Hello and welcome to the Global Health Matters podcast. I'm your host, Garry Aslanyan. At the start of the new year, we're doing something different. We're bringing you a two part episode on the geopolitics of global health. This will include a reflection on the forces and factors that shape the economic, social and physical landscape affecting health for all. Geopolitics is often an underestimated concept in global health, and its direct or immediate impact on research or programmes can be hard to grasp. However, the global policy landscape is changing more rapidly than ever due to the influence of pandemics, regional conflicts and technology. These are some of the topics I'll be discussing with my guest today. He is Dr Ricardo Baptista Leite. Ricardo is currently the CEO of Health AI in Geneva, but before this he was a four term Member of Parliament in Portugal. He is also the founder and president of the Unite Parliamentarians Network for Global Health, a network of current and former policy-makers from more than 95 countries.

Hi Ricardo, how are you?

Ricardo Baptista Leite: Doing great. And yourself?

Garry Aslanyan: Good. Looking forward to discussing and learning more about your experience and also this topic. Maybe we can start by you telling our listeners how your career started as a medical doctor and how you got involved in issues at the intersection of politics and health.

Ricardo Baptista Leite: Well, first of all, thanks for having me. It's a real pleasure to be here. Sadly, we should have more medical doctors doing that pathway, I would say, towards being more active in the political scene. I think everyone would benefit from that. In my case, I was very fortunate to know from a very young age, as a child, that my passion lay in public service, whatever that meant. I grew up in Canada, and I remember distinctly going on a school trip to visit a local regional parliament and understanding that the idea of a group of people chosen by the collective community to represent the interests and defend the rights of the people was something that I found fascinating. Growing up, I was also fascinated by science and medicine. I knew that if I would go into political science or economics, I would never be a medical doctor. But the other way around, I thought it could happen. So I decided to follow my first passion, becoming a medical doctor. I did that for my first life, so to say. Then having followed through my residency in infectious diseases and then, when an opportunity came, I got involved in medical school and local politics. Actually, I was doing an internship at WHO in Copenhagen (the World Health Organization) when the government of my country, Portugal, collapsed and there was a snap election. Since I was involved in some local politics on the side of my medical career, I was called on to run for Parliament and I seized that opportunity to serve my country at a very difficult time.

We do hear or know that the P in public health stands for politics, Ricardo. You already mentioned the example of the government collapsing in Portugal and how that influenced your decision to run for the office, for Parliament. How do geopolitical events continue influencing your decisions and actions?

Well, geopolitics affected my life even before I was born, in the sense that my parents were born and raised in Angola. Actually from my father's side, three generations before him in Angola, which was a colony of Portugal at the time. But in reality, with three generations born in a country, you feel like part of that country. In 1975, with the independence movement and civil wars, my parents basically became refugees and had to leave everything behind at a very young age. Portugal
was a mess, taking up a million refugees from the former colonies following the Carnation Revolution of 1974. My parents decided since they were young, they had nothing holding them back, start a new life in Canada, in Toronto, where they had some family and I ended up being born and raised there. If it hadn't been for that circumstance, maybe I would have been born and raised in Angola. At least it would have been hotter! But I'm very grateful to have been raised in Canada but to have those roots. Actually, my father had not been back in nearly 50 years to Angola and we went together about a month ago and it was quite interesting. If you allow me to share this personal side of that story. Because of course I knew it was going to be emotional. What I did not expect, for me personally, was to feel that I was completed in a way that I didn't know I needed to be completed, that there was a part of my roots that was missing, and it was kind of like when you have a puzzle and you're missing a piece, it felt like I'd found it. I've heard the stories for decades, since I was born, and all of a sudden, being there with my father, that was a very, very relevant and personal moment. So this, of course, shapes the way one looks at the world. Right? To get this. Then as a teenager, my parents decided to go to Portugal and I, of course, went with them, and to be closer to the extended family. If you look at it, I'm really the product of the Atlantic, this triangle between Africa, North America and Europe, and inevitably that influences the way you look at the world and the decisions you make. At the time I became very passionate about public health throughout medical school, and that, of course, I think is very much influenced with this background, this global vision. I have to say also that going into infectious diseases also had a very unforeseen consequence in my perspective of life because I ended up working a lot with HIV and AIDS and patients living with this condition, also tuberculosis and viral hepatitis. We also dealt with a lot of tropical diseases coming from Angola, Mozambique, Cape Verde, Guinea, Saint Omer, the Portuguese colonies would end up sending the most complicated cases to my hospital in Lisbon, and all of this really brought to my attention something that medical school had not been able to do, which is, the real determinants of health. Understanding the social factors that actually ensure that someone is sick or not sick, understanding that there are parts of society that society prefers to ignore, what we call marginalized populations, and understanding the power of the patient movements, of the HIV movement at the time. I was very, very fortunate to have met amazing advocates and leaders, but also to see a lot of discrimination and stigma. So we see these tremendous ripple effects that really made me rethink health, and it pushed me in a certain way towards politics and understanding the different phenomena from a cultural local perspective, going to your question of geopolitics, it's all local, right? It's all conditioned by the cultural factors. But then within this global scale of phenomena. So nowadays, anyone working in this space really has to have these different layers of understanding of the reality.

Garry Aslanyan [00:08:26] I understand that you led an establishment of a parliamentary network focused on health. Can you tell me more about it?

Ricardo Baptista Leite [00:08:35] Well, you're right. Actually, when I was elected for the first time in Parliament, I ended up staying; I was elected for four terms. The first time around as a junior MP, it was funny because as soon as I sat down in the committee, one of the first hearings I participated in was with the leader of the HIV community in Portugal, who was actually a patient from my hospital. He said that we had a subcommittee or a special interest group on HIV and AIDS, and he said in the committee, without telling me beforehand, he told the all parties that they should nominate me as the coordinator of that group. I was just this junior MP that nobody knew, that had just landed in the Parliament and they all looked at me. When a patient advocate of his magnitude asks for something, he gets it, and they appointed me. That was transformative for I think a lot of the work that then followed. We were able in the middle of the IMF, European Bank, Central Bank bailout of my country to actually come up with a consensus, a resolution process that was voted unanimously following hearings with patient advocates, scientists, pharmaceutical companies. We brought everyone together at the table in a way that had never been done before, and built a consensus between the extreme right and the extreme left, if you will. That was really what led towards, despite the financial crisis, Portugal keeping on track with many
of its commitments and many of the goals that it had set in the field of HIV, viral hepatitis and tuberculosis. So that actually led to inspiring me and others that there is potential for change within the role of legislators and so, adding to the fact that in most international conferences I would go to I was normally the only member of Parliament present, I felt that there was untapped potential there. I proposed in 2016 at the World Health Summit in Berlin, that we should create a network, at the time focused on infectious diseases, a network of current and former members of Parliament. UNAIDS stepped up. They gave us our first small grant that allowed us to create the Unite Parliamentarians Network to end infectious diseases. Today, we’ve evolved with the support of WHO to become the Unite Parliamentarians Network for Global Health, currently present in more than 100 countries. We have members of our secretariat throughout seven countries around the world; really trying to push for science based policy-making in health. You can see that transformative power. I’ve been very fortunate to work through the experiences I had. As soon as the Ukrainian war started with the Russian invasion, I stepped up and I went as a medical volunteer with the support of the Unite Parliamentarians Network, and worked as a medical volunteer there during the summer of 2021, in Lviv. We're not fearful of taking a stand, but we also believe that we need to continue the dialog, especially when it comes to health, especially when it comes to saving civilians from the terrible tragedy of war.

Garry Aslanyan [00:11:56] In the time of pandemics, we have also seen an interplay between domestic and foreign policy, when countries were trying to kind of balance that. What kind of lessons have we learned during and after the pandemic that could guide us forward?

Ricardo Baptista Leite [00:12:14] Well, I had promised myself that I would stay maximum ten years in Parliament, and when I was getting close to the ten year mark, the world was confronted with a pandemic. At the time, within my party, I took up a very serious responsibility, basically representing the main opposition party positions in this field and being the only IB-trained doctor in Parliament. So I ended up playing a very active role during that time. I’m very proud to have been next to a political leader of my party who said that this is not a time for opposition, this is a time to unite efforts, something not very common around the world. As a member of the opposition, we proactively tried to support the government as much as we could and, despite many differences of opinion, along the way. That being said, during the week I was in the Parliament, on the weekends, every Saturday for 12 hours, I was in my local hospital emergency room, COVID room. I went back after 8 or 9 years without practicing to just support my colleagues. That was extremely important for me to see what the pandemic actually represented in the real world, in terms of dealing with the patients, the burnout of the healthcare workers, people crying at the end of 24 hour shifts. Not even being able to breathe with the masks. We kind of forget what was the pandemic, especially at the beginning, people sleeping away from their families because they had no idea what we were dealing with. We cannot forget that because right now I see in negotiations for a pandemic accord and people are dealing with this as if it were a minor issue. Do we really want to be remembered as those that failed to prevent the next pandemic? Have failed to learn our lessons? Because that's what we’re aiming for if we are unable to find an agreement to the pandemic. I think the main lesson is that we need to be better prepared. We need to learn how to coordinate better. Some mechanisms that came out of the pandemic were very important at the time. I’m thinking of COVAX and the ACT Accelerator in terms of ensuring access to vaccines around the world, but it failed in many ways, right? In terms of equity, in terms of access, particularly in low- and middle-income countries. But it was built on the fly in the middle of the storm. Now, in the moment of calm, we should actually use this moment to learn the lessons and get the procedures better. But more than that, we have what is needed to prevent the next pandemic, to detect outbreaks early and stop them from becoming global phenomena. But for this, we need to agree on some basic concepts. It’s not a question of taking away rights or sovereign leadership from any country, it’s working together. We do need some strong surveillance mechanisms, possibly independent mechanisms that will reinforce the role of organizations like WHO, which are instrumental as the main normative agency for health at the global
level. But we need to find that common ground of agreement. The negotiations are still going on. We also have to learn to listen more, particularly to those that normally don't have a voice. Low- and middle-income countries have stated it clearly, and through the Unite Parliamentarians Network we've heard it, that there's no more changes without us. This idea that a Geneva-based or a New York-based organization will tell the world what to do is no longer acceptable in the current world. We need to ensure buy-in from the start, which means the future needs to be co-created. I think that the international negotiating body, which is trying to bring together different stakeholders, is doing their best to ensure everybody's voice is heard, but they have to be more than heard, their vision has to be incorporated in the process. People need to feel that they're being listened to. More than that, it also becomes clear that regional leadership, even when it comes to logistics, to manufacturing of goods in the global health space, is something that possibly has transformed global health forever. I honestly believe the pandemic has transformed global health from having these one stop shops to build masks in China, to an interdependent or inter-regional dependent globalization in which regions will want to have more and more autonomy and then be interdependent for global economic trade. That is a major shift from where we were going until the pandemic, and that shift needs to be incorporated into global health policies and understood, understanding that that will have tremendous impact on climate, on costs. It's more expensive, but it's a necessity because people will not accept it any other way. So we need people who really understand these different phenomena and ensure that the voice of those that are sometimes not heard are actually incorporated actively in the process.

Garry Aslanyan [00:17:10] Ricardo, you mentioned earlier that all of those experiences you had, how critical they were to help you understand and shape your career. Sometimes some of the global health professionals find what happens at the geopolitical level, it feels a bit detached or elitist for them, or it's things that happen behind closed doors, like G7 or G20. These discussions, they hear about them but they may not completely grasp it or how these influence day-to-day global health programmes or research, but we know they matter. What are the kind of critical skills and understandings that global health professionals should have to better understand and navigate the geopolitical environment impacting their programmes or their research?

Ricardo Baptista Leite [00:18:06] This is a very important question because most health care professionals, if you work in an emergency room, you get used to the adrenaline of having to make decisions with a very small amount of data and having direct impact on saving a life. That is an adrenaline rush that you will not find anywhere else. I've been through that life for many years. If we look at global health policy or the G7 or G20 or the UN at large, it's going from this high, fast-paced, direct impact environment to exactly the opposite. Very slow, almost non-consequential actions, a lot of lunches, dinners and snacks in-between and really nothing happening. That's a feeling you get. My experience has shown in the political scene, the many times you do get frustrated through those processes, but if you keep the dialog going, if you have a clear vision where you want to go, you continue pushing, and if you have science and evidence to back you up, even better. So be clear on what you're stating and make sure you're pushing it. It may take months. It may take years. All of those non-consequential encounters and diplomatic conversations and so forth, there is one day that something happens and it makes it all worth it. That moment has a transformation not just for one patient, but for millions. So that is something that I think is extraordinary when it comes to politics, when it comes to global health. So I think that many health care professionals need to have more and more this idea of the importance of the role. These fora of people who work in this space, play an active role within it, as advisors, bringing the real-world experience. But more than that, if you are a health care professional working in a clinic or hospital anywhere in the world, you're so focused on your patients. What I've seen many times is that you may end up losing the big picture of the system because you're doing your job and sometimes in very dire situations, and you're completely burned out. But the problem is the system. In most places around the world, not to say everywhere, we do not have health systems, we have disease systems. We
have models that are broken and that are driving more and more cost and more and more disease. All of these health care workers that are burning out, they're in a rat race, they're like a hamster on a wheel, just running and running but not going anywhere, or actually taking steps backwards because the system is rigged in a way that it actually gets more and more people sick. Understanding that is critical so that we can change the system. When we talk about universal health coverage, which is so important and an important goal of the Sustainable Development Goals, right now what we're seeing many times is rich countries exporting these broken disease models to low-income countries, instead of using this opportunity, with the support of technology, to help low- and middle-income countries to leapfrog, to avoid those mistakes and to design actual health systems that are focused on wellbeing. Ecosystems for quality of life and well-being is what we should be aiming for. I do think that more and more, even in pre-grad training, we have to incorporate these concepts of global health and global systems, and it is not acceptable anymore, I believe, for anyone working in this space not to have a systemic view, because at the end of the day, it affects the life of each patient each doctor and nurse is treating every day.

Garry Aslanyan [00:21:55] Well that's well said and needs to be better promoted. Clearly every aspect of this, it really is, it's the part that needs to be really included in different stages of careers for people to understand this. Thank you for that.

Garry Aslanyan [00:22:11] Ricardo, you now lead Health AI, a global agency that works with governments, with WHO, with others, with the goal of ensuring responsible and equitable AI for health. I'm sure you have to navigate the geopolitics for all of it, just because of the topic and the times we live in. Any early insights on how things are going?

Ricardo Baptista Leite [00:22:40] Yeah, I'm happy to share some insights. It's been six months on the job, more or less now. I decided to step down from my seat in Parliament last May, during the World Health Assembly week, to initiate these functions following a very extensive global recruitment process. Health AI is actually a non-profit foundation based in Geneva, and our goal is precisely to help build a global regulatory network that, in an equitable manner, ensures that we are able to mitigate the risks associated to artificial intelligence, for systems and citizens alike, at the same time that we are capable of fostering investment and innovation towards the adoption of responsible artificial intelligence for the benefit of health outcomes across the globe. How we aim to do that is being this bridge maker, an implementing partner, if you will, for WHO and other international organizations. We believe that WHO and others have the role of defining the standards. That's not us. We believe that countries, building up on what I was saying about the lessons learned with the pandemic, the countries are the ones that have to lead the validation process. What we're aiming to do is being the bridge where we build the capacity in the countries if the governments are willing to have our support, so that then each country has actually within their regulatory bodies, the knowledge and the capabilities to understand artificial intelligence and to apply responsible AI standards. If you think about low- and middle-income countries, most of them don't have these capabilities today. So as a non-profit that really is a driver of our mission of not working just with high-income countries but with all countries, raising the tide for everyone to hopefully help narrow the digital divide that is currently ongoing. But more than that, I'm sharing my insights from my experience already. We are living in a time of algorithmic colonization, or some call it digital colonization, in the sense that many Global North organizations are basically deploying their AI-driven or AI-generated technologies into low- and middle-income countries, they're extracting data with no oversight. In some countries, governments are paying these companies to do this, and they're basically taking away this goldmine from the countries. So it is a new form of colonization that I think will end up leading to social unrest if we do not address it quickly, particularly in the sensitive field of health and health data. We are one of the few in the field, and I'm proud to be leading this organization, because we're actually proposing a solution that we believe is realistic and doable. We're getting a lot of support from the country level, regional bodies and also a lot of philanthropic and other organizations,
beyond the fact that we're working very closely with WHO, ITU, the World Intellectual Property Organization, OECD and many others, so that together we can actually build this global network of regulatory bodies.

Ricardo Baptista Leite [00:25:46] Just one last thing to say is, one of our goals through that network is to have what we call an early warning system. So we were talking about pandemics, how we want an early warning system if there's an outbreak so we can contain it. The same thing with AI. If we have these different regulatory bodies that health AI helps certify, so that they are capable of validating AI tools and keeping surveillance of their impact in their own communities. If something goes wrong, if there's an adverse effect, if there's an unintended impact of artificial intelligence in one country, we want everyone to get a red flag immediately. The first thing we learn in medical school is first, do no harm. To do that with AI is having surveillance mechanisms because it can go rogue. If it does, we have to have mechanisms to detect it early before it has further impact in societies at large, so we can keep citizens safe. At the same time, we build trust so that it leads to the adoption of these technologies that can lead to tremendous results. The studies are showing that if we have a symbiotic relationship between machines and humans, we can leverage the health outcomes to ways that we've never done before, towards that vision of health and well-being for communities, including those that today live in low resources settings. We're very motivated to help do our small part to use these technologies towards transforming global health for all.

Garry Aslanyan [00:27:11] Ricardo, I think you're the first person who actually gave these comparisons that made it very clear, that was very helpful. I think that if this understanding was better known, we would have less confusion about AI and all of that. This was really, really well articulated. Thanks for that.

Garry Aslanyan [00:27:33] As we come to the end looking forward, what do you think are the most important determinants, forces, geopolitical situations, uncertainty in the world, that are going to influence the future of global health?

Ricardo Baptista Leite [00:27:51] I heard someone recently quote Donald Rumsfeld, the old Secretary of Defense from the United States, saying that the world is full of unknown unknowns. That was after 9-11. I think we are full of unknown unknowns, and that is the greatest risk we are facing. The fact that we have several raging wars that are violating human rights, that are leading to massacres at scale, and beyond that, fuelled by hatred and divisiveness and much of it is actually through social engineering, using social media with very clear intent, is something that I believe can have extremely negative consequences in ways that I certainly can't foresee, and I don't think anyone can. Beyond that, we do have these broken health systems that I don't see us fixing. So looking at it from a global health lens, not addressing the underlying causes of disease, what is affecting the health of our citizens, understanding that 60% of the health of each citizen is affected by external factors that are not addressed in the hospital or in the clinic, which are where people live; What kind of social economic conditions do they have? What kind of workplace do they encounter every day? What kind of education background do they have or access to education do they have? What kind of food do they eat? What kind of climate do they live in? The tremendous impact of urbanization and air pollution. I could go on and on. The commercial determinants. We're always talking about taxation and getting more and more money for a broken health system that needs more and more money because people are more and more sick in this vicious cycle. Why don't we just start using money from those that are causing disease and tax those instead of taxing every single citizen that are actually victims of these determinants? When we talk about fast food chains, and at the same time we're seeing those fast food chains actually sponsoring sports events. These kinds of inconsistencies, I think, need to be reflected upon as a society, because by not doing so, by allowing, for example, the tobacco industry to use the wording of harm reduction, which has been a
critical policy, for example, to address drug policy, to try to sell people, young people with vaping and heating tobacco, which has tremendous long-term effects, many of which we are unaware of today. Knowing that the tobacco industry is the main cause of deaths around the world when it comes to health-related deaths. We understand that we are living in a world of contrasts, of misinformation, and so those are known unknowns, along with many of these clearly intentionally fuelled acts of disinformation that we see now in social media, have steroids to go really global fast, I think are some of the biggest challenges that we face, along with extremely powerful technologies such as artificial intelligence, along with synthetic biology, along with the rise of quantum computing, and many other innovations that are rising up fast at a pace that we do not imagine. If we do not prepare the world to embrace those technologies and these transformations and adapt the institutions to that, well, we can find ourselves between a rock and a hard place, and it's the responsibility of all of us. Of course, the politicians, the multilateral organizations, but I would focus here to the listeners in the sense that we need a strong civil society. We need people to stand up. We need people to actually come together, people who believe in science, people who understand the data, who understand the evidence, to not be afraid to speak up and not be afraid of the insults on social media. As Martin Luther King put it, there's nothing worse than the silence of the good ones. That is really what is happening today, because the only people we hear are the people who are screaming. And honestly, I'm getting fed up of it. I was fed up of it in politics, and I'm fed up of it as a global citizen. I think we need the good people of the world, because they are clearly the majority. To not be afraid and understand that we are fighting for civilization, we are fighting for our human species, we are fighting for future generations. And so that, at the same time as it can be scary maybe, at the same time it should be a strong motivation that we can once again provoke change in a positive sense and use all of these unknown unknowns and also the rise of all of these fascinating technologies for the benefit of humankind. I'll certainly continue doing my small part now through Health AI and the Unite Parliamentarians Network.

Garry Aslanyan [00:32:55] Great. What I took from this is that we need to be ready for known unknowns and unknown unknowns, and that they're both in front of us if we want to achieve our goals in global health.

Garry Aslanyan [00:33:07] Thank you so much, Ricardo, for this conversation. Best of luck with all of your endeavours, and have a great day.
Ricardo Baptista Leite [00:33:15] Thank you so much. It was a real pleasure.

Garry Aslanyan [00:33:19] Ricardo provides a realistic and personal perspective on the role of geopolitics in his own life and his work in global health. He has shown that it is possible to be successful in influencing political change on a global level, while keeping ones feet firmly rooted in the local and cultural realities. Ricardo emphasized the impact of the technology on the future of global health. He shared his vision for achieving universal health coverage where health systems are fit for purpose and are supported by, but most importantly, safeguarded from, powerful new technologies. Tune in next week as I continue part two of this discussion on geopolitics.

Garry Aslanyan [00:34:06] Before I finish today, let's hear from another one of our listeners.
Marguerite Massinga Loembé [00:34:16] Hi, my name is Marguerite Massinga Loembé. I am a Senior Scientist with the African Society of Laboratory Medicine. I first discovered the Global Health Matters podcast during the COVID-19 lockdowns. Since then, I've regularly come back to the podcast as a trusted resource to be kept abreast of topics that matter and recent developments in global health. I particularly appreciate the fact that the podcast gives a special place to a diversity of voices and perspectives, especially those from the Global South. I'm much looking forward to the new season of the Global Health Matters podcast in 2024 and what would be the emerging topics that we should be paying attention to during the upcoming year. I do hope that some attention will be provided to the World Health Resolution on capacity strengthening for diagnostics, and how this could contribute to expanding access for all in the Global South and in Africa in particular. Thank you.

Garry Aslanyan [00:35:56] Thank you, Marguerite. We value your comment, particularly that we consistently include voices from the Global South, I really appreciate that, and we strive for that in the podcast. Thank you for your suggestion to include access to diagnostics which we will take on.

Garry Aslanyan [00:36:14] To learn more about the topic discussed in this episode, visit the episode webpage where you will find additional readings, show notes and translations. Don't forget to be in touch via social media, email, or by sharing a voice message.

Elisabetta Dessi [00:36:30] Global Health Matters is produced by TDR, a research programme based at the World Health Organization. Garry Aslanyan is the host and the executive producer. Lindi van Niekerk and Obadiah George are content and technical producers. The podcast editing, communication, dissemination, web and social media designs, are made possible through the work of Maki Kitamura, Chris Coze, Elisabetta Dessi, Isabella Suder-Dayao and Chembe Collaborative. The goal of Global Health Matters is to produce a forum for sharing perspectives on key issues affecting global health. Send us your comments and suggestions by email or voice message to TDRpod@who.int, and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.