U.S. GLOBAL HEALTH POLICY

POLICY BRIEF

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RAISING THE PROFILE OF DIPLOMACY IN THE U.S. GLOBAL HEALTH RESPONSE: A BACKGROUNDER ON GLOBAL HEALTH DIPLOMACY

INTRODUCTION

The U.S. government recently announced its intention to create a new "Office of Global Health Diplomacy" at the State Department (S/GHD), elevating, at least structurally, the role of diplomacy in U.S. global health efforts. As stated in the announcement, the creation of the office is a recognition of "the critical role of health diplomacy to increase political will and resource commitments around global health among partner countries and increase external coordination among donors and stakeholders."[1] It also appears to be part of the "next phase" of the Global Health Initiative (GHI)[*], the Administration's effort to create a global health strategy for the U.S. government, with the S/GHD office "champion[ing] the priorities and policies of the GHI in the diplomatic arena."[1]

While the S/GHD will be a new office, it joins a much longer history of diplomatic engagement on international health issues by the U.S. and others. To help understand this broader context and history, this article provides an overview of global health diplomacy as a concept, including how it has been defined and used, as well as the history of diplomatic engagement on health, both globally and by the U.S., more specifically. Even as there remain a number of questions about the new S/GHD office, including exactly how it will operationalize the principles of the GHI in diplomacy, now is an opportune time to examine and assess the state of understanding in the emerging field of global health diplomacy.

DEFINITIONS OF AND ISSUES IN "GLOBAL HEALTH DIPLOMACY"

Even though the concept and practice of GHD have a long history (see below), the actual term itself is a much more recent phenomenon. It is unclear when "global health diplomacy" was first used, but since 2000 it has gained prominence in the academic literature, and in policy documents and statements about the intersection between health and diplomacy.[2] Still, GHD does not have a single, accepted definition. Instead, a number of different definitions have been advanced by various authors and in different contexts (see Box 1). Many of these definitions take a global health-based perspective, and emphasize the role that diplomacy can play in promoting global health goals, but the framing of GHD in this way remains contentious among scholars and practitioners in the field.[3] In fact, a key recommendation coming out of a 2011 meeting of experts on GHD was to have the field "define more concisely what global health diplomacy is."[4]

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[*] The GHI was announced in 2009 as an effort to launch a "new, comprehensive global health strategy" for the U.S. government, intended to adopt "a more integrated approach to fighting diseases, improving health, and strengthening health systems." (see, http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative). Led by the heads of the three agencies that collectively oversee most U.S. global health programs - USAID, CDC, and the Office of the Global AIDS Coordinator (OGAC), a new GHI office, with an Executive Director, was created at the State Department to coordinate interagency efforts. However, as part of a review of the GHI structure (as mandated in the QDDR process – see below, page 6), the Administration's announced on July 3, 2012 that while the GHI "will continue as the priority global health initiative of the U.S. Government", its office would close and instead, the three leaders of the "core entities" (USAID, CDC, and OGAC) will continue to have a "mandate of ensuring the GHI principles are implemented in the field" in order to meet GHI goals and targets. (see, http://www.ghi.gov/newsroom/blogs/2012/194472.htm).

Speaking more generally, GHD is part of the larger set of activities that comprise *diplomacy*, which traditionally refers to the conduct of international relations through "negotiating alliances, treaties and other agreements," and which is concerned with dialogue "designed to identify common interests and areas of conflict" between the interacting parties.[5] The focus and conduct of each country's diplomatic negotiations is guided by its *foreign policy*, the area of a state's activity between the internal (domestic) and external (foreign) environment. As one review has summarized, "while foreign policy is the substance, aims and attitudes of a state's relations with others, diplomacy is one of the instruments employed to put these into effect."[5]

Box 1: Select Definitions for Global Health Diplomacy[6]

"an emerging field that addresses the dual goals of improving global health and bettering international relations." Adams, Novotny and Leslie (2007)

"multi-level, multi-actor negotiation processes that shape and manage the global policy environment for health" - Kickbusch (2007)

"winning hearts and minds of people in poor countries by exporting medical care, expertise and personnel to help those who need it most" - Fauci (2007)

"the cultivation of trust and negotiation of mutual benefit in the context of global health goals" - Bond (2008)

"policy-shaping processes though which state, non-state and other institutional actors negotiate responses to health challenges, or utilize health concepts or mechanisms in policy-shaping and negotiation strategies, to achieve political, economic, or social objectives" – Fidler (2009)

In thinking about both definitional and operational issues related to GHD, it is important to note an inherent tension between the use of foreign policy and diplomacy for achieving better global health outcomes, and the use of health as a tool for achieving foreign policy goals.[7,8,9] Global health proponents have focused on the former, hoping that the foreign policy recognition and diplomatic activity in this area will help raise the policy profile of global health. But, in circumstances where global health and foreign policy goals do not overlap, or are in fact at odds, the tension can arise. For example, earlier this year, the CIA used a vaccination campaign in Pakistan as cover for an effort to collect DNA in search of Osama Bin Laden. When the gambit was revealed, it led to significant political and social fallout and greater difficulties in delivering vaccinations and other health interventions in Pakistan.[10,11] Other examples come from the DoD's use of health programs in Iraq, Afghanistan, and elsewhere as part of campaigns to win the "hearts and minds" of communities and bolster support for the United States, programs which have at times been short-term, "quick-impact" projects focused on immediate U.S. national security objectives but fail to sustainably improve health in target populations, and which may place aid workers at greater risk due increased mistrust in communities served and the potential for such workers to become targets of violence.[12,13] Ultimately, while the mixing of national security and defense goals with global health programs has been met with some skepticism by global health practitioners[14,15,16] there has been a decided increase in focus on the role global health diplomacy can play as part of governments' foreign policy agendas, including by the U.S.

In addition to the varying definitions of GHD and different views on its proper role in foreign policy, there is a diverse set of diplomatic activities that could be seen as constituting GHD. These range from the formal international negotiation activities that take place between countries, to the set of semi-official and informal activities in health that take place when representatives of a government interact

with other actors in foreign countries. According to one published analysis, GHD efforts can be categorized into the following three main types of activities:[17]

- *Formal international bilateral and multilateral negotiations on health issues* – the "traditional" set of diplomatic activities in which countries engage in international negotiations for resolving disputes and making formal agreements. Examples in global health would include the negotiation and signing of the International Health Regulations and the Framework Convention Tobacco Control, the Doha Declaration on TRIPS and Public Health, among others.
- *Multi-stakeholder diplomacy often involving countries* – a set of diplomatic activities focused in which countries work with other countries and additional stakeholders to negotiate and come to agreement on common, health-related issues. Examples include the negotiations leading to the creation of the Global Fund and GAVI (public-private partnerships that feature countries and non-governmental organizations acting jointly), and various donor pledging conferences, such as the 2012 Family Planning Summit held in London.
- *Semi-official interactions between health actors from one country acting in another country* – a broad set of interactions in which an official (or semi-official) representative of one country is acting in a health capacity in another country. Examples may include government representatives from USAID, PEPFAR, and other agencies working in other countries and interfacing with (and perhaps negotiating with) representatives of the host country.

A BRIEF HISTORY OF GLOBAL HEALTH DIPLOMACY

As mentioned above, international diplomacy concerning health issues is not a new phenomenon. In fact, such activities have a history dating back at least to 1851, the year of the first formal multi-country discussions held in Europe that focused on improving and harmonizing cross-border communicable disease control.[18,19] These negotiations led to the establishment of the "International Sanitary Conventions", the precursors to the modern International Health Regulations, a multilateral agreement that outlines countries' obligations and responsibilities for detecting, reporting, and responding to health events of international concern such as disease epidemics and pandemics.[20] Other multilateral diplomatic negotiations led to the establishment of a number of important international health institutions, such as the Pan-American Health Organization (PAHO) in 1902, the League of Nations Health Organization in 1924, and, ultimately, the World Health Organization (WHO) in 1948.[2,21] In addition to multilateral health negotiations and agreements, nation-to-nation, or bilateral, negotiations and agreements on health issues also emerged around this time, including several regarding prevention of infectious disease outbreaks in the 1920s between European states.[22]

In the post-World War II era, the WHO became the focal point for global diplomatic activity on health. The organization hosts an annual meeting of official diplomatic representatives from its member states, the World Health Assembly (WHA), in which international health issues are discussed and policy negotiated. The WHA has also been a forum in which member states have expressed support for the idea that health could be proactively used to ease cross-border tensions; a WHA resolution in 1981, for example, stated that health programs could help prevent and reduce conflict, and subsequently the WHO and its regional offices oversaw a program known as "Health as a Bridge to Peace" to support such efforts.[23] This idea that health could serve as a tool for diplomatic enggement continued on through the 1980s and 1990s, when a number of health programs and so-called "vaccine diplomacy" efforts were credited with precipitating cease-fires and aiding political negotiations in conflict zones such as Sierra

Leone, Sudan, El Salvador, and Bosnia.[24,25] Still, some have pointed to the need for evidence of the broad applicability and effectiveness of this approach.[26,27]

More recently, growing concern about the political and social impacts of HIV/AIDS and emerging infectious diseases such as SARS and pandemic influenza have led policymakers to place greater attention on health in the context of foreign policy and diplomatic activity. In response to the growing political attention, a new United Nations agency (UNAIDS) was created in 1996 to serve a center for multilateral policy negotiations on addressing HIV, and in 2000 the UN Security Council declared HIV/AIDS a global security threat, the first time any disease had been singled out in this way. International alarm about the spread of H5N1 avian influenza and the potential for an influenza pandemic led UN Secretary General create a new UN System Influenza Coordinator office in 2005 to help multilateral coordination.

The importance of global health as an emphasis for diplomatic engagement has continued to grow. Over the past decade, proponents of global health have focused on how diplomacy and foreign policy can be used to support global health goals. For example, the current WHO Executive Director opened a unit dedicated to global health diplomacy,[28] and heralded the burgeoning interest in diplomacy for health as a "new era" for global health.[29] The WHO served as the forum in which countries debated and came to agreement on the Framework Convention on Tobacco Control, a global health treaty adopted by the WHA in 2003, and the negotiations leading up to the revision of the International Health Regulations, which were approved by the WHA in 2005.

As a further indication of the growing international attention on the relationship between diplomacy and health, a diverse set of countries (Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand) made a joint declaration in 2007 known as the Oslo Ministerial Declaration, in which they declared global health to be a "pressing foreign policy issue of our time", and committed to making health a "defining lens" for shaping foreign policy.[30] Likewise, governments of Switzerland and the United Kingdom have declared intentions to integrate health considerations into the development of their foreign policy and diplomatic negotiations.[31,32]

EVOLUTION OF U.S. ENGAGEMENT ON GLOBAL HEALTH DIPLOMACY

The U.S., too, has a long history of engagement in diplomacy on health issues. Early U.S. efforts stemmed as much from economic interests as public health ones, as the government sought to promote international trade and travel while also protecting shipping ports and other borders from external disease threats brought on by increased mobility. The U.S. participated in the International Sanitary Convention negotiations in the 19th Century (its first active participation coming in 1866, at the 3rd Convention)[33], promoted the founding of PAHO and the creation of the WHO, and is an active a participant in the annual WHA meetings and related negotiations. Beyond the multilateral dimension, there is also a long history of U.S. bilateral diplomacy on health issues. For example, as early as 1929, the United States and Canada entered into a bilateral treaty requiring quarantine inspection of each country's ships when entering adjacent waters, to prevent the spread of disease between the two countries.[34]

Even before the creation of a formal U.S. foreign health assistance apparatus, the U.S. government was already involved in negotiating and overseeing the disbursement of international health support to developing countries in the name of furthering U.S. interests; this assistance had reached approximately $40 million in 1954.[35] At the time of the creation of USAID in 1961, President Kennedy clearly argued

that by reaching out to other countries with assistance in health and other areas, the U.S. was furthering its interests and supporting important foreign policy goals. Foreign assistance, Kennedy said in remarks to Congress that year, could help prevent the "collapse of existing political and social structures" in developing countries that would "invite the advance of totalitarianism into every weak and unstable area," endangering U.S. security and prosperity.[36]

While health, foreign policy, and diplomacy, therefore, have been linked over time in U.S. policy, the more contemporary and explicit use and application of "health diplomacy" as a concept and pursuit has its roots in the Carter administration. In 1978, the administration released a landmark report on the role of international health in U.S. diplomacy titled *New Directions in International Health Cooperation*.[37] At that time Peter Bourne, a special assistant to President Carter for health, wrote that U.S. support for international health "can be a basis for establishing dialogue and bridging diplomatic barriers", and used the term "medical diplomacy" to describe such activities.[38] The administration advocated for greater U.S. engagement in this area, highlighting the contributions they could make to furthering U.S. interests and achievement of foreign policy goals.

Even with the attention given to medical diplomacy by Carter administration, a more deliberate and concrete engagement on GHD by the U.S. government did not begin to gain traction until the after emergence of the HIV/AIDS epidemic in the 1980s. At that time, the U.S. government increasingly began to see HIV as an international political, economic, and security issue that deserved greater foreign policy attention. The U.S. intelligence community drew attention to the growing national security threat posed by HIV/AIDS as early as 1987, with a report by the National Intelligence Council on AIDS as a security threat, and continued to highlight this threat in subsequent analyses and reports.[39] The U.S. Department of State issued its first international strategy on HIV/AIDS in 1995, stating, among other things, that "HIV/AIDS should be introduced to a greater extent in the U.S. diplomatic and policy dialogue in order to underscore the recognition of HIV/AIDS as an international problem with political, social and economic impact which goes well beyond the boundaries of the traditional health sector."[40] The first mention of AIDS in a U.S. National Security Strategy came in 1996, and in 2000 the Clinton Administration declared HIV to be a national security threat to the United States.[41] U.S. diplomats also lead the effort to have the UN Security Council also declare HIV to be security threat.[42] In addition to concerns about AIDS, there were also growing concerns about the security, economic, and health impacts of emerging infectious diseases, such as SARS and pandemic influenza, which also contributed to the increasing linkages made between global health and U.S. foreign policy.[7,43]

U.S. support for international health programs grew dramatically after 2000, through newly created international assistance programs such as the multilateral Global Fund to Fight AIDS, Tuberculosis, and Malaria, which the U.S. helped to establish in 2002, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), created in 2003, along with a new Office of the Global AIDS Coordinator located within the State Department to oversee U.S. global AIDS efforts, and the U.S. President's Malaria Initiative, launched in 2005. Such efforts channeled significantly increased financial assistance into global health, described by policymakers as important not only because they addressed pressing humanitarian needs abroad, but also because they served U.S. national interests and foreign policy objectives in a variety of ways (see Box 2, next page).[44] Diplomatic engagement is an important component of putting programs into practice, because they involve negotiation with recipient country governments, other donors, and additional partners. PEPFAR, in fact, engages in a formal process of negotiating annual *Country Operational Plans*[45] and five-year *Partnership Frameworks* with country recipients of assistance.[46]

Box 2. Selected Statements by U.S. Officials on Global Health, Foreign Policy, and Diplomacy[47]

"Medical diplomacy must be made a significantly larger part of our foreign and defense policy…America has the best chance to win the war on terror and defeat the terrorists by enhancing our medical and humanitarian assistance to vulnerable countries." *– Former Secretary of Health and Human Services Tommy Thompson* (2005 Boston Globe editorial)

"The United States must seize the mantle of utilizing global health as a vital diplomatic instrument to strengthen confidence in America's intent and ability to bring long-term improvements to citizen's lives among our partners…the fight for global health can be the calling card of our nation's character in the eyes of the world."
– Former Senate Majority Leader Bill Frist (2007)

"A key element in the recent support of global health initiatives has been the growing realization by political leaders of the importance of global health to their national interests." *– Director of the National Institute of Allergy and Infectious Diseases Anthony Fauci* (2007)

"What exactly does maternal health, or immunizations, or the fight against HIV and AIDS have to do with foreign policy? Well, my answer is everything." *Secretary of State Hillary Clinton* (2010)

The U.S. has also engaged in global health diplomacy in response to crises or specific health-related issues. For example, U.S. diplomats played an important role in the international effort mounted in response to the cessation of polio vaccination in Northern Nigeria in 2003, a situation which placed the global campaign to eradicate polio in jeopardy.[48] Likewise, U.S. representatives were involved in the diplomatic effort to reach an agreement with Indonesia regarding that country's refusal to share samples of H5N1 influenza starting in 2006.[49]

Current U.S. guidance and strategy documents continue to emphasize the benefits of global health engagement and global health diplomacy. The latest National Security Strategy declares the U.S. has a "moral and strategic interest" in advancing global health. In the first ever "Quadrennial Diplomacy and Development Review" (QDDR, released in 2010), the State Department provided a blueprint for "elevating American 'civilian power' to better advance U.S. national interests, focusing on the role of both diplomats and development experts. Health is identified as one area that bridges both diplomacy and development. As stated in the QDDR, "we invest in global health to strengthen fragile and failing states, to promote social and economic progress, to protect America's security, as tools of public diplomacy, and as an expression of our compassion." A key actor identified in the QDDR for carrying out development and diplomacy is the U.S. Ambassador in country.

LOOKING FORWARD

Building on a long history of diplomatic engagement on health issues, carried out by the U.S. and others, global health diplomacy appears poised to assume a more prominent role in addressing global health challenges, especially in the U.S., given the recent announcement that the State Department will be opening a Global Health Diplomacy office. While questions remain regarding the role of the new office in relation to the GHI and to other U.S. government agencies and offices working on related issues, elevating the prominence of GHD in this way has the potential to raise the profile of global health and provide new avenues for addressing health problems, particularly those that may be more intractable or require negotiation. Of course there are potential challenges to such an endeavor as well, from tensions that might arise between foreign policy and global health goals, to ensuring that these issues maintain a sufficiently high policy focus in an era of significant financial resource constraints. Moving forward, it will

be important to maintain a focus on the progress made and monitor the successes and failures in the area of GHD, both for informing U.S. policy but also the broader, international health response.

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