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Review Article

Global Health Diplomacy: Bridging The Gap Between Neo-Colonialism And Global Society: The Significance And Function Of "Ethical Lens" In Fulfilling The Six Leadership Priorities.

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Abstract

establishing metrics that are focused on fostering a global society at the expense of emerging neo-colonialist forms. The global health diplomacy relationship between developed and emerging nations runs the risk of the former adopting policies motivated by the desire to raise money to get out of their current predicament. The Most Important Documents by Global .Articles and organizations that have previously been published about the measures taken in this field and the predictions of economic growth in different parts of the world are taken into consideration, and the two possible outcomes are hypothesized. Two possible situations that result from the "six leadership priorities" are the pursuit of a global society and the initiation of neocolonialist practices by industrialized nations toward developing ones. If the "ethical lens" wins out, it will probably be the theory of a global society where human rights are respected to promote growth and harmony in relations between governments. If the "economic lens" wins out, developed countries will try to shift their problems to emerging ones where significant growth is anticipated in the near future.

INTRODUCTION

The three pillars of global health are embodied in the Oslo Declaration [2], the United Nations Resolutions emerging from the Report given in 2009 by the Secretary-General [3], and the principles, strategy, and working assumptions found in the proposal policy, Health in all policies [1]. As of right now, this is typified by health sector initiatives that support low and middle-income individuals, leading to a more sophisticated vision that addresses global health challenges, international interactions between governments, and merging them with foreign policy concerns. This strategic placement, which is already "in a nutshell" according to Kaplan and Merson's definition [4], fully embodies the idea of Global Health Diplomacy (GHD), which is defined as "the process by which government, multilateral, and civil society actors attempt to position health in negotiations foreign policy and to create new forms of global health governance" [5]. The ultimate goal of GHD is to reduce inequalities and liberate people from poverty. High expectations have been raised by this vision, which has also helped private organizations (such as the Global Health Council and CUGH) [6] and other institutions [7] come up with projects and actions (primarily in the field of education), design and develop health systems, and provide on-the-ground support for the fight against communicable diseases. However, most governments have not implemented these principles, instead filing them as statements of intent or good intentions, demonstrating their disinterest in diseases for which there is no context that could support economic return [8]. Indeed, governments should aim to address this latter factor. In 2014, the WHO's Twelfth General Programme of Work [9] and the UN Secretary-General's Report in the Sixty-nine Session of the General Assembly [10] made significant contributions to defining and organizing the goals, intervention strategies, and collaboration methods for carrying out activities based on GHD principles. These contributions identified the "six leadership priorities" that should be the focus of attention and resources. Nevertheless, depending on whether they: a) support the rights and development opportunities of the recipient nations of such energy and resources, or b) use the benefits they can produce to generate a return that will help the most powerful nations overcome their crisis, the management of energy and resources can be incorporated into an ethical or otherwise novel form of colonialism.

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METHODS

Documents and news articles taken from search engines (key words: global, health, and diplomacy) and the websites of international organizations involved in global health issues that have most influenced the prospects and strategies of the higher-income countries (HIC) to support the cultural and economic development and, most importantly, the fulfillment of fundamental rights like healthcare in the low and middle-income countries (LMIC) were taken into consideration. The two scenarios of colonialism (from an economic perspective) and ethics (from a health perspective) are then examined and debated in order to develop a workable hypothesis that, beginning with health issues, can satisfy the expectations of some (LMIC) and the requirements of others (HIC).

DISCUSSION

According to previously reviewed documents, governments have been forced to reduce their budgets due to the global economic crisis, which has resulted in them not addressing health issues where they believe there is no financial benefit. As a result, the ethical principles that underpin these actions are placed in a subordinate position in relation to the GHD assumptions.

Ultimately, despite their claims of solidarity, support for greater global equity, and universally shared statements of intent, [8] the governments of the high-income countries once again made decisions based on economic interest—or rather, the lack of it. They came to hope for a "health lens" as a filter for evaluating actions. It's true that the same crisis, which primarily affected high-income nations, forced them to look for new markets and incentives in order to resume growth.

Low-income nations were then the focus of attention, but there is a good chance that this focus was motivated more by the desire to see if it was feasible to charge the latter for its recovery than by a desire to provide cooperation or support based on international principles and beliefs of subsidiarity. One of the channels through which to develop this hypothesis might just be the GHD but done at the cost of distorting the ethical assumptions. When we compare the FAO Unger map 2014 [12] and the recent IMS Institute report, which indicates that global spending on pharmaceuticals will increase by approximately 30% to reach 1.3 trillion dollars by 2018 and that spending in pharmaceutical markets will increase by over 50% over the next five years [11], we find that there are clear, even unexpected, geopolitical interests aligning." The final map then identifies two groups of countries: on the one hand, the countries that will be involved in the next few years in both a huge potential growth and simultaneously a high need for support in its own issues of GHD, and on the other hand, the high-income countries in crisis that retain the ability to offer and export innovation, technology, and training. This is the ECB's [13] data regarding the prospects and timings of growth of the economies of emerging countries and those contained in the World Economic Outlook [14], which overlaps with the previous map.In summary, it presents the global map of a promising new market that encompasses a sizeable portion of the world's population (over 80%), with developed nations on one side looking for new sources to aid in its recovery and emerging and low- and middle-income nations on the other, experiencing turbulent and disorganized growth that requires the importation of technology, know-how, and the global system of civil organization in addition to health. In the Lancet Commission report [15], they emphasize the "economic value of the health improvements" by pointing out the benefits of lower mortality and better health that come from coordinated efforts between developed and emerging nations. This added value needs to be evaluated in terms of overall well-being, more chances to build growth-friendly relationships, intervention sectors, and the opportunities that each of these can offer both groups of nations. A new metric for assessing the entire productivity of the activities conducted under the GHD is "full income," which is the value of the relationship between economic growth and health. The notion that trade, investment, security, the environment, and health are all components of global governance has become a cultural backdrop in response to this potential robust resurgence of activity, expectations, and opportunities for growth and return on healthy investment [16]. In order to give the GHD that had been put on hold any substance, it is envisaged that in addition to the largely private consortia and foundations, the diplomatic community [17] will also be involved.The operational conclusions and objectives outlined in the "six leadership priorities," which serve as both the starting point for new actions that governments are called to and the point of arrival of long-standing cultural debate, are what have sparked this. However, it is still unclear what the motivations and evaluation indicators are that define the potential return to developed countries that choose to engage in this manner. We can only draw two hypothetical and opposing scenarios based on which motivations and evaluation indicators will prevail.

In the first scenario, which could be referred to as the Global Society [18], the GHD's actions are carried out through the "Health lens," which is centered on "ethical reasoning." In the second scenario, which could be referred to as "Neo colonialism," the GHD is instead directed by a "economical lens," which is centered on cost-effectiveness and free market principles (Fig. 1). a) the six leadership priorities and the globalization of medical knowledge, as articulated by Unter and Fineberg [19]; in the first instance, the basic measures in favor of nations covered by the GHD; According

to Merson [20], training must include "relevant educational programs integrated perspectives from cultural antropology, psychology, economics, engineering, business management, policy, and laws, instead of focusing only subjects traditionally taught in schools of public health and medicine." A new local governing class must be established as a result of the content of such programs, which must also "accelerate the transition of learning from information and training to transformative," as noted by Cris and Chen [21]. According to Kevany [22], the true challenge facing developed nations will be to adopt a global health program design that explicitly addresses the close relationship between health and non-health security and aligns resources with these programs (also known as "smart power options") by using a "ethical lens" as a filter to address their own actions. c) the decision to use global health instead of military might when composing conflicts, indicating This relationship, in which security and development are tools of diplomacy rather than of war, acknowledges global health as a crucial tool of peace and stability that governments can use [23]; in other words, to establish frameworks and models for the development, training programs are designed to produce new leadership that can spearhead a process of changing the health system in tandem with a shift in social order and the internal realignment of emerging nations' civil societies within the global framework. Under the direction and coordination of WHO, the GHD will be utilized in this scenario to build a new generation of local specialists and to share technology and information. The latter will propel the development of their nations, with a return to developed nations resulting only from their entry into a new market, but within which they will not have exclusive control over the regulations: developed nations will be "inter pares" partners. The struggle against poverty and inequality within the framework of a human rights guarantee (Global Society) would be made clear in this way. This serves as the essential foundation for all forms of sustainable growth.

Government action in the second scenario will be driven by the need to de-regulate new markets as much as possible to promote the entry of businesses or organizations that transmit technology or expertise at different levels. In this case, the developed countries will utilize diplomatic ties to transfer innovations and transformations that emerging countries hope to determine in these new demands for knowledge, technology, and well-being, but they will not provide them with any genuine assistance for genuine growth. Human rights compliance in this situation will continue to be a declaration without any real action. In order to lower infant mortality, affluent nations will make decisions and suggest solutions based on their own conveniences. The establishment of a A free market or the ability to obtain information and knowledge by itself has no intrinsic value; rather, it can lead to significant distortions, particularly in areas that are not yet regulated, unless they are accompanied by democratic forms of government, ethical standards, the growth of its own industrial fabric, a system of wealth redistribution, and a health system that is governed locally and ensures that as many people as possible have access to health coverage through the provision of adequate infrastructure. In this case, the developed nations will once more set the guidelines and schedules for the execution of training programs and growth initiatives. They will also, most importantly, reap the greatest rewards from the activities carried out under the GHD's auspices. By doing this, they would be able to access new resources that come from the expansion of others; resources that, rather than being invested locally, will help their economies recover from the crisis, moving past the traditional "paternalistic philanthropy" [16] to a true neocolonial system. It is ultimately necessary to determine, or at least presume, what the rules that will support the ethical scenario in comparison to the neocolonial one will be, as well as the potential advantages that governments that support them could reap, if these are the two scenarios by which you will be able to develop the "six leadership priorities" within the GHD.Determining the economic characteristics of incentives, like the deduction of investment by loan amount, for example. Together with a rewarding system that brings the ethical goals that define the projects and the process to life, the management of the entire process by a government-recognized World Organization, like the WHO, is the essential component. Consequently, the challenge will not be to develop a class of politicians and technicians who can lead a business plan, develop agriculture, or even create a healthcare system that can address the welfare needs of the local population; instead, it will be to supply medicines and/or vaccines and projects for the establishment of structures to oppose governments that support them. either to governments that support them or to illnesses like HIV or Ebola, but also to diseases like malaria or dysentery.In this regard, the following criteria should be taken into account in order to define the "ethical lens": a) innovative value; b) the capacity to establish conditions for local development; c) indicators of growth and welfare; d) the establishment of on-site ventures; e) research centers; f) health management systems; g) new industrialization; h) the establishment of relations and new treaties between states; i) the achievement of measurable results in the control and combating of communicable and non-communicable diseases; j) the availability of information sharing as well as technology for its application in health; k) defining the portion of investment in emerging nations intended to create local personal, technology, as well as institutions that support the nation's development, and more. The percentage of incentives for governments directly participating in cooperative projects inside the GHD will thereafter be determined by these ethical criteria.

CONCLUSION

Yes, it will be difficult to accomplish such a goal. It could be a target, though.The Documents of the WHO and the UN have identified channels, policy areas and actors, both Institutional and private. The motivation of governments and potential economic returns are the next step. Both must be morally sound, as this is the only foundation for forming a coalition of governments with the goal of establishing a global society through a GHD that is unquestionably subtracted from neocolonial ideas.

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