Editors’ Introduction

Rachel Irwin and Mark Pearcey

The editorial staff at the Journal of Health Diplomacy (the Journal) would like welcome its readers to this exciting new publication!

Since 2009, the Centre for Trade Policy and Law (CTPL) at Carleton University in Ottawa, Canada, has served as secretariat to the Global Health Diplomacy Network (GHD-net) – a global network that brings together researchers and practitioners with the common goal of improving capacity for health diplomacy. Believing that better health negotiations can improve global health, GHD-net – in conjunction with CTPL – produces the Health Diplomacy Monitor and the Health and Foreign Policy Bulletin. The Monitor reports and informs readers about global health negotiations, while the Bulletin provides its readers with an overview of the latest research and news in the field of global health. In light of GHD-net’s objective of improving capacity for health diplomacy, we are excited to launch the Journal of Health Diplomacy as a complementary publication to the Monitor and Bulletin. Through the Journal, we will provide our readers with peer-reviewed research in an open-access format.

As is well-documented, the field of global health has witnessed a remarkable revival over the past decade, marked by significant increases of official development assistance directed towards global health, vigorous academic and policy debates, as well as enormous challenges. Although much has been accomplished, significant barriers remain if we are to achieve the goal of health for all. These challenges are not simply technical or biomedical in nature; rather, they are profoundly social. Taking the theme of this first issue for instance, access to safe medicines, our contributors underscore the fact that barriers to ensuring equal access to safe medicines are rooted in political, economic and legal considerations. It is in light of these social dimensions of global health that the Journal has been established; specifically, to generate and disseminate peer-reviewed research that helps ensure that foreign policy decisions and discourses on global health are informed by the best available evidence.

Though scholars adopt different definitions of health diplomacy, we propose the following: the policy-shaping processes through which States, intergovernmental organizations, and non-State actors negotiate responses to health challenges or utilize health concepts/mechanisms to achieve other political, economic, or social objectives (GHD-net, 2010). By adopting this broad definition, we hope to reach the widest audience possible and to encourage a diverse and comprehensive dialogue that involves a broad range of opinions and voices. In this vein, the Journal invites submissions from all academic disciplines, including international relations, political science, law, economics, anthropology, sociology, history and geography. To ensure our relevance to the field of global health, the Journal of Health Diplomacy will be produced twice annually, and on a thematic basis. Themes for the Journal are selected on the advice of its board, with timeliness and relevance being key criteria.

In this first issue we focus on access to medicines, both a timely and historical issue in health diplomacy. For example, in 1977, the World Health Organization (WHO) finalized its first model list of essential medicines. These are medicines that satisfy the priority needs of the population and are to be available in adequate amounts, appropriate dosage and assured quality – at a price affordable to individuals and the community (WHO, 2013). The following year, the Declaration of Alma Ata further re-affirmed that affordable access to essential medicines is a fundamental part of primary health care.
Both of these documents – the Alma Ata Declaration and the Essential Medicines List – were created through political processes, in which there were tensions amongst governments, the WHO, the private sector and civil society. They were also created at a time in which newly independent countries were asserting themselves on the global stage and calling for a New International Economic Order in response to social and economic inequality across countries. Twenty-five years later; the wider global and social political situation has changed, but access to medicines is still high on the global health agenda and there remains inequality in the health status across countries. As this issue of the Journal explores, negotiations – for instance, over defining the term ‘counterfeit’ – continue to be contentious at times and the relationships between health and trade sectors is constantly being re-defined, particularly with regard to trade-related intellectual property rights.

Specifically, William Aldis and colleagues examine the role of bilateral and regional trade agreements on access to medicines, focussing on the Trans-Pacific Partnership Agreement. Rachel Kiddell-Monroe and colleagues discuss a suspended attempt at negotiating a treaty on medical research and development at the WHO and the influence of the private sector. Emmanuel Oke’s essay focuses on the responsibility of pharmaceutical companies, examining two court cases from South Africa and India. Gorokovich and colleagues promote the use of health technology assessment as a tool in negotiations to improving relationships between governments and the private sector with the aim of enhancing access to medicines.

Lisa Forman proposes a human rights impact assessment on trade-related intellectual property rights, particularly in regard to negotiating a post-MDG framework. Ski and colleagues also touch upon access to medicines in the post-MDG framework, focussing on the relationship between national-level health workers and international discourse. The articles by Jillian Kohler and Amr Makady and by Tim Mackey investigate two challenges to the access of safe medicines: corruption and counterfeit medicines; in these they assess the relationships between the health sector and criminal justice and customs.

These articles highlight current challenges in health diplomacy. Most obvious is cooperation amongst sectors which impacts upon access to safe medicines. The articles also re-affirm the importance of understanding the relationships among local, national and global-level processes. Finally, there is the issue of context. In the same way that calls for a New International Economic Order affected the access to medicines debates in the 1970s, the current global economic climate affects today’s debates, particularly in how governments and multilateral institutions set policy priorities.

The editorial team at the Journal would sincerely like to thank its board members and all those that have contributed to this first issue; in particular, its peer-reviewers and contributors. Without you, this journal would not be possible!

We hope you enjoy this issue.

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References
