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**Global health diplomacy:
health promotion
and smart power**

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A. Introduction to the debate: definitions and starting points

“Global health diplomacy” (GHD) has only recently emerged as a distinct field of study and training¹; for this reason, no single uncontested definition exists yet. From the different ones provided by the literature we can however identify different of its constitutive elements². Firstly, GHD “occupies the interface between international health assistance and international political relations”³. Secondly, most definitions highlight that negotiations are at the heart of GHD. Thirdly, the existence of multiple levels of negotiations and the participation of diverse actors is also an important component of GHD. Where views diverge is on the normative dimensions: on whether GHD should ultimately aim to serve foreign policy goals or global health goals, whenever these cannot be simultaneously promoted.

By devoting the second thematic session of its international seminar to GHD, ISGlobal seeks to highlight the growing importance of this area for global health debates, explore some of GHD’s characteristics, and its current context. The session will examine different case studies of states’ promotion of GHD through the use of “smart power”, as well as the implications which adopting a GHD strategy can have for state action and the obstacles that may be encountered in doing this. The session aims to help ISGlobal and other participants in the seminar to identify possible areas of work and mechanisms through which GHD can become an effective tool to advance global health in the new international context. As a way of situating and helping shape the debate, the following starting points are proposed, all of them subject to discussion:

- *Better global health is a matter of self-interest for states, but it can only be achieved through international cooperation.*

As noted above, GHD finds its area of action within the sphere of international relations. This means that states, the building blocks of the international system, play a crucial role in shaping global health promotion and its outcomes. Although GHD definitions emphasise how numerous actors take part on global health negotiations, states arguably remain the most important and legitimate, ones in the global arena. Within this context, states act with a view to pursue their interest and maximise their own gains, although it is also the case that interdependence increasingly makes cooperation a necessary approach to achieve state own goals. This is visible on the GHD realm: the benefits for a state of a healthier population are clear: economically for example, are fewer costs derived from treating illness and a more productive workforce.⁴ But the nature of health challenges (especially those related to infectious diseases), means that states can only tackle these challenges through cooperation with other actors. This has been recognised at least since 1851, the date of the first “International Sanitary Conference”, when twelve countries gathered in France to find a collaborative solu-

¹ Ilona Kickbusch, Thomas E Novotny, Nico Drager, Gaudenz Silberschmidt, Santiago Alcazar, “Global health diplomacy: training across disciplines”, WHO Bulletin, Volume 85, Number 3, March 2007. Available online at: <http://www.who.int/bulletin/volumes/85/12/07-045856/en/index.html>

² Kelley Lee and Richard Smith, “What is ‘Global Health Diplomacy’? A conceptual review”, Global Health Governance, Volume V, N°1, Fall 2011.

³ UCSF Global Health Sciences, “GHS initiative in health diplomacy”, quoted in Lee and Smith (2011)

⁴ Ed Cropley, “Waking up to the maths of malaria”, Reuters, 21st June 2012. Available online at: <http://af.reuters.com/article/topNews/idAFJ0E85K07R20120621?sp=true>

tion to the spread of cholera, plague and yellow fever across borders, a threat growing rapidly due to the growth of intercontinental trade and migration⁵.

- However, the health promotion-foreign policy relationship does not always benefit health or lead to international cooperation.

Although international cooperation is often the only effective way to tackle global health challenges, this is not always achieved. The interplay between health promotion and state interests in the international sphere does not inherently lead to a cooperative scenario. In some cases it does emerge; cases in which it can be said that foreign policy is at the service of health (for example the conclusion of the legally binding Framework Convention on Tobacco Control (FCTC) in 2003)⁶. But in others, instead of a cooperative scenario what is seen is rather health at the service of the state's foreign policy. Some examples of this include Cuba's use of "medical diplomacy" to advance relations between African and Latin American countries, the crude instrumentalisation of polio vaccination campaigns by the US government in the search for Osama Bin Laden, or the politicisation of polio immunisation campaigns by radical Islamist leaders in Pakistan, in protest for US drones strikes, and Northern Nigeria, suspicious of the real motives and consequences of vaccination⁷.

These examples provide a vivid illustration of the overlap existing between the global initiative to eradicate polio and geopolitical realities: countries where the disease is still present (Nigeria, Pakistan, Afghanistan) are all afflicted by state fragility and armed conflicts. This demonstrates the impossibility – despite its seemingly technical character – of neatly dividing health promotion and other elements of international politics. A first reference for the work of the seminar is therefore the need to emphasise the need for GHD to foster international negotiations that work on the interests of states and in the search for positive global health outcomes.

- We should emphasise the need for transversal GHD strategies and explore mechanisms that favour this.

Rising interdependence is contributing to the appearance of new health threats and making states increasingly aware of the benefits of higher global health levels and, conversely, the important risks that can have not tackling certain challenges. However, global health has a complex and multifaceted character, ranging from the emergence of new infectious and deadly diseases (like the 2009 influenza pandemic) to the costs of weak public health systems in Low and Middle Income Countries (LMICs). This plural character makes global health overlap with various other areas of state action – security, development, public and social policy, economics – and it means that tackling health challenges through effective GHD needs to be a transversal effort, cross-cutting numerous aspects of any state's international action.

A final starting point for debate in this session is the role that can be played in emphasising the need for states to tackle global health problems through a transversal approach. The need for international cooperation furthermore, makes GHD the cornerstone of such a strategy. Developing such a transversal, coordinated GHD strategy is however an important challenge, as it requires states to re-think their international actions. An effective GHD approach cannot be an exclusive prerogative of development cooperation, foreign affairs, or health ministries. In fact, pressing global health challenges range from fighting HIV/AIDS, to reducing

⁵Kristin I. Sandberg, et al. "Health as foreign policy", *Tidsskr Nor Lægeforen* 2011; 131:1784-6, (September 2011)

⁶Kelley Lee and Eduardo J. Gómez, *Brazil's Ascendance: The soft power role of global health diplomacy*, *European Business Review*

⁷The CIA's fake vaccination drive has damaged the battle against polio, Heidi Larson, *The Guardian* (27-5-2012); Polio eradication at risk, warns report, Sarah Boseley, *The guardian* (20-6-2012)

maternal and infant mortality, guaranteeing food security and access to clean water, immunisation campaigns, strengthening health systems LMICs. All of this requires international cooperation, but also, and prior to that, internal state coordination across government departments, and reaching out to professionals and other non-state actors with the expertise needed.

One of the objective of this thematic session will be to identify the ways in which we can do this through a more detailed analysis of the benefits and challenges that exist for medium, regional and emerging powers when seeking to develop and implement an effective GHD strategy. The following two debate topics and its associated questions aim to promote precisely this.

B.

Debate Topic 1 – “Promoting global health: an exercise in smart power”

Global health has become increasingly salient in recent years. This is a result of globalisation and the associated higher levels of mobility and contact among populations, which has resulted on new global threats. Some like the HIV/AIDS pandemic, the SARS and global influenza crises, are directly related to health; but others like climate change, state fragility, food (in)security, access to clean water and sanitation, whilst they are not, can have a potential important impact on global health. This has contributed to states recognising that advancing global health whilst can mean also advancing their own interests. These can be “hard” security interests, questions related to the control of viruses like the H5N1, or “softer” interests in promoting a country’s image through development cooperation – like the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) initiative.

More interestingly for this session’s goals of advancing GHD, is that states are increasingly including global health as a cross-cutting element within their foreign policies in an attempt to tackle these numerous challenges. Switzerland, the United Kingdom, Japan, the U.S., or the E.U. have started to recognise the importance of GHD and a coordinated approach to global health. States’ inclusion of GHD on their foreign policy agendas can be described as an exercise of “smart power”, as it aims to further the country’s interests (some individual, some collective ones) through the deployment of power and influence on the “soft” and “hard” arenas – as the examples above have shown. This recognition however, does not mean that their approaches are uniform. Variations exist on their normative approach, with different responses to the need of balancing collective global health and individual foreign policy interests within GHD. There are also different elements of the global health agenda on which states choose to focus. If we seek to advance certain countries’ deployment of smart power in developing a GHD agenda, we should encourage reflections on the country’s current situation and political orientation.

To start working on this, we are devoting part of this second thematic session to explore case studies of smart power deployment in the promotion of global health. One example of this is **Brazil**, a country which has maintained a strong stance in favour of universal access to antiretroviral (ARV) treatment for HIV/AIDS patients, has also led the way in favour of the FCTC, and has made health cooperation an important part of its rapidly growing South-South cooperation programme. These are areas of the global health debate in which Brazil has direct interest – as a tobacco producer, and a country affected by the AIDS epidemic – which has allowed Brazil a degree of ownership of its strategy and legitimacy on the international arena. Brazil's approach to GHD and its leadership on these topics – in which it has emphasised South-South horizontal relations – have in turn boosted the country's profile and its consolidation as a global power.

Another interesting case study in how countries adapt the GHD agendas to their context is **Norway**. A small (but wealthy) nation, the country has for years been a reference for development cooperation. More recently, it has also led the way on the field of global health promotion. This has been done through the Oslo Ministerial Group (also known as the Foreign Policy and Global Health Initiative) made up of seven countries – Norway, Brazil, France, Indonesia, Senegal, South Africa and Thailand⁸. The 2007 Oslo Declaration spells out clearly the need to give global health an important role on the international arena. Since then, this informal and heterogeneous group has played an important role in mobilizing support for global health promotion in different instances. Examining in detail the functioning of the Oslo Ministerial Group can be illuminating for the participants of the seminar as the initiative exemplifies how, through smart power, global health promotion can help very different countries raise their international profile.

Taking away lessons from these case studies in terms of these countries original position, stated aims, means employed, and obstacles encountered in their successful use of smart power to advance the GHD agenda can be extremely productive. As we aim to develop an approach to GHD rooted on the context of medium and emerging powers that can help to establish links with other states and non-states actors with similar objectives, a number of **questions and general reflections** can be made:

- *Global health has been approached from Spain and Europe mostly as an element of development policy. But these programmes are being severely reduced in light of the troubled economic situation. In this context, what are the real possibilities of launching an effective GHD strategy in the short-medium term? Would this be a costly exercise? If so, how can the present lack of financial resources be supplied? Are there any alternative sources of finance for such a GHD strategy? Is a low-cost approach to GHD possible? What should be its main components?*
- *In developing an effective GHD strategy, countries should emphasise their distinctive character and potential “added value”. What are these? Are there any specific areas of global health in which countries like Spain has already an advantaged position (research and innovation on diseases like TB, malaria)? How would a comprehensive GHD strategy based on this look like?*
- *Global health has clearly an international dimension, but of course also a domestic one. For instance, in a context in which Spain's public health system is clearly under attack (or undergoing a deep process of change to put it very mildly), what implications can this have? Would global health suffer*

⁸Oslo Ministerial Declaration (2007)
[http://www.who.int/trade/events/
Oslo_Ministerial_Declaration.pdf](http://www.who.int/trade/events/Oslo_Ministerial_Declaration.pdf)

a setback as a result of their domestic policies? How about their image as a responsible actor in global health domain?

- *Beyond the economic crisis, some of these medium and emerging powers are likely to occupy a very different place in the coming years due to changing geopolitical realities. What does this mean for a their GHD strategy? Recognising the importance of new global actors (China, India, Brazil) is only a starting point, the important elements is how are they integrated into any existing or new global health initiatives? Which synergies and global partners can they find to increase its impact on the GHD realm? Latin America appears as an active regional engine, as well as one of Spain's top foreign policy priorities – including global health matters (e.g. the Mesoamerica Initiative). Could this serve as the basis for a broader “Ibero-American GHD strategy”? Which would be its main actors, priorities? And its institutional articulation? How about other priorities for external action/development policies like North and West Africa? How could they be incorporated into a potential Southern Europe GHD strategy?*

C. Debate Topic 2 – GHD: a test-case for “new diplomacy”

Continuing from the points above, the second part of the thematic session will set out to explore in more detail the implications which adopting a GHD approach may have for states, their actions, and their approach to international relations. As different authors have signalled, global health promotion is one example of the so called “new diplomacy” agenda⁹. This new approach appeared at the end of the last century – driven by the end of the Cold War and increased globalisation – and has entailed the inclusion of new issues and the appearance of new actors on the foreign policy agenda. The development of an effective GHD strategy – given its complex character and overlap with different areas of foreign policy, and the need to integrate both state and non-state actors – is one the foreign policy areas a new diplomacy approach is most relevant. As such, our work on developing an approach to it could offer important lessons to other areas of international action for many countries.

Global health challenges are multifaceted and complex. They can only be addressed, as noted above, through a GHD approach that promotes international cooperation. In practical terms this requires states to enter into lengthy multi-level negotiations and to act simultaneously on different arenas and institutions. Acting effectively therefore will require governments to establish issue linkages – expanding ARV treatment to HIV/AIDS patients and strengthening public health systems in LMICs for example – and to increase internal coordination – between the health, foreign affairs, defence and interior ministers for example, when facing the threat of an influenza pandemic. Adapting the functioning of structures traditionally employed for the pursuit of the state's interests to GHD can be a challenging task. The US Global Health Initiative (GHI) launched by President Barack Obama in 2009 was the most ambitious

⁹Kelley Lee and Eduardo J. Gómez, op. cit.; Shaun Riordan, “The New Diplomacy” (2003)

attempt to carry out this transformation by integrating all the different health initiatives of the US into a single approach that would focus on broader challenges to global health, instead of on the threat of individual diseases. Only three years later, the GHI announced a radical change of direction and the creation of a new office; a move which has been described as a “death notice” brought about by internal infighting, confusion and lack of clear leadership¹⁰.

Alongside new issues and the existence of multiple arenas, the new diplomacy agenda is also characterised by the increasing role of non-state actors. These can include non-profit organisations, private sector actors, professionals and practitioners, researchers and academic experts and the broader civil society. Within GHD this has been especially important given the nature of many health challenges; tackling these require international negotiations to take account not only of the interests of states, but also the perspective of those affected by global health challenges (vulnerable populations and those most close to them, such as health practitioners) and actors with technical knowledge of the subject matter (experts and medical doctors). Already at the 1851 “International Sanitary Conference” mentioned above this was recognised as each country was represented by a diplomat and a medical doctor. In recent years furthermore non-state actors have not only taken part, but in fact been at the forefront of GHD. This has been specially the case as private sectors funds have become instrumental in developing innovative global health instruments such as the vertical multi-donor funds “Global Fund to Fight AIDS, Tuberculosis and Malaria” and the GAVI Alliance. These non-state actors have contributed to the higher profile of global health in recent times and continue to shape the GHD agenda in tandem with sovereign states. As an example, the recent “London Summit on Family Planning” organised by the UK government and the Bill & Melinda Gates Foundation not only concluded with \$2.6 billion pledged, but also put back on the agenda a topic that had all but disappeared¹¹.

The new diplomacy agenda is a complex one as international negotiations include a wider variety of issues, actors and a plurality of areas of negotiation. This complexity requires states to adapt accordingly – a difficult process which could be eased by the collaboration between non-state actors and sovereign states beyond the usual players. ISGlobal could help in developing and implementing a potential GHD strategy by providing technical expertise, establishing links with other actors, or identifying issues which should be prioritised. Beyond these difficulties for states, the GHD arena provides new actors like ISGlobal with important opportunities to identify topics and areas where it could have an impact by successfully leading a collective effort. This thematic session could provide a starting point to identify such areas, alongside the challenges likely to be faced by medium and emerging powers in adopting a new diplomacy approach to global health.

A number of **questions and general reflections** can be made in this direction:

- *Global health affects a wide variety of international policy areas. However, to be effective, Governments should also prioritise its areas of action. Which areas would an effective GHD strategy consider a priority? Are there any synergies that can be explored between the different areas of work currently being done? For example, among development priorities, numerous Spanish efforts in Central America are directed towards improving access to water and sanitation through the Water Fund, how could this be linked to other work done on the health arena (such as fighting malaria or reducing infant*

¹⁰ Kelley Lee and Eduardo J. Gómez, op. cit.; Shaun Riordan, “The New Diplomacy” (2003)

¹¹ Owen Barder, “Golden Moments”, July 13, 2012, CGD Global Health Policy blog. Available at <http://blogs.cgdev.org/globalhealth/2012/07/golden-moments.php>

mortality)? Could a “clean water-health link” become a guiding reference for a Spanish GHD strategy?

- *Once certain priorities are mapped out, effective implementation of a GHD strategy needs to follow. And as the US’ GHI experience shows, this can present very important challenges. Looking at a potential similar experience in other countries, what existing mechanisms should be used, or new ones created, to assure affective coordination of different departments? Which ministries should be involved and what role should each one play? The leadership issue appears as a particularly important one. Should a GHD strategy be led from the foreign affairs ministry? What relation should it have with the cooperation agencies, which fund numerous health programmes?*
- *In developing an effective and legitimate position, a GHD strategy cannot only reflect the state’s views, but it should incorporate numerous other actors’ perspectives. How could this be done? How could it be ensured that this is not a one-off symbolic exercise, but that effective dialogue among different actors exists? One of the most pressing challenges is to incorporate private actors which already play an important role in GHD into a joint strategy with states. What are most important challenges to do this in the countries we are talking about? Which actors can be identified as potentially having an important impact? How could these be incorporated into a GHD strategy? Also important are researchers and innovators, how could their role in a GHD approach be fostered? ISGlobal could play a central role in establishing these contacts and synergies, which should be the starting point to do this?*
- *There are also multiple arenas where global health challenges are discussed. Which ones hold the greatest potential? Should the UN system and a reformed WHO be the only relevant actors as they are the most inclusive ones? The tendency is however towards multipolarity, greater fragmentation and “mixed coalitions”¹² what potentials and pitfalls for global health does this scenario have? Institutions like the G-20 hold great potential for the GHD agenda but failed to deliver in global health. Can this be corrected?*
- *If we aim to help new countries develop a pro-global health coalition, what character would this coalition have? Could it be centred on increased triangular North-South-South cooperation and strengthening the health systems of Latin American countries, especially MICs? Should it focus on a rather narrow set of challenges on which progress can be more easily registered (for example on the areas of malaria and access to clean water and sanitation, as suggested above)? Or should countries like Spain and institutions like ISGlobal join existing initiatives and focus their efforts and resources on the less ambitious but very important goals of increasing countries’ internal coherence and coordination? The debate on this thematic session should explore the potentials and dangers in these and other approaches as well as identifying where could we have a more important contribution and through which mechanisms.*

¹² William D. Savedoff, “Global Government, Mixed Coalitions and the Future of International Cooperation”, July 2012, CGD. Available at http://www.cgdev.org/files/1426316_file_Savedoff_global_government_FINAL.pdf

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