

Original article

Global Health Diplomacy*

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Abstract

This chapter will be concerned mainly with the new field of global health diplomacy and focuses on health diplomacy as it relates to health issues that transcend national boundaries and are global in nature, it also discusses the challenges at hand and how they are being addressed by different actors at different levels of governance. It describes the changing nature of global health and global health diplomacy and analyses these terms within their relevant contexts. Furthermore, the paper lays out the increased role of health in global and foreign affairs and the resultant development of national global health strategies by some countries. Finally, it calls for the need for further analysis into this newly emerging field, and capacity building for diplomats and other professionals active in the health arena today.

Keywords

global health; global health diplomacy; foreign policy; governance; national strategy

Global health is one of the areas in which a new approach to diplomacy in the 21st century is most manifest. The term refers to 'those health issues which transcend national boundaries and governments and call for actions on the global forces and global flows that determine the health of people. It requires new forms of governance at national and international level which seek to include a wide range of actors' (KICKBUSCH & LISTER, 2006, p. 7). It differentiates itself from other commonly used terms such as international health and public health in that, 'global health, adopted broadly over the past decade, is meant to transcend past ideological uses of international health to imply a shared global susceptibility to, experience of, and responsibility for health' (BIRN, 2009, p. 63).

As new trans-border health challenges need to be resolved jointly by countries working together, health is moving further beyond the purely technical realm and is becoming a critical element in foreign policy, security policy and trade agreements. This represents a shift from an approach in which international health is mainly considered

in the context of development policy, and measures its results in the resource flow from North to South, to one where global health transcends borders and is marked by a sense of collective responsibility for health. As a consequence of this globalisation of health, national health problems can no longer be dealt with in isolation but rather call for coordinated and cooperative global health efforts. Today multi lateral health negotiations matter, as they touch upon national and economic interests and reflect the tension between national sovereignty and global collective action as well as those between expansive business interests and the protection of the health of vulnerable groups. Simple classifications of policy and politics – domestic and foreign, hard and soft, or high and low – no longer apply.

With a rapidly changing global context, a shift in patterns of disease, an improved understanding of the social and economic determinants of health, and a diversity of institutional actors – the global health landscape has changed considerably over recent years. There is a need to manage health risks that spill into and out of every country,

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to address the broader determinants of health from a whole of government perspective, and to involve both formally and informally a broader range of actors and interests – bring together state and non-state actors.

The changing nature of global health diplomacy

Diplomacy is frequently referred to as the art and practice of conducting negotiations (BERRIDGE, 2005) and is generally still understood to mean the conduct of international relations through the intervention of professional diplomats from ministries of foreign affairs on issues of 'hard power', initially war and peace, and later economics and trade. In recent years, however there has been an increase in the number of international agreements on 'soft issues', such as the environment and health. It is now increasingly recognized that even some of these softer issues can have significant 'hard' ramifications on national economies (KICKBUSCH et al., 2007).

Diplomacy today acknowledges the importance assigned to 'soft power' and 'smart power' strategies. There is an increasing recognition that certain 'global public goods' need to be negotiated and ensured and that regimes in the area of trade and economic development need to be complemented by others in areas such as environment and health.

As a part of this diplomatic trend, international negotiation has experienced a new pattern of political behaviour, moving from bilateral to multilateral diplomacy. With the former referring to the more classical type bilateral diplomacy directed primarily towards the conduct of relations on a state to state basis, multilateral diplomacy exhibits a change in these traditional relationships. As of 1919 a completely novel form was added to the institutional repertoire of states, namely the multipurpose, universal membership organizations, firstly the League of Nations, then, after World War II, the United Nations. Multilateral international diplomacy involves the art of building and managing coalitions before, during and after negotiations on a particular issue across national boundaries – frequently within the context of international organizations. In particular, the twenty-first century diplomacy structure is highly complex, with a multitude of actors, issues, roles and values. In the past it was enough for a nation to look after itself - today that is no longer sufficient. As Heine states: 'the model of an international system based purely on independent states has been replaced by one in which the nation-state is still a key component, but by no means the only one' (HEINE, 2006, p. 4).

The term 'global health diplomacy' aims to capture these multi-level and multi-actor negotiation processes that shape

and manage the global policy environment for health. Ideally global health diplomacy results in three key outcomes:

- i) it helps to ensure better health security and population health outcomes for each of the countries involved (thus serving the national and the global interest);
- ii) it helps to improve the relations between states and strengthens the commitment of a wide range of actors to work to improve health;
- iii) it provides an understanding of health as a common endeavour to ensure health as a human right and a global public good with the goals to deliver results that are deemed fair 'for all' (i.e. reducing poverty, increasing equity).

Global health diplomacy brings together the disciplines of public health, international affairs, management, law and economics and focuses on negotiations that shape and manage the global policy environment for health. Its content areas include: (i) negotiating for public health across boundaries in health and non health fora, (ii) global health governance, (iii) foreign policy and health, and (iv) developing national global health strategies.

Global health governance

The global health landscape has changed considerably in recent years and the number of organizations dealing with health issues has increased exponentially. The rise in public-private partnerships, donors, funds and other actors have all contributed to the diversification of actors in the global health arena.

A major part of global health diplomacy takes place within the United Nations specialized agency for health - the World Health Organization (WHO) - but the range of actors and settings has expanded rapidly. This includes venues such as the World Trade Organization, the World Bank, regional organizations and new organizations such as global alliances, global funds and global forums.

Classical international health governance is structured on the belief that governments have primary responsibility for the health of its people and able in cooperation with other states to protect its population from health risks. There are an increasing amount of trans-border risks and growth in the number and degree of influence of non-state actors in health governance. As such, health governance is necessary but insufficient (constrained by its state centric nature) and additional or new forms of health governance are needed (DODGSON et al., 2002). Global health governance is thus the conscious creating, shaping, steering, strengthening and using of international and transnational institutions and

regimes of principles, norms, rules and decision making procedures (KRASNER, 1983) to organize the promotion and protection of health on a global scale.

Increasingly the negotiations on global health matters are not only conducted between public health experts representing health ministries of nation states but include a growing array of other national actors as well as major players in the global arena such as NGO, the private sector, academia and foundations. At the beginning of the twenty-first century health concerns demonstrate most of the governance challenges in a globalized world. These modern negotiations have become characterized by unstructured pluralism and an imbalance of power among a variety of actors. International organizations such as the World Health Organization are no longer the extension of national policies – they change them, bundle them and sometimes provide the groundwork for national legislation. The Framework Convention on Tobacco Control (FCTC) and the International Health Regulations (IHR) are classic examples.

Health and foreign policy

We are witnessing an increased role of health in global and foreign affairs, including in particular trade and security, as exemplified in the SARS epidemic and fears of biological terrorism. Health is now part of the G8 summits, UN General Assembly, poverty reduction strategies. In what he calls the 'Copernican shift in global health', Alcazar illustrates that 'globalization takes the issue of health from the relative obscurity in which it found itself, especially in developing countries, and brings it to the front page where it is featured not as health as we know it, but as global health in combination with foreign policy, which we are still struggling to define' (ALCAZAR, 2008). Furthermore, Fidler remarks that 'historically, public health has predominantly been a domestic policy concern but developments over the last decade have forced public health experts and diplomats to think of health as foreign policy, namely public health as important to states' pursuit of their interests and values in international relations' (FIDLER, 2007, p. 53).

Foreign policy has been defined as 'the strategy or approach chosen by the national government to achieve its goals in relation with external entities. This includes decisions to do nothing' (HUDSON, 2008, p. 12). Traditional functions of foreign policy are increasingly becoming challenged with new realities. Fidler identifies four functions of foreign policy in order of high to low politics: (i) ensuring national security, (ii) protecting national economic power and wellbeing, and

(iii) fostering development of strategically important regions and countries and iv) supporting human dignity (FIDLER, 2006). Cooper (2003) observes that nowadays 'the objective of foreign policy is taken to be peace and prosperity rather than power and prestige'. Priorities have shifted where health is now the focus of diplomacy.

Throughout the twentieth century, public health was generally categorized as a development or human dignity issue with low politics implications. But the post-Cold War period has demonstrated that public health today features more frequently and intensively in all of foreign policy's basic functions. Foreign policy makers are increasingly confronted, in their traditional areas of operation, with health related issues problems and crisis. For example, on the national security function, health has manifested itself in the form of threats from biological weapons proliferation and bioterrorism. Furthermore, debates concerning the impact of international trade and investment on public health demonstrate public health's importance to the state's pursuit of its economic interests. The traditional 'wealth leads to health' notion has been challenged by the 'health leads to wealth' argument.

Health policy can no longer remain purely national. Interdependence in a globalized world has created its own dynamic and health is a key element. Foreign policy and diplomacy offer important tools to deal with the increasing interdependence and thus serve as extensions to national policy efforts. Making use of these tools to reorient health and foreign policies in ways that align national interest with the diplomatic, epidemiological and ethical realities of a globalised world could thus substantially contribute to the protection and promotion of global health. The problem is that, so far, health 'has not been at the heart of foreign policy theory or practice and perhaps not even at the margins' (FIDLER, 2007) – although today the degree of foreign policy attention devoted to health is historically unprecedented. What is thus needed is what has become to be termed as 'health foreign policy' and 'health diplomacy', i.e. new developments bringing together diplomatic negotiating skills with public health expertise. Such alignment also requires governments to overcome 'fragmented policy competencies in national governance systems' (DRAGER & FIDLER, 2007) and to widen the content and concept of diplomacy to include issues such as health but also environment and trade.

The commitment of global health as a foreign policy issue manifested itself in the Oslo Declaration – Global Health: A Pressing Foreign Policy Issue of our Time, launched in 2007 by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand.

In today's era of globalisation and interdependence there is an urgent need to broaden the scope of foreign policy. We believe that health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time [...] We have therefore agreed to make impact on health a point of departure and a defining lens that each of our countries will use to examine key elements of foreign policy and development strategies, and to engage in a dialogue on how to deal with policy options from this perspective. (AMORIM et al., 2007, p. 1373)

Foreign policy and diplomacy no longer reside solely with the traditional diplomats but also include a wide range of other state and non-state actors (BARSTON, 2006). Today's minister of health has a dual responsibility: to promote his or her country's health and to advance the health interests of the global community. In addition, diplomats no longer just have to talk to other diplomats. Rather, they need to interact with nongovernmental organizations, the private sector, scientists, advocates and the media, since all these actors are now heavily involved and implicated in the negotiating process (KICKBUSCH et al., 2007).

National global health strategies

A few countries are beginning to address global health more consistently at the national level by mapping activities in global health across all government sectors, establishing new mechanisms of coordination within government and developing a 'national global health strategy', frequently at the initiative of the international department in the ministries of health. Health diplomacy initiatives in Switzerland and the UK prove to be good examples of the recognition of and application of these changing realities.

The first such policy document comes from Switzerland, where a joint strategic approach to global health was developed by the Departments of the Interior (represented by the Swiss Federal Office of Public Health) and the Department of Foreign Affairs. This document, *Agreement on foreign health policy objectives*, was presented to the Swiss Federal Council (the government cabinet) in October 2006. It brings together three major strands of global health action that generally run in parallel with little coordination or are even in competition with one another. This includes the activities within the health sector that address normative health issues, international agreements and cooperation, global outbreaks of disease and pandemics; the commitment to health in the context of assistance towards development; and the policy

initiatives in other sectors – such as foreign policy and trade. It emphasizes the commitment of Switzerland to human rights and defines five priorities in foreign health policy: the health of the Swiss population, the coherence between national and international health policy, the strengthening of international health cooperation, the improvement of the global health situation, and the strengthening of the Swiss commitment as host country to WHO and to major health industries.

The United Kingdom established a national global health strategy offers the second example of a government based strategy. Adopted in 2008, the strategy is based on the premise that health is a human right and global public good. It aims to bring together the UK's foreign relations, international development, trade and investment policies, all of which have an affect on global health. Five areas of action are identified: (i) better global health security, (ii) stronger, fairer and safer systems to deliver health, (iii) more effective international organisations, (iv) stronger, freer and fairer trade for better health, and (v) strengthening the way we develop and use evidence to improve policy and practice

The strategy also abides by several principles such as, equity within and between countries, health as an agent for good in foreign policy, learning from other countries' policies and experience, tackling health challenges that begin outside the UK border and working in partnership with other governments, multilateral agencies, civil society and business.

These strategies have come in response to the increasing need to address the crossroads between national and global health policy. Many other countries are now working on similar strategies in order to advance global health by establishing links between various sectors.

Conclusion

We are at a turning point in health policy: the nature of twenty-first century health – the global health society – calls for a radical change of mindset and a reorganization of how we govern health in the twenty-first century. There has been a significant change in the health debate, where health is seen as an investment, a collective global challenge, a human right in need of ethics and values. Health is now becoming a driving force.

Global health diplomacy is a constantly developing field, with a need for both conceptual development and practical training programmes. Training aims to bring together diplomatic and health professional to understand their common interests in health as foreign policy. It is clear that the growing concern for multilateral cooperation on critical global health problems

requires purposeful engagement in learning across these two sectors. There is a need to include non-governmental actors, philanthropy and the private sector in this exciting new field of study. The aim is to bring these actors together in one venue and develop some of the negotiation skills necessary to effectively function in today's complex health landscape.

Globalization demands more effective collective action by governments, civil society and business. This in turn leads to new organizations, networks, processes, agreements and norms. What is critical is managing the interfaces between these new actors and dynamics between overlapping fields.

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