

Paulo Buss advocates a new governance that promotes global health

Interview with Paulo Marchiori Buss

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Public health expert Paulo Marchiori Buss has long been a leading character in the health field and he says we should “rethink global governance”. “It needs to understand development ethically, that is, understand that people come first, not economic interests. Clean air, clean water, adequate food and goods that improve health conditions (like medication and vaccines), should have special treatment in the world. Health diplomacy advocates for what’s essential, so that human life can be enjoyed with dignity.”

In this interview to ISAGS’s website, the coordinator of the Fiocruz Center for Global Health (CRIS) attacks the international financial speculation that generated the crisis and harmed international cooperation in health and development as a whole. He also complains about pharmaceutical companies – because their interests are strictly connected with profits and patent protection, to the detriment of generic medications –

and advocates that South American countries should create a production complex to improve health outcomes of all peoples in the region.

Buss also supports the participation of national banks in the financing of actions for development, summarizes the history of health diplomacy – from the very first cholera epidemic – and announces that he will be coordinating a workshop at ISAGS to discuss the issue with the participation of Illona Kickbusch and Célia Almeida, two stars in the field.

Health diplomacy is taken as being a new idea, but it has been around for long. Could you give us examples of it and tell us what it means for global health?

Paulo Buss – We call “health diplomacy” any issue involving health and the relations between countries or any health-related issue addressed by multilateral agencies and international organizations. In sum, that’s what health diplomacy is. Indeed, we can say that health diplomacy has a 180-year-old history. In a way, everything starts – and its major examples relates to – the Industrial Revolution, when the world started getting increasingly globalized and faced a cholera epidemic around 1830-1840, which threatened international trading. Then, there was a meeting between the main countries affected by the problem in order to coordinate a response to it. Later on, in the second half of the 19th century – and up until 1900 – many international conferences regarding the problems epidemics posed for trading were carried out. In 1902, the Pan American Conference created the Pan American Sanitary Bureau (which is now the Secretariat of the Pan American Health Organization, PAHO). Throughout the 20th century, in the League of Nations, at the end of WWI, a sort of international health council was developed and, finally, after WWII, when the UN System was established, the World Health Organization (WHO) was created after a proposition of Brazilian and Chinese delegates. The name “Health Diplomacy” was coined in the 2000s due to a number of reasons, such as the international tobacco control agreements – in which Brazil participated strongly – and the Doha Round (in Qatar) – in which the World Trade Organization (WTO) and the WHO had opposing views and Brazil also participated heavily. However, in my view, health diplomacy has two different dimensions.

Which are they?

Buss – Negotiations between countries concerning health and other correlated issues and involving not only the WHO, but also bilateral relations and other multilateral organizations; and international cooperation for health, that is, for instance, aid offered between countries for health and development through development agencies and international foundations. One example is the eight Millennium Development Goals, created in the year 2000. Three of those goals are directly related to health and the others are related to important interventions on the Social Determinants of Health: poverty, nutrition and hunger, sustainability, gender and other issues strongly linked to health. Therefore, when we discuss development and connect these other aspects to health, the conclusion is that health is indispensable for development. Health has been increasingly discussed in bilateral negotiations and within the United Nations – both in the WHO and other sectors. That’s the case of the intellectual property on drugs, for instance, and the growing importance of the issue in the international cooperation agenda.

What do we need for health diplomacy to advance?

Buss – We need a new global governance. The WHO is still very important, but we need to stimulate the issue to permeate the agendas of other organizations and also that the WHO incorporates the agendas of other organizations, because often many of the interventions carried out by UN agencies are disconnected or incoherent. While Europe speaks of commitments to global health, it protects its farmers, like the US. When they do that, they make it difficult for poorer countries to export their primary goods and, thus, affect their economy and, ultimately, the health of the people, which got poorer. Nation states don't have enough money to provide social and health services, water supply, sanitation, healthcare, vaccines, etc. Paradoxically, we also have a positive side, the Global Alliance for Vaccines and Immunization (the GAVI Alliance), for example, an initiative by many donors, including the WHO, the Gates Foundation and richer countries, which donate money for basic vaccination in 70 or so poorest countries in the world. This has been saving the lives of thousands of children, avoiding early death by diseases preventable through immunization. But the economic crisis brought about by central countries, by financial capitalism, has been negatively impacting international cooperation efforts towards health and development. In the Millennium Summit, countries voluntarily (with no coercion) committed to donating 0.7% of their GDPs to help accomplishing the Millennium Development Goals, which included sustainable development and health goals. The economic crisis produced by the multinational, faceless financial capital – who is interested only in this great fiction called “international finances” -, at first, only caused internal crises in the United States and Europe – in heart of power -, but, later on, hit developing countries hard. As a result, public resources from richer countries (which are traditional donors for aid for development – which includes health) were reduced.

What can governments and the society do to make the pharmaceutical industry more involved with health governance?

Buss – The pharmaceutical industry has been setting an awful example, in general, when it solely defends the interests of their shareholders and tries to influence governments on their behalf. The position of many countries in the European Union, of Switzerland, and especially of the United States (in the Bush Era), was completely hostile to advocacy towards the interests of patients to the detriment of patents. Things got a little better with Obama, but the production of generic drugs has to be increased prices are to fall as drastically as we want to. The interest of the Big Pharma continues to be their profits and their patents, instead of countries getting an early start on the production of generic drugs. In order to do that, we need a new political pact within the United Nations – especially regarding the WTO and the WHO.

Are can we do, then, to change that?

Buss – We have to decide whether the world is ethical or not. If human ingenuity creates innovations, why shouldn't these innovations reach those who need it? In ethical terms, this is indisputable. We, then, have to create a new set of ethical values towards development: people first. It's not just me who's been saying it: this has been repeated by Amartya Sen, Bernardo Kliksberg and Joseph Stiglitz. I've just been echoing the thinking of these masters. Two Nobel Prize winners (Sen and Stiglitz) say

that about globalization. We have to pay attention to that, because we're still living under the empire of profit, of the interests of small groups of shareholders of pharmaceutical companies, which benefit from innovations that they did not develop, since much of it comes from universities, which are generally public. The pharmaceutical industry can't use the knowledge produced by scientists – usually from the NIH (the National Institutes of Health, in the United States) and universities all over the world, including Fiocruz (the Oswaldo Cruz Foundation) – and later on defend their profits. The same happens with medical/hospital equipment, which is extremely expensive, diagnostic kits and vaccines. The industry paints a good image of itself: they say they are socially accountable, that they have low prices for the poor, but the products they need not always reach them, only the products the industry deems economically important. I insist that we should rethink global health for development and health. It needs to understand development ethically, that is, understand that people come first, not economic interests. Clean air, clean water, adequate food and goods that improve health conditions (like medication and vaccines), should have special treatment in the world. Health diplomacy advocates for what's essential, so that human life can be enjoyed with dignity.

Still on the issue of resources: how do you see the involvement of foundations such as the Bill and Melinda Gates Foundation and others in international cooperation?

Buss – I consider it important. The only problem I see is that some rich countries and foundations that support projects in the fields of health and development have their own agendas: they establish priorities which often are not aligned with the policies of benefited countries. Moreover, the communication between these donors is weak: no one wants to give in and because of that, there is no coordination between them. They go in without asking the country they're trying to help what they consider important. Frequently, the aid is not adequate, that is, does not suit the country.

How has Brazil behaved concerning health diplomacy?

Buss – Differently, because the country has been working with the idea of structural cooperation and using its own experience. Brazil grew and became an emerging country. It is increasingly important because we've been developing two things: good-quality, sustainable, stable institutes with great Brazilian professionals working in them, and our capacity building, represented by Fiocruz and the Universities. This is the heart of our health diplomacy. The idea is to help developing countries build this kind of institution locally with local people.

What role do you think national development banks, such as the Brazilian Development Bank (BNDES), have to play in Brazil?

Buss – The Brazilian Development Bank is increasingly a South American development bank, because the country knows it plays a role in stimulating the economy in the region, to help reducing asymmetries, by capitalizing neighbor countries – together with other banks. Brazil will only be prosperous if its neighbors are prosperous, because there is no prosperity within poverty. The first thing we have to do is assure democracy and the active participation of the civil society in South America's political integration. The Bank of the South, a part of UNASUR (the Union

of South American Nations), further emphasizes the importance of regional development.

Illona Kickbusch and other actors have been calling attention to the fact that the governance of global health is subject to large changes in the geopolitics of power. They say it is necessary for actors such as national governments to be prepared. Will ISAGS participate in this preparation?

Buss – Of course. One of the workshops for 2011 is precisely about global health and health diplomacy. Illona Kickbusch and Célia Almeida – a specialist of the National School of Public Health (ENSP), of Fiocruz – will be invited to one of ISAGS's workshops, which will bring together the international offices of ministries of health and diplomats from the Ministry of External Relations. We will be discussing political practices and trying to learn with the past and projecting the future. We'll evaluate cooperation schemes between South American countries and between these and other countries, as well their joint efforts and policies regarding the purchase of medications and other fundamental issues. At the end, we'll understand how behaving internationally affects health in the region.

Do you see a industrial complex for health in the future of South America?

Buss – This is one of the topics in UNASUR's Quinquennial Plan. The universal access to medications is a burning desire for everyone: Ministers, politicians and the society. It is a goal. We could even expand it to the universal access to health products and say that these products should preferably be produced in South America. We have to consider that these are high added-value products and that the production of each country will complement the others'. We also have to think about the connections between manufacturers, universities and research institutes in the region – in order to coordinate science, innovation and production. The regulation of production will also be debated. For instance, many of the countries trying to block the import of commodities, use health barriers for that. It's protectionism in health regulations' clothing.

Paulo Marchiori Buss

Coordinator of the Fiocruz Center for Global Health (CRIS)

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