

BRICS: Emergence of Health Agenda

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Shared health challenges in BRICS countries

- Non-communicable diseases (*in Russia deaths caused by circulatory diseases increased from 618.7 per 100,000 people in 1990 to 801 in 2009*)
- Communicable diseases (*in 2009 HIV/AIDS prevalence rate among adults in South Africa amounted to 17,3%*)
- Maternal, newborn and child death (*infant mortality rate in India amounted to 44 per 1000 live births in 2011*)
- Pandemics (*risk of hepatitis and tuberculosis spread in China*)
- Antibiotic resistant bacteria

Emergence of BRICS health agenda

- External and Internal demand for BRICS cooperation to address health challenges
- Dialogue on health issues launched in 2011 during the Chinese presidency
- 3 standalone meetings of health ministers (2011, 2013, 2013) and 3 meetings of Permanent Representatives in Geneva (2012, 2013, 2014)
- Only 3 leaders' commitments on health made by BRICS leaders in 2011, 2012 and 2014

It is important to explore BRICS contribution towards global health governance as the agenda on health is being shaped

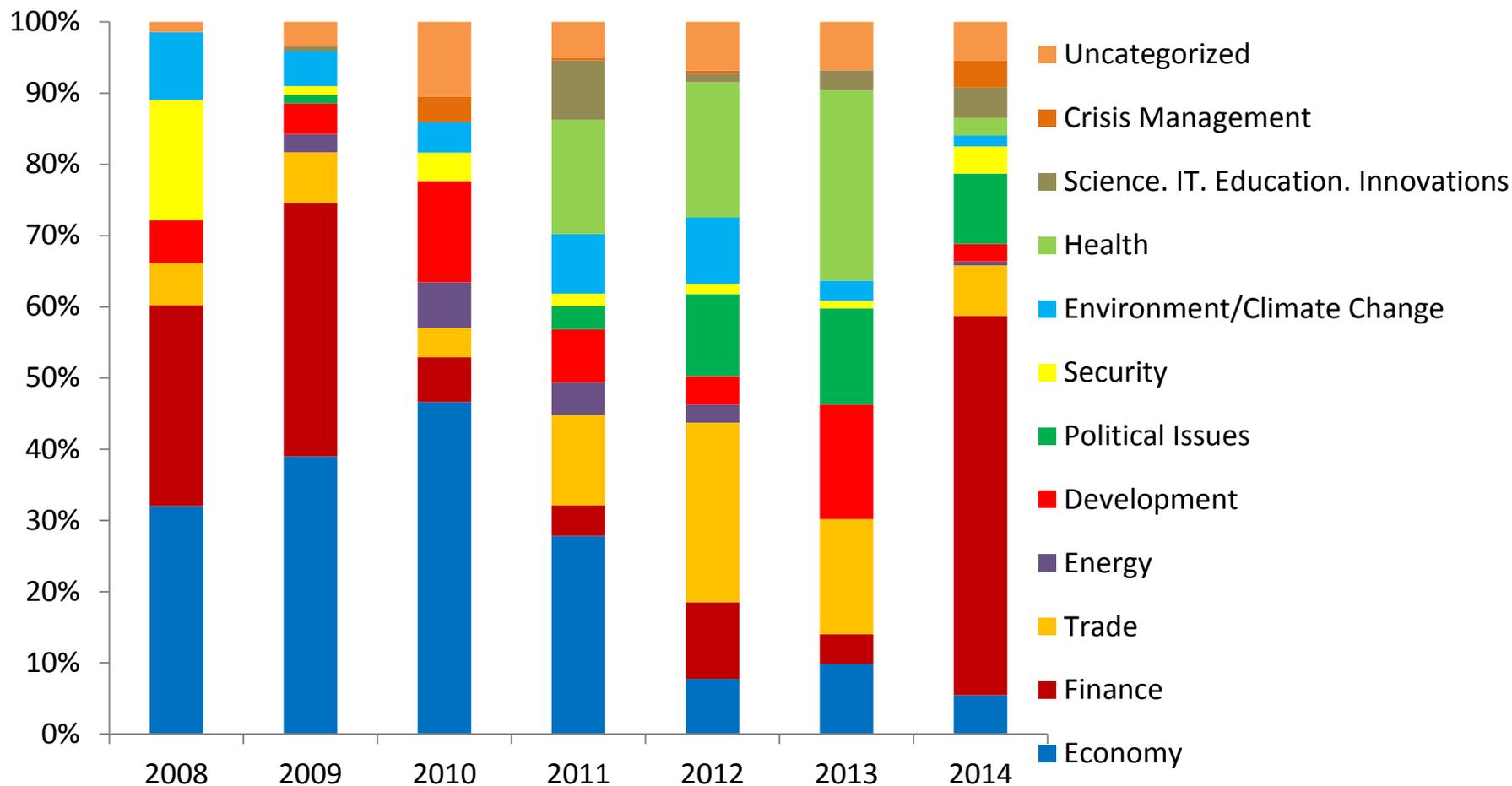
Research methodology

- To explore the dynamics of institutionalization, the data on the number of meetings held in various formats and documents adopted on the BRICS expanding agenda has been compared;
- To compare relative significance and dynamics of priorities in the BRICS agenda content analysis of the BRICS discourse has been carried out on 11 broad policy areas present on the institution`s agenda
- To assess BRICS capability for global governance the study has traced the institution performance of the global governance functions of deliberation, direction-setting, decision-making, delivery and global governance development
- Absolute data on the number of symbols denoting a certain function / priority in the text of the BRICS documents were translated into relative data calculated as the share of the function / priority in the total of all texts and expressed in percent.

Institutionalization of BRICS dialogue on health

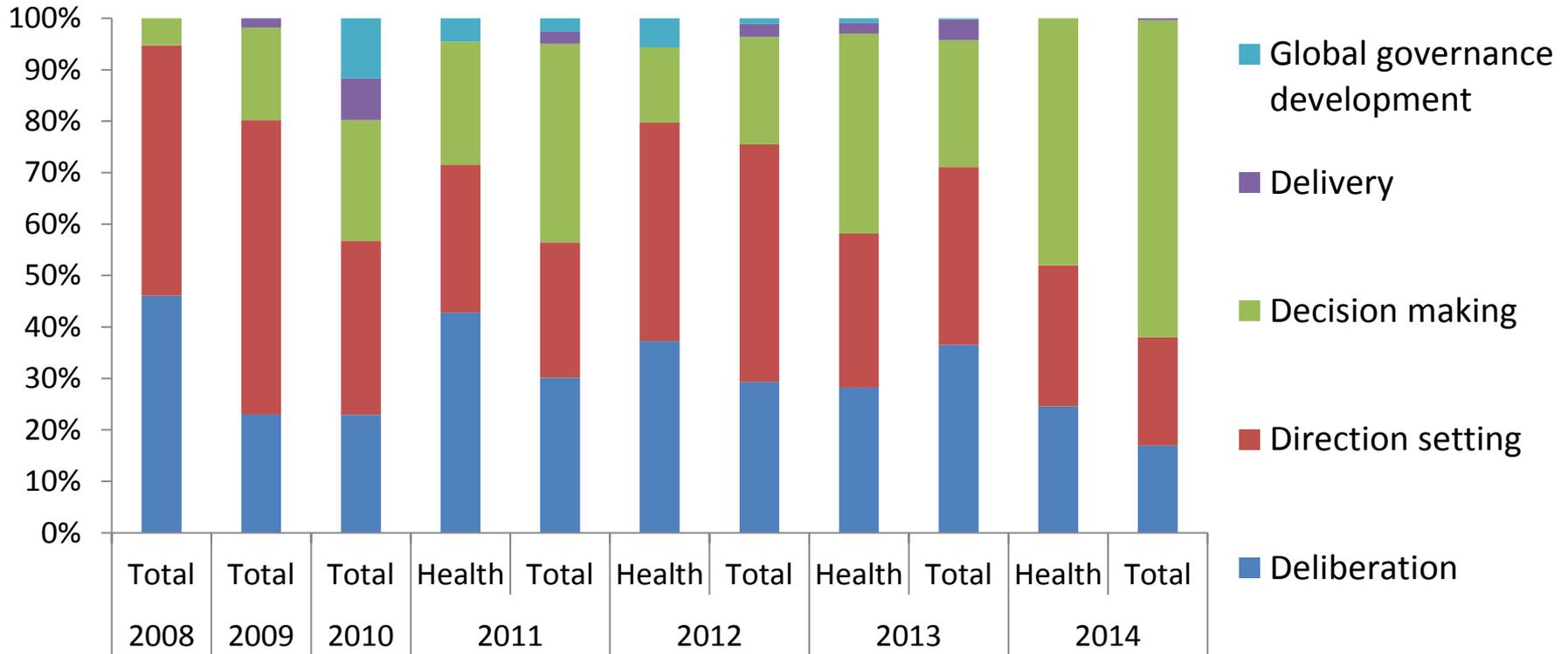
- The general tendency for a rapid BRICS institutionalization is also observed on the health agenda
- Six meetings have taken place (4th highest among all BRICS formats).
- Three of the meetings were standalone
- Health ministers sought to promote the work on thematic areas through the technical working group and the BRICS technological cooperation network
- Six meetings on health resulted in six documents

The place of health issues in the BRICS discourse



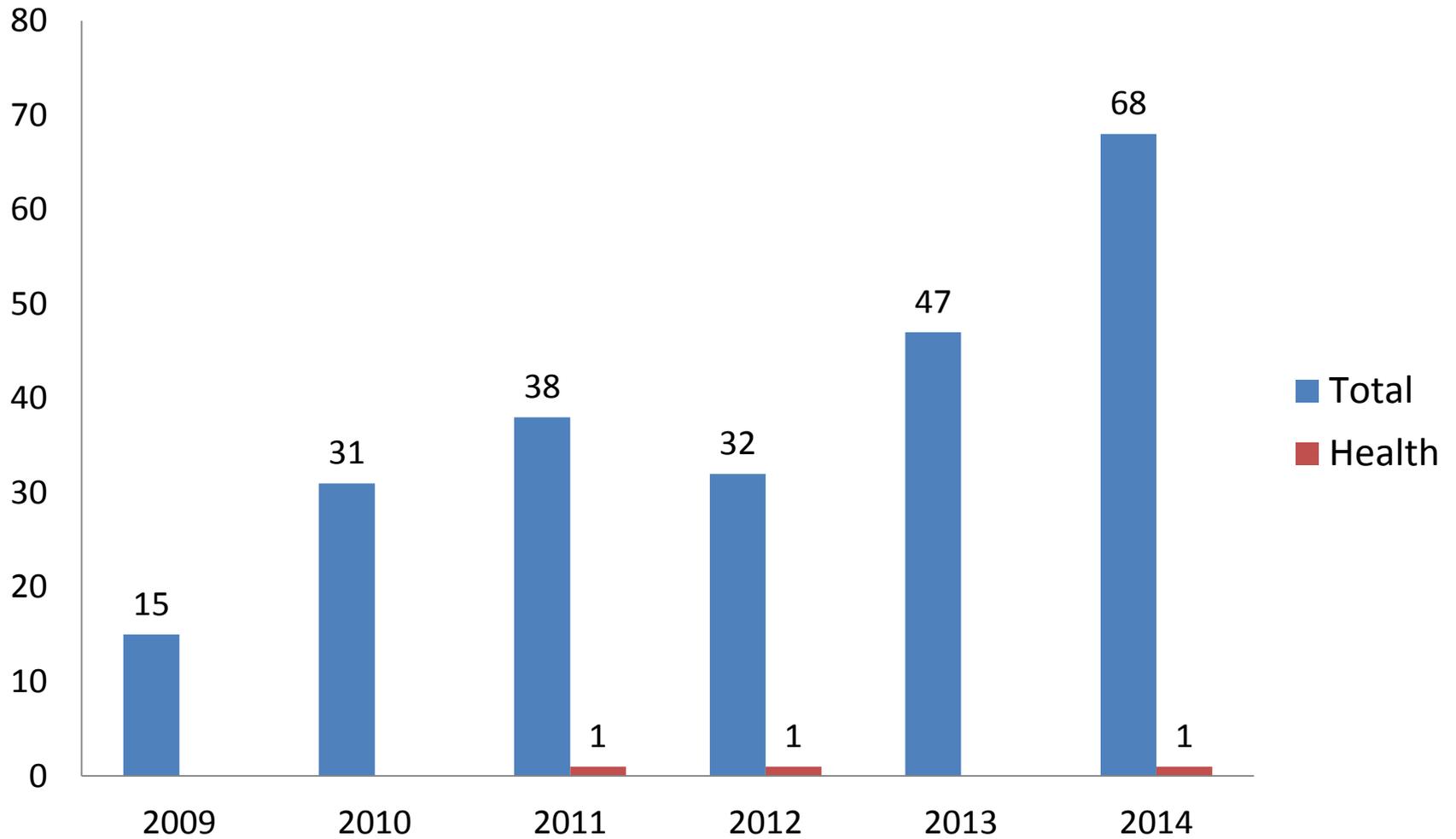
Share of the dialogue on health has been growing, reaching the average of 9.53% in the forum total discourse, ranking 4th after economy, finance and trade

Global governance functions dynamics in BRICS discourse



Health dialogue institutionalization has not yet been translated into tangible deliverables for global health governance, though the discourse has been transforming from deliberation to decision-making

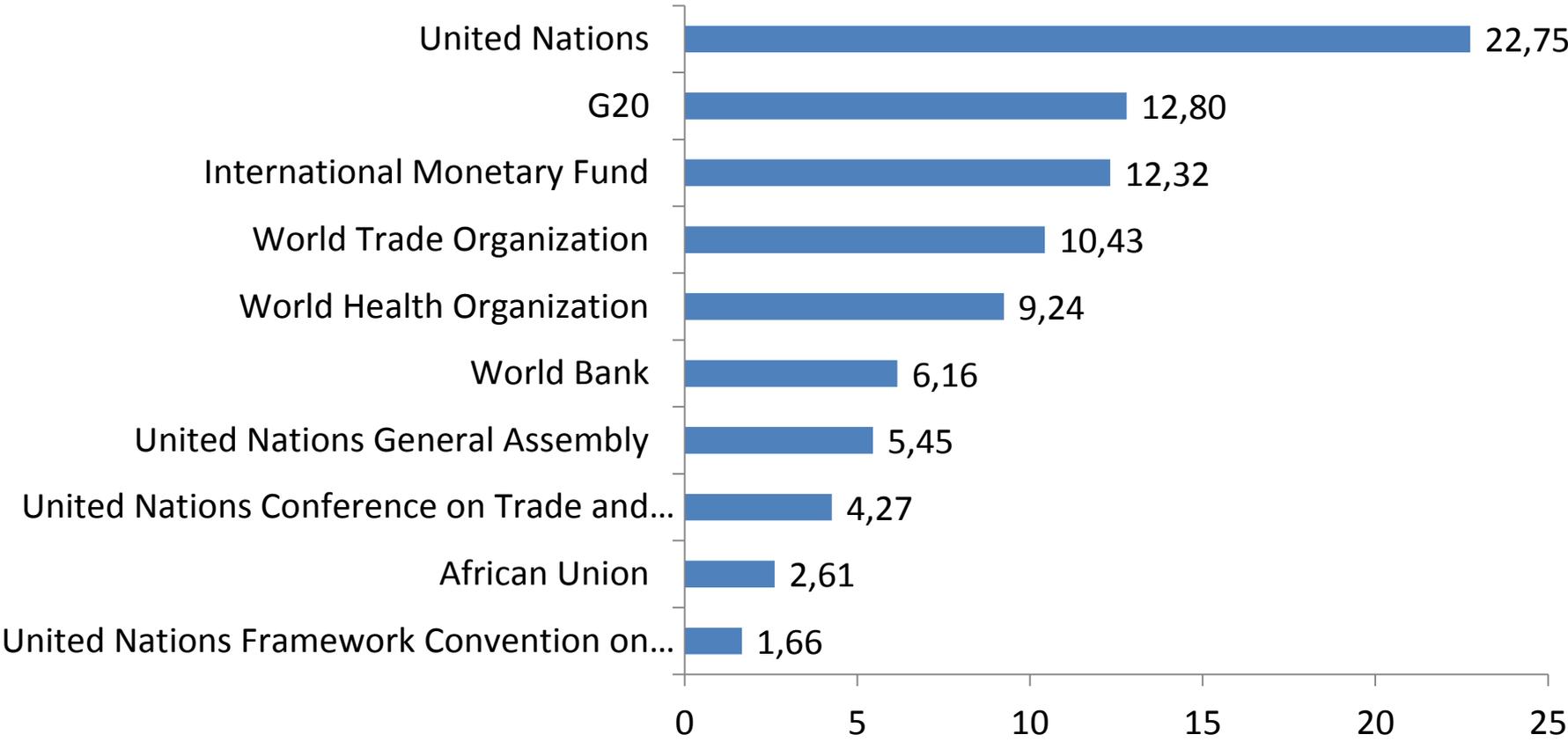
BRICS leaders' commitments, 2009-2014



BRICS commitments on health

- We underscore our firm commitment to strengthen dialogue and cooperation in the fields of social protection, decent work, gender equality, youth, and public health, including the fight against HIV/AIDS (2011)
- Most of BRICS countries face a number of similar public health challenges... We direct that the BRICS Health Ministers meetings, of which the first was held in Beijing in July 2011, should henceforth be institutionalized in order to address these common challenges in the most cost-effective, equitable and sustainable manner (2012)
- We reaffirm our determination to ensure sexual and reproductive health and reproductive rights for all (2014)

References to international institutions in BRICS documents, share of the total, %



BRICS cooperation for promoting global health requires productive engagement with relevant international institutions

Conclusions

BRICS should consolidate their cooperation on health thus contributing to strengthening their national systems and global health governance;

To achieve these dual objectives BRICS should:

- Elevate health agenda to the leaders' level
- Strengthen decision-making and delivery
- Change the pattern of their cooperation with relevant institutions from expressing their collective positions to productive cooperation involving relevant institutions such as the UN and the WHO in the full chain of global governance functions