GO BIG OR GO HOME: LEVELING UP IN GLOBAL HEALTH

The Challenge at Hand

While banner initiatives such as smallpox eradication defined global health at the end of the last century and groundbreaking campaigns to end AIDS were a central focus at the start of the new millennium, it remains to be seen what will most inspire global health actors and champions over the next decade.

The sustainable development goals have offered an option, with calls for Health for All and more integrated approaches that address the overlapping nature of our objectives and programs. Global health is inextricably linked with human rights, economic prosperity, environmental degradation, gender discrimination, peace-building and other critical social issues such that meaningful action warrants collaboration across the international development spectrum. However, while many people around the world agree to these principles, advocates have been slow to adopt an agenda that promotes them.

Unfortunately, our collective efforts have plateaued and the status quo will be insufficient for making progress toward such an ambitious 2030 agenda. Despite unprecedented energy around Global Goals, little has been done to change our existing global health and development infrastructure in pursuit of these new targets. It’s not only our advocacy that needs to evolve but also the architecture driving programs and services. We are trying to achieve a bold call to action without refreshing our tactics.

The current context presents an opportunity to rally avid supporters of global health for a revitalized agenda and call to action, one that emphasizes the holistic nature of our work and overarching quality of its impact. Beyond sustaining investments or leadership, we need to rebuild avid enthusiasm among policymakers for longstanding commitments and institutions best equipped to address global health priorities. We are at a point in our evolution when we must reenergize a movement for radical change.

The Work

There are two essential elements of any campaign: messaging and mobilization. A new global health narrative for the 21st century should inject inspiration and progressive ideas into our collective efforts. Ultimately, we need to push the envelope in global health and accelerate progress towards what remain our hardest to reach targets. Already advocates have embraced bold calls to finish the fight on a few key issues, namely AIDS, malaria, and polio. We have set our sights on eliminating [the risk of dying from] these diseases in our lifetime. But we also face the added challenge of translating such audacious objectives across alternative global health priorities. We could better leverage progress in some areas of global health for others. Going from silos to solidarity, in our words and actions, will help us identify and maximize linkages between global health priorities and within development more broadly. Finally, we should lean into global to local messages in a way that naturally aligns international issues with domestic priorities and stakeholders. This includes global health security initiatives that control the spread of outbreaks or epidemics but could move beyond that to banner causes like chronic disease, reproductive justice, and overall health equity. Access to health and the principles behind that aim are universal so why not translate them accordingly, building bridges – not walls – to maximize any gains?

Widening the tent is critical to our success. First, “global health” needs to get out of Washington. Even the term itself is arguably isolating. Many Americans are moved when they understand the challenges others face around the world accessing services for prevention and care. But we need to talk to them
consistently in a way that moves them, so they connect their experiences and passion with the needs of individuals and communities elsewhere. And, ideally, this gets beyond pleas to feed the hungry, build toilets, or buy vaccines to a broader, more holistic message about the importance of equitable access to health and wellbeing. This means building on state-level and other U.S. grassroots advocacy efforts to promote an overarching rallying cry that galvanizes a wide array of champions for global health justice.

Similarly, we need to focus on **advocacy in countries where global health programs operate**, mobilizing existing advocacy networks toward a common goal centered on access and equity. The passion is there, as many of these advocates understand the overlapping nature of the various issues they face. Often, they live that reality and don’t have the luxury of promoting one over the other. But, more than motivation, they require a platform to articulate an inclusive call to action. They also deserve resources that will enhance their capacity to do such work, expanding both their bandwidth and overall numbers. With increasing focus on country ownership, these advocates should drive the future of global health.

Finally, **grassroots champions must be featured at the global level** in key policy dialogues or campaigns, not only in local and national discussions. Too often, community-based advocates are inserted as tokens and not real contributors to solutions. World health assemblies, UN meetings, and other forums are made stronger with the injection of patient and other advocate voices that hold policymakers to account and also offer an authentic take on the implications of global decisions and plans. Elevating their input bolsters the case for a new normal in global health, one that amplifies a bold agenda for years to come.

**The Road Ahead**

Global Health Council (GHC) is a broad coalition of actors and advocates in global health, representing every issue from AIDS to Zika. Our network operates in over 150 countries with thousands of champions worldwide. We mobilize this powerful contingent for multiple global health campaigns whether related to U.S. funding or universal health access. We also shine a spotlight on people affected by diseases such as HIV, Ebola, and cancer. Furthermore, we work closely with U.S. and UN staff to ensure civil society has a presence in key dialogues and features prominently in their decisions. Because our voice matters.

That’s why we aim to build on our special relationship with the likes of World Health Organization to host advocacy delegations and events during their policy deliberations. We also continue to work with global health alliances throughout the U.S. – in Atlanta, Boston, Minneapolis, Raleigh, Seattle, Silicon Valley, and beyond – and want to scale these coordination efforts to include alliances in Africa, Europe, and other regions where they exist in robust or nascent stages. That way, GHC can lead the community in viewing itself as truly **pan-health and pro-equity**, adopting a person-centered “health for all” agenda, regardless of specific countries or initiatives. We find synergies between global health and development actors focused on various priorities, rejecting the false choice offered by an “us versus them” mentality.

We have a special vantage point in global health, one that allows us to view the landscape broadly and identify common ground or natural linkages across what might seem disparate issues. And we take advantage of this unique perspective to bring together the vast global health community under a few key rallying cries. Right now, we cannot afford disjointed messages and agendas. Only through working collectively toward a core goal will we realize true gains in the last mile, leaving no one behind. This unity also gives us the energy and momentum required to be big and bold in what we demand of ourselves and others for the benefit of those we claim to serve, because that’s when the magic happens. When we can see ourselves in each other and our goals as mutually beneficial, we can lift all boats and inspire more champions to join our cause – toward humanity and inclusion and progress, for everyone.