BACKGROUNDER

Globalization has generated a great upsurge in mobility on an intense, global scale. People visit friends and relatives more frequently and further away. Tourists take off for vacations in distant locales, seeking relaxation, rest and recovery and sometimes cheaper health services there. Professionals routinely travel on business around the full global marketplace. Military personnel go abroad and come home. Individuals move across borders legally and illegally to conduct legal and illegal activities on the other side of the line. Members of diasporas flow to and often orbit back and forth among homes in different states. And immigrants and refugees, including conflict refugees, climate refugees and natural disaster refugees, move across penetrable borders, too.

As people move in proliferating fashion, so too do the pathogens they carry. Often unfamiliar diseases flow rapidly from anywhere to everywhere, to cause death and devastation behind the national borders that once kept their citizens safe inside the comfortable confines of their own sovereign state. Increasingly the tools traditionally employed by the governments of these Westphalian sovereign states and by the intergovernmental institutions that they have formally ceded slight slivers of their sovereignty to, are too small, slow and static to cope with this fast, fluid, fulsome, far-reaching new world of moving people and pathogens and proliferating disease and death. There is thus an urgent need for innovation in global governance to close this great and growing gap between the new physical challenge of a world on the move and the old public policy response from governments fixed in territorial space.

No where is this challenge more acute than in Africa, especially in its southern parts. For here people move relatively freely, to escape economic and ecological deprivation and deadly conflict. They often move to neighbouring jurisdictions whose governments are ill equipped to stop them entering, or to meet their often formidable health care needs when they arrive. Facing the exceptional burden of world leading rates of infectious and chronic diseases, and lacking the facilities required to cope, health care professionals in Africa flow from underfunded public systems to more well-endowed ones close at hand, or follow their patients and people by moving to distant developed countries where they will be better off. While health care workers move into Africa from the governments, foundations and non-governmental organizations of the developed world, there is never enough to fill the gaps from the departures and meet Africans health care needs. And few tourists fly from rich countries to Africa for treatment because the facilities and price tags are so much better there. In such a world there is a compelling need for far reaching innovation in global health governance, to save the lives of so many in Africa, and everywhere else in a world that is now only plane ride away.

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Sovereignty: Classic, Competing and Changing Conceptions
The first step on this innovation agenda is to consider classic, competing and changing conceptions of sovereignty, and how they are challenged by this new world of moving health. Among the many severe health problems faced by Africans, which are the most acute in deserving a priority place in the public policy response? Among the many changes over the centuries in the meaning of sovereignty, both in general and in application to health, which are the most promising as an ideational guide to the global health governance innovations needed to save Africans and others' lives?

The African Health Problem: Movement, Migration and Match
The second step is to examine in empirical detail the moving world of pathogens, patients, people and health professionals. This requires charting, largely within Africa, the moving pathogens and people with disease or people moving to escape disease, tracking the migrating healthcare professionals who move for many motives, including to care and cure, and assessing how much the double movements match as healthcare professionals go where their patients shift. When healthcare professionals migrate on the same global trajectories as their new patients and pathogens, they are presumably familiar with the exotic diseases and traditional medicines, languages and cultures that might help in the cure — if their credentials are recognized and they are integrated into the polity of their receiving healthcare system in time. Multicultural populations and patients created by global movement should be matched by healthcare professionals created by multiculturalism and movement too.

This involves exploring the migration of healthcare professionals from the perspective of the poorer places and polities they left. Do they have, along with a right to move, a responsibility to stay, protect care for and cure their present and prospective patients in places of their departure? In practice, do their remittances, as well as the return and reciprocal transfer of knowledge and the creation of transnational communities of caring, compensate for the gap created by their departure?

The African Refugee Problem
The third step is to explore the match in the world of mobile, orbiting diasporas, focusing on the movements taking place within Africa itself in the acute case of refugees. When people travel not just in a one-way direction for long-term resettlement but temporarily or in sequential moves from country to country or in rapid reciprocal sequences of back-and-forth, who is be responsible for protecting their health?

National and Regional Public Policy Response and Innovation
The fourth step is to see whether national and regional public authorities, even equipped with the proper concepts and configurations, have the capacity to cope with these new arrivals. Unknown diseases suddenly dropping in from distant locations can poorly match and quickly overwhelm the most capable, well-trained healthcare infrastructure focused on very different

things. What should be the preferred policies of the countries of arrival? Should they accept their new people and patients as equals who they have a sovereign responsibility tom protect in the health domain, whether these people have or claim an individual human right for such care? Should recipient governments recruit health professionals from poorer places and, if so, under what codes of responsible conduct, established and managed by whom? Should they encourage the flow at home by rapidly integrating new arrivals into their healthcare system? Should they provide reparations for their removal of healthcare workers? Should they give aid, from public and private actors, that simply moves healthcare workers within and between southern countries from indigenous systems to well-paid positions to deal with diseases with high-profile appeal in the North? Should the focus be not on replacing the outmigrants with like professionals but on empowering local communities and ordinary citizens to provide the needed health care instead?

Global Governance Response and Innovation

The sixth step is to examine the existing record and role of global intergovernmental institutions and transnational institutions that operate above and through this moving, mismatched world. How and how well are they coping with the long-term movements, the impacts in the polities of arrival and departure, and the fluid diasporas?

Conclusions: What Is Needed, What Is Moving, What Is the Way Ahead?

What innovations are needed in the ever more mobile Africa that lies ahead? The answer comes first, in the realm of ideas. Here the need is to invent and introduce new concepts of sovereignty to capture this emerging world of single, dual and mutual citizens moving among homelands, stateless people and recent non-citizens such as refugee claimants, and to determine the rights they have in their polity of arrival or new residence (including the right to publicly funded health care), the responsibilities they have to their polity of departure, and the rights and responsibilities of the national governments of arrival and departure and the international institutions that stand above both.

A second need, in the realm of instruments, is to consider innovations in several fields, including migration policy, official development assistance, remittances, dual citizenship and community care.

The third need, in the realm of institutions, is to examine how governance institutions can and should innovate in order to reflect these new conceptions of sovereignty and the physical world that lies behind. This includes national and sub-federal governments, intergovernmental institutions and the nongovernmental organizations of transnational civil society.