PMAC | PRINCE MAHIDOL AWARD CONFERENCE 2024



Geopolitics, human security and health equity in an era of polycrises

22-27 JANUARY 2024 | BANGKOK, THAILAND

PMAC | PRINCE MAHIDOL AWARD CONFERENCE

GEOPOLITICS, HUMAN SECURITY AND HEALTH EQUITY IN AN ERA OF POLYCRISES

| GEOPOLITICS, HUMAN SECURITY AND HEALTH EQUITY IN AN ERA OF POLYCRISES

Geopolitics, often overlooked in the realm of global health, holds significant influence over the way we understand, address, and overcome health challenges. By shifting our focus towards geopolitics, we can better comprehend the forces that shape the economic, social, and physical landscapes affecting the health of all individuals. This includes a critical examination of international governance mechanisms such as the United Nations and Bretton Woods institutions. Recent years have witnessed a renewed focus on persistent inequalities in influence, resources, and health, shedding light on historical injustices such as colonialism and imperialism.

The PMAC 2024 aims to explore the impact of geopolitics on global health since World War II, adopting a historical perspective, and deliberate on how these influences can be contested or mitigated as we strive to create a fairer and more equitable world in the face of polycrises.

Sub-Theme 1

Global Governance for Health
(and Global Health Governance)

SUB-THEME 1

In an increasingly anarchic global landscape, international law and norms are weakening, posing challenges to global governance. The legitimacy of international anchors of the global economy, such as the IMF, World Trade Organization (WTO), and World Bank, etc., is being questioned in an unpredictable global environment. These multilateral institutions have traditionally upheld Western-led globalization, but the rise of emerging economies demands equitable representation. It is crucial to reform the UN system to incorporate these changes and uphold global stability. Health, being central to peoples' everyday lives and the legitimacy of national governments, presents an opportunity to re-evaluate the role of health equity in creating a fairer and ecologically sustainable world political order. The objectives of this sub-theme include elucidating key concepts that drive calls for reforming global governance for health and exploring experiences and interests in improving health governance.

Key questions for exploration within sub-theme 1:

1. What are the implications of global governance for health and how can they improve the overall health outcomes?
2. How can global governance for health be enhanced or transformed to address emerging challenges and promote health equity?

Sub-Theme 2

Geopolitical Puppeteers: Identifying the Roles of Hidden Actors Shaping the Commercial Determinants of Global Health

SUB-THEME 2

Sub-theme 2 aims to discuss a way forward by exploring strategies and approaches that mitigate the harmful effects of CDoH on health and instead channel their influence towards promoting fairness, equality, and the overall well-being of individuals and the planet. This requires considering geopolitical considerations and developing policies and interventions that reshape the commercial sector's practices to prioritize health and social equity. The future directions should emphasize the need for a multi-faceted approach that addresses the complex and interconnected factors that contribute to commercial determinants of health. The governments should regulate and limit commercial practices that harm public health, support practices that promote health, and promote health literacy and consumer awareness. Additionally, the need to address commercial determinants of health in conjunction with social determinants of health and promote health equity is crucial (Maani, 2018).

The plenary session under this sub-theme will identify hidden entities influencing global health, such as multinational corporation and lobbyists. The parallel sessions will subsequently explore these for four specific themes/industries – 1) food, beverage and agricultural industry; 2) energy producing industries; 3) “new” technologies; and 4) the pharmaceutical and medical devices industry. This discussion also highlights the ethical implications of these actors' influence, including health disparities and environmental harm. It will pinpoint gaps in current legislation, suggesting improvements for regulatory frameworks. By fostering public discourse, this dialogue enhances accountability, motivates responsible practices among these hidden actors, and raises public awareness about CDoH.

Sub-Theme 3

Reimagining Global Health: Decolonization of Global Health Governance

SUB-THEME 3

Widening inequality, persistent power imbalances, enduring patterns of extraction, and the ongoing marginalization of key groups starkly contradict the goals of global health and challenge the prevailing narratives of its successes. The COVID-19 pandemic has further highlighted the inequalities within and between societies, prompting critical questions about the persistence of unfairness and the need to address historic injustices that continue to shape the present. These questions are deeply influenced by the geographies of power. Former colonial and imperial powers, which are also home to leading institutions of research, education, philanthropy, commerce, and international governance, remain prominent among donor countries. In stark contrast, formerly colonized countries remain poor, and formerly subjugated (and marginalized) people enjoy less health and fewer years of life. Additionally, influential global health journals and leading authors of global health research remain largely associated with the United States (US), the United Kingdom, and other former colonizers, even though their work primarily focuses on formerly colonized regions and populations. Recognizing these disparities in influence and decision-making, calls for “decolonizing” global health have emerged from various quarters. These calls are part of contemporary geopolitics and seek to ensure that any new world order is built on fairness and recognition of equality.

This sub-theme seeks to examine each of these areas and facilitate discussion on the manifestation of non-merit inequalities, their consequences, and approaches to address them.

Key areas for exploration within sub-theme 3:

1. Analyzing the manifestations of non-merit inequalities within global health governance and research.
2. Understanding the consequences of these inequalities on health outcomes and global health efforts.
3. Examining approaches and strategies to address and redress the historical injustice and power imbalance in global health.
4. Exploring ways to foster inclusivity, equality, and fairness in global health governance, research, and decision-making.

| VENUE AND DATES OF THE CONFERENCE

Centara Grand at Central World Hotel, Bangkok

Monday 22 - Wednesday 24 January 2024	Side Meetings
Wednesday 24 January 2024	Field Trip
Thursday 25 - Saturday 27 January 2024	Main Conference

| STRUCTURE OF THE CONFERENCE

This is a closed, invitation only conference host by the Prince Mahidol Award Foundation, and the Royal Thai Government, together with other international co-hosts. The conference consists of:

1. **Pre-conference**
    - Side meetings
    - Field trip
2. **Main conference**
    - Keynote speeches
    - Plenary sessions
    - Parallel sessions
    - Synthesis: Summary and recommendations
    - Poster display

| PRE-CONFERENCE PROGRAM

Monday 22 January 2024

09:00-17:30	Side Meetings

Tuesday 23 January 2024

09:00-17:30	Side Meetings

Wednesday 24 January 2024

09:30–18:00	Field Trip / Art Contest Award Ceremony / Side Meetings

| MAIN CONFERENCE PROGRAM

Thursday 25 January 2024

09:00 - 10:00	Opening Session by HRH Princess Maha Chakri Sirindhorn & Keynote Address
10:00 - 10:15	Break
10:15 - 11:30	Plenary 0: Geopolitics, Human Security and Health Equity in an Era of Polycrises
11:30 - 13:00	Plenary 1: Global Governance for Health
13:00 - 14:00	Lunch / Special Event / Poster Presentation
14:00-16:00	◦ PS 1.1: Can Geopolitics Help Health Systems and the World Prepare for Future Pandemics? ◦ PS 1.2: Vaccines, Therapeutics, Diagnostics, and Other Supplies: Innovation, Access and Equity ◦ PS 1.3: Transformative Digital Technology for Future Health ◦ PS 1.4: Conflict, Crises, and Displaced Populations ◦ PS 1.5: Reservoir for Change Making: Youth and The Geopolitics of Planetary Health
18:00 - 19:40	Welcome Dinner

Friday 26 January 2024

09:00 - 10:00	Plenary 2: Geopolitical Puppeteers: Identifying the Roles of Hidden Actors Shaping the Commercial Determinants of Global Health
10:00 - 10:30	Break / Special Event / Poster Presentation
10:30 - 12:30	◦ PS 2.1: How Geopolitics of Commercial Determinants of Health Can Influence the Impacts of Food, Beverages and Agriculture Industry on Health ◦ PS 2.2: Road to Net Zero Emission - The Geopolitics of Energy Transitions and Health Nexus ◦ PS 2.3: How Geopolitics of CDoH Can Influence the Impacts of the ‘New’ Technologies on Health ◦ PS 2.4: Geopolitics, Arms Race and Humanity
12:30 - 13:30	Lunch / Special Event / Poster Presentation
13:30 - 14:30	Plenary 3: Decolonizing Global Health
14:30 - 15:00	Break / Special Event / Poster Presentation
15:00 - 17:00	◦ PS 3.1: Economics and Overseas Development Aid (specific on Decolonization of Global Health) ◦ PS 3.2: Decolonizing Knowledge Production and Utilization ◦ PS 3.3: Decolonizing Institutions and Governance – Moving from Rhetoric to Reform? ◦ PS 3.4: Understanding the Role of Gender and Sexuality in Global Health Inequalities: Addressing Biases and Promoting Inclusivity ◦ PS 3.5: Human Resource for Health Migration through the Lens of Decolonization

Saturday 27 January 2024

09:00 - 10:30	Synthesis: Summary, Conclusion & Recommendations
10:30 - 11:00	Break
11:00 - 12:00	Closing Session
12:00 - 13:00	Lunch

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OPENING SESSION

KEYNOTE ADDRESS

| KEYNOTE SPEAKER

- **Kishore Mahbubani,** Distinguished Fellow, Asia Research Institute, National University of Singapore, Singapore

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PL0

GEOPOLITICS, HUMAN SECURITY AND HEALTH EQUITY IN AN ERA OF POLYCRISES

| BACKGROUND

Geopolitics, often overlooked in the realm of global health, holds significant influence over our understanding, addressing, and overcoming health challenges. By shifting our focus towards geopolitics, we can gain a better comprehension of the forces that shape the economic, social, and physical landscapes affecting the health of individuals. This includes a critical examination of international, regional and national governance mechanisms including the United Nations and Bretton Woods institutions. Recent years, there has been a renewed focus on addressing persistent inequalities in influence, resources, and health, shedding light on historical injustices such as colonialism and imperialism contributing to health inequities and impacting progress on the Sustainable Development Goals (SDGs) and the pledge to leave no one behind.

| OBJECTIVES

The PMAC 2024 aims to explore the impact of geopolitics on global health since World War II, adopting a historical and forward looking perspective, and deliberate on how these influences can be contested or mitigated as we strive to create a fairer and more equitable world and get back on track for achieving health related SDGs in amidst the challenges of polycrises.

| MODERATOR

- **Jesse B. Bump,** Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy, Harvard T.H. Chan School of Public Health, United States of America

| PANELIST

- **Kishore Mahbubani,** Distinguished Fellow, Asia Research Institute, National University of Singapore, Singapore
- **Keizo Takemi,** Minister, Ministry of Health, Labour and Welfare, Japan
- **Atul Gawande,** Assistant Administrator for Global Health, United States Agency for International Development, United States of America
- **Irene Torres,** Technical Director, Fundacion Octaedro and Coordinator of the Observatory on the Implementation of the Health Information System in Ecuador, Ecuador
- **Naomi Tulay Solanke,** Founder and Executive Director, employer, Liberia

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PL1

GLOBAL GOVERNANCE FOR HEALTH

| BACKGROUND

Geopolitical forces have been prominent influences on international cooperation in health from the earliest gatherings convened by the Ottoman Empire in the 1830s and continuing to the present day. This observation reflects the reality that health considerations are generally secondary to the trade interests of powerful nations, as revealed by the difficulty of regulating commercial products with health significance and the unwillingness of powerful nations to establish supranational authority for the WHO.

Looking back at this history of health systems in the past century, we can see several milestones that affected how health governance has been shaped throughout the year. Some of these milestones included the establishment of WHO and UNICEF as main health leaders, the Cold war withdrawal of the Soviet Union and its allies from WHO membership between 1949 and 1956 and the shift of the WHO towards USA's policy perspectives, the creation of the Alma Ata declaration, the 1973 oil crisis and the resulting global recession that decreased investments in health due to more debts on LMIC, the increased influence of the World Bank in the health arena and the establishment of more UN agencies interested in health issues such as UNAIDS and UNDP. All these milestones showed how global governance of health and health systems can change due to several social and political determinants with the influence of several different stakeholders ranging from governments, to whole general populations.

Although the 2015 Sustainable Development Goals (SDGs) and Paris Accord on Climate Change were high-water marks for global normative commitments to health and socioenvironmental determinants, the success of both agreements is under geopolitical threat. There is general consensus that multilateralism is breaking down, the failure of an equitable global response to COVID-19 in which vaccine hoarding by the world's wealthy nations is estimated to have led to over a million excess deaths in low- and middle-income countries (LMICs). Some argue that the golden age of global solidarity for health, the first decade of the 21st century and the shift from Millennium Development to Sustainable Development Goals, has ended, due largely to heightened geopolitical and ideological rivalries. Others are hopeful that the World Health Organization's (WHO) efforts to rapidly develop some form of pandemic accord offers an opportunity for multilateral health re-engagement, although this may take what some have called a 'competitive multilateralism' in which powerful nations attempt to protect their interests even as they increase their participation in international institutions to avoid spiraling conflicts. Global governance is becoming more anarchic, there is a weakening of international law and norms, notably human rights, and the global economy's institutional anchors like the IMF, World Trade Organization (WTO), and World Bank, are struggling for legitimacy in a less predictable global environs. Some question if the UN itself can survive its own financial and legitimacy crises.

Navigating this new multipolar system will be daunting. Over the past century, multilateral institutions such as the UN, the WTO and the World Bank have served as pillars of Western-led globalization. But the growing weight of emerging economies now requires equitable representation. Reforming the UN system to reflect these changes will be critical to maintaining global stability. The centrality of health to peoples' quotidian lives, and hence to the legitimacy of national governments, affords an opportunity to re-examine the role that health, and specifically health equity, might play in creating a fairer, ecologically sustainable world political order.

| OBJECTIVES

The objectives of this session include clarifying some of the major definitions and concepts that inform calls to reform the governance of global health. The session will feature speakers who will draw attention to specific problems and experiences that inform their interest in improving the governance of health.

| CHAIRS

- **Srinath Reddy,** Honorary Distinguished Professor and Goodwill Ambassador of PHFI for Public Health, Public Health Foundation of India, India

| MODERATOR

- **Mishal Khan,** Professor of Global Public Health, London School of Hygiene & Tropical Medicine, United Kingdom

| PANELIST

- **Precious Matsoso,** Director, The Health Regulatory Science Platform, Wits Health Consortium, Honorary Lecturer, Department of Pharmacy and Pharmacology, University of the Witwatersrand, South Africa
- **Bruce Gellin,** Chief, Global Public Health Strategy, The Rockefeller Foundation, United States of America
- **Githinji Gitahi,** Group Chief Executive Officer, Amref Health Africa, Kenya

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PS1.1

CAN GEOPOLITICS HELP HEALTH SYSTEMS AND THE WORLD PREPARE FOR FUTURE PANDEMICS?

| BACKGROUND

It is important to understand the ‘state-of-play’ in negotiations on the reform of the International Health Regulations (IHR) and at the pandemic accord International Negotiating Body (INB) in order to assure that health systems and the world are better prepared for future pandemics. Some of the points of contention already identified in the discussions on the IHR include the wish of low- and middle-income countries to have a focus on equity and financing while high-income nations appear more interested in amendments to strengthen obligations on compliance and information sharing. At the INB negotiating table, unenforceable ‘soft law’ preambular nods in the direction of equity abound, with ‘hard law’ language reserved for emphases on security and surveillance. In both instances, there are stark north/south differences in whether there should be benefit-sharing obligations in return for developing country pathogen-sharing. A related matter is the design and establishment of global guidance, regulations, and conventions on the collection, handling, and manipulation of virulent pathogens with pandemic potential. One possible area for further exploration might be the role of scientific advisory committees in these negotiating processes: questions are arising about their transparency, accountability, representativeness, and oversight. How are the geopolitical interests of more powerful nations managed within such advisory bodies?

Regarding health systems designed to provide universal health coverage (UHC), there is the persisting concern that this is a financialized truncation of the broader model of primary health care (PHC). This session would make the case for why we need UHC - a healthy economy is predicated on a healthy population; labor and capital are essential for economic activity. National security and regional stability are, in turn, predicated on healthy economies.

The need for a normative global commitment to universalism in health coverage will be further considered. Multiple factors need to be aligned for UHC to become a reality, including health systems knowledge, medical expertise, economic and fiscal capacity, and technical policy making skills. Universalism and the need to reach individuals who have been previously excluded from health systems are essential to improving everyone's health, both in the context of public health emergencies such as COVID-19, and the growing burden of chronic disease globally.

Determining how pandemic preparedness can be equitably and sustainably financed, and the additional costs met, is a major issue for consideration. This is particularly important given the many competing global health priorities, such as the challenges of antimicrobial resistance and antimicrobial development and stewardship.

There is an ongoing need to support evidence generation and the use of scientific methods so that health policies can be built on best possible foundations. Political science analyses the relationship between the principal (e.g., central government bureaucracy) and its agents (e.g., local programme implementers) by focusing on the vertical power and authority of principals, and the incentives and inducements (e.g., performance evaluation) that can be used to ensure that the agents implement UHC policies. Theory-based frameworks can be used for analyzing the politics of health reform for UHC according to stages in the policy cycle (agenda setting, design, adoption, and implementation) and four variables that affect reform (interests, institutions, ideas, and ideology).

Robust social safety nets, including that provided by UHC, are crucial for both facilitating and enabling broad compliance to public health measures and building trust in governing institutions. Social safety nets ensure, at the most basic level, decent wages to families, access to health care and public health measures, and an income floor to prevent impoverishment. Obstacles to such social safety nets include contending political interests, absence of scientific agreement

on effective interventions for certain conditions, and political institutions being unable to adapt to the quickly evolving health needs.

| OBJECTIVES

This session will examine the issues and propose actionable recommendations and improvements related to:

- What changes are needed to the International Health Regulations (IHR)?
    - What positions are associated with powerful nations. What do the current superpowers want?
    - What geopolitical issues undermined IHR-2005 during the COVID-19 pandemic?
    - What governance reforms might make a positive difference?
- What is the role of the International Negotiating Body (INB)?
    - What powers does INB have?
    - How can INB get nations to collaborate?
    - How is INB's authority contested by 'rival 'nations?
- How to build universal support and funding for resilient health systems and universal heath coverage (UHC)?
    - Donors say they already want this, but they do not cooperate well with one another, despite prior commitments to cooperation. How can cooperation be improved?
    - How can more powerful countries be encouraged to promote models that serve the interests of all stakeholders?
    - How can the issue of intellectual property rights, often supported by major donors, be addressed better to give wider access to vaccines and drugs etc.
- How will global funding mechanisms support UHC at the same time as other priorities including pandemic preparedness and emerging challenges such as antimicrobial resistance and the handling and manipulation of high-consequence pathogens?
    - Who is paying and with what conditions?
    - Could there be an accounting of the pandemic bonds?
    - What are the national interests that have so far defined this debate?
- What are the global governance implications given the current high level of geopolitical tensions between powerful global players?
    - What are the positions of major powers including the US, China, the EU, Russia, and India.

| MODERATOR

- **Ebere Okereke,** Chief Executive Officer, Africa Public Health Foundation, Kenya

| KEYNOTE SPEAKER

- **Precious Matsoso,** Director, The Health Regulatory Science Platform, Wits Health Consortium, Honorary Lecturer, Department of Pharmacy and Pharmacology, University of the Witwatersrand, South Africa

| PANELIST

- **Richard Hatchett,** Chief Executive Officer, Coalition for Epidemic Preparedness Innovations (CEPI), United States of America
- **Priya Basu,** Executive Head, Pandemic Fund, World Bank, United States of America
- **Ahmed E. Ogwell Ouma,** Deputy Director General, Africa Centres for Disease Control and Prevention (Africa CDC), Ethiopia
- **Soumya Swaminathan,** Chairperson, M S Swaminathan Research Foundation, India

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PS1.2

VACCINES, THERAPEUTICS, DIAGNOSTICS, AND OTHER SUPPLIES: INNOVATION, ACCESS AND EQUITY

| BACKGROUND

Control over most of the production and distribution of countermeasures (vaccines, diagnostics, therapeutics and other critical supplies) related to prevention and mitigation of health impacts in pandemics, as seen with COVID-19, rests with a small number of countries. National security and economic interests, not epidemiology, dominated decision-making leading to shortages in countries lacking the wealth and fiscal capacities to compete in gaining timely access to such goods.

International organizations and mechanisms, including the Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI), the Access to COVID-19 Tools Accelerator (ACT-A), launched by WHO and partners with three pillars on Diagnostics, Therapeutics, and Vaccines (COVAX), have made strong contributions to global health, but have limitations that were exposed during the COVID-19 pandemic. The WHO mRNA vaccine technology transfer hub initiative offers a basis for assessment of possibilities and pitfalls in ensuring global access to pandemic-related health tools, and how limitations of the governance structure of ACT-A should inform WHO's roles in overseeing future equitable distribution.

The politicization of science leads to people distrusting some health tools, especially vaccines, resulting in poor uptake and increased morbidity and mortality. Moreover, misinformation and disinformation about the safety and efficacy of new vaccines lead to limited acceptance and uptake in many settings, both rich and poor; however, the impact is greater among poor and rural populations.

The Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement of 1995 requires member countries to make patents available for any invention, whether products or processes, in all fields of technology without discrimination, subject to the normal tests of novelty, inventiveness, and industrial applicability. There is growing consensus that the 2022 TRIPS waiver for COVID-19 vaccines failed to remedy long-standing concerns with the role of intellectual property rights (IPR) in access to health innovations (pandemic-related or otherwise) and that governments in their research funding or advance purchase agreements must place conditionalities on private sector IPR and market decision-making to ensure that there is equitable access to such products globally.

The global health governance is often constrained in addressing global health challenges separate from the interests of large donor members. The broader context is a need to examine the reform of multistakeholder global health governance with reference to more equitable participation from LMICs (particularly LDCs) and civil society organizations. Several major initiatives developed by ACT-A stakeholders, G20, G7, IPPPR, and INB-global treaty, will shed light on the future global health landscape. An important issue to take on is the dilemma between multilateralism underpinning a globalized world and national interest, self-determination; how to integrate into global and national governance.

| OBJECTIVES

This session will examine issues highlighted in the background and propose recommendations and improvements related to:

- The centralized control of essential products in the hands of a few high-income counties
- The limited voice of LMIC in global health governance
- The West-East polarization of global health decision-making and supply chains
- Mistrust of vaccines and therapeutics, often based on misinformation and disinformation
- The limitations of the current TRIPS agreement

The session will reflect on the lessons learned from the COVID pandemic and look into future mechanisms and changes at global, regional, country, and sub-national levels, enabling better prevention, preparedness, and response.

| MODERATOR

- **Githinji Gitahi,** Group Chief Executive Officer, Amref Health Africa, Kenya

| PANELIST

- **Carolyn Reynolds,** co-founder of Pandemic Action Network, Pandemic Action Network, United States of America
- **Linfa Wang,** Executive Director, The Program for Research in Epidemic Preparedness and Response (PREPARE), Singapore
- **Thomas Cueni,** Director General, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Switzerland
- **Ayoade Yodi Alakija,** Chair, Africa Union African Vaccine Delivery Alliance, Nigeria
- **Esteban Burrone,** Head of Policy Strategy and Market Access, Medicines Patent Pool, Switzerland
- **Tim Nguyen,** Head Of Unit High Impact Events Preparedness, World Health Organization, Switzerland
- **Minghui Ren,** Professor of Global Health, Peking University Health Science Center, China
- **Karina Rando,** Minister, Ministry of Public Health, Uruguay
- **Feng Zhao,** Practice Manager, the Health, Nutrition and Population Program, South Asia Region, The World Bank, United States of America

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PS1.3

TRANSFORMATIVE DIGITAL TECHNOLOGY FOR FUTURE HEALTH

| BACKGROUND

Geopolitics has shaped the era of modern technology - the internet was a child of the Cold War - and we are now seeing digital technology shape the next phase of geopolitics. Digital technology has upended traditional geopolitical boundaries and has emerged as a powerful force in recent times. In health, this has significance and the “disruption” caused by digital technologies, from Big Data to Artificial Intelligence (AI), holds both potential benefits and risks within health systems. The development of new digital technologies to diagnose, treat and deliver care requires examining whether current systems of governance for facilitating and diffusing innovation in health are adequate. This includes addressing issues of ownership of technologies and how this affects countries, particularly low-and-middle income countries (LMICs), as well as access to technologies, which can potentially narrow the “digital divide” or exacerbate it. Power dynamics emerge between innovators (health technologies and the accompanying infrastructure) and users as well as state and non-state actors (traditional and emerging actors). While information is seemingly democratised, it is not always clear as to who controls information and the narrative, both within and across countries. Misinformation, as observed during the COVID-19 pandemic, can influence public health behavior, if unchecked. Moreover, issues of net neutrality, sanctions and policies by governments to restrict flow of information can have consequences for development and use of technologies as well as on how information is received by people. The rise of surveillance systems, by states and “Big Tech” can be beneficial in times of crises (for example, to assist with contact tracing) as well as on protecting data privacy and ensuring cybersecurity. “Digital diplomacy” is also playing a role in how systems for interoperability of infrastructure and data sharing across countries develops. The rapid rise of AI has spurred experts in the field to call for a pause in development and reflect on how society can cope with changes. More broadly, these issues beg a deeper introspection on how technological changes align with societal values, take ethical considerations into account, bring equitable benefits and maintain public trust. This will allow for a better understanding of the role of geopolitics in shaping the way forward including collaboration on the norms and regulations for the effective use of technology to facilitate the dramatic transition to the digital age.

| OBJECTIVES

The overarching objective of this session is to examine the role of geopolitics in shaping the governance system for technology for health.

The session will seek to address questions on governance of digital technologies in the context of geopolitics. The following themes and questions have been developed from the paper by Frenk and Moon which highlights the challenges of governance of global health and outlines the functions of global governance, which provides a useful lens to consider these issues[1].

- What are the current mechanisms to address governance of technologies and health data in the international sphere?
- Who are the main actors (state and non-state) involved and what are their roles? Who is not involved and how can they be engaged in the process?
- How are decisions being made at the national and international levels and how can priorities for collaboration be identified?
- What are the regulatory tools required to facilitate innovation and collaboration while maintaining security and addressing issues of privacy and trust?
- How can the benefits derived from technological and data innovations be shared equitably? What are the implications for taking a rights-based approach and ethical use of digital technology for health?
- What can the health sector learn from the application of technology in other sectors (eg banking)? What does it mean in the broader context of and trends in technology and geopolitics?
- What are the barriers and potential facilitators for encouraging collaboration and ensuring mutual accountability at the international level?
- What should governments, multilateral, not-for-profit and for-profit private sector do to enable collaboration on use of technology for health?

[1] The four functions of global health governance are: production of global public goods, especially knowledge-related goods; management of externalities; mobilisation of global solidarity to address the unequal distribution of health issues and resources, to include financing, technical cooperation, capacity strengthening and support during disasters, among others; and, stewardship to provide a strategic direction for the health system. Link: https://www.nejm.org/doi/10.1056/NEJMra1109339

| MODERATOR

- **Mandeep Dhaliwal,** Director, HIV and Health, United Nations Development Programme, United States of America

| PANELIST

- **Alain Labrique,** Director, Department of Digital Health and Innovation (DHI), Science Division (SCI), World Health Organization, Switzerland
- **Cecilia Oh,** Global Programme Advisor, United Nations Development Programme, Thailand
- **Basant Garg,** Additional CEO, National Health Authority (NHA), Government of India, India

| SPEAKER

- **Jia-Rong Low,** Vice President Stakeholder Engagement and Managing Director - Asia Pacific, Internet Corporation for Assigned Names and Numbers ICANN, Singapore
- **Gary Marcus,** Emeritus Professor of Psychology and Neural Science, New York University, United States of America
- **Toomas Palu,** Adviser, Health Systems and Financing, WHO, Estonia
- **Daniel Mwai,** Health Economist and Senior Lecturer, University of Nairobi, Kenya
- **Aarthi Raghavan,** Asia House Fellow, Digital Health Innovation in Asia, India

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PS1.4

CONFLICT, CRISES, AND DISPLACED POPULATIONS

| BACKGROUND

Over the past several decades, the number of international migrants (people who are living outside of their country of birth) has reached 280 million, more than 3.5% of the world's population. The negative impact of migration on geopolitics has become increasingly apparent.[1] Policies adopted with the intent of alleviating the pressure of increased migration on "recipient" countries seem to have failed everywhere, leading to an escalation of tensions around the problem, especially in high-income countries like the United States, the United Kingdom, and Western Europe. Considered together with the ongoing conflict in Eastern Europe (Ukraine), the longstanding humanitarian crisis in Afghanistan, political turmoil in the so-called "coup-belt" of Sahelian Africa, chronic ethnic and religious strife in Myanmar, increasing migration throughout the Americas for a variety of complex political, social, and economic reasons, and increasing, and truly worrisome climate emergencies, it is fair to say that no region of the world has been spared. Increasing political polarization, both a cause and an effect of migratory pressure, has led to the emergence of a seemingly unbridgeable chasm between those who favor a more humanitarian approach to the treatment of migrants and those calling for a further hardening of national borders. The result to date has been a shift of the balance of power to more right-wing and populist forces in an increasing number of countries and at least one government (the Netherlands) has fallen due to an inability of the governing coalition to reach a compromise position on this clearly inflammatory issue.[2]

Ironically, many economists hold that most migration that is motivated by a drive for economic advancement works to the benefit of both countries of origin and destination countries. Demographic trends are clear: high-income countries are aging rapidly, fertility rates are below replacement value, and many employment opportunities cannot be filled from within. Migrants from low- and middle-income countries either have needed skills that cannot be provided from domestic sources or are willing to provide necessary services that fill the emerging gaps. Examples include care provision for the elderly by Albanian migrants in Italy and by Somalis in Sweden, health care provision in the United Kingdom (where 1 in 6 staff of the National Health Service hold non-British nationality) and imported Mexican and Central American labor to help with agricultural work in the United States. Higher wages than migrants would earn in their countries of origin allow for the return of remittances that serve to elevate the standard of living for families and to augment government revenues. Of course, remittance policies can and should be reviewed and improved, but for the most part, at both ends of the migrant trajectory, "in the long run, economists and historians see a familiar picture: a spike in immigration stirs heated political debate, even as people who immigrate, both legally and illegally, begin to set down roots and start contributing economically."[3]

For another class of migrants, refugees, legally defined as those having crossed an international border due to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group, frequently in conjunction with armed conflict occurring in their country of origin, international law provides protection and rights in the country or countries of asylum. Most (but not all) countries are signatories to the 1951 Convention Relating to the Status of Refugees and/or to the 1967 Protocol. Clearly both documents, as well as additional agreements that govern the status of refugees in Africa and in South and Central America and the Caribbean, could be revisited, improved upon, and strengthened, but at least for the time being there seems to be widespread agreement regarding their ethical guidance and their ongoing usefulness, at least in theory if not always in practice.

In sum, as stressed by the World Development Report (2023, WDR), most drivers of migration are subject to either the forces of labor economics or of international law. Although the lines between different kinds of migrants are frequently blurred, most of the current problems seem to be primarily related either to economic migrants who do not possess the skills needed by destination countries, or by asylum seekers who are not eligible for or who have not been granted refugee status. While these "distressed migrants", to use the language of the WDR, are a minority of all migrants, their number is sufficient to have already contributed significantly to important and influential changes on the geopolitical landscape and

there are no signs of abatement. While the plight of these migrants who are often victimized by human traffickers and subjected to inhumane treatment in transit countries and at sea is inarguably deplorable, and while the manner in which they have been treated in their intended countries of destination has been roundly criticized by many, it is important to note that a sovereign nation is not obligated to grant entry to anyone who does not qualify for protection under an international agreement to which it, the recipient nation, is a signatory. The political system under which the world operates since at least the Peace of Westphalia of 1648 is not one of open borders, but rather one in which national sovereignty is prioritized.

Nevertheless, one might consider that, even if migrants' petition for entry to a desired settlement country is denied, there remains a moral or ethical duty to treat all individuals humanely. The Universal Declaration of Human Rights (UDHR) is the foundational document of international human rights law; it has been commonly interpreted by the modern humanitarian movement as affording to all individuals the right to life with dignity, the right to receive humanitarian assistance, and the right to protection and security.[4] While it might be legal for recipient nations to bar entry to undocumented or "distressed" migrants, it is simply inhumane to turn a blind eye toward predatory human trafficking practices or towards horrific scenes of ships overloaded with families seeking a better life sinking in the Mediterranean Sea, or to potential asylum seekers having their families separated and being forced to stay in unfamiliar places where their lives are endangered. What has become a clear conflict between what is the law and what is basic humanitarian practice contributes to the political polarization that is an important geopolitical consequence of modern migration.

Regarding health, it is again the "distressed migrants" who pose the greatest problems. Both economic migrants and refugees who are granted visas to stay in recipient countries based on merit or other re-settlement programs usually have the right to access available host country health services and, in some instances, they have this right even if they are undocumented. In many instances, because of their place in the social structure of their countries of origin, the health status of those with sought-after specialized skills may have been, on average, as good as or even better than that of the population in the recipient countries. The same may be true of documented refugees, who often undergo health screening procedures and/or receive needed care prior to travel to their new country.

But the story is very different for the undocumented who "choose" to undertake long and arduous journeys to try to establish themselves in a country in which they do not have permission to reside or to work. For many, the conditions of travel take a toll – living for weeks or months without shelter, with inadequate access to food and water, often in crowded and unsanitary makeshift encampments, their state of health is bound to deteriorate. Even if they arrive at their destination safely, and even if they have legal access to health care, these undocumented migrants frequently opt to avoid contact with any part of the local bureaucracy for fear of being "discovered", arrested, and possibly deported.

In public health, prevention is said to be preferable to cure and there have been several proposals advanced to reduce the flow of undocumented migrants, especially from low-income toward higher-income countries. These include the creation by recipient countries of more legal entrance mechanisms and/or reforming development policies to focus on reducing economic inequality in such a way as to lower the perceived incentives for migration. Additional international assistance to transit countries, especially those immediate pre-destination countries such as Tunisia, Turkey, Mexico, and many others, could help to alleviate the burden of unwanted migration on stressed social systems of some primarily recipient countries.[5] These are at best mid- to long-term partial solutions, however, and in the near-term it seems that more humane treatment of people in desperate straits is called for.

A special word is in order regarding "climate refugees" because of the increased attention appropriately being paid to this issue. As of now, most people displaced by adverse weather events that are increasing in both number and severity have remained within the borders of their countries of origin. Given current projections, however, the status quo will not endure, and some have predicted that more than 1 billion people will be displaced due to climate events over the next 25 years.[6]

Increasing food insecurity and water insecurity, as well as the loss of shelter, has the potential to fuel social unrest, increasing violence, and political chaos. Climate change has led to scenes of a dystopic future becoming commonplace in many places around the world. Unfortunately, as has been the case with other drivers of migration, sensible and effective implementation of sound climate control policies have, to date, proven elusive.

Perhaps economic and political reactions to migration can be managed, at least in the medium-term, but there will always remain the seemingly intractable social consequences of unwanted, or feared, migration.[7] In the short-term, in many societies, expressions of xenophobia, racism, and religious intolerance seem to come to the fore when external threats to the established order, beneficial or not, are perceived. Declaring these attitudes to be unacceptable within a society or even illegal and subject to punishment does not seem to be an effective way of reducing their prevalence. To be sure, in some societies, they are even encouraged and supported by both political and religious leaders. In the future, for migration, especially "distressed migration" which is sure to increase over the next decades, to take a lesser toll on the geopolitical landscape, both societies and individuals will have to do things that they are not doing and think things that they are not yet contemplating.

What are those interventions that might be implemented in the short- and medium-term that can contribute to an abatement of the current crisis? As mentioned above, where migrants are performing important services in destination countries, reform of the remittances regime may contribute to increasing the financial security of a sizeable number of people in countries of origin and help to stabilize the current "direction of flow". Because economic inequality is such an important driver of migration, re-designing existing development policies to put a premium on those areas of assistance and types of interventions that can be shown to have a mitigating impact on the perceived need of individuals and families to leave their homes to seek economic improvement could also be helpful. Reducing the number of inter- and intra-state conflicts and, as importantly, shortening their duration, could also reduce the numbers of refugees fleeing for protection and safety for themselves and their families although, of course, this is easier said than done and involves a different domain of geopolitical dynamics. Finally, it should be recognized that dealing with the consequences of migration, especially of "distressed migrants" is an international responsibility. Countries of origin, transit countries, and recipient countries should not need to struggle with these issues on their own. A stronger, more cooperative, and more effective international approach should be adopted in the near-term to stem the growing geopolitical crisis being caused by uncontrolled population movements.

[1] This concept note draws heavily on two principal sources: the World Bank's World Development Report 2023 (https://www.worldbank.org/en/publication/wdr2023) and the UCL/Lancet Commission on Migration (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31581-1/fulltext).

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| OBJECTIVES

Session 1.4 of the Prince Mahidol Awards Conference will expose the drivers of migration and discuss the different impacts that each might have on countries of origin, transit countries, and destination countries. It will discuss what has worked and what has not and will focus on the geopolitical consequences of current and predicted future trends. To the extent possible and practical, it will view issues of conflict, displacement, and economic crisis through the lens of public health and medicine. Finally, panelists and discussants will be encouraged to propose clear, implementable, and effective near-term, medium-term, and long-term solutions and to predict what human migration will look like to future generations.

| MODERATOR

- **Ronald Waldman,** Professor Emeritus of Global Health, The Milken Institute School of Public Health at The George Washington University, The George Washington University, Portugal

| PANELIST

- **Xavier Devictor,** Co-Director, 2023 World Development Report, Migrants, Refugees, and Societies, World Bank Group, United States of America
- **Federica Zamatto,** Medical Coordinator for Migration Projects in Europe, Médecins Sans Frontiéres (MSF), Belgium
- **Fabio Baggio,** Professor, Pontifical Urbaniana University, Italy
- **Dustin Barter,** Senior Research Fellow, ODI, United Kingdom
- **Monette Zard,** Director of the Program on Forced Migration and Health, Mailman School of Public Health, Columbia University - Mailman School of Public Health - Department of Population and Family Health, United States of America
- **Ellen Hansen,** Acting Director, UNHCR Regional Bureau for Asia and the Pacific, Bangkok, Thailand

PMAC PRINCE MAHIDOL AWARD CONFERENCE

PS1.5

RESERVOIR FOR CHANGE MAKING: YOUTH AND THE GEOPOLITICS OF PLANETARY HEALTH

| BACKGROUND

The future health of the planet and human health are inextricably linked. There is a growing pressure of climate change impacts and ambitions in an ever-shrinking window for transition to a 1.5°C world. Biodiversity loss and ecosystem collapse is viewed as one of the fastest deteriorating global risks over the next decade[1]. **Planetary health is an integrative approach** that can bring more coherence to multilateral bodies and countries' foreign policies. Applying a planetary health lens to international negotiations could enhance synergies across multiple fragmented agendas, notably related to health, environment, human rights, and security[2].

According to the Global Risk Report 2023, the next decade will be characterized by environmental and societal crises, driven by **underlying geopolitical and economic trends**[3]. Global political and economic systems are often driven by short-term economic interests and fail to take into account the long-term consequences of environmental degradation for human health and well-being. However, **geopolitical dynamics are also creating significant headwinds for global cooperation**, which often acts as a **guardrail to global risks**.

Engaging youth in leveraging these geopolitical dynamics and addressing planetary health challenges is critical. According to the 2023 IPCC Synthesis Report, the current and future generations will experience a hotter and different world hence shouldering the climate-driven health and mental well-being consequences[4]. Over half of the world's youth population live in countries that are deemed extremely high risk for climate disasters[5], and the mental health of countless more young people has been impacted by climate instability[6].

To fight such intergenerational injustices, young people are pioneering a **human rights-based approach to address climate change**[7]. Youth-led movements have highlighted the urgent need for action on climate change and broader planetary health issues. They are holding their governments and organizations accountable for their carbon emissions and climate commitments. Young people worldwide are demanding that world leaders take urgent action to address climate change, and their activism has already yielded some successes.

For example, the Paris Agreement on Climate Change, signed in 2015, was a result of global youth activism and the pressure it exerted on world leaders[8]. In March 2023, the UN General Assembly approved a landmark resolution requesting an advisory opinion by the International Court of Justice on States' obligations concerning climate change and human rights that was driven by the Pacific Island Students Fighting Climate Change through the World's Youth for Climate Justice campaign[9].

However, despite being capable changemakers, **youths face structural, institutional and perceptual barriers to participating in the decision-making processes that shape climate action**. The four-pronged strategy is outlined to enable meaningful integration of youth voices as a pillar of planetary health. The mechanisms, by which governments, organizations, and the planetary health movement can champion youth leaders and foster intergenerational climate health leadership include: (1) consulting existing youth advocates, (2) developing longitudinal relationships with youth-led networks, (3) providing visibility to youth engagement initiatives, (4) ensuring accountability for engaging young people[10] and (5) ensuring young people have a seat at the decision making table.

In PMAC2023, the youth engagement efforts have been successful in "PS 1.4: Elevating the voices of young people for

climate action", demonstrating the effective agency of young experts taking climate action across all disciplines. The session also fostered outcome-oriented intergenerational dialogues between the young participants and key actors at PMAC that charted new pathways for collaboration.

It is vital to continue building on this momentum of meaningful youth engagement for climate action. Young people can use their voices and PMAC2024 as a platform to demand action from political leaders and push for the translation of the ambitious climate goals into concrete action that protects and promotes the health of the most affected communities. Furthermore, they can utilize this platform to demand that young people be included in the decision making process for building a future that they will live in. More critically, youth engagement can help bridge the gap between different geopolitical interests and bring people together around a common cause.

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| OBJECTIVES

This session aims to champion youth leaders and foster intergenerational climate health leadership. The session will explore/leverage geopolitical dynamics to empower youth-led approaches and advocacy in addressing climate change and health, global inequalities, and promoting sustainable development.

Specifically, the panel will explore the challenges faced by communities in accessing essential resources such as education, clean air, water, and food – key determinants of health; and the grassroot solutions led by youth-led organizations/groups. The session objectives are outlined below:

- To explore how geopolitical dynamics impact planetary health and intergenerational equity through the lens of local lived experiences of youth, their perspectives and storytelling.
- To demonstrate and showcase concrete examples of how youth-led initiatives worldwide have leveraged geopolitical dynamics in addressing climate change and promoting health equity and pioneered a human-rights based approach.
- To suggest practical pathways and entry points for an intergenerational approach to lift structural, institutional and perceptual barriers preventing youth from participating in the decision-making processes that shape climate action addressing climate change and health inequalities.

| MODERATOR

- **Zahra Al Hilaly,** CEO, Oaktree Australia, Australia

| SPEAKER

- **Benita Kayembe,** Senior Research and Program Coordinator, Harvard Ministerial Leadership Program, Harvard University, United States of America
- **Omnia El Omrani,** COP28 Health Envoy and COP27 President Youth Envoy, UNFCCC COP Presidency, United Kingdom
- **Alejandro Daly,** Co-founder, Latin American Coalition for Clean Air, United States of America
- **Natnicha Manaboriboon,** Student, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand
- **Thanasak Thumbuntu,** Deputy Secretary General, Dental Association of Thailand, Thailand

PMAC | PRINCE MAHIDOL AWARD CONFERENCE

PL2

GEOPOLITICAL PUPPETEERS: IDENTIFYING THE ROLES OF HIDDEN ACTORS SHAPING THE COMMERCIAL DETERMINANTS OF GLOBAL HEALTH

| BACKGROUND

Commercial determinants of health (CDoH) refer to “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” (1). It is also “the systems, practices, and pathways through which commercial actors drive health and equity” (2; 3). The health impacts of CDoH are shaped by the ways in which the global economic and trade systems, global institutions and powerful countries enable adverse commercial activity, undermining “public health policies, including WHO guidance, through lobbying, legal threats, ineffective self-regulation, distorting evidence, concealing their practices, and other actions” (4). 'The Commercial Determinants of Health' by Nason Maani and the team, gives a ground-breaking exploration of the intersection between public health, economics, and policy, offering a comprehensive and pioneering resource for researchers, students, and educators interested in the multifaceted impact of commercial factors on health outcomes across various sectors. The Lancet-University of Oslo Commission on Global Governance for Health (5) links global governance challenges to health equity, echoing the Commercial Determinants of Health (CDoH) concept, where commercial goods impact health. This perspective reveals the interplay between global governance, CDoH, and health inequities. The report aligns with health as a shared right and emphasizes addressing constraints inhibiting health capabilities. Acknowledging systemic dysfunctions in global governance, it mirrors the influence of multinational corporations on preventable health issues. Proposals for cross-sector collaboration echo the need to counteract commercial interests through collective action (6).

Addressing long-term issues parallels the broader impact of CDoH, extending across sectors and affecting health outcomes. Balancing short-term priorities in global governance resonates with mitigating harmful commercial practices. The integration of health within larger goals aligns with recognizing CDoH's influence on global health and well-being (6). The report prompts interdisciplinary discussions and policy development, reflecting the call to counteract CDoH's impact. Amid complex challenges, collaborative efforts among stakeholders are vital for addressing the evolving landscape (4; 6). Addressing commercial determinants of health is pivotal in light of climate crisis, promising dual benefits for the environment and health. According to the EAT- Lancet Commission report, shifts towards consuming less sugar, salt, and saturated fat, and more plant-based foods can combat climate change and enhance health (7). Advocating for sustainable, healthy food systems can mitigate climate impacts and contribute to a more sustainable future. The increasing climate damage as presented in the recent synthesis IPCC report (IPCC AR6 SYR from March 2023) accentuates the urgency of this action.

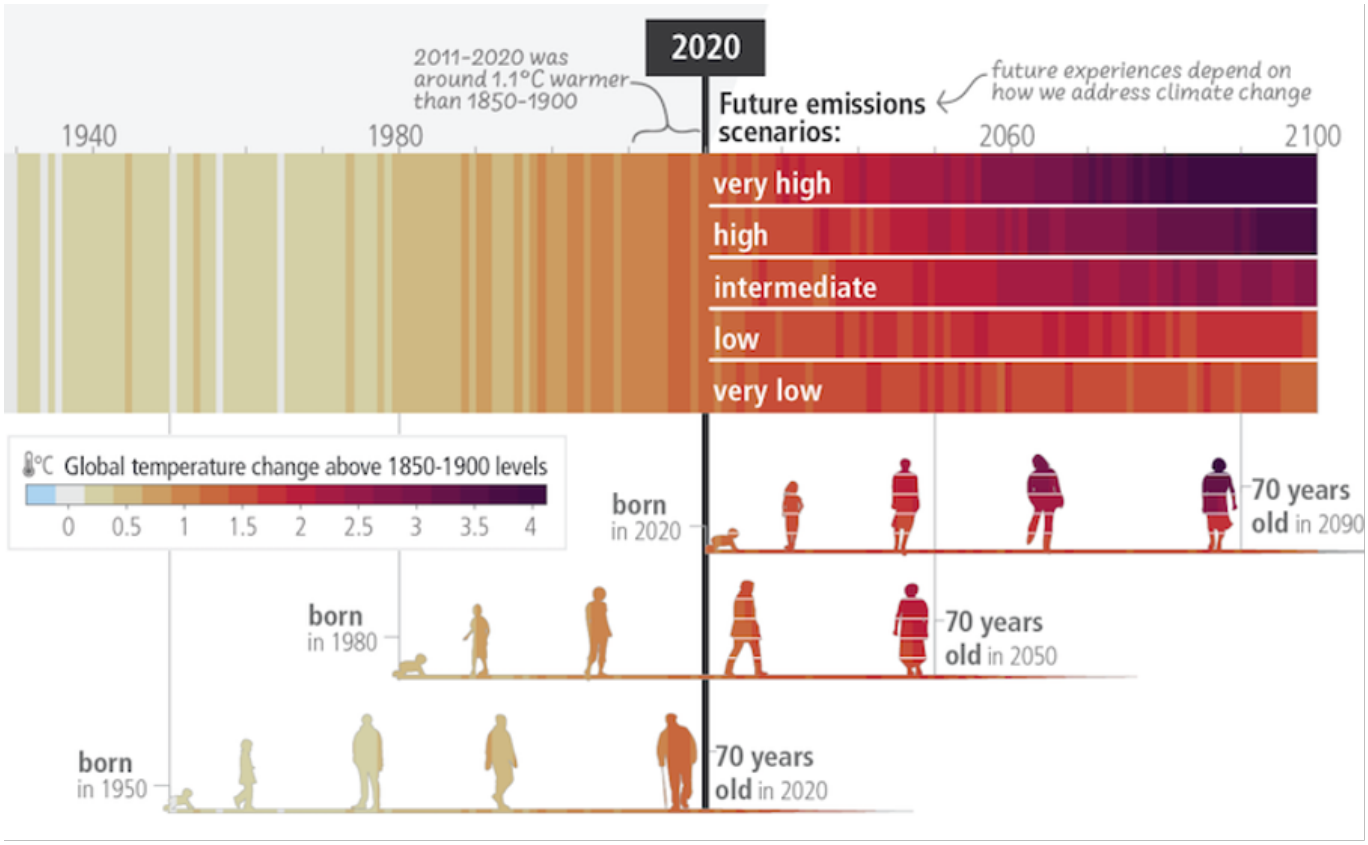


Figure 1: Climate damage is worsening faster than expected, but there’s still reason for optimism (IPCC AR6, SYR, 2023).

There is an urgent need for action on countering the CDoH at the global level and within countries to ensure health and health equity. These actions should include rebalancing power asymmetries, strengthening multi-level governance that puts

people before profits, transformative change in economic and political systems, international and domestic policy and frameworks and strong civil society mobilisation. One of the most geopolitical tensions, the historical arms race, as it profoundly impacts health determinants. The competitive accumulation of military weaponry globally intersects with commercial interests, shaping conflicts and influencing health outcomes. This dynamic reveals the intricate relationship between arms production, international trade, and geopolitical dynamics, with implications for public health on a global scale.

Plenary 2 aims to discuss a way forward by exploring strategies and approaches that mitigate the harmful effects of CDoH on health and instead channel their influence towards promoting fairness, equality, and the overall well-being of individuals and the planet. This requires considering geopolitical considerations and developing policies and interventions that reshape the commercial sector's practices to prioritize health and social equity. The future directions should emphasize the need for a multi-faceted approach that addresses the complex and interconnected factors that contribute to commercial determinants of health. The governments should regulate and limit commercial practices that harm public health, support practices that promote health, and promote health literacy and consumer awareness. Additionally, the need to address commercial determinants of health in conjunction with social determinants of health and promote health equity is crucial (8). The session also needs to address the banking sector plays a pivotal role in lending money to industries that have significant implications for commercial determinants of health, encompassing sectors such as fossil fuels, artificial intelligence (AI), beverage and food, and the arms industry. These financial activities have complex ties to geopolitics and can exert profound effects on public health outcomes.

Plenary 2 will identify hidden entities influencing global health, such as Multinational Corporation and lobbyists. The parallel sessions will subsequently explore these for four specific themes/industries – 1) food, beverage and agricultural industry; 2) energy producing industries; 3) “new” technologies; and 4) the arms industry. This discussion also highlights the ethical implications of these actors' influence, including health disparities and environmental harm. It will pinpoint gaps in current legislation, suggesting improvements for regulatory frameworks. By fostering public discourse, this dialogue enhances accountability, motivates responsible practices among these hidden actors, and raises public awareness about CDoH.

Key themes to be highlighted in Plenary 2
The plenary will start with an overview presentation on CDoH that will map out the challenges, and be forward-looking and action oriented. Subsequently, there will be a panel discussion on the following actors influencing commercial determinants of health:

The power of trans-national corporations (TNCs) on global and national economic policies mean that countries find it increasingly difficult to shape policies in favour of health. For example, multinational corporations (MNCs) may promote the consumption of processed foods, sugary beverages, and tobacco products in low and middle income countries (LMICs), where regulations and public health campaigns may be less robust than in more developed countries. In addition, hegemonic countries may use their economic and political power to shape international trade agreements and policies in ways that favour their own industries and interests, often at the expense of LMICs. This can include measures that make it difficult for LMICs to regulate or tax unhealthy products or that promote the export of such products to these countries.

Lobbyists play a vital role in shaping public health policies by influencing legislation in favor of their respective industries. There have been instances where lobbyists, representing industries like tobacco and alcohol, have successfully hindered or diluted health-promoting policies (9). The lobbyist from the fossil fuel industry, specifically ExxonMobil, possessed extensive knowledge about climate change, accurately predicting global warming due to fossil fuel burning and dismissing the possibility of an ice age, but instead of communicating this knowledge, they actively worked to deny it and orchestrate lobbying and propaganda campaigns to impede climate action (10).

The plenary will touch upon the four industries that hidden actors shaping impacts to CDoH.

First, the food and beverage industry. Transnational corporations and influential lobbying groups employ various strategies to shape policies and consumer choices, often prioritizing profits over public health. Aggressive marketing practices, deceptive tactics, and industry trade associations contribute to these impacts, highlighting the need for transparency, regulation, and advocacy to mitigate their negative effects on health. Food industry actors in Chile engage in various political practices, including supporting community initiatives, funding research, and lobbying against front-of-pack nutrition labelling policies and tax increases on sugar-sweetened beverages. These practices, facilitated by Chile's neo-liberal economy, have the potential to influence public health policy and require robust mechanisms to address undue corporate influence. Despite this influence, Chile has implemented a front-of-pack nutrition labelling policy (11). The tobacco industry, exemplified by Philip Morris International (PMI), has a history of using covert tactics to undermine public health efforts. PMI's Foundation for a Smoke-Free World, purportedly advocating for smoking cessation and harm reduction, has been criticized for potential industry influence and promotion of risky alternative tobacco products (12). The alcohol industry, much like tobacco, actively undermines global alcohol policies by submitting misleading claims and exerting significant influence on key initiatives like the World Health Organization's Global alcohol action plan 2022-2030. This interference, which accounted for 24% of all submissions, has resulted in weakened policies and a concerning focus shift away from evidence-based

measures like the WHO's 'SAFER' initiative (alcohol initiative). Governments must resist this industry pressure to safeguard public health against the widespread harm caused by alcohol consumption (13).

Second, the fossil fuel industry, specifically the lobbyists from ExxonMobil, possessed extensive knowledge about climate change, accurately predicting global warming due to fossil fuel burning and their scientists correctly dismissing the possibility of a coming ice age, but instead of communicating this knowledge, they actively worked to deny it and orchestrate lobbying and propaganda campaigns to impede climate action (14). These actions have hindered progress in transitioning to cleaner and renewable energy sources, contributing to environmental degradation and negative health impacts associated with air pollution and climate change. Moreover, lobbying groups associated with the fossil fuel industry, such as the American Petroleum Institute (API), have been influential in shaping energy policies and regulations. The API has been involved in advocating for deregulation, promoting the expansion of fossil fuel extraction, and undermining renewable energy initiatives (15). These efforts have the potential to perpetuate the reliance on fossil fuels and hinder the necessary transitions towards sustainable energy systems.

Third, the rise of artificial intelligence (AI) holds significant geopolitical implications for global health. Countries like the United States, the European Union, and China approach AI governance differently, impacting AI's role in healthcare. AI-driven health interventions, spanning diagnosis, risk assessment, disease prediction, and policy planning, offer potential solutions in LMICs. However, ethical, regulatory, and practical considerations must be addressed swiftly to ensure equitable and responsible AI deployment. This growing geopolitical competition raises concerns about data privacy, ethics, and access to cutting-edge AI healthcare advancements. Collaborations between nations are essential to ensure the equitable distribution of AI-driven health benefits while addressing potential risks. The geopolitical landscape of AI impacts on health is a complex interplay of technological innovation, national interests, and global health considerations, demanding careful navigation and international cooperation (16;17).

Fourth, the arms industry, by contributing to conflicts and wars, leaves behind a trail of casualties, displaced people, and destroyed health infrastructure. In an indirect yet impactful way, arms manufacturers also shape global health determinants. The consequent physical, mental, and social health impacts are substantial. The ongoing conflict in Syria has caused a significant decline in oil production, leading to higher global oil prices and increased greenhouse gas emissions from alternative energy sources. The Russian aggression on Ukraine has resulted in a significant shift in global energy politics, with the EU reducing fossil fuel imports and China turning to Russia and Saudi Arabia for oil and gas. This geopolitical shift has substantial global impacts, with the war impairing wheat production and transportation (18). For further reading, see SIPRI Yearbook 2023 (https://www.sipri.org/yearbook/2023)

This plenary will also identify positive impacts on population and planetary health that can result from countering the actions of the hidden actors by promoting the “mechanisms”, namely, 1) strengthening regulations and policies, 2) promoting transparency and accountability, 3) reducing conflicts of interest, 4) promoting healthier business models, and 5) empowering consumers.
For example, the increase of supermarkets that sell healthy foods and decreased dependence on convenience stores selling “junk food” in low-income areas were associated with improved diets and decreased rates of obesity (20). The availability of parks and recreational facilities was associated with increased physical activity and decreased rates of obesity (21). Industries have a significant impact on the global syndemic of obesity, undernutrition, and climate change, but they also have the potential to contribute positively by adopting proactive measures such as reformulating products, promoting food security, and adopting sustainable practices. By aligning their business models with health and sustainability goals, industries can play a vital role in mitigating these challenges and creating a healthier and more sustainable future (22).

There are some potential positive impacts that can arise from trade agreements that address commercial determinants of health. Free Trade Agreements (FTAs) have been linked to positive health outcomes, with NAFTA reducing commodity prices in Mexico by up to 50% and boosting life expectancy from 72.4 years in 1994 to 76.7 years in 2014, while the USA's exports to Chile skyrocketed by over 500% after an FTA in 2004. Moreover, increased economic growth and trade volume from FTAs have contributed to enhanced healthcare spending and increased welfare, reducing inequality and almost eliminating poverty in certain regions (23).

There is a shift towards renewable energy sources, such as wind and solar power that reduce greenhouse gas emissions and mitigate climate change. This also includes nuclear power that, as of 2021, contributes to about 10% of the world's electrical power (24) Although nuclear power possesses the potential to cause significant devastation as a weapon, the likelihood of a nuclear catastrophe occurring is comparatively minimal (25). Geopolitical cooperation and investment in these technologies can facilitate their adoption and deployment. For example, the International Solar Alliance, a coalition of more than 120 countries led by India, aims to increase the use of solar energy and reduce the cost of solar power in member countries. (26). A nationwide transition to electric vehicles (EVs) in the United States could lead to significant health benefits, according to a report by the American Lung Association. The report suggests that replacing gasoline vehicles with zero-emission vehicles could prevent 110,000 premature deaths, avert 2.8 million asthma attacks, and eliminate 13.4 million sick days by 2050, alongside a 92% reduction in greenhouse gas emissions. This transition could result in public health cost savings of $1.2 trillion over the next three decades (27).

The growing influence of non-state actors, specifically philanthrocapitalists and philanthropic foundations, is undeniable in the realm of national and global health governance. These actors hold significant power to shape the world health agenda through substantial funding and transnational networks. In fact, certain foundations possess budgets that exceed those of certain nations and even the World Health Organization (WHO). Furthermore, there are concerns of imbalance in global governance decision-making and undermining of multilateralism through increasing private sector representation on global health partnership boards and various multistakeholder initiatives (28). Examples of action and strategies by governments and civil society to address the capture of global governance by corporates and their foundations, will be presented.

It is also important to note that a comprehensive approach to addressing CDoH would require structural reforms beyond action on specific corporations. For example, in the case of promoting breastfeeding, ensuring that parents have access to adequate maternal or paternal leave and quality care services is necessary, as well as increasing public financing and addressing the misalignment between private and public interests (29).

There are some civil society alliances trying to balance and deal with perceived crucial issues. One such organization is NCD alliance founded in 2009 with a robust global network of more than 2,000 organisations in 170 countries to combat NCDs. There are also the Global Alliance for Tobacco Control (GATC), whose mission is to unite and serve as the voice of civil society to accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC), while integrating tobacco control in the global health and development agendas. For the planetary health, the Planetary Health Alliance has a mission to promote, mobilize, and lead an inclusive, trans disciplinary field of Planetary Health and its diverse science, stories, solutions, and communities to achieve the Great Transition, a comprehensive shift in how human beings interact with each other and Nature. There is also the Peace Alliance whose mission is to educate, advocate, and mobilize people into action to transform systems and public policy toward a culture of peace.

Social movements can advocate in the interests of grassroots and LMICs. For example, the People's Health Movement (PHM) is a global network bringing together grassroots health activists, civil society organizations (CSO) and academic institutions from around 70 countries, particularly from low-and middle-income countries (L&MIC) to work on Comprehensive Primary Health Care and addressing the Social, Environmental and Economic Determinants of Health. The youth movement in social participation is a driving force in this 21st century. The Youth Alliance for Environment's (YAE), for example, demonstrated social participation through their proactive involvement in environmental conflict resolution, violence prevention, and empowering local communities with the necessary skills to address grassroots level conflicts in Kathmandu valley.

Health promotion is a valuable approach to address the negative impacts of commercial determinants of health. One way to utilize health promotion for this purpose is by increasing awareness and education about the negative impacts of CDoH, such as unhealthy food marketing, and educating individuals and communities on how to make healthier choices. For example, the C40 Food Systems Network supports cities to reduce carbon emissions and promote healthier, more sustainable diets. Cities like Copenhagen have developed food policies that prioritize plant-based foods, which are typically lower in carbon emissions and can contribute to healthier diets (30). Another strategy is to create supportive environments that promote healthy behaviors, like increasing access to healthy foods and creating safe and walkable neighborhoods that encourage physical activity. Advocacy for policy change is another effective health promotion strategy to reduce the negative impacts of commercial determinants of health. This involves advocating for policies that promote healthy behaviors and limit unhealthy behaviors, such as increasing access to healthy foods or limiting unhealthy food marketing to children. Additionally, working with stakeholders, including policymakers, businesses, and community organizations, to develop and implement solutions can be an effective way to address these negative impacts. Finally, health promotion can empower individuals and communities to take action to improve their own health and advocate for change in their environments. Health promotion is a powerful tool for counteracting the negative impacts of commercial determinants of health.

To achieve expected health outcomes, it is essential not only to form alliances at a global level but also garner support at the national level. This is where health councils/assemblies come into play, consisting of a diverse range of individuals such as CSOs, academics, service providers, and government officials. These councils have been developed in countries such as Brazil (1988), Thailand (2008), and Iran (2017), to serve as an additional tool to enhance the arena of health governance. By bringing together a variety of perspectives and expertise, these councils aim to improve the overall health system, ultimately benefiting the general population. (31). The way forward is then to discuss whether these present movements are enough or what else we need to gear the global governance for health in such a way we dream of.

Objectives

1. To investigate the covert actors and forces shaping the impact of commercial determinants on global health
2. To explore the interconnectedness between geopolitical dynamics and the influences of hidden actors on global health through commercial determinants
3. To discuss the ethical implications of hidden actors' involvement in shaping commercial determinants and their impact on vulnerable populations.
4. To assess the role of regulatory frameworks in monitoring and addressing the influence of hidden actors on global health through commercial determinants.

5. To propose policy recommendations and interventions to increase transparency and accountability in relation to hidden actors' influence on global health via commercial determinants.

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| OBJECTIVES

Sub-theme 2 aims to discuss a way forward by exploring strategies and approaches that mitigate the harmful effects of CDoH on health and instead channel their influence towards promoting fairness, equality, and the overall well-being of individuals and the planet. This requires considering geopolitical considerations and developing policies and interventions that reshape the commercial sector's practices to prioritize health and social equity. The future directions should emphasize the need for a multi-faceted approach that addresses the complex and interconnected factors that contribute to commercial determinants of health. The governments should regulate and limit commercial practices that harm public health, support practices that promote health, and promote health literacy and consumer awareness. Additionally, the need to address commercial determinants of health in conjunction with social determinants of health and promote health equity is crucial (Maani, 2018).

Plenary 2 will identify hidden entities influencing global health, such as multinational corporation and lobbyists. The parallel sessions will subsequently explore these for four specific themes/industries – 1) food, beverage and agricultural industry; 2) energy producing industries; 3) “new” technologies; and 4) the pharmaceutical and medical devices industry.This discussion also highlights the ethical implications of these actors' influence, including health disparities and environmental harm. It will pinpoint gaps in current legislation, suggesting improvements for regulatory frameworks. By fostering public discourse, this dialogue enhances accountability, motivates responsible practices among these hidden actors, and raises public awareness about CDoH. Key actions are as follows:

- **To investigate the covert actors and forces** shaping the impact of commercial determinants on global health
- **To explore the interconnectedness** between geopolitical dynamics and the influences of hidden actors on global health through commercial determinants
- **To discuss the ethical implications of hidden actors’ involvement** in shaping commercial determinants and their impact on vulnerable populations.
- **To assess the role of regulatory frameworks in monitoring and addressing the influence of hidden actors** on global health through commercial determinants.
- **To propose policy recommendations and interventions to increase transparency and accountability in relation to hidden actors’ influence** on global health via commercial determinants.

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PMAC PRINCE MAHIDOL AWARD CONFERENCE

PS2.1

HOW GEOPOLITICS OF COMMERCIAL DETERMINANTS OF HEALTH CAN INFLUENCE THE IMPACTS OF FOOD, BEVERAGES AND AGRICULTURE INDUSTRY ON HEALTH

| BACKGROUND

The world is facing a range of geopolitical tensions and challenges driven by many factors that include protracted conflicts and wars in various regions of the world (e.g., Somalia, Sudan, Central African Republic, West Africa, the Middle East, Central and South America), the newly erupted Russia-Ukraine war; the ongoing Covid pandemic, trade wars between countries and regions, and the climate crisis. These have caused economic disparity, rise in poverty and disease, migration and refugee crisis, upsurge in food and nutrition insecurity, socio-political instability and increasing trend towards protectionist trade policies between countries and regional economic unions. Many of these geopolitical factors are directly or indirectly linked to the commercial determinants of health (CDOH) such as food, beverage and agriculture industry and have a significant influence on their impacts on human and planetary health.

For example, the geopolitics of the agriculture industry can have an impact on the nutritional quality of food, and a broader negative effect on the ecosystem. Many countries have policies and practices that provide subsidies and favour a particular type of crop. The USA heavily subsidizes corn production, which has led to decrease in prices of corn-based products such as fructose corn syrup and other derivatives, and increase in corn-based sugary drinks, ultra-processed foods, and production of corn-based animal feed stimulating thriving livestock farming on industrial scale. Production and consumption of these foods, feeds and drinks have significantly damaged the environment, and have led to higher incidence of non-communicable diseases (NCDs) such as obesity, diabetes, heart attacks and cancer. Large swathes of land cultivated with these monocrops have resulted in loss of nutrients in soil, land degradation, loss of biodiversity, and reduced agriculture productivity.

Similarly, free trade agreements between countries and regional organizations can increase the availability of processed and unhealthy food products as was the case with the North American Free Trade Agreement (NAFTA) that eliminated tariffs on high fructose corn syrup, contributing to the increased consumption of sugary drinks in Mexico. Similar trade agreements exist in many regions including Europe, Africa and Asia influencing the public health impacts of CDOH.

Regulations related to food and beverage industry are also very often shaped by geopolitical forces, and vary significantly between countries and regions. The food, beverage and agriculture sectors may strongly lobby governments to prevent regulations that could limit their profits, such as taxes on sugary drinks or restrictions on marketing to children. For example, in 2016, the soda industry spent over $30 million to defeat a soda tax proposal in California. Conversely, some countries may have stricter regulations on food advertising to children or require clearer labeling of ingredients, which can help consumers make more informed choices about what they eat.

In recent times many foreign investors, including governments have used their geopolitical clout and financial advantage to acquire large stretches of land leading to displacement of small farmers and shift towards monoculture depleting local biodiversity and reducing availability of locally grown traditional foods.

There are also other geopolitical factors that influence directly or indirectly through bilateral development aid or multi-lateral funding of countries and international agencies (e.g., FAO, WHO, WTO), respectively leading to shifts in food production and food safety standards impacting CDOH impacts on human health.

Thus, it is important to recognize that the influence of geopolitics on CDOH impacts is complex and multifaceted, and it can vary across countries and regions. Understanding these dynamics is crucial for developing effective public health policies

that prioritize the promotion of healthy and sustainable food systems.

The problem

Unfortunately, most of the geopolitical factors lead the food, beverage and agriculture industry to generate products that aggravate the harm they already cause to human and planetary health. In the constantly evolving multi-polar world of today where new political and trade alliances are being formed and old ones dismantled, geopolitics of CDOH and its impacts on food, beverage and agriculture industry are becoming incredibly complex, multi-faceted and unpredictable. For example, the political and economic axis is increasingly shifting towards the East, with China, India, and Southeast Asia becoming important global political and economic players. Africa is experiencing fast economic growth, and is increasingly becoming assertive recognizing its potential geopolitical power. Through the African Union, a robust socio-economic and political alliance of all the African countries on the continent, 55 countries have developed their own free trade agreement and are now increasingly developing collective capacity to negotiate and choose its partners and collaborators that benefit the peoples of Africa. All of these changes have significant sway on the food, beverage and agriculture industry impacts on health

Under these evolving geopolitical scenario, the main challenge is how to develop a framework for international governance of food, beverage and agriculture industry, and implement broad policies with oversight from international and regional bodies that are robust and resilient enough to withstand the ever-changing geopolitical dynamic, and contribute to mitigating the negative impacts of the CDOH on public and planetary health.

To address this issue, the session will support the continuation of the dialogue on how the global community can progressively engage with the key players to minimize the negative impacts of geopolitics of CDOH. The multi-dimensional nature of the geopolitics of CDOH influence on health impacts necessitates engagement with a range of stakeholders. Thus, this session will bring a multi-disciplinary and multi-sectoral group together including those representing governments, the private sector, international agencies, regional economic organizations, development partners, research institutes and academia, farmers and consumer associations to address the following issues.

| OBJECTIVES

- Review existing key policies, international frameworks, national and regional regulations and compliance mechanisms for commercial entities to reduce health damaging practices.
- Review existing divergent policy and regulatory frameworks in various geographies and polities, and understand how they are developed and implemented, and constrain the food, beverage and agriculture industry, leading to inefficiencies and barriers to entry.
- Identify ways of adopting the harmonized policy and regulations based on already well-developed food and beverage standards by international agencies such as WTO, FAO and WHO, to help reduce trade barriers and facilitate the production and distribution of healthy food products.
- Given the fact that geopolitical considerations can often influence the formulation and implementation of public health policies, support development of evidence- based policies on nutrition, labeling, advertising and food safety to ensure public health concerns over-ride commercial interests.
- Understand the complex interplay between geopolitics and economics of the CDOH and how it influences the impacts of the food, beverage and agriculture industry on public health and environment.
- Identify ways by which fair trade practices can be promoted, and trade barriers can be reduced, to ensure equitable access to markets for all countries given the importance of the influence of geopolitics on availability, affordability and quality of food.
- Identify ways to promote sustainable agriculture and balanced, healthy diets globally. Related to this, in countries and regions confronting conflicts and political instability, identify how sustainable farming practices can be promoted through assisting small-scale farmers, developing agriculture infrastructure and technology, and reducing food waste.

- Identify incentives for the multi-national food and beverage industry to promote transparency, responsible conduct of business and develop regulatory market practices targeted to benefit vulnerable populations.
- Develop ways to encourage cooperation, dialogue, and knowledge-sharing among countries, international organizations, and stakeholders to reduce the negative influence of geopolitics on the industry.
- Define effective mechanisms and practices to enhancing consumer awareness and education about healthy food choices and the impact of geopolitics of CDOH promoting nutritional literacy, encouraging sustainable consumption patterns, and empowering consumers to make informed decisions about their food and beverage choices. Identify best case scenarios and examples from the industry that has benefited consumers and how these can be replicated and scaled up in regions and countries

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PS2.2

ROAD TO NET ZERO EMISSION - THE GEOPOLITICS OF ENERGY TRANSITIONS AND HEALTH NEXUS

| BACKGROUND

Globally, we are racing against a rapidly closing window of opportunity to secure a liveable and sustainable future for both humans and the planet by limiting global warming to 1.5°C. The primary source of greenhouse gas emissions that drive climate change is the burning of fossil fuels (coal, oil, and natural gas) mainly for electricity and transportation[1][2]. The recent report by WHO, the WB and IRENA shows that close to one billion people globally are served by health-care facilities with no electricity access or with unreliable electricity[3].

Over 90% of people breathe outdoor air with pollution levels exceeding WHO air quality guideline values. Two-thirds of this exposure to outdoor pollution results from the burning of the same fossil fuels that are driving climate change. A rapid global transition to clean energy would not only meet the Paris climate agreement goal of keeping warming below 2C, but would also improve air quality to such an extent that the resulting health gains would repay the cost of the investment twice over[4].

The energy sector in itself is responsible for two-thirds of greenhouse gas emissions[5][6]. Fossil fuels are also the primary sources of energy that power our modern society. Access to clean, affordable, and reliable power is essential for human health, education, and economic prosperity. At the same time, the extraction, transportation, and the use of these fuels have far-reaching consequences that affect human and planetary well-being[7], and the fossil fuel industry plays a significant role in **determining the quality of life** for many people around the world.

The way we produce and use energy is transforming. **Policy in this area intersects decisions that will affect climate change, air quality, and the economy**. Addressing the health impacts of the fossil fuel industry and reaching net zero CO2 emission will require a shift towards cleaner and more sustainable forms of energy. This will not only reduce the emissions that contribute to air pollution and climate change but also create new opportunities for job growth and economic development.

While the shift to renewables brings several macroeconomic advantages, it may also create new **social divisions and financial risks** that could reverberate through the international system and be geopolitically significant. The energy transformation may **deepen existing political divisions or create new ones that in their turn create geopolitical consequences**[8].

In the transition to clean energy, critical minerals bring new challenges to energy security. Specifically, production and deployment of renewable energy technologies such as wind turbines, solar panels, and electric vehicle batteries generally require more minerals to build than their fossil fuel-based counterparts. Mining of such minerals has been found to be associated with **armed conflict and child labor**. The recent analysis created quite a stir among downstream sector operators and other parties involved in conflict minerals. It is essential to ensure that the mining of these minerals is done responsibly and sustainably, with appropriate environmental and social safeguards in place.

Transitioning to clean and more sustainable energy sources also implies significant and disrupting changes to existing economic and power structures, with perhaps **significant distributional consequences between countries and regions.** Decarbonizing industries also implies taking on sectors, such as shipping, aviation, and agriculture, where emissions are currently specifically difficult to reduce.

In addition, there are **powerful global forces that favours the continued investments and expansion of fossil fuels.** In 2022, prices for spot purchases of natural gas and coal have reached levels never seen before, this created a huge USD 2 trillion windfall for fossil fuel producers above their 2021 net income. On the other hand, higher energy prices are also increasing food insecurity in many developing economies, **with the heaviest burden falling on poorer households**. Some 75 million people who recently gained access to electricity are likely to lose the ability to pay for it[9].

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| OBJECTIVES

This session aims to:

- Critically analyze this new, emerging geopolitical reality where global energy transformation is becoming a major geopolitical force: changing the power structures of regions and states, bringing the promise of energy independence to nations and communities, enhancing energy security and democratic empowerment
- Reinvigorate commitments to promote health equity and just/green transition toward Net Zero Emission (NZE) at local, national, regional and global level.

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PS2.3

HOW GEOPOLITICS OF CDOH CAN INFLUENCE THE IMPACTS OF THE 'NEW' TECHNOLOGIES ON HEALTH

| BACKGROUND

Commercial Determinants of Health (CDoH) is characterised as “expressions of economic and political power wielded by large corporate entities, described as powerful economic operators’’ (Lacy-Nichols & Robert Marten, 2020). In terms of health technology, their influences can be in **advocacy** to promote policies that support certain health technologies, **research** by conducting research and may use this research to inform policy decisions related to healthcare and technology, **standards development** to ensure an interoperability and then promote the widespread adoption of those health technologies, **networking and collaboration** to build consensus and promote policy decisions that are supported by a broad range of stakeholders.

There are several influential clubs and organizations in the global health technology space that wield significant power and influence. For examples, (1) **The Digital Health Technology Alliance** (DHTA), a group of leading technology and healthcare companies that work together to promote the development and adoption of digital health technologies. Members include Apple, Google, and Microsoft. (2) **The Global Digital Health Network** (GDHN), a membership-based organization that brings together professionals from the digital health and development communities to share knowledge, collaborate, and advance the field of global digital health. Members include representatives from international organizations, governments, non-profits, and the private sector. (3) **The Health Information Management Systems Society** (HIMSS), a global non-profit organization that promotes the use of information and technology in healthcare for healthcare professionals and organizations. HIMSS also hosts an annual conference, which is one of the largest healthcare technology events in the world to showcase the latest technologies and innovations in the field. (4) **The mHealth Alliance**, a global non-profit organization that works to advance the use of mobile technology in healthcare to improve quality and reduce healthcare costs via mobile technologies. It partnered with the United Nations Foundation to develop a report on the potential of mobile health technologies to improve healthcare in low- and middle-income countries. (5) **The Personal Connected Health Alliance** (PCHA), a non-profit organization that promotes the use of personal health technologies to empower individuals to better manage their health and wellness.

| OBJECTIVES

After attending this session attendees will:

- Learn how the commercial determinants of health and geopolitical factors can influence the development, adoption, and distribution of new health technologies.
- Understand the challenges and opportunities presented by the nexus of health technologies and geopolitics, and explore strategies to address them.
- Hear about real-world case studies that demonstrate how commercial determinants of health and geopolitical factors can impact health outcomes and how innovative approaches have been used to overcome these challenges.
- Be able to develop actionable strategies to promote innovation, access, and equity in healthcare systems worldwide, based on the insights and knowledge gained from the session, and connect with other delegates and speakers to share ideas and experiences.

| MODERATOR

- **Saudamini Dabak,** Head of International Unit, Health Intervention and Technology Assessment Program (HITAP), Thailand

| PANELIST

- **Gabriel Leung,** Executive Director, Charities and Community, The Hong Kong Jockey Club, China
- **Soumya Swaminathan,** Chairperson, M S Swaminathan Research Foundation, India
- **Precious Matsoso,** Director, The Health Regulatory Science Platform, Wits Health Consortium, Honorary Lecturer, Department of Pharmacy and Pharmacology, University of the Witwatersrand, South Africa

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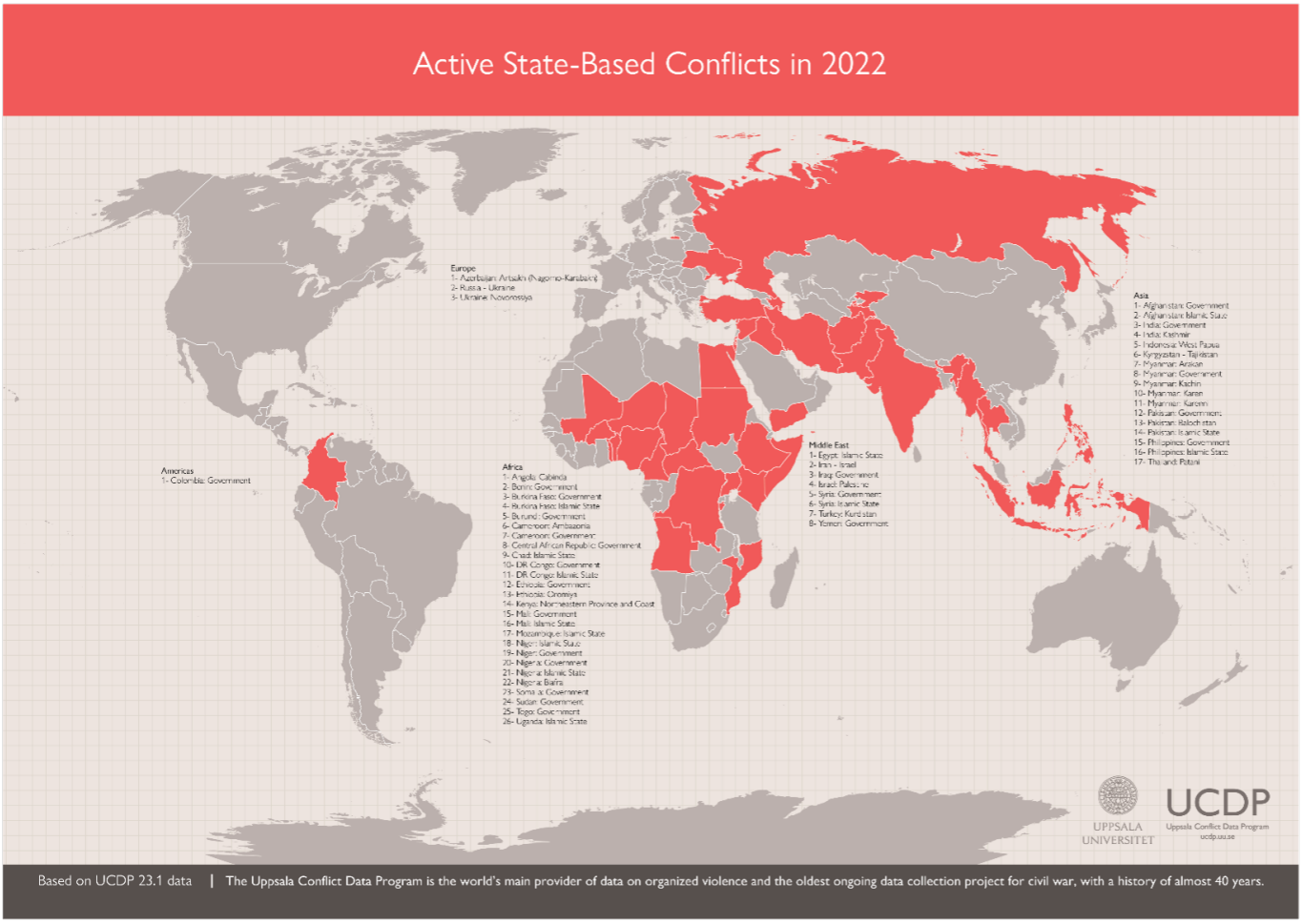
PS2.4

GEOPOLITICS, ARMS RACE AND HUMANITY

| BACKGROUND

Geopolitics, Arms Race, and Humanity

The world is facing a polycrisis with several challenging crises at the same time, wars and conflicts, climate change, environmental destruction, resulting in huge impact on people's and the planet's health. These crises are interlinked and therefore need common, synergistic solutions, involving both commercial, social and geopolitical determinants of health. The average level of global peace has been declining for eleven of the past fourteen years with huge implications for humanity. Two billion people, or a quarter of the world's population, live in conflict-affected areas, according to the UN, but there are many more impacted. "In 2022, fatalities from organized violence increased by a staggering 97%, compared to the previous year, making 2022 the deadliest year since the Rwandan genocide in 1994."[1]



An estimated 89 million people are displaced due to conflict, violence and violations of human rights, and experience loss of family, physical and mental injuries, psychological trauma, and pushed towards the poverty line. Forced displacement often affects the most vulnerable who already severely disadvantaged.[2]

In 2022, 46.9 billion USD was spent to provide humanitarian assistance to over 406.6 million people.[3] 75-90% of the humanitarian burden is due to conflict and war, and political instability. At the same time, we have a race for more weapons. 2022 saw at least 600 billion USD weapons tradeand an incredible 2,240 billion USD total military expenditure 50 times the amount given in humanitarian aid.[4]

The World Bank identifies conflict countries and fragile states based on the number of conflict-related deaths per year in absolute numbers (>250) and in relation to their population (>2 per 100,000 inhabitants).[5] It uses two different data sources (The Armed Conflict Location & Event Data Project (ACLED) and The Uppsala Conflict Data Program (UCDP)), which

in turn obtains information from health personnel, researchers, and authorities. For a country to be classified, both data sources must show that deaths are above the threshold value. Acute, short-term events are not considered towards classification. Over 20 countries are now classified as conflict countries.

Fragility is defined as “a systemic condition or situation characterized by an extremely low level of institutional and governance capacity which significantly impedes the state’s ability to function effectively, maintain peace and foster economic and social development”.[5]

The evolution of arms race

The concept of the arms race is used to describe a competitive and escalating accumulation of military weapons and technologies between rival nations or groups of nations. The classic model of the arms race was the naval sphere between Britain and Germany before World War I, with a competition in terms of both numbers and power of battleships (the so-called Dreadnoughts). The second classic arms race was the nuclear competition between the USA and the USSR during the period of Cold War (1947-1991).

Both sides engaged in a relentless arms production, particularly in the development of nuclear weapons, ballistic missiles, and strategic bombers. During the Cold War, the two superpowers also produced chemical and biological weapons in abundance.

In recent years, there has been a renewed focus on military modernization using emerging technologies which includes advancements in cyber warfare, autonomous weapons, hypersonic missiles, and space-based capabilities. Major powers are increasingly investing in research and development to maintain strategic superiority.

On the other side, there is a long record of efforts towards disarmament through Treaties. The record of success is mixed. There were numerous failures of arms embargoes imposed by the UN. The illicit arms trade, thrives in regions experiencing conflict or instability, continues to undermine disarmament efforts.

Several examples of failed efforts on disarmament demonstrate the complexities and challenges involved in achieving successful disarmament and preventing arms proliferation. They highlight the difficulties in ensuring compliance with international agreements, preventing the acquisition of weapons by non-state actors, and addressing the motivations and incentives for countries to engage in arms races.

Geopolitics, war, and its impact on health

Global health is strongly influenced by geopolitics and international relations. Health inequalities and inequities are driven by social determinants such as poverty, conflict, urbanization, industrialization which are impacted by geopolitical factors. To achieve better outcomes of global health policies, it is important to understand and address these factors. Geopolitical determinants are related to governments, geographies, policies, and the interests of countries and the relationship between them[6].

COVID-19 pandemic has shown how closely local or national health is linked to global health. However, often policy makers, especially in resource constrained countries, have either insufficient understanding of geopolitical determinants of health or are unable to address them adequately towards their advantage. While over the years, conceptual understanding of social determinants of health has grown, geopolitical determinants have not received enough attention by the health community. Good understanding of geopolitical aspects facilitates advocacy and action on achievement of health goals such as universal health coverage and health security.

War and conflict have a dramatic impact on health and development: violent injuries, disease outbreaks, increased malnutrition, psychological trauma, sexual and gender-based violence, as well as the destruction of health services and health systems. War and conflict affect the social determinants of health, such as education, income, living conditions, upbringing, work and death. Seven out of 10 countries, with the world's highest maternal mortality and infant mortality rates

(according to the World Bank), are categorized as fragile and conflict-affected countries. A majority of cases of epidemic diseases (cholera, measles and meningitis) are recorded in conflict and fragile states.

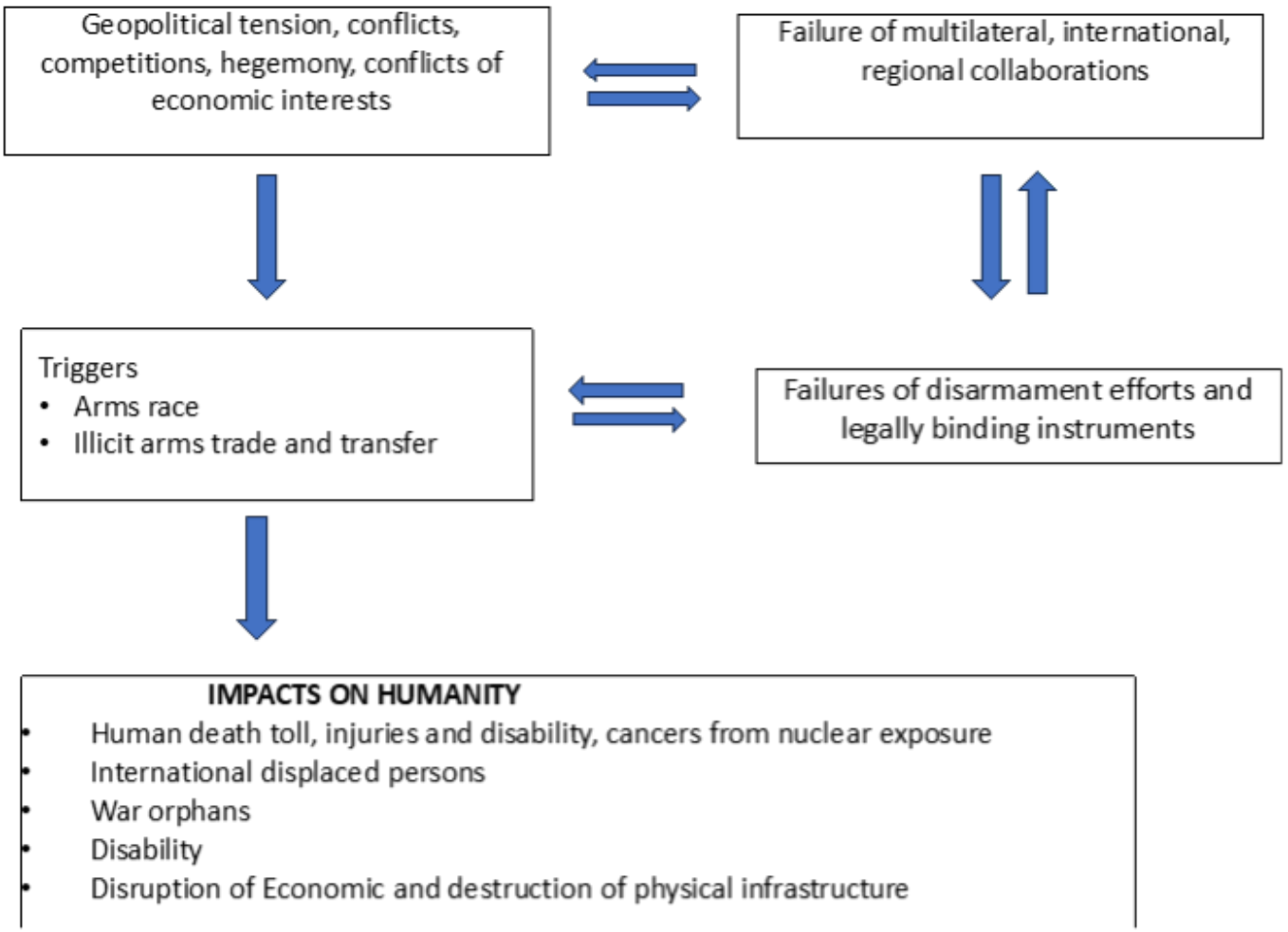


Figure text: The impact of conflict on humanity.

In 2022, there were close to 2,000 attacks on health workers and health facilities, of which 232 health workers were killed, close to 300 were kidnapped and as many were arrested.[7] Doctors Without Borders and other organizations are often delayed in treating patients due to state and non-state armed groups.

Health, a basic human right, ought to be prioritized by governments by investing more in health and development than military expenditure and arms race. Advocates for prevention for war and promotion of peace through health have long advocated for reduction of expenditure on weapons and more on health.

Health for peace has long been argued as one of the potential interventions to promote and achieve peace in conflict affected settings. Health with its neutral status, as proponents highlight, can bridge opposite sides to promote dialogue, cooperate to serve humanity, and gradually encourage peaceful coexistence.[8] Experiences of health as bridge for peace in Latin America and in WHO Eastern Mediterranean Region have been documented. As peace becomes more elusive in increasing number of countries making delivery of health care difficult and increasing suffering of humanity, advocates of health for peace are calling for a renewed effort to use health platforms, mechanisms and opportunities to promote and sustain peace.[9] [10]

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[2] Abubakar, I., Aldridge, R., Devakumar, D., et.al. (2018). The UCL–Lancet Commission on Migration and Health: the health of a world on the move. The Lancet Commissions, Vol.392:10164, p2606-2654.

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[6] Persaud, A., Bhugra, D., Valsraj, K. and Bhavsar, V., 2021. Understanding geopolitical determinants of health. Bulletin of the World Health Organization, 99(2), p.166.

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[8] World Health Organization, 2023. Global Health and Peace Initiative (GHPI): Fifth Draft of the Roadmap. Available at: v5---ghpi-roadmap.pdf (who.int)

[9] The Lancet Commission on peaceful societies through health equity and gender equality, 2023. Available at: The *Lancet* Commission on peaceful societies through health equity and gender equality (thelancet.com)

[10] The Lancet Commission on Syria: Health in Conflict, 2017. Available at: Syria: Health in Conflict (thelancet.com)

| OBJECTIVES

Objectives of the session:

1. To better understand the impact of geopolitical determinants, including war and conflict, on health;

2. To analyze effectiveness and failures of strategies, policies and interventions, which minimize geopolitical tensions and the importance for health;

3. To discuss evidence and call for action on health as a bridge for peace in an era of polycrises.

4. To explore the relation of the arms industry and public institutions/governments; the use of legal determinants of health

| MODERATOR

- **Peter Friberg,** Professor, Gobal Public Health, Sahlgrenska Academy, University of Gothenburg, Sweden

| KEYNOTE SPEAKER

- **Dan Smith,** Director, Stockholm International Peace Research Institute, Sweden

| PANELIST

- **Reza Majdzadeh,** Professor, School of Health and Social Care, University of Essex, United Kingdom
- **Piti Srisangnam,** Executive Director, ASEAN Foundation, Indonesia
- **Espen Bjertness,** Professor, Department of Community Medicine and Global Health, University of Oslo, Norway
- **Ghada Al Jadba,** Chief Field Health Programme, UNRWA, Jordan
- **Ahmed Al-Mandhari,** WHO Regional Director for the Eastern Mediterranean, WHO, Egypt
- **Wasiq Khan,** Team Leader, World Health Organization, Jordan

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PL3

DECOLONIZING GLOBAL HEALTH

| BACKGROUND

Widening inequality, enduring patterns of extraction, persistent power imbalances, and ongoing marginalization of key groups stand in stark opposition to the goals of global health and the standard narratives of its triumphs. The COVID-19 pandemic has brought additional awareness to the inequalities within and between societies. It has also raised questions about why so much unfairness endures, and how to counter the historic injustices of the past that continue to shape today. These questions are shaped by the geographies of power: most prominent among the donor countries are the former colonial and imperial powers, which also house leading institutions of research, education, philanthropy, commerce, and international governance. In general contrast, formerly colonized countries remain poor, and formerly subjugated (and marginalized) people enjoy less health and fewer years of life. Similarly, prominent journals and leading authors of global health research remain largely associated with the United States (US), the United Kingdom, and other former colonizers, even though their work is largely concerned with formerly colonized places and their people. These and similar observations about the inequalities of influence and decision making have informed calls from many quarters to “decolonize” global health. These calls are part of contemporary geopolitics and seek to ensure that any new world order is built on fairness and recognition of equality.

| OBJECTIVES

The objectives of this session include clarifying some of the major definitions and concepts that inform calls to decolonize global health. The session will feature speakers who will draw attention to specific problems and experiences that inform their interest in decolonizing global health.

| MODERATOR

- **Jesse B. Bump,** Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy, Harvard T.H. Chan School of Public Health, United States of America

| SPEAKER

- **Emma Rawson Te Patu,** President, World Federations of Public Health Associations, New Zealand
- **Rhoda Wanyenze,** Professor and Dean, Makerere University School of Public Health (MakSPH), Uganda
- **Renu Khanna,** Co-Director, Society for Health Alternatives (SAHAJ), India

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PS3.1

ECONOMICS AND OVERSEAS DEVELOPMENT AID (SPECIFIC ON DECOLONIZATION OF GLOBAL HEALTH)

| BACKGROUND

The process of decolonization, characterized by the liberation of formerly colonized nations from the grip of colonial powers, has had far-reaching effects across various domains, including global health. Decades of colonization had left enduring imprints on the health systems and resource allocations of these nations. The post-colonial era witnessed efforts to rectify historical injustices, leading to shifts in resource allocations and health priority setting. This session explores the multifaceted impact of decolonization on global health, focusing on the transition towards equitable resource distribution, the significance of localizing priority setting, the politics of official development assistance (ODA) funding, and the role of multilateral development banks in shaping alternate financing models.

Equitable Resource Distribution

Decolonization marked a turning point in global health, as many newly independent nations sought to overcome the disparities exacerbated by colonial rule. The colonial legacy had often left these nations with uneven access to healthcare resources, resulting in stark health inequalities. The pursuit of equitable resource distribution became a central concern, aiming to bridge the gap between resource[1]rich and resource-poor regions. International organizations and initiatives emerged to address this challenge. The World Health Organization (WHO), for instance, launched initiatives that aimed to allocate resources based on need rather than historical privilege. This transition towards equitable distribution was essential in tackling global health challenges in a more holistic and inclusive manner.

Localization of Priority Setting

Decolonization also underscored the importance of local perspectives in shaping health priority setting. Colonial powers had often imposed their own priorities and interventions on colonized nations, disregarding the unique health challenges these nations faced. Post-colonial nations recognized the value of localized priority setting, wherein health interventions and policies are tailored to the specific needs and cultural contexts of individual nations. This approach respects the autonomy and agency of nations in determining their health trajectories. Moreover, involving local communities and stakeholders in priority setting enhances the sustainability and effectiveness of interventions, as they are grounded in local knowledge and realities.

The Politics of Official Development Assistance (ODA)

Funding As decolonization gathered momentum, ODA emerged as a crucial tool in addressing global health challenges and supporting resource-poor nations. However, the politics surrounding ODA funding have been complex and at times contradictory. While ODA is often framed as a mechanism to support development and alleviate poverty, it can also be wielded as a tool of influence by donor nations. Political agendas of donor countries can influence the allocation of funds and the choice of health interventions in recipient nations. This raises questions about the extent to which ODA is driven by genuine concern for global health equity versus geopolitical interests. Thus, while ODA can facilitate positive changes in resource allocation and priority setting, its application must be critically examined to ensure it aligns with the principles of equity and self-determination.

Role of Multilateral Development Banks

Decolonization effects in global health have spurred the emergence of multilateral development banks as key players in financing and resource allocation. Institutions like the World Bank have adopted innovative approaches to health financing, aiming to provide sustainable solutions that transcend traditional aid models. The focus has shifted from mere financial

assistance to capacity building and investment in health infrastructure. These institutions recognize the need to empower nations to manage their health systems effectively and allocate resources according to their priorities. By offering financial instruments like loans and grants, multilateral development banks facilitate resource allocation based on national development plans, fostering ownership and sustainability.

Alternate Models of Financing

Decolonization has encouraged nations to explore alternate models of health financing that align with their priorities and capacities. The one-size-fits-all approach of colonial times no longer suffices, as nations seek more agency in their health trajectories. Innovative financing mechanisms, such as results-based financing and social impact bonds, have gained traction. These models link financial incentives to the achievement of specific health outcomes, incentivizing efficient resource utilization. Additionally, domestic resource mobilization has gained prominence, emphasizing the responsibility of nations to invest in their own health systems. By diversifying financing sources, nations can exercise greater control over resource allocation and prioritize interventions that resonate with their unique contexts

| OBJECTIVES

Objectives of this parallel session Decolonization effects in global health have had profound implications for resource allocations and health priority setting. The transition towards equitable resource distribution, the emphasis on localizing priority setting, the complexities of ODA funding politics, and the role of multilateral development banks in providing alternate financing models collectively shape the landscape of global health. As the world continues to grapple with unprecedented challenges, such as the COVID-19 pandemic, the lessons from decolonization remind us of the importance of agency, equity, and inclusivity in shaping the future of global health. It is imperative for nations, organizations, and stakeholders to collaborate in fostering a health landscape that respects diversity, empowers local communities, and strives for universal well-being. This parallel session aims to first acknowledge and address the challenges in resource allocation and priority setting from a colonialization economic landscape, and then to identify possible solutions

| MODERATOR

| PANELIST

- **Agnes Binagwaho,** Former Minister of Health, Rwanda Ministry of Health, Rwanda
- **Saeda Makimoto,** Principal Research Fellow, JICA Ogata Sadako Research Institute for Peace and Development, Japan
- **Kun Tang,** Associate Professor, Tsinghua University Vanke School of Public Health, China
- **Kalipso Chalkidou,** Head Health Finance, Global Fund, Switzerland

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PS3.2

DECOLONIZING KNOWLEDGE PRODUCTION AND UTILIZATION

| BACKGROUND

Knowledge production was an essential part of the colonial project, setting patterns that remain prominent in global health today. Inequalities in these current processes take many forms with today's global health research, such as in authorship and publishing, the dominance of western methods and practitioners, the silencing of other peoples and traditions, and pathologizing or appropriating indigenous knowledge. This had, and has, many consequences for health and development in LMICs, which has diverged substantially from the processes observed in wealthy countries.

The historical trajectory of these inequalities is easily traced. The most obvious colonial legacy in this respect is "tropical medicine," a field that emerged around 1900 in all major colonizing nations of Europe, and in the US in connection with its imperial ambitions. This academic specialty served business and national interests by studying health obstacles to military and commercial conquest. Tropical medicine was concerned with health threats to metropolitan interests, and later evolved a secondary purpose in serving indigenous or native people in ways that were transactional or extractive. This tradition of tropical medicine evolved as colonial medicine and later international health. The Liverpool School of Tropical Medicine and the London School of Tropical Medicine were the first two such schools and remain prominent today. This legacy is further exemplified by other European institutions, including the Netherlands' KIT Royal Tropical Institute, which was founded in 1910 as the Colonial Institute, or the Institute of Tropical Medicine in Antwerp, founded in 1906 to address the threat of trypanosomiasis in King Leopold II's Congo Free State, or the School of Tropical Medicine in Lisbon, founded along with the Colonial Hospital in 1902 to assist Portugal's colonial ambitions. A parallel story unfolded in the United States, with the emergence of the American Society of Tropical Medicine in 1902 and specialized departments at Tulane, Harvard, and other US medical schools around the same time.

In this way, the institutional roots of global health were established in international agencies and Western academia, both of which were closely tied to national governments, their militaries, and the private sector businesses that led the economic extraction at the core of colonialism. The processes of economic extraction required new knowledge, which the academic specialty emerged to provide. This is why the private sector helped to establish the academic specialty of tropical medicine, e.g., the Elder Dempster shipping company was closely tied to the establishment of the Liverpool School, and the Firestone Rubber Company supported prominent research trips by Harvard faculty to assist in the exploitation of African resources. The Rockefeller Foundation, the result of capital accumulated by Standard Oil, was particularly influential, both by funding leading schools, including Johns Hopkins (1916), Harvard (1922), and the London School of Tropical Medicine (1924), and through its own activities in its International Health Division, established in 1914.

| OBJECTIVES

The objectives of this session include clarifying some of the major definitions and concepts that inform calls to decolonize knowledge production in global health. The session will feature speakers who will draw attention to specific problems and experiences that inform their interest in decolonizing global health.

| MODERATOR

- **Irene Torres,** Technical Director, Fundacion Octaedro and Coordinator of the Observatory on the Implementation of the Health Information System in Ecuador, Ecuador

| SPEAKER

- **David McCoy,** Professor of Global Public Health, Institute of Population Health Sciences within Queen Mary University London, United Kingdom
- **Angele Flora Mendy,** Visiting Scientist, Takemi Program in International Health, Harvard T.H. Chan School of Public Health, Switzerland
- **Maria Mison,** Spiritual Guide, and Community Advocate, Philippines
- **Eirliani Abdul Rahman,** Doctoral Student, Harvard University, United States of America
- **Tikki Pang,** Visiting Professor, National University of Singapore, Switzerland

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PS3.3

DECOLONIZING INSTITUTIONS AND GOVERNANCE – MOVING FROM RHETORIC TO REFORM?

| BACKGROUND

Governance has become a well-established sub-field in global health over the past two decades, in part because the tradition of governance based on nation-states is no longer adequate. Global governance actors now include nation-states, regional and international organisations, charitable foundations, civil society and non-governmental. States and intergovernmental organisations have dominated international decision-making for most of the last century. The demand for governance is increasing due to rapidly evolving complex relationships and interdependencies among actors. **An honest and critical examination of the role each organisation plays in maintaining asymmetries of power is required.**

Whilst most democracies cannot neglect the nexus between climate change and health, they are hesitant to directly link climate change to certain mortality numbers and securitize the nexus between climate change and health to an existential threat. However, these complex challenges require effective partnerships among levels of government and jurisdictions, as externalities are too strong for any one jurisdiction – be it a country or a local government – to manage the challenges on their own.

Decolonization calls for arrangements that strive for **community participation, Indigenous ideas, and national sovereignty** emphasizes the importance of focusing on the tenets of power of speech, legitimacy, and the public sphere. In addition, there is an enhanced attention to the ways in which authority, power and resources are allocated for health and climate governance. Yet, it is less clear on how key principles of good governance (i.e. accountability; leadership; integrity; stewardship; and transparency) are and should be used to address this nexus of climate and health. Specifically, we do not understand well **how power impacts the integration of policy decision-making processes across levels of governance.** For example, attention has been channeled to national-supranational relations, while national-subnational networking remains less explored.

The concept of multilevel governance has been instrumental in many respects, focusing on mutual dependence among levels of government– notably to better understand inter-governmental relations (including with supra-national organisations), as well as the interactions among all types of actors – public, private, citizens – at different scales of government.

| OBJECTIVES

- Explore how good governance principles contribute to decolonization of global health, specifically, the desired governance arrangements enabling community participation/self-determination, indigenous ideas, and national sovereignty.
- Discuss how MLG can accelerate the shifts in power/authority along three dimensions (i) devolution of power from central to local governments; (ii) increased sharing of power between the state and civil society, and (iii) reduction of state sovereignty through joining of international coordination mechanisms.
- Develop and share a clear list of reforms/best practices to enable more proactive and coordinated ways to decolonize global health.

| MODERATOR

- **Thu Ba Huynh,** Senior Advisor, Environment and Climate Change, FHI360, Australia

| SPEAKER

- **Tessie San Martin,** Chief Executive Officer, FHI360, United States of America
- **Cheikh Tidiane Gueye,** Technical Advisor in charge of Cooperation, Ministry of Health and Social Action, Senegal
- **Sangeetha Chandrashekeran,** Senior Research Fellow, University of Melbourne, Australia
- **Zahra Al Hilaly,** CEO, Oaktree Australia, Australia

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PS3.4

UNDERSTANDING THE ROLE OF GENDER AND SEXUALITY IN GLOBAL HEALTH INEQUALITIES: ADDRESSING BIASES AND PROMOTING INCLUSIVITY

| BACKGROUND

Gender Justice in global health has been an aim for decades. Many United Nations' meeting have examined the ways in which gender equity can be achieved and have thus far resulted in some progress. Despite this many such injustices arising from gender discrimination remain dominant in health and determine health outcomes of millions of people across the globe. The Commission on the Social Determinants of Health which was advised by a Gender and Health Knowledge Network concluded that "Gender inequities are unfair and are pervasive in all societies. Gender biases in power, resources, entitlements, norms, and values and in the organization of services are unfair. They are also ineffective and inefficient. Gender inequities damage the health of millions of girls and women" (WGEKN, 2007). The CSDH went on to say that by supporting gender equity, governments, donors, international organizations, and civil society can improve the lives of millions of girls and women and their families. Although always considered an issue limited to women, gender and gender inequity have implications for men who may remain confined by very narrow and restricted definitions of masculinity which limit the roles and actions of men. Around the world, men have shorter life expectancies and show larger trends in occupational health hazards than women. In part risky health-harming behaviours such as smoking and alcoholism all of which are linked to the notion of masculine gender role performance. Men's mental health also remains an issue on the fringes as social expectations from men to be "strong" and less expressive limit them from seeking mental healthcare. In the past decade, there has been an increased awareness of the health impact of rigidly defined definitions that classify some types of gender as normal and others as abnormal. These definitions are very culturally bound and so global health is particularly prone to imposing one society's values on another's which is problematic for health and health outcomes. Similar issues arise in the area of sexuality where there is a long history of certain sexual behaviours and orientations (i.e. who a person is sexually attracted to), being classified as 'deviant' or illegal.

Gender power relations result in differential access to and control over health resources within and outside families; unequal divisions of labour and benefits in formal, informal, and home-based parts of the healthcare system and the formal health system. The COVID-19 pandemic laid bare the inequities of the gendered care economy in which low-paid care workers, who are almost always women were exposed to COVID-19 and so suffered high rates of infection and death. Women, girls, and gender non-conforming/gender diverse persons experienced deepened inequities in access to COVID-19 health information, care, therapeutic products and services, and gross negligence of reproductive and sexual health care.

"The development sector traditionally framed gender to mean women and girls, and saw human sexuality as linked to issues such as 'population control', or HIV prevention. Moving away from such paradigms requires understanding gender and sexuality as being integral to everyone's' human rights. But aid programmes are often used as a tool in the game of geo-politics. For example, global health the values and norms in donor countries may restrict the type of reproductive health services that are funded to the great detriment of women. This is an example of the ongoing impacts of colonisation.

The Lancet University of Oslo's Commission on Global Governance for Health: 'The Political Origins of Health Inequity' asserted that what is required to motivate change is an explicitly political and moral perspective on health and equity. The report states:

Justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others. (p.30)

This report maintains that power disparities and dynamics in many policy areas that affect health are very evident. These include “economic crises and austerity measures, knowledge and intellectual property, foreign investment treaties, food security, transnational corporate activity, irregular migration, and violent conflict”. Our current and past geo-political world order with its large power differentials has seen massive inequities grow between countries. Gender equity is part of the story of why these have occurred and grown. Gender continues to get mired within these historical geopolitical power structures and generates differential outcomes for health for people who are located at different locations vis a vis gender, race, class, caste, religion, ethnicity, sexuality and many others. It is important to understand how sexuality is linked to power and the sexual norms that seek to define and control sexuality, is reflective of power inequalities and also reproduce and reinforce these power inequalities.

A gender-just world would mean equity in access to the determinants of health and well-being including access to health services, removal of discriminatory policies which deny universal human rights including rights to health and wellbeing, and the creation of societies which are inclusive of all genders and sexualities.

| OBJECTIVES

- To examine the role of gender and sexuality in contributing to global health inequalities
- To examine the biases in relation to and differences in definitions of gender, sex and sexuality in global health
- To determine how inclusivity can be fostered

| MODERATOR

- **Muhammad Naveed Noor,** Assistant Professor of Health Policy and System Research, Aga Khan University, Pakistan

| SPEAKER

- **Lucy Kombe,** Programme Coordinator, Zamara Foundation, Kenya
- **Naomi Tulay Solanke,** Founder and Executive Director, employer, Liberia
- **Melanie Etti,** Academic Clinical Fellow in Infectious Diseases and Medical Microbiology, University of Oxford, United Kingdom
- **Minah Kang,** Professor at the Department of Public Administration, Ewha Womens University and Former Member of the Supreme Audit Council of Korea, Republic of Korea
- **Allysha Maragh-Bass,** Scientist, FHI 360, United States of America

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PS3.5

HUMAN RESOURCE FOR HEALTH MIGRATION THROUGH THE LENS OF DECOLONIZATION

| BACKGROUND

Migration of human resources for health refers to the movement of professionals and healthcare workers across international borders to seek better opportunities, improve their standard of living, escape from unfavourable working conditions, or flee armed conflicts like all other groups of population. In particular, countries with weak healthcare systems and low salaries for healthcare workers, experience a significant loss of skilled personnel due to migration. This loss of talent can exacerbate existing health inequities, undermine efforts to achieve universal health care, weaken public health systems and the national response to health emergencies, and hinder the attainment of the Sustainable Development Goals. The countries with the highest burden of disease frequently have the lowest health worker to patient density.

Receiving countries, typically those who are rich and experiencing aging populations which subsequently drive greater demand for healthcare workers, benefit from the influx of foreign health professionals. Not only do they gain skilled health professionals, but they spend nothing on the training of these health professionals, which amounts to massive savings for the high income countries, effectively subsidised by the source countries, usually low / middle income. While the migration of human resources for health can facilitate the transfer of knowledge and skills, increase cultural diversity in the health workforce, and contribute to the global exchange of ideas and best practices in healthcare, the reality is such migration invariably magnifies global inequities in health.

| OBJECTIVES

This parallel session aims **to first acknowledge and address the inequitable global migration of human resources for health**, and then **to identify possible solutions to this international crisis**. Addressing the inequitable migration of human resources for health requires a comprehensive and multi-dimensional approach that takes into account the various factors that contribute to healthcare worker migration. It is anticipated the speakers and panellists may discuss some of the possible points below:

- **Strengthening public health systems:** Strengthening public health systems in low-income countries can help address some of the underlying reasons for healthcare worker migration, such as poor working conditions and limited opportunities for career advancement. This may involve improving working conditions, increasing pay, providing better training and support, and ensuring that healthcare workers have access to the equipment and supplies they need to provide quality care.
- **Improved planning and expansion of training:** Exploreing strategies for destination /high income / destination countries to adequately staff their health systems which should include better panning for needs and radical expansion of training health professionals to meet their needs.
- **Providing financial incentives:** Providing financial incentives to healthcare workers to remain in their home country can be an effective way to reduce migration. This may involve offering bonuses, pay raises, or loan forgiveness programs to healthcare workers who commit to working in underserved areas or remain in their home country for a certain period of time after completing their training.
- **Strengthening education and training programs:** Strengthening education and training programs for healthcare workers in low-income countries can help ensure that healthcare workers have the skills and knowledge they need to provide quality care. This may involve establishing partnerships between institutions in high-income and low-income countries to provide training and support to healthcare workers in low-income countries.
- **Improving working conditions and salaries:** Improving working conditions and salaries in low-income countries can help address some of the factors that push healthcare workers to migrate to high-income countries. This may involve increasing salaries, improving working conditions, providing better equipment and supplies, and offering

opportunities for career advancement.

- **Incorporating compensated Community Health Workers as part of the public health system:** CHW with adequate training, support and compensation can form a valuable of public health systems. Not only do they provide a valuable service, but their skills are generally not readily transferable to other settings and they therefore do not form part of those professionals migrating.

- **Developing policies and agreements:** Developing policies and agreements between sending and receiving countries can help ensure that healthcare workers are not exploited and that the migration of healthcare workers is managed in a way that benefits both sending and receiving countries. This may involve establishing agreements that ensure that healthcare workers return to their home country after completing their training or providing incentives to healthcare workers to return to their home country after completing their training; and or compensation for cost of training.

- **Leveraging on technology:** Supporting telemedicine and e-health initiatives can help improve access to healthcare in low-income countries and reduce the need for healthcare workers to migrate to high-income countries. This may involve establishing telemedicine and e-health programs that allow healthcare workers to provide care remotely and improve access to health services in underserved areas.

- **Addressing global health inequalities:** Addressing global health inequalities can help reduce the demand for healthcare workers to migrate from low-income countries to high-income countries. This may involve increasing funding for global health initiatives, providing debt relief to low-income countries, and increasing access to essential medicines and vaccines in low-income countries.

| MODERATOR

- **Dennis Carroll,** Distinguished Professor of Faculty of Medicine, Chulalongkorn University Senior Fellow, Tufts University, Center for International Law and Governance, Senior Advisor, Global Health Security, URC, United States of America

| KEYNOTE SPEAKER

- **Jim Campbell,** Director of the Health Workforce Department, World Health Organization, Switzerland

| PANELIST

- **Palitha Abeykoon,** Member, Global Pandemic Monitoring Board, Sri Lanka
- **Johanna S. Banzon,** Director of Health Human Resource Development Bureau, Department of Health, Philippines