

# Public health, global health – policies and strategies

BY ILONA KICKBUSCH

## INTRODUCTION

»Public health is operating in a world of enormous and constantly changing complexity«<sup>1</sup> highlighted the WHO Director General in her opening address to the 64<sup>th</sup> World Health Assembly – the unique forum where the 193 member states deliberate together in search of policy solutions responding to pressing health challenges and opportunities. This complexity has turned into one of the decisive features of the 21<sup>st</sup> century and is marked by an increasing interface between the national and the global level. »As globalisation processes expand it becomes essential for countries to manage a two-way process: as the interdependence of countries grows, all national health policies have a significant global dimension, and as the number of international agreements grows, the impact of such agreements on national policy-making will also increase.«<sup>2</sup> This article will highlight key policy dimensions that have to be addressed in order to move the health agenda forward by recognising interdependence.

## CAPTURING THE POTENTIAL OF DIFFERENT TYPES OF HEALTH ACTORS

»During this decade, we can achieve a lot« said Bill Gates, the co-chair of the Bill & Melinda Gates Foundation, one of the biggest donors for global health, in his address to the same session of the WHA in 2011.<sup>3</sup> The fact that a private philanthropist with financial power comparable to the budgets of some countries for health addresses the 193 member countries emphasises a huge transition. Today global health is not only on the agenda of health ministries but has also attracted a wide range of diverse actors beyond governments, some of them working through new forms of institutional setting such as the Global Fund or GAVI.

This plurality of actors is a key feature of health policies in the 21<sup>st</sup> century. They not only bring more human and financial resources, but also flexibility and innovative approaches. How then to best capture their potential and at the same time respond to increasing standards for accountability and legitimacy? In this context, the same speech by Bill Gates underlines another important point. In the very first sentence he acknowledges the unique role of the WHO and states: »The World Health Organization and this assembly have set the standard for global cooperation in pursuit of better health.«<sup>3</sup>

The unique leading role for the WHO is affirmed in Article 2 of the WHO Constitution, where the member countries have given it the mandate »to act as the di-

recting and co-ordinating authority for health.« In December 2010, the third UN GA Resolution 65/95 reaffirms this and explicitly »Recognizes the leading role of the WHO as the primary specialized agency for health.«<sup>4</sup> The WHO is now challenged to recognise the growing complexity of the health landscape through new approaches to governance. Within the reform debate for the WHO one proposal has been to create a bi-annual World Health Forum, where different stakeholders will have the opportunity to discuss key issues and present their positions in a more transparent manner. Its exact form will be decided by the member states in 2012.

## PREPARING »AT HOME«

Global health begins at home – and the dynamic processes that shape and manage (global) policy environment for health require improved coherence and more inter-institutional collaboration on the national level. More countries now understand the importance of careful preparation for international health negotiations and the advantages of cooperation across government sectors.

Switzerland has been at the forefront of such a process of developing »national global health strategies«. In 2006, the Swiss Federal Office of Public Health, representing the Departments of the Interior and the Department of Foreign Affairs developed a joint strategic approach and published the first »Swiss Health Foreign Policy. An agreement on health foreign policy objectives.« In 2007, the UK, after a broad consultation process, prepared »a cross-government strategy to highlight the breath of challenges that face us in the area of global health« entitled »Health is global: a UK Government strategy 2008-13«, which was revised in



Prof. Dr. Dr. h.c. Ilona Kickbusch  
Graduate Institute of International and Development Studies  
Geneva, Switzerland

## Abstract

### PUBLIC HEALTH, GLOBALE GESUNDHEIT – POLITIK UND STRATEGIEN

Durch die immer stärkere Interaktion zwischen nationaler und internationaler Ebene in der Gesundheitspolitik ist der Bereich Public Health heutzutage mit einem dynamischen, komplexen Umfeld konfrontiert. Im Kontext immer stärkerer wechselseitiger Abhängigkeiten erhält die nationale Gesundheitspolitik eine mehr und mehr globale Dimension, denn die zahlreichen Vereinbarungen auf internationaler Ebene üben vermehrt Einfluss auf die nationale Politik im Bereich Gesundheit aus. Der folgende Beitrag beleuchtet wesentliche Faktoren, die bei der Ausarbeitung von globalen Gesundheitsstrategien auf nationaler Ebene zu berücksichtigen sind, um den anstehenden Herausforderungen gerecht zu werden.

2011. Other countries, such as Norway and Sweden have created national strategies for the WHO governing bodies. For the »Norwegian WHO Strategy – Norway as a member of WHO’s Executive Board 2010 – 2013«, the Public Health Administration and the Foreign Service »have joined forces« as explained in the introduction of the document which sets key objectives and priorities. Sweden’s strategy for WHO 2011–2015 »specifies how the responsibilities are divided up among Swedish ministries and national agencies« and foresees »a joint annual plan of work for Swedish actors« for its implementation. Germany is in the process of preparing such a strategy, also seeking input on its »added values« and priorities from non-governmental organisations.

The development of these key policy documents is indicative of a transition in the way health and foreign policy relate to each other. Japan’s Global Health Policy 2011–2015 in its very first sentence explicitly mentions that »contributing toward global health is an integral part of Japan’s foreign policy strategy.« It invites thoughts on what is required to make this new dynamic better serve health interests.

#### CAPACITY BUILDING – BRIDGING THE GAPS BETWEEN COUNTRIES AND DISCIPLINES

The increasing complexity as well as the increasing relevance of global health matters requires the expertise of both health experts and diplomats. Innovative multidisciplinary approaches and new skills are required to better engage in the multi-level multi-actor negotiation processes. Recognition for this need is growing both among academics, but also on the highest political level and at the UN General Assembly. The UN GA Resolution 65/95 Global health and foreign policy explicitly:

»... encourages Member States, the United Nations system, academic institutions and networks to further increase their capacity for the training of diplomats and health officials... on global health and foreign policy, by developing best practices and guidelines for training and open-source information, and educational and training resources for this purpose.« Art. 19<sup>4</sup>

Such capacity building helps not only to bridge the gap between different academic disciplines, but can also be a tool for empowerment of health diplomats from low, middle and high-income countries so that they can better influence the dynamic processes that shape and manage (global) policies for health. The role of the academic community in the follow-up to the UN GA Resolution is paramount. Providing rigid analysis and conceptualising new knowledge can help shape responses to complexity and helps negotiators to profit from the experience of others as well as learn from successful strategies.

#### CONCLUSION

Good timing has always been a decisive element for the success of any policy or strategy. In a history of about 160 years of international multilateral deliberations on health, since the First International Sanitary Conference ISC in 1851<sup>5</sup>, special (cosmopolitan) mo-

ments<sup>6</sup> linked to health crises have helped generate the required attention to take decisive steps for health and health determinants. Successful strategies to bring the health agenda forward, both on the national and global levels, must be prepared and flexible enough to act on such occasions. There are many examples from the past. The two epidemics that swept through Europe in the first half of the 19th century, and the lack of appropriate scientific understanding about them, prompted 12 states to come together for the first ISC in 1851. When the HIV/Aids epidemic crossed the globe in the beginning of the 1980s, health gained a special momentum. SARS played a key role in understanding the challenges of the fight against communicable diseases and the implications that they can have for low, middle and high-income countries, and thus prepared the ground for the adoption of the revised International Health Regulations in 2005.

Today a new momentum has again opened for health. It is illustrated through the focus on health in the Millennium Development Goals and reinforced through UN GA Resolutions on health and foreign policy as well as the upcoming discussions on non-communicable diseases. Health has won a place on the overcrowded global agenda. Heads of state are increasingly becoming engaged; for example the 2010 G8 Muskoka Initiative launched by the prime Minister of Canada will raise 10 billion for women and children’s health.

»This is a decade with a vision, and vision always feeds that perennial optimism of public health« said the WHO Director General in the closing remarks to the 64th World health assembly, highlighting »the historic achievements of this Assembly«, including the framework for pandemic influenza preparedness, described as »a triumph for health diplomacy...as well as a triumph for public health.«<sup>7</sup> This momentum could offer a unique opportunity to address some of the structural challenges for health through smart adaptive policies that bring together not only different arms of the government but also the whole society and take advantage of the multiple opportunities across national borders. ■

1. Chan, M.: *Director-General of the World Health Organization Address to the Sixty-fourth World Health Assembly*, Geneva, Switzerland, 16 May 2011. [www.who.int/dg/speeches/2011/wha\\_20110516/en/index.html](http://www.who.int/dg/speeches/2011/wha_20110516/en/index.html)
2. Kickbusch, I., Silberschmidt, G., Buss, P.: *Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. Bulletin of the World Health Organization*, 2007. 85: p. 230–232.
3. Gates, B.: *Address to the Sixty-fourth World Health Assembly, A64/DIV/6*. Geneva, 17 May 2011. [http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_DIV6-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_DIV6-en.pdf)
4. United Nations: *Resolution adopted by the United Nations General Assembly on »Global Health and Foreign Policy«*. A/Res/65/95, 2010.
5. Howard-Jones, N.: *The scientific background of the international sanitary conferences 1851–1938*. World Health Organisation. Geneva, 1975.
6. Beck, U.: *Weltrisikogesellschaft. Auf der Suche nach der verlorenen Sicherheit*. Shurkamp, Frankfurt a.M., 2007.
7. Chan, M.: *Director-General of the World Health Organization Closing Remarks at the Sixty-fourth World Health Assembly*. Geneva, Switzerland, 24 May 2011. [www.who.int/dg/speeches/2011/wha\\_20110524/en/index.html](http://www.who.int/dg/speeches/2011/wha_20110524/en/index.html)