

# Rethinking international cooperation for global challenges

**Axel R Pries**, *president, World Health Summit*

The Covid-19 pandemic, earthquakes in Türkiye, Syria, Pakistan, wildfires, droughts, floods, and many more extreme events caused directly or indirectly by climate change, contribute to the multi-crises environment we live in today. All these crises have their critical imprint on population and individual health on a global scale. Health is invaluable, regardless of where we live on the globe. We are increasingly seeing that actions taken on one side of the world can have significant effects on the health of people anywhere else. Dividing the world into North and South, developed and less developed, rich and poor, does not make much sense when it comes to cooperation for health. The most prevalent health threats might differ from location to

*To bring to fruition our common wish to survive and be healthy, a new global order is required that takes into account the perspectives of all nations and groups*

location, but ultimately, health cannot be maintained sustainably unless we seriously commit to prevention and ensure that adequate access to health care is realised everywhere. Thus, (natural) disasters and other unprecedented crises must lead us to invest in the causes together. The very close cooperation for COP28 between climate and health is a good example of this.

As we call for better cooperation to address common challenges, we need to factor in legitimate national interests and perspectives. Globalisation has so far increased the speed of technological development and the amount of international trade but is now being reconsidered along various dimensions. It is now clear that globalisation in the way it was implemented in the past decades has failed to deliver the promised increase in equality of opportunity and living



conditions within and between countries and regions. It is an increasingly political risk that the richest countries and the strongest international actors benefit the most, while weaker nations and groups continue to fall behind. This leads to a loss of trust in multilateral organisations and processes and – in some countries – increasing susceptibility to populist and nationalist temptations. In the field of global health, rich nations and big donors frequently set priorities and approaches, often without consulting the countries and communities most affected. Increasingly, low- and middle-income countries want to move away from this donor-driven official development assistance model and seek real partnerships that are different to the often disease-based approaches preferred by donors. The establishment of the mRNA vaccine technology transfer hub in South Africa under the auspices of the WHO is a relevant example of this approach and shows how multilateral technology transfer can be organised to benefit LMICs.

This type of fair global cooperation is the response we need to global challenges in these crisis-driven times. Global health must continue to work on new approaches that combine fair international partnerships with common humanitarian principles and with a high respect for regional and national views and requirements.

There is still a power imbalance among nations across the globe. Economic performance has determined the impact and membership in intergovernmental forums such as the G7 or G20 – which increasingly also deal with global health issues. Their deliberations led to the creation of the Global Fund and now more recently the Pandemic Fund. Yet global issues require inclusive multilateral cooperation with ‘all voices heard’, irrespective of the size of their economy. The balance between size, economic power and regional viewpoints is delicate, but well known to many federal structures, including the European Union and African Union as well as the United States, all employing slightly different solutions to similar challenges.

#### FACILITATING DIALOGUE

At the World Health Summit, we commit to facilitating high-level dialogues among political actors with very diverse backgrounds from all across the globe. This includes G7 and G20 participation in the World Health Summit programme, but

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Photo credit: Wiebke Peitz

#### AXEL RADLACH PRIES

Axel Radlach Pries became president of the World Health Summit in 2021. He was the Dean of Charité from 2015 to 2022, having been head of the Charité Institute for Physiology from 2001. He has chaired the Council for Basic Cardiovascular Science and the Congress Programme Committee basic section in the European Society of Cardiology, was president of the Biomedical Alliance in Europe and CEO of the Berlin Institute of Health. He has received the Malpighi Award, the Poiseuille Gold Medal and the Silver Medal of the European Society of Cardiology.

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at the same time there is a commitment to inclusivity of LMICs across all regions and topics. Stimulating diverse encounters, not only across disciplines and stakeholder groups but also between different government actors, is a primary goal for the World Health Summit. Due to its convening power, the World Health Summit provides a forum for formal and informal exchanges up to the highest level of leadership.

While platforms such as the World Health Summit can contribute to developing a new approach to multilateral action in the global health sector, the foundations for new processes, structures and financing mechanisms can only be negotiated at government levels with the broadest possible representation of nations, such as at the World Health Organization and the United Nations General Assembly. At the heart of such developments is a set of principles; they must be:

- rule based;
- reliable;
- fair;
- inclusive; and
- equitable.

Future cooperation must take into account the interests of all nations and groups in order to achieve sustainable solutions to global challenges, including global health. In turn, all nations must be willing to prioritise global health and well-being over national egoism. The globe is getting smaller at an increasing speed and critical changes in the environment are becoming a common threat for all of us. I hope that we will all understand that our common wish to survive and be healthy needs a new global health order. <sup>67</sup>



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