

A GLOBAL HEALTH SECURITY COUNCIL: POLICY OPTIONS FOR STRENGTHENED TRANSATLANTIC COOPERATION

By Inge Kaul¹

Main message:

- Meeting today's global health challenges efficiently and effectively requires new and innovative policy approaches and financing arrangements—more concerted action across borders not only in terms of disease surveillance and monitoring but also in terms of delivering specific policy outcomes, viz. actual disease control/eradication.
- Strengthened transatlantic cooperation could provide the leadership to foster necessary policy reforms, notably the creation of a Global Health Security Council.²

The message in more detail:

1. *Global health challenges are a “modern” security issue.*

Like international terrorism communicable diseases attack countries not at their borders but deep inside their national territory. Thus, international terrorism control has important lessons to offer for global communicable disease control. Chief among them are the following three, which point to important questions that might be addressed when reviewing national policies for meeting global health challenges:

- It is important to clarify within-country response responsibilities, e.g.: Who reports to whom surveillance data and signals of an impending crisis? Who are the first responders? Which government entity assists lower government levels in case of a disease spill-in or local disease outbreak? What is the link between the concerned line ministry (notably the health ministry) and other concerned entities (like the homeland security or defense departments or technical bodies such as centers for disease control or national institutes of health)?
- National-level action often needs to be complemented by international-level action. This, in particular, where disease control/eradication abides by a weak-link production path (meaning that the overall outcome depends on the input provided by the weakest actor). But, who budgets for quick response action that may have to be taken abroad: the health ministry, the foreign aid agency, or any other government entity? Note that in some European as well as other industrial countries existing budgetary rules do not permit health ministries to budget for/spend money abroad. Should this rule be maintained?
- Efficient and effective security strategies may require new products, and thus, research and development (R&D)--meaning for example, in the case of communicable disease control/eradication, new medical and/or pharmaceutical technology like new vaccines. Who within the country is in charge of fostering such R&D? When to organize this R&D nationally? When to promote an international-level collective effort with other countries and/or foundations or private corporations?

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2. *International cooperation in support of global health concerns is not—or not only—charity (foreign aid) but also a matter of enlightened self-interest.*

Today international cooperation in support of global health is often approached as a foreign-aid concern, as “giving” rather than also as a good investment in one’s own wellbeing. As a result, global health issues are squeezed into tight foreign-aid budgets to the detriment of both, the development of poor countries and a proper funding of global health. And because they are being viewed as aid, global health challenges are sometimes approached through sub-optimal interventions like government-to-government transfers between richer and poorer countries when other instruments (like public-private partnering along the lines, for example of the Medicines for Malaria Venture, MMV) could do a better job.

A more appropriate policy response could involve:

- Undertaking national cost-benefit analyses of addressing a particular global disease so that the general public, parliamentarians and other decision-makers can better recognize the potential national net-gain likely to accrue to them from participating in a global health intervention, a fact that might boost national willingness to pay;
- Expecting the national health ministry (not the aid agency) to budget for the self-interest part of international cooperation in health;
- To map the production path of controlling/eradicating a particular global disease, which may, in comparison to conventional foreign aid, involve a broader range of partners (viz. richer and poorer countries as well as public and private actors) and a more diversified set of policy instruments.

3. *New financing mechanisms and innovative policy tools have emerged that promise to make addressing global health challenges more affordable as well as more effective. It would now be desirable to evaluate which of these measures deliver on their promise and are ready to be moved from innovation to broader adoption.*

Among the new financing mechanisms and instruments that have been devised are, among others, tools like advanced purchase commitments or differential patenting and mechanisms such as the International Finance Facility for Immunization (IFFIm) or the Clinton Initiative (for the bundling of pharmaceutical purchases) to name but a few.

The time may be ripe for assessing these and other measures to determine which ones work and are ready for broader adoption and which need further testing or refinement.

- Such evaluations could be undertaken as a collaborative project of health researchers/practitioners, and perhaps, management, trade and finance experts from industrial and developing countries as well as multilateral institutions—perhaps led by European/U.S. institutions.

4. *A major challenge ahead is to achieve a shift in how public health is being perceived—recognizing public health as a global issue and as a security aspect.*

The importance of undertaking the steps suggested in points 1 to 3 above would perhaps be more evident, if the concept of public health were updated to reflect current realities. This would involve a shift:

- *From* health being seen primarily as a national (plus foreign aid) issue *to* health being recognized as a global issue—not only as regards monitoring and surveillance but also as regards the delivery (through concerted national and international-level action) of adequate public-health outcomes, speak, efficient and effective disease control;

- *From* health as a sector (viz. health) issue *to* public health as a multi-faceted concern, requiring cross-sector approaches (involving several public and private, national as well as international actors);
- *From* health as a steady-path issue *to* health as a volatile, risk-prone issue that requires constant vigilance and preparedness to act, and thus, among other things, continuous investment in R&D (to have all potentially needed “defenses” ready), and clarity about how to ensure swift availability of emergency financing—nationally and internationally.

5. *Strengthened transatlantic cooperation could provide the leadership to effect this shift in perspective and to act on its policy implication, viz. the creation of a Global Health Security Council.*

Europe and the U.S. could, for example, assume a first-mover role in respect to:

- Creating an international public-health security council.
In terms of its composition, this Council could be similar to the G-20 in the finance area. It could involve key industrial and developing countries as well as concerned professional networks (e.g. of national health institutes or centers of disease control) and multilateral organizations (e.g. WHO, the World Bank, IMF). To foster participation and policy competition, the Council would also consult with business and key global public-private partnerships, not taking anything away from existing entities, but rather, drawing added policy attention to their concerns, and working in close relationship with the G-8.

The advantage of such a Council would be that it is representative yet still relatively small, and thus, able to act swiftly and decisively. Representativeness is important as a means of promoting policy ownership, and through it, decisive follow-up at the country level.

- Playing a pro-active role in the Council, e.g. by:
 - Demonstrating the economic desirability and feasibility of various new policy mechanisms and tools;
 - Promoting further innovations, e.g. in the insurance area, to have new products in place *before* the next crisis occurs (and risks become uninsurable);
 - Setting examples of what an appropriate national institutional framework might look like—for other industrial and developing countries to emulate;
 - Formulating norms and standards for health surveillance and monitoring that bodies such as the World Health Assembly may endorse as steps towards strengthening existing surveillance and monitoring arrangements and providing additional resources for national capacity building in this area (along the lines of IMF-support for countries’ reporting on financial codes and standards);
 - Liaising with foreign aid agencies to encourage adequate attention to national health issues so that vertical interventions (in support of global health challenges) can rely on more receptive national health systems;
 - Providing through the above-mentioned steps the incentives for countries to be more forthcoming in improving national/regional disease surveillance and monitoring;
 - Establishing rapid reaction teams, supported by a revolving emergency response fund (along the lines of the new emergency financing facility that has recently been created for disaster-related humanitarian aid purposes).
- Shaping (by doing the above) the Council’s mandate and modalities of operation.

6. *The incentives for European and US decision-makers to assume such a first-mover role would be several.*

The arguments for transatlantic leadership in launching the proposed Global Health Security Council include:

- Efficiency arguments: It “pays”—for their societies as well as individual firms and private households—to take corrective action sooner rather than later.
- Political-power arguments: The first-movers would be the first to occupy seats in the international health council—and hence, able to shape its policy.
- Technical arguments: In a world of open economic borders new strategies of risk-management and protecting citizens against external shocks have to be put in place, lest the country be vulnerable to undesirable spill-ins.
- Moral/ethical arguments: Countries and their people might want to be “good global citizens”: contribute their part to controlling/eradicating global communicable diseases.

7. *Other countries could be attracted to the Health Security Council by very similar arguments plus an assurance that the Council's operations will be based on fair win-win cooperation strategies.*

For international cooperation to function effectively, it must offer clear economic net-benefits for all parties involved:

- Global health initiatives would thus best be viewed as a joint investment project.
- The returns should be split according to a clear formula among all investors.

In sum:

Many of the ingredients of a new approach to managing global health challenges exist.

Yet, they exist as isolated pieces—still to be put together in a coherent policy framework.

European countries and the U.S. have helped devise many of the new and innovative mechanisms and financing instruments.

However, global problems, including global health challenges, often require action by many, perhaps even all, nations.

A logical next step might, therefore, be for Europe and the U.S. *jointly* to seek the collaboration of other industrial and developing countries, willing to act and pay (because they see a net-benefit for their country), and thus, qualifying as members of a Global Health Security (or Leadership) Council.

The role of this Global Health Security Council would be to fill the leadership deficit that at present holds back the broader use of the new, innovative policy approaches and tools that in large measure are available but need to be shifted from innovation to adoption.

Inge Kaul, New York, 11/03/06