

Health as Foreign Policy

Outline for country cases

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The aim of the paper is to explore and map the internal domestic processes shaping different countries' approach to global health diplomacy by focusing on the constellation of **issues, actors, influence and interests**. The paper takes as an initial assumption that there is variation in countries' internal domestic context in terms of negotiating and adopting issues that reach the global political agenda. In this way, individual country experiences with health as foreign policy are most likely distinct, shaped by their role in international society as for instance donor/recipient, small/large. At the same time, countries respond to a common set of global challenges and issues. We therefore expect that a joint study of various countries would demonstrate differences as well as similarities in their foreign health policy. This should provide the basis for an interesting comparison as well as possibilities to flesh out more general traits in the making of health as foreign policy and global health diplomacy.

The following outline is crude, and intended as a basis for discussion on how we proceed with this work.

1. Introduction:

The following just a few key aspects we suggest to pursue further down the road. In the case of a comparative study, this may be part of a first introductory 'umbrella' chapter:

Foreign policy analysis: conceptual overview. What is foreign policy and how does it relate to the study of international relations (IR) and its major 'schools of thoughts' (realism, institutionalism, social constructivism and others)? What characterises the interface between the domestic and the international sphere? The traditional approach of foreign policy is to secure *national interests*. How does this paradigm fit in terms of health as foreign policy? Foreign policy is traditionally geared towards security (national sovereignty) as well as economy and trade (economic welfare). More recently – as a result of transnationalism and globalisation – foreign policy has become broader and faces new challenges. International health is one of those issues. Traditionally, it has been an integral part of bilateral and multilateral aid (ODA) policy. The spectre is now broadening to include traditional multilateral bargaining (for example in the WHO) to participation in various public-private partnerships. Thus, new and varied type of state and non-state actors is entering the scene. What *interests* do these actors represent, what *formal positions* do they have and what is their *influence* and what characterise the development over *time*?

2. What issues have been central in the country's involvement in global health diplomacy?

A brief chronology of the country's engagement in the international health context, starting mid-1990s (may vary according to country). With what issues has the country been engaged, and in what way (e.g. board member, funder, convenor)? The significance of country representation and individual leadership in for instance WHO for agenda setting of health on the domestic foreign policy agenda. Who were the key (individual) actors and what are their positions today? How have they participated in global governance, for example running for offices?

Examples of present relevant issues to study, most of them large *multilateral* initiatives, the last ones on the list a more *'exclusive approach'*.

- Multilateral negotiations/agreements (Framework Convention on Tobacco Control, International Health Regulations, Pandemic flu preparedness, biotechnology/trade)
- Global Health Initiatives/Financing Mechanisms (Health-related Millennium Development Goals, GAVI Alliance, Global Fund, etc.)
- 'Plurilateral' coalition building (e.g. Oslo Ministerial Group).
- Bilateral agreements/partnership initiatives.

Data on funding flows from the country to key multilateral initiatives (of funding flows *to* the country).

3. Which internal/domestic actors have been involved in shaping the country's participation in global health diplomacy?

Theme: The domestic policy process behind engagement in the main initiatives in section 2. There is a distinction between stages or phases in the policy process, for example agenda setting, negotiations and implementation. The various actors probably play various roles in these stages.

List of possible main actors. Needless to say, they are of varying significance and play various roles in different phases and issue areas:

- Ministry of Foreign Affairs
- Agency for International Development Cooperation
- Office of the Prime Minister
- Ministry of Health/Health Directorate
- Ministry of Finance
- Other ministries with overlapping issues (Trade, Environment, Food and Agriculture).
- National Institute of Public Health
- Academic institutions.
- Professional associations/civil society.
- Industry
- Individual players

Key questions: Which actors are engaged in what issues?
 Were there specific champions of issues?
 How did they establish coordination functions (if any)?
 The influence of various actors: Is health diplomacy in the country elite-driven with a few individual players or is there active involvement from the public at large or civil society?
 Is the situation characterized by co-ordination, turf battles or a mixture?

4. What have been the interests and influence of various domestic/internal actors in shaping the country's participation?

Main theme: What interests and positions do the various actors represent? Examples of areas, which will of course vary according to country¹:

- a. Protecting the interests of the domestic population (health as national security)

¹ The first five areas of interest are adopted from the document 'Swiss Health Foreign Policy: Agreement on Health Foreign Policy Objectives' (Federal Department of Home Affairs and Federal Department of Foreign Affairs).

- b. Harmonising national and international health policies (international coordination/health equity).
- c. Improving effectiveness of international collaboration in health (international coordination/shaping international health policy/promoting research to guide interventions)
- d. Improving the global health situation (health as development/equity).
- e. Safeguarding country as industrial location for the development of new drugs and vaccines.
- f. Strengthening the impression of the country as a major player in ODA in general and health policy in particular (image as well as influence) – not possible in ‘high politics’.

5. Discussion/conclusion:

Themes:

Multiple foreign policy goals and multiple health agendas: Some central and some peripheral?
 Competition or integration?
 How have actors coordinated in raising issues on the domestic political agenda, and the international political agenda?
 The nature of political decisions, bureaucratic procedures and informal processes; who pull the strings on various issues with what consequences?
 Development over time, change or stability
 Future prospects; effects of possible new government? Effect of financial crisis; effects of possible changes at the international scene – stronger global initiatives etc

Issues for comparison between cases:

Strengths/weaknesses in terms of international influence
 Strengths/weaknesses in terms of domestic anchoring and continuity.