

ANALYSIS

Global health diplomacy: how foreign policy can influence health

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Abstract

Ilona Kickbusch argues that public health experts need to work with diplomats in order to achieve global health goals

In a speech on the US global health initiative, Secretary of State Hillary Clinton recently asked, “What exactly does maternal health, or immunisations, or the fight against HIV and AIDS have to do with foreign policy?”¹ Her answer was “everything.” The question that arises from this statement is, does foreign policy serve health or does health serve foreign policy?

There are four ways in which foreign policy and health can interact. Foreign policy can endanger health when diplomacy breaks down or when trade considerations trump health; health can be used as an instrument of foreign policy in order to achieve other goals; health can be an integral part of foreign policy; and foreign policy can be used to promote health goals. These approaches cannot always be sharply differentiated and are better visualised as a continuum.

Health is an integral part of the global agenda

Health is on the radar of foreign policy because it has become integral to three global agendas:

Security—driven by the fear of global pandemics or the intentional spread of pathogens and an increase in humanitarian conflicts, natural disasters, and emergencies

Economic—concerned not only with the economic effect of poor health on development or of pandemic outbreaks on the global market place but also the gain from the growing global market in health goods and services

Social justice—reinforcing health as a social value and human right, supporting the United Nations millennium development goals, advocating for access to medicines and primary health care, and calling for high income countries to invest in a broad range of global health initiatives.

The UN Secretary General defined the core functions of 21st century foreign policy as “achieving security, creating economic wealth, supporting development in low income countries, and protecting human dignity.”² The UK government’s outcomes framework for global health also refers to these functions as its

foreign policy reference point.³ Diplomats are no longer concerned only with matters of power, security, and trade; they also need to deal with global challenges such as development, health, environment, water, and food, particularly if they are involved in multilateral negotiations. Some analysts maintain that diplomats now have a responsibility to represent the interests of the global community as well as their country.⁴ In global diplomatic hubs such as Geneva or New York, where many international agencies are located, diplomats have become increasingly more engaged in global health. Consequently the recent Japanese global health policy also states right at the beginning: “contributing toward global health is an integral part of Japan’s foreign policy strategy.”⁵

The international pledge to meet the millennium development goals has helped make health more prominent at the United Nations, the G8 summits, and the World Economic Forum. Health is too important and political to be left only to the ministers of health. Increasingly government leaders use such meetings to launch global health initiatives as a way of positioning themselves and their countries in the multilateral arena. The prime minister of Canada, for example, used the G8 summit in his country to launch the G8 Muskoka Initiative to reduce the number of maternal and child deaths in developing countries. Launching and supporting such initiatives leads to international recognition and is considered an investment that yields results for both health and foreign policy agendas.

Diplomacy in the multilateral health arena

Health and diplomacy are both in a process of transformation. Diplomats no longer negotiate only with other diplomats but with anyone who has the resources and authority to be involved in negotiations on a global level.⁶ Health is at the forefront of this change. This multistakeholder involvement is epitomised by the annual World Health Assembly (the major governing body of the World Health Organization), when non-governmental organisations, advocacy groups, foundations, academia, and the private sector come together to influence the decisions taken by the member states on public health and be part of the negotiation process.

In the past ministers of health would take the lead in international health negotiations. As health has gained political clout this has changed: diplomats are called in by their respective countries to take charge and health experts realise that they need to better understand how to negotiate in a highly politicised context. Having the evidence is no longer sufficient—good negotiation skills are part of the road to success. For example, the chairs of the negotiations on the International Health Regulations and the Framework Convention on Tobacco Control were experienced diplomats from Ireland and Brazil respectively, not health ministers.

Most global health negotiations now take considerable time and there is a growing need for health negotiators at the global hubs. Diplomatic representations in Geneva have an increasing number of health attachés to deal with the expanding health portfolio, which includes negotiations relevant to health in bodies such as the International Labour Organisation, the World Trade Organisation, and the Human Rights Council. Ministries of Health have begun to second health attachés to ensure medical or public health expertise in daily diplomatic negotiations. There is also more concern with health issues in embassies around the world: HIV/AIDS, H1N1 flu, and disasters are all part of their business in the 21st century.

Health as a foreign policy tool

Supporting health programmes can increase political reputation, improve relations with other states and actors, and help build alliances. The term “soft power” is often used to describe such programmes. For example, the US President’s Emergency Plan For AIDS Relief (PEPFAR) instigated by George W Bush and a bipartisan congress in 2003 was clearly intended to improve the international perception of the US as a good global citizen at the time of the Iraq war, which was started in same year. Health is also used as a tool by rising states as they challenge the established approaches to development.

China and Cuba have engaged in medical diplomacy since the 1960s. China has sent over 15 000 doctors to more than 47 African countries and treated about 180 million African patients.⁷ Its foreign policy interests in Africa lie primarily with ensuring long term energy and food resources, and to support its investment strategies it is building hospitals and research centres in several African countries. Cuba has also sent medical staff to about 70 countries and provided free medical training for thousands of developing country students at Cuban medical schools.⁸ Since 2006 Cuba has sent about 20 000 “medical diplomats” to Venezuela in return for 100 000 barrels of oil a day, discounted by as much as 40%.⁹ Brazil is perhaps the rising power that is strategically most successful in connecting its global health activities¹⁰—for example, the fight against HIV/AIDS and access to medicines—with its declared foreign policy objective of becoming a global player in international affairs, both economically and politically. Its programmes of support to other developing countries (South-South cooperation) facilitate its trade relationships with Africa and build alliances and trust that help gain support for agendas such as reform of the UN Security Council and the international monetary system.

Many public health advocates argue that health should not be used for other purposes, but in an interdependent world few programmes serve a purely humanitarian purpose. Even the high commitment of the Scandinavian states to development assistance and global agendas is linked to their foreign policy goal of remaining a relevant actor in the global arena. We lack reliable data on the health and diplomatic effects of soft power initiatives. However, irrespective of their “strategic intent” such

programmes can benefit health. A 2009 study found that HIV related mortality had dropped by 10.5% in 12 countries receiving aid from PEPFAR.¹¹

Governments are often not clear about their motives behind action on health, particularly if it involves foreign investments, cooperation on development, or military and humanitarian engagement. This tension will increase as countries shift global health resources from the ministry of development to the ministry of defence in order to “win hearts and minds” or to the ministry of trade to support foreign investment in the global health industry. All this can make it even more difficult for “recipient countries” to steer the many different types of health support; for them the key challenge in health diplomacy can be to manage the multitude of health actors in their country.

Make foreign policy work for health

Despite these problems there are many examples of foreign policy serving health. The cooperation between Thailand’s strong national public health coalition and its diplomats made it possible to embark on a landmark case to contest the opening of its tobacco market to US companies on public health grounds.¹² This case and its impact on world opinion led to a change in US and UK diplomacy: they agreed that their embassies would no longer support the activities of tobacco companies abroad. Brazilian diplomats helped ensure the adoption of the Framework Convention on Tobacco Control. Diplomats from several countries had a key role in resolving the highly complex political boycott of polio immunisation in northern Nigeria in 2003.¹³

Globalisation requires that ministers of health act with other countries in order to ensure the health of the population at home. The UK outcomes framework for global health states this clearly. It is in the interest of ministries of health to call for a foreign policy that supports health. Ministries must be astute and practical in ensuring that health interests are represented and met when other foreign policy priorities are at stake and must advocate strongly against positions which endanger health. For this, ministries of health need strong international health departments.

Health ministers should insist on intersectoral mechanisms that create coherent policy between government departments. National strategies for global health have been agreed in Switzerland, the UK, Norway, and Japan that set out the values and priorities for global health action and establish mechanisms for cooperation.^{5 14-16} The European Union Council’s *Conclusions on the EU Role in Global Health* have a similar intent.¹⁷ Such strategic agreements are also a step towards transparency and accountability in the relation between health and foreign policy, particularly if an independent monitoring mechanism is established.

In 2007 seven ministers of foreign affairs pledged to make “impact on health” a key consideration in foreign policy and development strategies.¹⁸ They called on others to engage in a dialogue with them. If public health advocates do not take up this invitation, they might be missing out on some major allies in their quest for global health.

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