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Motives Behind National and Regional Approaches to Health and Foreign Policy

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Abstract:
In recent years, health has risen as a strategic foreign policy and diplomatic concern across the world, becoming an important part of both formal and informal international relations. In this paper, we attempt to identify the motives behind national and regional approaches to health and foreign policy. We argue that even though the main drivers of the move towards linking health and foreign policy are traditional security concerns, some states also show signs of altruistic behaviour that extends beyond foreign policy interests. We suggest that this is likely due to strategic engagement by health advocates who have used the window of opportunity provided by recent infectious disease outbreaks to mainstream health into formal and informal strategies. As such, apparently altruistic acts towards global public health arise as positive externalities integrated into new policies that largely deal with other issues. We conclude that while national self-interest is likely to remain the main driving force behind foreign policy engagement in global public health, the strategic use of policy mechanisms by health advocates helps ensure that more altruistic behaviours are incorporated into government. These are small steps towards ensuring health and foreign policy engage in ways which are mutually beneficial.

Keywords: global public health, foreign policy, international relations, policy mechanisms, security

Motives behind national and regional approaches to health and foreign policy

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Introduction

In recent years, health has risen as a strategic foreign policy and diplomatic concern for many countries and regions of the world (Fidler 2005, 2006, 2009; Kickbusch 2008). One prominent example of the increased attention given to this area is the Oslo Declaration, signed in 2006 by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand. The joint statement highlights the need to apply a health lens to 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 believe that health as a foreign policy issue needs a stronger strategic focus on the international agenda. 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).

The Oslo Declaration launched the Foreign Policy and Global Health Initiative). According to the World Health Organisation (WHO) (2009), the Foreign Policy and Global Health Initiative "has become one of the most prominent efforts in strengthening the foreign policy importance in global health", playing an instrumental role in shaping the United Nations (UN) General Assembly Resolution 63/33 (UN 2009) on global health and

foreign policy adopted in November 2008. The resolution recognized "the close relationship between foreign policy and global health and their interdependence," urging Member States "to consider health issues in the formulation of foreign policy."

The linking of health and foreign policy has revealed substantive tensions between the two fields. At their most fundamental level, public health and foreign policy communities differ in their ideologies, functions, audiences and obligations, as well as approaches to solving problems (Feldbaum *et al*. 2006, WHO 2009). Yet despite these differences, health issues have featured in foreign policy circles with increasing frequency. At the global level, health has appeared on the agenda of the UN Security Council, G8 Summits, and World Economic Forum. At the nation state level, several governments have started to engage in health issues in a more comprehensive way through formal and informal approaches.

This shift in policy relationship between the two issues begs the question: what are the motives behind national and regional strategies to health and foreign policy? In our paper, we attempt to answer this through examining the various approaches governments and regional bodies have taken. We rely on primary sources such as unpublished country strategy documents provided by the WHO, informal discussions with relevant members of government, speeches by serving officials, government reports on health and foreign policy, the grey literature, such as conference reports and working papers, as well as secondary sources.

Health as an Instrument of Foreign Policy

Before undertaking an analysis of the key motives, we review the literature on health and foreign policy to identify key findings from previous research in this area. We pay particular attention to the work of David Fidler, Andrew Price-Smith, Kelley Lee and Harvey Feldbaum.

David Fidler puts forward globalization as a key factor producing health and foreign policy collusion. He notes (2006) that globalizing processes have changed the nature and perception of threats and blurred the line between domestic and foreign affairs, thus revealing the limits of policy control in one state over many determinants of health. He argues that globalization facilitated the increased centrality of health to all functions of foreign policy. The four foreign policy functions that Fidler (2005) identifies are: to ensure a nation's security from external threats; to increase a country's economic power and prosperity through promotion of international trade and foreign investment; to support order and stability in countries and regions important to nation's security and economic interests (including development activities); and to promote and protect human dignity.

In particular, Fidler and Nick Drager (WHO 2009) point that it is the increasing frequency of crisis situations with profound health impacts and high economic costs such as anthrax, SARS, HIV/AIDS and pandemic flu that have made health a key pillar of the foreign policy agenda. They argue that health problems that do not have the uncertainty of a potentially catastrophic event, such as non-communicable diseases, neglected tropical diseases, road traffic injuries, mental health, and maternal and child health do not pose any immediate

danger to non-affected states and give no incentives for foreign policy action. Foreign policy attention is thus largely given to issues that reflect interdependence since governments seek collective action for self-protection (WHO 2009). Fidler further observes with Lawrence Gostin (2006) that "the biosecurity threats present in our globalized world actually make self-help the most attractive and effective strategy for powerful states".

Andrew Price-Smith (2009) concurs with Fidler that interdependence between states resulting from the processes of globalization has pushed developed countries to become interested in the health situation in developing countries. Price-Smith (2001) explains health's increased importance in foreign affairs as directly linked to the security implications of contemporary health threats. He draws particular attention to the effects of infectious diseases on destabilization of states and the ensuing terrorism, criminal activity and illicit trade which have harmful effects on the global scale.

Colin McInnes and Kelley Lee (2006) also argue that security concerns are the key driver behind health's rise in foreign policy. They point specifically to the emergence and spread of infectious diseases and the potential risk from biological weapons. They critique the narrow framing and privileging of interests in the contemporary agenda at the health and foreign policy interface, arguing that health issues that have received attention reflect more the concerns of foreign policy rather than those of public health. McInnes and Lee echo Price-Smith by pointing out two other important issues that could be of equal level of concern: internal state stability and illicit activities.

To explore the question of motive, Harley Feldbaum *et al*. (2006) take a step back to explore the basic differences in the objectives of the two fields: while national security is concerned with the protection of national boundaries and prioritizes the needs and interests of one state over others, global health knows no borders and works to benefit all people across the world. They advise to exercise caution before celebrating the appearance of certain public health issues in official government documents, such as the National Security Strategies of the US and the UK. In practice, they note (Feldbaum *et al*. 2006) that national security concerns trump the humanitarian aspirations of global health in the conduct of international relations. Taking this one step further, Feldbaum and Joshua Michaud (2010b) argue that health is in fact an instrument of foreign policy, where "countries are increasingly using health initiatives as a means to improve security, project power and influence, improve their international image, or support other traditional foreign policy objectives".

All four researchers ultimately argue that foreign policy interests drive international health policy, and discuss the consequences of this approach for global public health. We aim to test in this paper whether these findings are reflected in current country and regional approaches to health and foreign policy.

Country Strategies in Health and Foreign Policy

To test whether the above findings are accurate, we take a closer look at how countries have responded. We review seven country strategies ranging from formal agreements across government to more informal arrangements.

(1) Switzerland was the first country with a formally adopted global health strategy, the Swiss Health Foreign Policy (FDHA 2006). The strategy was driven by the imperative that different ministries should coordinate their positions internally in order to avoid external contradiction on particular issues; for example, the reconciliation of improving access to essential medicines with the protection of intellectual property rights. The five medium-term goals are given in Table 1 below. The second goal is to improve the general global health situation. The Swiss strategy is based on the perceived unique characteristics of Switzerland: it has been a neutral player; Geneva has become the "health capital" of the world; Switzerland has a long tradition and experience in development cooperation; and the pharmaceutical and food industry play a central role in the country.

Table 1: Comparison of strategic objectives of UK and Switzerland

UK's Health is Global	**Swiss Health Foreign Policy**
Stronger, fairer and safer systems to deliver health	Protect health interests of Swiss population
Better global health security	Improve global health situation
More effective international organizations	Improve international collaboration on health issues
Stronger and fairer trade for better health	Harmonize national and international policies
Strengthening the way we develop and use evidence to improve policy and practice	Safeguard Switzerland's unique role as a host country to international organizations and the pharmaceutical industry

(2) In September 2008, the United Kingdom (UK) published its first international cross-government strategy Health is Global: A UK Government Strategy 2008-13 (HM Government 2008), a part of UK Prime Minister Gordon Brown's strategy of "hard-headed internationalism," and a recognition of the complexity of globalisation, the changed perspective it demands, and the new alliances that need to be built to address these challenges. It is a broad, government-wide national strategy with ambitious international engagement goals, the intention to work more effectively with a range of partners, and a strong emphasis on the importance of internal policy coherence across all government departments. The strategy is driven by two aims: first, to use health as an agent for good in foreign policy, and second, to ensure that the effects of foreign and domestic policies on global health are much more explicit and made more transparent. The five priority areas identified are similar to the Swiss agreement (Table 1). The first goal is for the UK to help build stronger, fairer and safer systems to deliver health around the world.

(3) In May 2009, President Obama announced a new United States (US) Global Health Initiative (GHI) (White House 2009), a US $63 billion dollar commitment over six years with a strong focus on development. In essence, the GHI is meant to sustain financial support to and build on the current programmes to combat HIV/AIDS, TB and malaria (for example The US President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative), as well as widen the focus to maternal and child health, nutrition, family planning and reproductive health, neglected tropical diseases, and health systems strengthening. The rationale for the GHI lies not in the humanitarian arena but in the protection of national interests. In the words of Secretary Clinton (2010), the

programme “will be the centrepiece of our foreign policy”. According to the US administration, “the US global health investment is an important component of the national security ‘smart power’ strategy, where the power of America’s development tools especially proven, cost-effective health care initiatives can build the capacity of government institutions and reduce the risk of conflict before it gathers strength” (White House 2009).

In February 2010, the White House released a GHI consultation document (USAID 2010), opening the floor for comments over the period of three weeks. The draft strategy sets a number of very specific goals and targets, presents a business model together with the underlying principles, and outlines four main pillars of the operational plan. In brief, the Initiative’s objective is to improve health outcomes in the following areas: HIV/AIDS, malaria, tuberculosis, maternal and health, nutrition, family planning and reproductive health, and neglected and tropical diseases. The GHI is disjoint from other federal activities related to global health, namely the National Security Strategy (White House 2010) that highlights pandemics, infectious disease and biological weapons as significant threats to national security. It appears that the US is separating global health into two categories, one being issues that are relevant at home but originate abroad (security) and the other being issues that are relevant only abroad (aid and development) and addressing them accordingly, with the National Security Strategy, National Strategy for Countering Biological Threats and the GHI, run by different federal departments (Feldbaum 2010a).

(4) Even though Switzerland and the UK are the only two countries with formal national strategies at the moment, with the US soon to follow, many others have shown leadership in global health and foreign policy. Brazil has adopted health as a major priority for foreign policy, referred to as "health diplomacy" since the beginning of President Lula's government. The Brazilian government's approach rests heavily on the premise that health is a right of the people and the constitutional obligation of the state. The government has also pushed for public health principles to come above trade interests, exemplified by its extensive efforts in adopting the resolutions of WHO's Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (IGWG) (Temporão 2010).

While Brazil is active in health-related international institutions such as the WHO, the WTO, and WIPO, it has also focused on developing plurilateral networks and South-South cooperation. Brazil led the creation of the G20, and was heavily involved in the creation of IBSA (India, Brazil, South Africa). Brazil has shared its best practices as well as provided technology transfer and technical assistance in the fight against HIV/AIDS with countries in Africa. It is now intensively participating in two blocs, a regional one, UNASUL (South American Union of Nations) and a cultural-linguistic one, CPLP (Community of Portuguese Speaking Countries). The other mechanism through which Brazil pursues South-South cooperation is through FIOCRUZ, a public foundation attached to the Ministry of Health. FIOCRUZ is also involved in public health training in Angola, Mozambique and Cape Verde, as well as a number of other activities (such as drug donation and capacity-building) with some UNASUL countries.

(5) Even though Thailand has not formally developed a global health and foreign policy strategy, since 2003 there has been increasing cooperation between the Ministry of Public Health and the Ministry of Foreign Affairs. In fact, global health has been driven more by the Ministry of Foreign Affairs, through the concept of human security, as well as human rights and humanitarian principles, while the Thai government's health policy has been focused more predominantly on the promotion of health and well-being of its citizens. The cooperation between the two ministries largely revolves around infectious disease as well as trade. The regional collaboration ACMECS (Ayeyawady - Chao Phraya - Mekong Economic Cooperation Strategy) and the International Health Regulations adopted in 2007, have both driven Thailand's efforts to improve the prevention of epidemics through reporting and sharing of information, data and biological samples. Thailand has also played a crucial role in the trade and health arena, particularly in the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property process.

(6) France also does not have an official health and foreign policy strategy, but there has been increasing collaboration between the Ministry of Foreign and European Affairs and the Ministry of Health, as well as new coordination mechanisms across these and other relevant ministries. "Thematic ambassadors," appointed by the Ministries of Health and Foreign and European Affairs, work on specific health topics. For example, there are currently two ambassadors at the Ministry of Health addressing the fight against HIV/AIDS and the threat of pandemic influenza, respectively. Health experts are sent to French embassies and missions as well as to the diplomatic networks in Asia and Africa.

(7) Norway has acted as a strong political advocate in increasing awareness of health as a cross-cutting foreign policy issue, and in raising health issues in foreign policy arenas such as the UN General Assembly, the EU, and in bilateral negotiations. Norway played a key role in the establishment of the Convention on Cluster Munitions in December 2008 that bans all use, stockpiling, production and transfer of cluster munitions and has separate articles on assistance to victims, clearance of contaminated areas and the destruction of stockpiles. The Norwegian government was instrumental in convening the discussions that led to theForeign Policy and Global Health Initiative . Health and international development, particularly the MDGs, are central to foreign policy both in terms of funding and attention given by the Prime Minister, the Crown Prince and the Crown Princess. Most recently, Foreign Minister Jonas Støre, together with US Secretary Hillary Clinton (2009), have committed to increased cooperation on child health, maternal health and women's health as well as mainstreaming human rights for these issues.

Regional Strategies in Health and Foreign Policy

(1) Within Europe, the European Union (EU) has become a key player in global health. For example, in 2004-2005 the EU adopted a strategy and action plan for the fight against HIV/AIDS, TB and malaria, and after the Cairo conference, the Council developed a common position on EU commitments to sexual and reproductive health. In 2006, the EU approved a strategy and plan of action to address the human resource crisis in developing countries. In 2007, the EU adopted a strategic partnership with Africa which works to strengthen existing health systems and to create new health protection schemes, and the EU has most recently moved into examining the creation of health insurance systems in

developing countries. The EU has also played a mediating role among the interests of developing and industrialized countries such as on the issue of access to essential medicines.

In recognition of the increased importance of public health in institutions such as the Lisbon Treaty, the EU has started to clarify its role and strategic approach in global health (EC 2009). In March 2010, the European Commission (EC) released a Communication (policy document) on global health (EC 2010) that outlined the vision and the guiding principles on the role global health plays in different policy sectors and how the EU should be acting in response to the current challenges. The main priority areas included in the policy document were access to healthcare, policy coherence, and global health research (see Table 2).

(2) Modelled after the EU, the UNASUL is an intergovernmental union integrating two existing customs unions: Mercosur and the Andean Community of Nations, as part of a continuing process of South American integration. UNASUL includes the 12 South-American countries, and involves strengthening health systems and services, as well as their related institutions. Important developments in the health sector include the creation of the South American Commission on Social Determinants on Health and the South American Council on Health (CSS), represented by the Ministers of Health of member states. During the inaugural meeting in April 2009, the members of CSS-UNASUL signed a number of documents, including the 2009-2010 plan of work (UNASUR 2009). The plan identifies five priority areas (see Table 2).

Table 2: Regional global health priorities

EU	**UNASUL**
Demographic and inclusive governance	Building an "epidemiological shield"
Universal coverage of basic quality health care	Development of universal health systems in the region of South America
Coherence between relevant EU policies related to global health	Universal access to medicines
Research and evidence based dialogue and action	Health promotion and action on the social determinants of health
Delivering results through enhanced coordination, monitoring and capacity building	Development and management of human resources in health

(3) In Asia, several groups are active: Association of Southeast Asian Nations (ASEAN), the ACMECS and the Asia Pacific Economic Cooperation forum (APEC). Health Ministers of member countries of the ASEAN have produced six declarations (including one on ASEAN unity in health emergencies adopted in 2006) and ten press releases since 2000. In May 2009, ASEAN+3 held a special meeting on H1N1. APEC set up a Health Task Force in 2003, which later became a Health Working Group in 2007 responsible for health-related activities of its members. The group has led a number of pandemic-related initiatives in the region.

(4) The African Union (AU) is an intergovernmental organization consisting of 53 African states that was established in July 2002. Since then, the Union has held four conferences with the Ministers of Health of the Member States and has been actively involved in health issues relevant to the challenges of the region – infectious diseases, health financing, and food security and nutrition (WHO 2009). The Union also launched the African Diaspora Health Initiative in December 2008, aimed "to provide a platform by which health experts of the African Diaspora can transfer information, skills, and expertise to their counterparts in the African Continent through linking specific health expertise within the African Diaspora with specific health needs in specific geographical locations in Africa" (African News Journal 2009).

Health and Foreign Policy: A Mutually Beneficial Relationship?

From our analysis of the above strategies, we agree with the dominant view that interest by foreign policy officials in global health has been driven by national security-related concerns. The security agenda has grown to encompass issues beyond military capability such as bioterrorism and epidemics. Health is indeed being used as an instrument of foreign policy.

However, it also appears that foreign policy is being used an instrument of health. In our review, we found that most of the national and regional approaches described in this paper are progressive, incorporating elements that can be perceived as altruistic behaviour. In response to those who see health only as a tool of foreign policy, we ask: if countries are solely acting out of self-interest, how are issues like improving health systems, combating

chronic disease, addressing road traffic injuries and strengthening WHO – all of which are not acute and non-communicable – making the cut?

To explain this puzzle, we point to “policy entrepreneurs” within governments and regional bodies. By this term, we refer to public health officials who are finding ways to align themselves with the prevailing ideology and priorities of the government- national security and economic prosperity- thus building key bridges to advance global public health. These “policy entrepreneurs” are using high-profile health issues to fight for progress on other items on the agenda. As the WHO Director-General and the Foreign Ministers of France and Norway pointed out (Chan, Store and Kouchner 2008), “the current interest in global health as foreign policy concern offers a window of opportunity. We need to embed the use of the health lens in foreign policy while we have this chance. Protecting and promoting public health as part of foreign policy agenda makes sense”. Both the UK and Switzerland strategies are clear examples of what can be achieved for global public health through strong internal leadership by health advocates (such as Dr. Nick Banatvala and Dr. Gaudenz Silberschmidt) and strategic use of the foreign policy dialogue. Taking it further, negotiations on issues related to both health and foreign policy could be likened to a "tug of war" between health and foreign policy officials, where one side is trying to use the other to advance its respective objectives. Framework Convention on Tobacco Control (FCTC) serves as a good example: Brazil worked to strengthen it (Lee, Chagas and Novotny 2010) because of constitutional obligations by the government to the health of its people, while Japan tried to weaken it due to strong industry ties (Assunta and Chapman 2006).

We have identified two main mechanisms in which the health agenda is being pushed forward by policy entrepreneurs. First they are strategically employing attention created by high-impact events such as disease outbreaks to build sustainable institutions. For example, the creation of the Public Health Agency of Canada, the European Centre for Disease Control and increased attention of China to its public health system took place mostly to address the economic consequences of SARS, but turned out to have a much broader scope with positive spill-over effects beneficial to public health more broadly. In addition, the US Centers for Disease Control is an institution that was originally responsible for protection of the health of the military serving abroad (King 2002) but gradually developed a much broader mandate and became a leading public health agency.

Second, policy entrepreneurs are placing strong emphasis on intra- and inter-state collaboration and policy coherence to align health and foreign policy objectives. From the political perspective, such a move makes sense: development of a common framework based on common interests strengthens and sustains political commitment better than humanitarian or moral arguments in their own right. Institutionalization is one way to avoid the changes in priorities associated with political cycles and protect health from disappearing from the agenda. In addition, a national strategy allows the government to greatly raise public awareness of the issues of interest and also gives ground to work towards internal policy coherence among different federal departments (Lister *et al*. 2002).

Conclusion

Our aim in writing this paper was to analyse the drivers and motivations behind country and regional strategies in foreign policy and health. Based on our research, we have found that foreign policy and health are becoming increasingly interlinked. Yet the emerging policy nexus is still young and not straightforward, making it difficult to identify the possible future ramifications of this new relationship. Even though the main underlying drivers behind engagement of non-health policy leaders with public health experts appear to be the traditional security concerns and economic interests, some states also show signs of altruistic behaviour. This can be explained by the limited success of health advocates who used the window of opportunity provided by high-profile events and the shared drive towards policy coherence to put in place formal and informal strategies and action plans to protect less security-oriented health issues from political cycles and ensure a more sustained government commitment. As such, apparently altruistic acts towards global public health arise as positive externalities integrated into new policies that largely deal with other issues. In conclusion, while national self-interest is likely to remain the main driving force behind foreign policy engagement in global public health, the strategic use of policy mechanisms by health advocates helps ensure that more altruistic behaviours are incorporated into the government. These are small steps towards ensuring health and foreign policy engage in ways which are mutually beneficial.

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