

BRICS and global health

Shambhu Acharya,^a Sarah-Louise Barber,^b Daniel Lopez-Acuna,^a Natela Menabde,^c Luigi Migliorini,^d Joaquín Molina,^e Bernhard Schwartländer^f & Pascal Zurn^a

The influence of the BRICS countries – Brazil, the Russian Federation, India, China and South Africa – in the international arena has risen enormously in recent decades. These five countries represent around 25% of the world's gross national income, more than 40% of the world's population and about 40% of the global burden of disease.^{1,2} Although great attention has been paid to their economic performance, less widely noted is the fact that they are also well positioned to exert a significant influence on global health.

This theme issue on BRICS and global health looks at the main factors shaping how the five countries are already influencing global health, as well as some of their major domestic achievements and challenges. Each country has unique characteristics in terms of health performance and global health diplomacy.^{3,4}

Within BRICS, hundreds of millions of people have been lifted out of poverty. This has resulted in marked improvements in health and in substantial progress towards achieving the Millennium Development Goals.⁵ The countries are also moving towards universal health coverage, although without any uniform approach and at an uneven pace.^{6–8} Brazil, China and India are leading in the manufacturing of low-cost medicines and vaccines.⁹ In just a few years BRICS have amassed a wealth of experience in universal health coverage and low-cost medicines and vaccines from which other low- and middle-income countries can draw valuable examples.

BRICS continue to face major health problems. Although life expectancy has improved, noncommunicable diseases have increased significantly in these countries. BRICS account for half of the 8.6 million people develop-

ing tuberculosis every year.¹⁰ There has also been a dramatic increase in injuries linked to road-traffic accidents,¹¹ as well as in diseases associated with air and water pollution. BRICS' share of the global burden of noncommunicable diseases is expected to grow in the future.

With economic growth, health inequity has remained a prominent issue in all BRICS countries.¹² The countries account for about 50% of the world's poor¹³ and health inequity will have serious consequences for their populations if left unaddressed. The group's efforts towards universal health coverage are therefore encouraging. Moreover, the potential impact of expanded vaccine coverage in BRICS is evident.¹⁴

BRICS have already become protagonists in international cooperation. With the exception of the Russian Federation, which prioritizes the Commonwealth of Independent States region, they are increasingly focusing on Africa. On an individual basis, each country has a history of fostering development cooperation. They have been contributing to reshaping health cooperation in recent years and are positioning themselves as "development partners" rather than donors. This was strongly expressed in the final declaration of the Fourth High Level Forum on Aid Effectiveness, held in 2011 in Busan, in the Republic of Korea.¹⁵ The declaration, which emphasized that the nature, modalities and responsibilities that apply to south–south cooperation (between developing countries), differ from those of north–south cooperation (between developed and developing countries). Although the BRICS role in health cooperation has greatly increased, systematic information is still lacking about the group's financial contribution in the context of south–south cooperation, and the impact of these

new ways of providing development aid has yet to be documented.¹⁶

Inter-BRICS health cooperation is gaining momentum and represents a promising channel for improving health as illustrated by the yearly meetings of their ministers of health. Such cooperation provides the countries with a valuable platform to share their experiences and to work together to address key public health issues, including neglected tropical diseases.¹⁷ On the basis of the countries' capacities and comparative advantages, inter-BRICS cooperation has the potential to bring about global changes and make a positive contribution to the health of the population, not only in BRICS but also in the rest of the world. However, the magnitude of the impact on global health will also depend on the countries' ability to strengthen their policy coherence for development. It will further depend on the strength of inter-BRICS cooperation and their ability to more actively translate their ministerial declarations and communiqués into concrete health policy action.

Finally, the rise of BRICS in global health is also an illustration of the growing importance of a larger group of emerging economies. The World Health Organization and the United Nations are faced with the challenge of adapting health cooperation to the rapidly changing environments in these countries. ■

References

Available at: <http://www.who.int/bulletin/volumes/92/6/14-140889>

^a Department of Country Cooperation and Collaboration with the UN System, World Health Organization, avenue Appia 20, 1211 Geneva 27, Switzerland.

^b World Health Organization, Pretoria, South Africa.

^c World Health Organization, New Delhi, India.

^d World Health Organization, Moscow, Russian Federation.

^e Pan American Health Organization and World Health Organization, Brasília, Brazil.

^f World Health Organization, Beijing, China.

Correspondence to Shambhu Acharya (email: acharyas@who.int).

References

1. World development indicators database. Washington: World Bank; 2013.
2. Global burden of disease. Geneva: World Health Organization; 2008.
3. Petrie D, Tang KK. Relative health performance in BRICS over the past 20 years: the winners and losers. *Bull World Health Organ*. 2014;92(6):396–404.
4. Kickbusch I. BRICS' contributions to the global health agenda. *Bull World Health Organ*. 2014;92(6):463–464.
5. The millennium development goals: report 2013. New York: United Nations; 2013.
6. McKee M, Marten R, Balabanova D, Watt N, Huang Y, Finch AP, et al. BRICS' role in global health and the promotion of universal health coverage: the debate continues. *Bull World Health Organ*. 2014;92(6):452–453.
7. Rao KD, Petrosyan V, Araujo EC, McIntyre D. Progress towards universal health coverage in BRICS: translating healthy economic growth into better health. *Bull World Health Organ*. 2014;92(6):429–435.
8. Meng Q, Xu K. Progress and challenges of the rural cooperative medical scheme in China. *Bull World Health Organ*. 2014;92(6):447–451.
9. Kaddar M, Milstien J, Schmitt S. Impact of BRICS' investment in vaccine development on the global vaccine market. *Bull World Health Organ*. 2014;92(6):436–446.
10. Creswell J, Sahu S, Sachdeva KS, Ditiu L, Barreira D, Mariandyshev A, et al. Tuberculosis in BRICS: challenges and opportunities for leadership within the post-2015 agenda. *Bull World Health Organ*. 2014;92(6):459–460.
11. Hyder AA, Vecino-Ortiz AI. BRICS: opportunities to improve road safety. *Bull World Health Organ*. 2014;92(6):423–428.
12. Mujica OJ, Vázquez E, Duarte EC, Cortez-Escalante JJ, Molina J, Barbosa da Silva Junior J. Socioeconomic inequalities and mortality trends in BRICS, 1990–2010. *Bull World Health Organ*. 2014;92(6):405–412.
13. Sumner A. Where do the world's poor live? A new update. IDS working paper 393. Brighton: Institute of development studies; 2012. Available from: <http://www.ids.ac.uk/files/dmfile/Wp393.pdf> [cited 2014 May 9].
14. Mirelman AJ, Ozawa S, Grewal S. The economic and social benefits of childhood vaccinations in BRICS. *Bull World Health Organ*. 2014;92(6):454–456.
15. Busan partnership for effective development co-operation [declaration]. In: Fourth High Level Forum on Aid Effectiveness; 2011 Nov 29–Dec 1; Busan, Republic of Korea. Washington: United Nations Development Programme; 2011. Available from: http://effectivecooperation.org/files/OUTCOME_DOCUMENT_-_FINAL_EN.pdf [cited 2014 May 9].
16. Fan VY, Grépin KA, Shen GC, Chen L. Tracking the flow of health aid from BRICS countries. *Bull World Health Organ*. 2014;92(6):457–458.
17. Cashwell A, Tantri A, Schmidt A, Simon G, Mistry N. BRICS in the response to neglected tropical diseases. *Bull World Health Organ*. 2014;92(6):461–462.