOs also enter the fray
  - Call for democratization, greater voice in decisions
  - Globalization helps
  - Seattle, campaign against landmines

(cont.)

- 1996: UNAIDS (vs. WHO)
- 1996: access to HAART
- 1998 TAC
- Bilateral donors increase support for NGOs
- NGOs more prominent in health policy processes locally, globally

Era of partnerships: 1990s—today

- 2000 Gates Foundation established
  - By 2007 budget far surpasses that of the WHO
- Emphasis on PPPs
- Emphasis on technological solutions, esp. vaccines as 'levers' (or 'multipliers')
- A new elite: H8
  (WHO, IBRD, GAVI Alliance, UNICEF, UNFPA, UNAIDS, GFATM, Gates Foundation)
- But what about governance, accountability?

(cont.)

- Problem: duplication, silos, waste, enmity
- 2002: Monterrey (link to MDGs)
- 2005, 07 Paris Declaration on Aid Effectiveness
  - ‘Alignment’ ‘Coordination’
    e.g. Sector-wide approaches (SWAps)
- 2007: Int. Health Partnership (H8+)
  - ‘health system strengthening’
- Creation of BRICS and then the G20—complexity will increase

AIDS galvanizes thinking about health governance

- GFATM, MAP, PEPFAR, Gates, UNAIDS, Clinton
- There is a LOT of $$$, the stakes are high
- How to align spending, priorities?
- Still v. little coordination in-country
- We need to understand 'agency' better
- We need more discussion at country level

E.g., AIDS instrumental in facilitating discussion re. Public Health vs. Human Rights

- Individual vs. Society
- Whose rights?
- Two ways of looking at the world
- PH: greatest good for the greatest number of people (utilitarianism)
- HR: promoting and protecting the individual's innate rights and dignity

When is it legitimate to limit individual rights for the sake of the collective?

Do not waste these crises (parts I & II)

- So what does all of this have to do with the BRICS?
- Global Health (BRICS) and AIDS (South Africa) can become an essential hub in achieving geostrategic goals
- It would be a mistake for BRICS to try and be/do too much too soon
- Use Global Health as a filter through which to seek multilateral change

Health diplomacy □AIDS diplomacy

- Turning dread into capital
- AIDS and niche diplomacy
- South African foreign policy needs a leitmotiv
- George W. Bush's one uncontested diplomatic success was his AIDS diplomacy
- Possible areas:
  - History of battle with Big Pharma
  - Success during early Doha Round, on TRIPS (cheaper drugs)
  - Transformation of global trade rules
  - Poaching of medical personnel
  - New transnational alliances, including civil society
  - New Southern model of cooperation and multilateralism

Three questions from the CSIS

1. What is the importance of multilateral relationships to the engagement of the BRICS on global health issues?

1. What are the priority relationships/organizations/associations within the multilateral arena?

1. On what themes or topics are the BRICS most engaged through multilateral channels?