

# **Global Health and Foreign Policy: Strategic Opportunities and Challenges**

## **Background Paper for the Secretary- General's Report on Global Health and Foreign Policy**

Prepared by WHO

Draft

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## Table of Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AMC	Advance Market Commitment
APEC	Asia Pacific Economic Cooperation forum
ASEAN	Association of Southeast Asian Nations
AU	African Union
CPLP	Community of Portuguese Speaking Countries
ECDC	European Centre of Disease Prevention and Control
ECOSOC	Economic and Social Council
EU	European Union
FCTC	Framework Convention on Tobacco Control
FPGH	Foreign Policy and Global Health initiative
G8	Group of 8
GHD.Net	WHO Global Network on Global Health Diplomacy
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GHWA	Global Health Workforce Alliance
HIV	Human Immunodeficiency Virus
IFFIm	International Finance Facility for Immunization
IBSA	India, Brazil, and South Africa initiative
IHR 2005	International Health Regulations 2005
MDGs	Millennium Development Goals
MNCs	Multinational corporations
NCDs	Non-communicable diseases

NGOs	Non-governmental organizations
OIC	Organization of the Islamic Conference
OIE	World Organization for Animal Health
PEPFAR	President's Emergency Plan for AIDS Relief
SARS	Severe Acute Respiratory Syndrome
TICAD	Toyko International Conference on African Development
TFD	Trade, Foreign Policy, and Diplomacy unit of WHO
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNASUL	Union of South America Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WTO	World Trade Organization

# **Global Health and Foreign Policy: Strategic Opportunities and Challenges**

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### **I. Introduction**

1. The frequency, severity, and political significance of global health problems have produced more foreign policy awareness and action by countries on health matters than has historically been the case. Reflecting on heightened foreign policy concerns about global health, the General Assembly of the United Nations (UN) recognized “the close relationship between foreign policy and global health and their interdependence” in resolution 63/33 of 26 November 2008.

2. This UN General Assembly resolution is different from other resolutions that identify specific health problems because resolution 63/33 focuses on the need to strengthen the foreign policy processes of UN Member States within the UN system, other intergovernmental settings, regional and bilateral relations, and partnerships with non-State actors concerning a myriad of global health challenges. Co-sponsored by 50 UN Member States, the resolution makes the link between foreign policy and global health more prominent and underscores the necessity for more foreign policy awareness and action on many issues affecting health.

3. The resolution requests that the UN Secretary-General, in close collaboration with the Director-General of the World Health Organization (WHO), and in consultation with UN Member States, prepare a comprehensive report that discusses the challenges, activities, and initiatives related to foreign policy and global health and that makes recommendations (Resolution 63/33, ¶ 5).

4. As part of the process of collaboration between the UN and WHO on preparing this report for the General Assembly, the WHO Secretariat has prepared this Background Paper, which analyzes the rise of global health issues in foreign policy, examines key challenges facing global health as a foreign policy objective, describes initiatives and activities that attempt to improve how foreign policy processes incorporate and advance global health concerns, and provides examples of possible recommendations for strengthening global health as a strategic foreign policy interest of UN Member States.

## **II. Global Health Issues in Foreign Policy**

### ***A. Developments Connecting Foreign Policy and Global Health***

5. Health has long been the subject of diplomacy and cooperation across many areas, including communicable disease control, occupational health and safety standards, and protection from cross-border pollution. However, health has never had the foreign policy profile it obtained in the first decade of the 21<sup>st</sup> century. Changes in international relations have elevated the political importance of global health for countries, international organizations, non-governmental organizations (NGOs), and multinational corporations (MNCs). This phenomenon has allowed global health to become more of a strategic foreign policy concern. To date, foreign policy efforts to address global health issues have had mixed results. This situation has generated interest in both policy communities to strengthen the relationship between global health and foreign policy in order to develop and maintain more effective collective action on global health challenges.

#### **1. Global health problems**

6. The past 10-15 years have seen unprecedented levels of foreign policy and diplomatic involvement in health issues largely because such issues repeatedly demanded political attention beyond the health sector. The most prominent examples include the emergence of infectious disease threats, including HIV/AIDS, drug-resistant tuberculosis and malaria, SARS, avian influenza A (H5N1), influenza A (H1N1), and terrorist use of biological weapons. The political and economic implications of these threats forced foreign policy makers to engage in crafting national responses and international action.

7. Global health concerns also appeared on foreign policy agendas when health initiatives created controversies because of diverging health and economic interests. Friction between trade and health has arisen within the World Trade Organization (WTO) in the areas of food safety, technical barriers to trade, trade in services, and the protection of intellectual property rights. Economic and/or trade concerns also complicated advocacy for better collective action against (1) the pandemics of tobacco-related diseases and childhood and adult obesity, and (2) the “brain drain” of health care workers leaving low-income countries for employment in high-income nations.

8. Health problems also affected foreign policy’s involvement in development, which forced foreign policy makers to understand health’s growing importance to economic and social development. The UN’s eight Millennium Development Goals (MDGs) contain three health-specific objectives (child health, maternal health, and combating HIV/AIDS, malaria, and other diseases) and seek improvements in four key social determinants of health (poverty, education, gender equality, and environmental sustainability). The macroeconomic case for health being located at the center for development policy further raised health’s profile in foreign policy’s management of development strategies.

9. In addition to development, health garnered increased prominence in other areas in which foreign policy makers engage. The importance of focusing on health during conflicts and in post-conflict reconstruction was recognized. Ensuring health responses to natural disasters became part of foreign policy's tasks in providing assistance during humanitarian crises. The adverse impacts on health featured more prominently in foreign policy responses to various global crises, including the energy, food, and economic crises that struck in 2008. Global fears about the need to craft mitigation and adaptation strategies to address the consequences of climate change gave health issues another foothold in the diplomacy surrounding a cutting-edge global issue.

## **2. Foreign policy venues for global health activities**

10. The number of the global health problems that arose in the past 10-15 years is mirrored by the increase in the foreign policy venues in which global health became a serious issue. Within the UN, in addition to traditional UN players in global health, such as WHO and UNICEF, other UN organs began to engage in global health more significantly, including the Security Council, the World Bank, Food and Agriculture Organization (FAO), and UN human rights bodies. The increasing threat of zoonotic diseases has forced human and animal health agencies—WHO, FAO, and the World Organization for Animal Health (OIE)—into more intense coordination and collaboration. As suggested above, the WTO became a forum for global health policy and governance, especially with respect to public health concerns with the protection of intellectual property rights. Regional organizations, such as the European Union (EU), the Association of Southeast Asian Nations (ASEAN), and other intergovernmental processes, such as the Group of 8 (G8), stepped up their activities on global health.

## **3. Agreements, mechanisms, and initiatives for global health**

11. Foreign policy activities on global health were also stimulated by the creation, negotiation, and operation of new agreements, mechanisms, and initiatives, such as the International Health Regulations 2005 (IHR 2005); WHO Framework Convention on Tobacco Control (FCTC); Convention on Cluster Munitions; Global Fund for Fighting AIDS, Tuberculosis, and Malaria (Global Fund); the International Finance Facility for Immunization (IFFIm); Global Health Security Initiative; International Health Partnership; UNITAID; President's Emergency Plan for AIDS Relief (PEPFAR); and Foreign Policy and Global Health (FPGH) initiative.

## **4. Non-State actors in global health**

12. The growth in NGO and philanthropic activism contributed to the increase in global health's foreign policy importance. The impact of philanthropic foundations, particularly the Bill and Melinda Gates Foundation, has been profound because of the new financial resources brought to bear on multiple health problems. Similarly, NGOs became more engaged in global health activism, as illustrated by the efforts of NGOs in (1) promoting access to medicines and opposing stronger intellectual property rights, and

(2) supporting adoption of the FCTC. The expanded involvement of non-State actors forced foreign policy makers to deal with a new constellation of actors with money, influence, or the ability to create political controversy.

## ***B. Global Health as a Strategic Foreign Policy Interest: Development of a Common Framework***

13. The intensification of foreign policy activities on global health produced rethinking in both policy realms. Global health ceased being a marginalized, episodic foreign policy concern and began to emerge into a strategic interest for foreign policy's main purposes. Addressing global health problems became important to the primary objectives of foreign policy—achieving national security, creating national economic wealth and growth, supporting development of key countries and regions, and protecting and promoting human dignity. This development reflected changes in both foreign and health policy thinking.

“Pandemics, emerging diseases and bioterrorism are readily understood as direct threats to national and global security. But health issues are also important in other core functions of foreign policy, such as pursuing economic growth, fostering development, and supporting human rights and human dignity.”—  
Margaret Chan (WHO Director-General), Jonas Støre (Norwegian Foreign Minister), and Bernard Kouchner (French Foreign Minister), 2008

14. For foreign policy makers, viewing global health as strategic in the primary functions of foreign policy was new. Although health had featured historically in trade diplomacy, development policies, and human rights discourse, most countries did not consider health as strategic to foreign policy activities in these areas. In addition, health thinking did not factor into traditional notions of national and international security, even in connection with collective action against biological weapons.

15. The scale and severity of the damage global health problems could inflict on country's power, wealth, domestic stability, and influence began to change foreign policy perceptions of health as mainly a humanitarian concern. Countries started to argue that certain communicable diseases could threaten national and international security, an argument not present in traditional thinking on security. The health-security link appeared in the UN (e.g., Security Council deliberations on HIV/AIDS as a threat to international peace and security) and WHO (e.g., an emphasis on health security, particularly under the IHR 2005). The seven foreign ministers who launched the FPGH initiative focused two of their three themes for foreign policy action on the concept of “global health security.”

16. The macroeconomic burdens of communicable and non-communicable diseases (NCDs) caught the attention of finance and foreign ministers, creating new power centers interested in reducing the fiscal and economic drag of disease. In development circles, health improvements were increasingly seen as investments to make rather than costs to avoid, which illuminated the importance of health systems and social determinants of health to development work. As indicated above, health's importance to development is

clear in the MDGs, and WHO made development part of its core mission. Direct threats posed by diseases, discriminatory treatment of persons infected with HIV, and growing inequities in health conditions and access to health resources gave health a higher profile in human rights activities.

17. From the global health perspective, conceptualizing health as strategic in the main functions of foreign policy provided an opportunity to help redefine what those functions meant and, thus, deepen foreign policy commitment to global health. For example, health concerns supplemented efforts to generate new concepts of security, such as human security and health security, which reinforced the need for more foreign policy attention on global health problems.

18. Moving in this direction gave health scrutiny of, and input into, foreign policy formulation and implementation more credibility. Having health-centric security, economic, and development arguments enabled experts to bring epidemiological evidence to bear more forcefully and to broaden the policy importance of disease threats, health systems reform, and the need for improvements in social determinants of health beyond the traditional humanitarian rationales.

19. The development of a common framework for analyzing health as an emerging strategic foreign policy interest does not mean that all countries have the same national interests on health and foreign policy questions. Diverging national interests and priorities characterize many problems in global health. As discussed below, the rise of health within foreign policy has not produced satisfactory progress in many areas, which leaves the transformation of the relationship between foreign policy and global health incomplete, vulnerable, and in need of concerted attention from governments.

### ***C. Foreign Policy Efforts on Global Health: Mixed Results***

20. The outcomes of increased foreign policy action on global health problems have, to date, been mixed. As described above, the proliferation of foreign policy initiatives and efforts on global health has been unprecedented, particularly with respect to the creation of new agreements and mechanisms designed to improve global health, such as the MDGs, IHR 2005, FCTC, Global Fund, IFFIm, and the International Health Partnership. Although groundbreaking in many respects, these and other efforts have experienced difficulties that leave the targeted global health problems inadequately addressed.

21. Significant disappointment exists, for example, in the likely failure of UN Member States to achieve the health-specific MDGs on child mortality, maternal health, and combating HIV/AIDS, malaria, and other diseases by the 2015 deadline. Progress on meeting the MDGs on important social determinants of health, such as reducing poverty and gender inequality, remains insufficient. Recent crises, such as the global food and economic crises, have, in fact, made achieving the MDGs more difficult for countries individually and collectively.

22. Despite progress on prevention and treatment of HIV/AIDS enabled by large increases in available funding, the global HIV/AIDS situation remains unsettling. According to UNAIDS, “the global epidemic is stabilizing but at an unacceptably high level.” Continued progress will depend on sustaining and increasing the level of effort currently underway, tasks that may get more difficult in light of the global economic crisis and mounting complaints that HIV/AIDS claims a disproportionate share of political and economic capital in global health policy.

23. Efforts to coordinate donor funding for health programs, such as the International Health Partnership, have some way to go in producing less fragmentation and more coherence in donor behavior. The continuation of vertical, often disease-specific health programs should complement and support the ability of low-income nations to engage in building broad-based health systems that can manage diverse threats to health. Billions in unfulfilled development-assistance pledges made by high-income countries also create constraints for achieving the objective of more sustainable health improvements in low-income countries, especially through improving the social determinants of health.

24. Although improved by adoption of the IHR 2005, the ability of WHO and individual countries to deal with serious infectious disease outbreaks is still not sufficient. Repeated global health scares from SARS, avian influenza A (H5N1), and Influenza A (H1N1) have produced improved capabilities, but the progress is incomplete. WHO and its Member States have not mobilized sufficient resources for the development in low-income countries of core surveillance and response capacities that the IHR 2005 requires all WHO Member States to have by 2012.

25. The emergence of a new influenza scare in Influenza A (H1N1) also highlighted the difficult, ongoing negotiations on sharing influenza A ((H5N1) virus samples and the benefits derived from such samples (e.g., vaccines). The H1N1 outbreak again revealed how critical timely sharing of influenza virus samples is for accurate and transparent global surveillance of influenza threats.

26. Divergence between economic and trade interests and health interests continue to complicate foreign policy efforts in connection with access to medicines and progress on certain NCD problems. The controversy over the impact of international protections for intellectual property rights on public health has shifted from the WTO to the negotiation of bilateral and regional trade agreements, which sometimes contain so-called “TRIPS-plus” provisions that require a higher level of protection than mandated by the WTO’s Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Public health efforts to reduce NCDs related to consumption of tobacco, alcohol, and obesogenic foods and beverages have also confronted resistance from countries and corporations with economic and trade interests in manufacturing and distributing these products.

27. Other major initiatives, such as the renewed emphasis on universal primary health care and action on social determinants of health, have, to date, not found solid footholds in foreign policy. Part of the reason for this state of affairs is that global health advocacy for primary health care and progress on social determinants of health occurred in 2008 as

the world was reeling from the global food, energy, and economic crises. These crises undermined the fiscal climate needed for initiatives on primary health care and social determinants of health, which weakened foreign policy interest in tackling these objectives seriously.

28. Another area where problems exist in the foreign policy-global health relationship involves concerns about the governance architecture for global health. The proliferation of initiatives, mechanisms, agreements, and funding for global health has produced a fragmented governance system that produces suboptimal global health and foreign policy results. Interest in reform of the global health governance architecture is high, but politically feasible options, especially from divergent foreign policy perspectives, are scarce. This problem connects to the UN's and WHO's interests in organizational reform and the difficulties of achieving meaningful and sustainable global governance reform.

### **III. Challenges Facing Global Health as a Strategic Foreign Policy Opportunity**

#### ***A. Foreign Policy Challenges Created by Global Health's Expansive Agenda***

29. An initial challenge in strengthening global health's role in foreign policy involves the expansiveness of the global health agenda. This agenda is expansive both horizontally—the number of health problems—and vertically—the need to reform activities within countries across many political, economic, governance, and social contexts. The expansive agenda creates difficulties for foreign policy makers who need to (1) prioritize how their government expends political and economic capital diplomatically, and (2) create collective action in contexts where the principles of sovereignty and non-interference in domestic affairs remain strong.

##### **1. Horizontal expansiveness of the global health agenda**

30. The breadth of the health-relevant MDGs illustrates the horizontal expansiveness of the global health agenda. The MDGs seek action on specific health problems (child mortality, maternal health, and combating HIV/AIDS, malaria, and other diseases) and on social determinants of health (poverty, gender equality, education, and environmental sustainability). In a foreign policy context, donor governments have difficulties pursuing each MDG with equal vigor, creating the need to create priorities for allocating development assistance. The MDGs do not, however, provide guidance on which goals should receive priority because each MDG is a part of an integrated strategy.

31. Generating sustainable progress on the health-specific MDGs raises the need for robust health systems within countries, which means that the MDGs implicitly require capable health systems in low-income countries. Achieving effective health system reforms often requires tackling both health-specific problems, such as a shortage of

health care workers, and general governance problems, such as the need for public sector reforms, which expands the agenda of health systems reform even more.

32. In addition, the MDGs also do not cover the full extent of the global health agenda. For example, the MDGs contain no goals relating to leading NCD threats, such as tobacco- and obesity-related diseases, and do not address the need to prevent and mitigate health concerns related to armed conflict, peacekeeping operations, post-conflict reconstruction, or natural disasters. From a foreign policy perspective, the global health agenda's tendency to expand places even more pressure on the process of selecting priorities, but the agenda itself does not offer "policy triage" guidance foreign policy makers could utilize individually or collectively.

## **2. Vertical expansiveness of the global health agenda**

33. In terms of the vertical expansiveness, the renewed push for progress on social determinants of health provides a good example. The ambitious scope of the social determinants approach is revealed in one of the core principles advocated by the Commission on Social Determinants of Health—"Tackle the inequitable distribution of power, money, and resources—the structural drivers of the conditions of daily life—globally, nationally, and locally" (p. 109). Taken seriously, the principle counsels reform, where needed, of the distribution of political power, financial wealth, and economic and environmental resources at every level—from the local to the global.

34. Foreign policy faces political constraints that global health advocacy often does not reflect, particularly concerns about sovereignty and non-intervention in the domestic affairs of States. Strategies for improving social determinants of health require reform of many domestic sectors beyond health—the economy, education, gender relations, and the environment. Each of these areas is the subject of long-standing foreign policy and diplomatic activities, and, given the track record of efforts on these topics, whether heightening health concerns in the diplomacy on these issues would improve prospects for more effective collective action is not necessarily clear.

### ***B. Challenges Created by the Diversity of Global Health Problems for Foreign Policy***

#### **1. Interdependence, interconnectedness, and global health**

35. Global health problems are not only numerous but they are also diverse. Although both constitute threats, communicable diseases and NCDs represent very different types of health problems. Reducing hunger and poverty in low-income countries bears little policy resemblance to responding to natural disasters. The diversity of global health problems affects foreign policy incentives for action, and these incentives often define what global health priorities foreign policy makers select.

36. Historically, foreign policy attention to health problems has been most robust with respect to specific disease threats that present direct, immediate, and acute threats to the

economies, populations, and influence of countries. Epidemic and pandemic communicable diseases are the main type of disease problem that creates such threats, but cross-boundary chemical or radiological pollution can also generate such dangers.

37. Foreign policy concern with such threats and willingness to consider collective solutions flow largely from the interdependence that characterizes these kinds of health challenges. To protect themselves effectively against epidemic or pandemic diseases, countries are mutually dependent on each other's actions, particularly with respect to sharing surveillance information about outbreaks. Interdependence can generate strong foreign policy incentives to seek collective solutions, as witnessed in the adoption of the IHR 2005. Global health problems that reflect interdependence tend to garner higher foreign policy interest than health problems that do not.

38. Despite the ubiquitous use of "interdependence" in discussions of the relationship between global health and foreign policy, not all global health problems create or reflect interdependence among countries. Many issues, particularly most NCDs, reveal interconnectedness between nations rather than mutual policy dependence. Interconnectedness does not generate as many foreign policy incentives for action because the problems in this context do not present mutually dangerous threats, do not depend on reciprocal actions, and reflect divergent interests concerning collective action.

39. Collective action on global health problems that reflect interconnectedness rather than interdependence is possible, as illustrated by provisions in trade agreements on trade-restrictive health measures and the FCTC. Global health problems that arise in contexts of interconnectedness tend, however, to generate less foreign policy interest than problems of interdependence. This reality complicates global health desires to utilize foreign policy to tackle NCDs, promote action on neglected tropical diseases, reduce road traffic injuries, or lessen the adverse consequences of local water and air pollution.

## **2. Balance in foreign policy interest on global health issues**

40. The global health issue that has, by far, received the most foreign policy attention and foreign aid resources is HIV/AIDS. The emphasis HIV/AIDS has received in comparison to many other global health problems has caused concern that HIV/AIDS receives a disproportionate share of political attention and financial resources. This problem highlights the challenge presented by the existence of many global health problems and the foreign-policy need to prioritize issues. The number and diversity of global health problems create questions about how foreign policy makers can best allocate and distribute political and economic capital in ways that maximize security, economic, development, and human dignity impact in global health.

## C. Global Health, Foreign Policy, and Crises

### 1. Foreign policy, global health, and crises originating outside the health sector

41. Large-scale crises that are not caused by disease epidemics, such as armed conflict, natural disasters, and climate change, often have adverse impacts on health. As the WHO Director-General has argued in connection with the global food, energy, economic, and climate change crises, the health sector had no role in the policies that created these crises, but the health sector has to bear serious burdens when such crises strike.

“We are meeting at a time of crisis. We face a fuel crisis, a food crisis, a severe financial crisis, and a climate that has begun to change in ominous ways. All of these crises have global causes and global consequences. All have profound, and profoundly unfair, consequences for health. Let me be very clear at the start. The health sector had no say when the policies responsible for these crises were made. But health bears the brunt.”—*Dr. Margaret Chan, Director-General, World Health Organization, October 24, 2008*

42. In terms of foreign policy, it is important to note how much health considerations feature in approaches and rules designed to apply to such crises. UN strategies on disaster preparedness and response are sensitive to the health needs natural disasters create. International humanitarian law protects the safety and health of civilian populations and those rendered *hors de combat*, including through criminal liability for violating these principles. Human rights law requires provision of adequate food, water, shelter, and access to health services in times of crises as in periods of normalcy.

43. These examples suggest that responses to the global food, economic, and climate change crises should similarly emphasize the importance of health and embed health protection as part of the strategic response frameworks. Elevating the policy significance of health is crisis response is, however, often difficult because foreign policy makers are under intense pressure to fix the underlying causes of the problems. These causes tend not to have origins in the health sector or have solutions found in epidemiology, medicine, or science. The same reason also helps explain why foreign policy efforts to prevent armed conflicts, global economic meltdowns, and climate change do not draw significantly on the special expertise offered by the health sector.

### 2. Foreign policy and health-specific crises: The crisis-driven nature of foreign policy interest in global health and the challenge of stronger prevention and protection strategies

44. Another challenge facing efforts to strengthen global health’s role in foreign policy is that the level of foreign policy interest in health matters is driven by health-specific crises. As the WHO Director-General and the Foreign Ministers of France and Norway observed, “When foreign-policy makers do pay attention to public health, it has

tended to be in times of crisis such as with SARS and avian influenza. Health competes poorly with other priorities in the absence of a crisis.”

45. The evidence for this observation is compelling across global health issues. Large-scale foreign policy responses to HIV/AIDS began after the pandemic had reached frightening proportions. The anthrax attacks in the United States and the global outbreaks of SARS, avian influenza A (H5N1), and Influenza A (H1N1) triggered crises that engaged foreign policy makers in global health. Foreign policy and diplomatic action on tobacco-related diseases, obesity-related diseases, and road traffic injuries and fatalities came when global health experts warned that such problems had become epidemic or pandemic in scale.

46. The crisis-driven nature of foreign policy engagement with global health reflects inconsistent foreign policy involvement across the spectrum of problems in this realm. Although the proliferation of serious problems has been key to global health’s rise as a foreign policy issue, this reality is unsatisfactory under public health principles, which emphasize prevention and protection from harm as preferable to emergency responses.

47. The preferences for prevention and protection connect to global health policy’s renewed emphasis on universal primary health care, health systems reform, and social determinants of health. Access to primary health care allows people to receive health education, preventive care, and be vaccinated against communicable diseases. Strong health systems provide better foundations for earlier, more effective responses to individual and community health risks. Sustainable reductions in poverty and hunger prevent people from suffering from diseases associated with destitution and malnutrition.

48. The goal of global health policy’s interest in universal primary health care, health systems reform, and social determinants of health is to move away from the emphasis on crisis-driven responses to acute, emergency threats towards broad-based capabilities that help individuals and communities avoid and mitigate serious and urgent health threats.

49. However, as the crisis-driven nature of foreign policy involvement in global health suggests, health has had the weakest voice in influencing foreign policy makers to support more effectively long-term prevention and protection strategies. The reasons for this reality are many and complex, but key reasons connect to issues mentioned earlier in the Background Paper—(1) the primary interest of foreign policy makers in global health problems that pose a direct threat to their country’s national interests, and (2) the political constraints faced by foreign policy and diplomatic efforts to engage in serious, integrated reforms across political, economic, social, and health sectors within sovereign nations.

## ***D. Capability Challenges in Strengthening Global Health as a Strategic Foreign Policy Interest***

### **1. From ad hoc reactions to strategic thinking**

50. The problems that have limited the effectiveness of foreign policy efforts on global health do not take away from global health's emergence as a strategic foreign policy interest of significance. Rather, the problems reveal that more rigorous and determined foreign policy and health collaborations are required. The seven foreign ministers who launched the FPGH initiative argued that, despite increased attention, health remains "one of the most important, yet still broadly neglected, long-term foreign policy issues of our time" and that "health as a foreign policy issues needs a stronger strategic focus on the international agenda."

51. The growing foreign policy participation in global health over the past 10-15 years occurred mainly in a fragmented, haphazard fashion. Globalization accelerated and contributed to an increased scale, speed, and severity of disease threats, whether emanating from pathogens, people, products, or pollution. Globalization made countries more interconnected and, in some cases, more interdependent, with respect to health. These intensifying linkages appeared most prominently in foreign policy awareness that dangerous threats, such as HIV/AIDS, pandemic influenza, bioterrorism, and tobacco, required more effective responses.

52. Neither the foreign policy nor health policy communities were prepared for the changes that transformed health as a foreign policy issue. Thus, processes to ensure policy coordination and coherence did not, for the most part, exist. In most countries, foreign ministries and health ministries interacted minimally, if at all, and what interaction occurred tended to be dominated by foreign ministries. The transformation of the foreign policy-global health relationship forced both policy communities to adapt while addressing serious problems.

53. The process of convergence between foreign policy and global health reflected, therefore, reactive, ad hoc, and fragmented efforts that did not, generally speaking, reflect strategic thinking, planning, and training within governments in order to achieve better global health outcomes through foreign policy actions. Much of the current interest in the foreign policy-global health relationship focuses on ways to improve how (1) foreign policy processes, skills, and capabilities can contribute to better global health outcomes, and (2) global health perspectives can improve foreign policy decision making on a broad range of issues.

54. In urging all UN Member States "to consider health issues in the formulation of foreign policy," the UN General Assembly was advocating that countries elevate health strategically and systematically into how they make and implement their respective foreign policies. Achieving this end will not produce a harmony of interests among countries on global health issues because differences in priorities will continue to exist.

However, the extent and consequences of divergence in national interests could be mitigated, leaving prospects for global health better off.

## **2. Capability challenges—What’s needed to strengthen global health as a strategic foreign policy interest**

55. To achieve global health improvements through more strategic and less ad hoc foreign policy action, countries will have to develop and apply certain capabilities, including:

- Political commitment;
- Economic capital;
- Governance coordination;
- Policy coherence; and
- Public health and health care system capacity.

56. *Political commitment.* Strengthening the foreign policy-global health linkage requires sustained political commitment and leadership. Foreign policy interest in global health cannot be personality dependent because turnover in governmental positions in many countries is frequent. The development of a common framework that centers the foreign policy-global health relationship on security, economic wellbeing, development, and human dignity provides a stronger basis on which to generate sustained political commitment than humanitarian or moral arguments about the health being important in its own right.

57. *Economic capital.* The increase in the economic resources allocated to global health in the past decade by governments and NGOs has played an important part in the foreign policy and diplomatic progress made in this area. Strengthening global health as a strategic foreign policy interest will require significant financial resources. Related to this need for increased resources, global health and development experts have been worried about the impact of the global economic crisis on foreign aid and health budgets. The need for sustained economic capital to address immediate crises, the MDGs, health system reform, and social determinants of health motivated the creation of the High-Level Task Force on Innovative Financing Mechanisms for Health under the auspices of the International Health Partnership.

58. *Governance coordination.* Improving foreign policy’s contribution to global health requires more structured and institutionalized coordination among government ministries, especially ministries of foreign affairs, health, and trade. The need for governments to coordinate their internal processes more effectively is not unique to global health, as illustrated by arguments that interagency coordination has become vital across policy sectors. As discussed later in the Background Paper, governments that are seeking to improve their foreign policy actions on global health have uniformly identified policy coordination as a critical capability.

59. *Policy coherence.* Governments must also be capable of reaching and maintaining policy coherence in their foreign policy activities on global health. Policies that conflict or undermine each other's objectives corrode the potential for foreign policy efforts to contribute more effectively to achieving global health objectives. Even though governance coordination can facilitate policy coherence, policy coherence aims for a different objective than coordination, namely substantive consistency and synergy among different policies. Policy coherence requires clarity of purpose, consistency in framing how to analyze and address global health problems, and vigilant monitoring of foreign policy activities across the broad and diverse range of global health issues.

60. *Public health and health care system capacity.* Foreign policy efforts on global health ultimately depend on the existence of capacities for public health and health care. The IHR 2005 recognize this reality by requiring that all States Parties develop and maintain minimum core public health surveillance and response capacities. The renewed emphases on universal primary health care and health systems reform also point towards the need for health care capacities within countries. Where these capacities do not exist or are weak, they have to be built, strengthened, and maintained.

#### **IV. Initiatives and Activities to Strengthen the Strategic Opportunity of Global Health in Foreign Policy**

61. The growing significance of the link between foreign policy and global health has been recognized, but, more importantly, specific efforts are underway to understand and strengthen it. In this part, the Background Paper describes initiatives and activities that governments, international organizations, regional bodies, and non-government entities have started in this area. This part of the Background Paper does not attempt to describe every initiative and activity that may be underway, but it covers representative examples shared with WHO in the process of compiling this Background Paper.

##### ***A. National-Level Initiatives and Activities: Integrating Global Health in Foreign Policy Aims and Processes***

62. A number of governments have adopted policies aimed at better integrating global health issues and input into their foreign policy processes. These efforts appear in both formally developed strategies and increased attempts to coordinate the work of foreign and health ministries.

##### **1. Formal strategies on global health and foreign policy**

###### **a. Switzerland**

63. In 2006, the Swiss government issued a strategy entitled *Swiss Health Foreign Policy*. This strategy represented the first agreement of its kind between the Swiss Federal Department of Foreign Affairs and another federal department, and it constituted

the first formal strategy designed to integrate foreign policy and health issued by any country.

64. Through this strategy, the Swiss government seeks to move away from addressing “health issues in our foreign policy in an indirect manner” and considering such issues “as primarily part of health and development policies” (p. 6). Interdepartmental cooperation between foreign policy and health had previously occurred but “only on an ad hoc basis” (p. 9). Instead, Switzerland’s experiences with handling health issues indicated that “a more comprehensive and coherent approach” (p. 6) was needed through an integrated “single framework” (p. 7).

65. Citing the UN, the *Swiss Health Foreign Policy* states that health is “fundamental component of human development and one of the main priorities of the global partnership for development, security, and human rights” (p. 8). The policy also takes account of Switzerland’s economic interests by stating that the Swiss government “must also represent the interests of the pharmaceutical industry, which is a major player in its economy, and safeguard its base here” (p. 12). This responsibility will involve monitoring “the impact of health policy on national and international trade policy” (p. 12) and ensuring “appropriate protection for intellectual property as an essential incentive for research into, and development of[,] new drugs and vaccines” (p. 15).

66. *Swiss Health Foreign Policy* sets five main interests the Swiss government will pursue over a five-year period:

- Protect the health interests of the Swiss population;
- Harmonize national and international health policies;
- Improve the effectiveness of international collaboration in the area of health;
- Improve the global health situation; and
- Safeguard Switzerland’s role as host country to international organizations and a base for major companies working in the health sector.

67. Each of these interests is accompanied by specific medium-term goals, with each assigned to a lead office and with other involved offices identified. For example, one medium-term goal for protecting the health interests of the Swiss population is strengthening “the international monitoring networks for communicable disease (e.g., pandemic influenza) through rapid implementation of the International Health Regulations (IHR)” (p. 14).

68. The Swiss policy also outlines six measures to increase coordination and coherence in health foreign policy within the Swiss government (Table 1):

**Table 1. Measures to Increase Swiss Health Foreign Policy Coordination and Coherence**

Measure 1	Establishment of a coordinating office for health foreign policy
Measure 2	Creation of an information platform for health foreign policy
Measure 3	Produce policy papers on subjects arising in health foreign policy and strengthen academic competence
Measure 4	Harmonization with general foreign policy and other sectoral policies
Measure 5	Creation of an Interdepartmental Conference on Health Foreign Policy
Measure 6	Staff exchange and foreign missions

**Source:** *Swiss Health Foreign Policy*, pp. 18-19

## **b. United Kingdom**

69. In 2008, the government of the United Kingdom (UK) adopted *Health is Global: A UK Government Strategy 2008-13*. The strategy noted that “there has been increasing interest in the link between global health and foreign policy” (p. 14) and that “[p]oor health is more than a threat to one country’s economic and political viability—it is a threat to the economic and political interests of all countries” (p. 14). Thus, “[w]orking for better global health is integral to the UK’s modern foreign policy” (p. 14).

70. In formulating its policy document, the UK government used ten principles to guide how it would approach strengthening the relationship between global health and foreign policy (Table 2). *Health is Global* acknowledged that conflicts in domestic and international policy would arise and that the UK government would work to reduce policy conflicts through use of global health impact assessments (p. 17).

71. *Health is Global* contains a five-year strategy that focuses on five areas of action:

- Better global health security;
- Stronger, fairer and safer systems to deliver health;
- More effective international health organizations;
- Stronger, freer and fairer trade for better health; and
- Strengthening the way the UK develops and uses evidence to improve policy and practice.

**Table 2. *Health is Global: Ten Principles* (p. 17)**

1	Set out to do no harm and, as far as feasible, evaluate the impact of our domestic and foreign policies on global health to ensure that our intention is fulfilled.	6	Ensure that the effects of foreign and domestic policies on global health are much more explicit and that we are transparent about where the objectives of different policies may conflict.
2	Base our global health policies and practice on sound evidence, especially public health evidence, and work with others to develop evidence where it does not exist	7	Work for strong and effective leadership on global health through strengthened and reformed international institutions
3	Use health as a an agent for good in foreign policy, recognizing that improving the health of the world's population can make a strong contribution towards promoting a low-carbon, high-growth economy	8	Learn from other countries' policies and experience in order to improve the health and well-being of the UK population and the way we deliver our healthcare
4	Promote outcomes on global health that support the achievement of the MDGs and the MDG Call to Action	9	Protect the health of the UK proactively, by tackling health challenges that begin outside our borders
5	Promote health equity within and between countries through our foreign and domestic policies	10	Work in partnership with other governments, multilateral agencies, civil society, and business in pursuit of our objectives.

72. The UK government selected these areas for action by applying five criteria to global health and foreign policy issues:

- The area had to have a direct link to an important global health issue;
- The UK had to have particular expertise and experience working in the area and/or the ability to influence others;
- Delivery of actions in the area had to require effective cross-government working;
- The area had to be one in which the UK could deliver with specific, timetabled, and measurable results, which will allow evaluation of the impact; and
- The area had to be one in which the UK stands to benefit directly from engaging in the issue (e.g., where clear links to UK population health exist).

73. Under the five areas of action, *Health is Global* identifies 34 specific goals that the UK government, in collaboration with other partners, will work to achieve. For example, under the action area of “better global health security,” the UK government listed 13 objectives, including working to take forward key recommendations from the Commission on Social Determinants of Health and promoting wider adherence to the Biological and Toxin Weapons Convention (pp. 19, 20).

74. The UK policy document also describes what the UK government would like to see in terms of impact over the course of the five-year strategy. One impact the UK government would like to see from *Health is Global* is that the Foreign and Commonwealth Office’s “approach of integrating global health into foreign policy will have encouraged many more governments to do the same” (p. 21).

## **2. Increased country activities on health and foreign policy**

75. A number of countries have increased their national and international efforts in the realm of foreign policy and global health in strategic ways, even though they have not adopted formal policy documents similar to those crafted by Switzerland and the UK. At the invitation of WHO, four countries that are founding members of the FPGH initiative—Brazil, France, Norway, and Thailand—presented papers on their foreign policy activities on global health at a conference in Bangkok, Thailand in January 2009, and the following highlights some initiatives and activities these four countries have undertaken in order to provide a basic sense of what some countries are doing to strengthen global health as a strategic foreign policy interest.

### **a. Brazil**

76. Brazil has made health a key strategic interest in its foreign policy under President Lula. Brazil’s emphasis on health in its foreign policy has been manifested in positions it has taken in the WHO, Pan American Health Organization, WTO, and the World Intellectual Property Organization. Brazil has also emphasized cooperation in health in other international forums (e.g., the G20 developing nations; the India, Brazil, South Africa (IBSA) initiative), regional groupings (e.g., the Union of South American Nations (UNASUL)), and a Portuguese linguistic community—the Community of Portuguese Speaking Countries (CPLP). Health initiatives in UNASUL operate through the South American Council of Health, which will develop a Strategic Program of Cooperation in Health for UNASUL. The CPLP’s main objective is to strengthen health systems in countries that have different economic and health capabilities.

### **b. France**

77. France too has intensified the link between foreign policy and global health in a number of ways. The French Ministry of Foreign and European Affairs has two units that address health issues, and this ministry and the Ministry of Health have jointly appointed two special ambassadors dedicated to global health issues—an ambassador who addresses the fight against HIV/AIDS and another who works on the threat of pandemic influenza. France also maintains full-time health attaches in its foreign embassies and missions and has nine regional health advisers attached to the French diplomatic networks in Asia and Africa. France has also played a leading role in three new initiatives at the intersection of global health and foreign policy:

- UNITAID, an innovative financing mechanism for global health based on taxes levied on air tickets;
- Network for Therapeutic Solidarity in Hospitals, which partners French hospitals with hospitals in low-income countries to improve capacity to deliver treatment for people living with HIV/AIDS; and
- Foreign Policy and Global Health (FPGH) initiative, as a founding member with six other countries.

### **c. Norway**

78. Norway too was a founding member of the FPGH initiative, but it has also pushed for greater foreign policy efforts on global health through other initiatives and activities. Norway has made health central to its High North Strategy, under which Norway cooperates with Russia to develop stronger regional and cross-border relations. The High North Strategy emphasizes building public health expertise, preventing communicable diseases, and improving the health of vulnerable populations (e.g., children, inmates).

79. This effort reinforces other foreign policy activities on health, including the Cooperation Programme on Health and Related Social Issues in the Barents Euro-Artic Region, the Northern Dimension Partnership in Health and Social Well-Being, and the Barents HIV/AIDS Programme. Norway also supports achievement of the MDGs; has participated in the Global Health Workforce Alliance; has engaged in bilateral health cooperative arrangements, particularly with India, Pakistan, Tanzania, and Nigeria; and played a leading role in the adoption of the Convention on Cluster Munitions.

### **d. Thailand**

80. In Thailand—another FPGH founding member, the Ministries of Foreign Affairs and of Public Health have witnessed unprecedented levels of cooperation in the past five years, particularly because of the need to coordinate responses to HIV/AIDS, SARS, and avian influenza. Coordination between the Ministry of Health and the Ministry of Trade has also increased significantly in the same time period. The agenda in which these greater levels of cooperation and coordination have taken place is characterized by four objectives—security, trade, development, and human rights.

81. Under security, Thailand has developed coordinated plans on prevention and control of avian influenza and pandemic influenza and on national core capacity development for compliance with the IHR 2005. Thailand has also been active at the foreign policy-global health interface concerning trade and human rights in the area of reconciling public health interests with protection of intellectual property rights. Thailand's development agenda has included Foreign Ministry-Health Ministry cooperation on the negotiations on influenza virus sharing and benefits sharing. The frequency and intensity of global health work in Thai foreign policy has raised the need whether the Thai government should move to a more formal strategy and mechanisms to facilitate foreign policy work on global health issues.

## **B. The Foreign Policy and Global Health (FPGH) Initiative**

82. In September 2006, the foreign ministers of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand launched the FPGH initiative because they wanted to “build the case for why global health should hold a strategic place on the international agenda . . . by exploring how foreign ministers and foreign policy could add value to health issues of international importance, and by showing how a health focus could harness the benefits of globalisation, strengthen diplomacy and respond to new thinking on human security.”

83. In their Oslo Ministerial Declaration of March 20, 2007, these foreign ministers outlined an agenda for action based on three themes—capacity for global health security, facing threats to global health security, and making globalization work for all. Under these themes, the foreign ministers identified 10 steps to take to achieve these objectives (Table 3), along with more detailed points for collaborative action by foreign ministers.

**Table 3. Oslo Ministerial Declaration, March 2007**

<b>Capacity for global health security</b>	
1	Preparedness for global health security
2	Control of emerging infectious diseases and foreign policy
3	Human resources for health and foreign policy
<b>Facing threats to global health security</b>	
4	Conflict (pre, during, and post conflict, and as peace is being built)
5	Natural disasters and other crises
6	Response to HIV/AIDS
7	Health and the environment
<b>Making globalisation work for all</b>	
8	Health and development
9	Trade policies and measures to implement and monitor agreements
10	Governance for global health security

**Source:** Oslo Ministerial Declaration—Global Health: A Pressing Foreign Policy Issue of Our Time, *The Lancet*, p. [ ].

84. The FPGH initiative has become one of the most prominent efforts in strengthening the foreign policy importance of global health, and the membership in the initiative may grow beyond its founding members. With South Africa taking the lead, the FPGH initiative was instrumental in proposing and shepherding Resolution 63/33 on global health and foreign policy through the UN General Assembly in November 2008.

### ***C. Initiatives and Activities within International and Regional Organizations, Other Intergovernmental Processes, and Bilateral Relations***

85. Many foreign policy initiatives and activities on global health have taken place in international and regional organizations, other types of intergovernmental processes, and in bilateral relations between countries. Most of these activities represent initiatives or activities on global health advanced through means and mechanisms of foreign policy, but, unlike the FPGH initiative, they do not focus on improving how foreign policy processes can improve global health efforts. The number and diversity of these initiatives and activities provides clear evidence, however, of how enmeshed global health issues have become with a wide variety of foreign policy venues and processes.

#### **1. World Health Organization**

86. As the UN specialized agency for global health, WHO is a central hub for foreign policy and diplomatic action on global health issues. WHO has exercised its authority on many initiatives and activities that have heightened the foreign policy profile of global health, including:

- Leading successful global efforts to combat SARS;
- Adoption of the FCTC;
- Adoption of the IHR 2005;
- Creation of high-level commissions on global health issues, including on macroeconomics and health, innovation and intellectual property rights, and social determinants of health;
- Development of a global strategy on diet, exercise, and health; and
- Crafting a code of conduct on the recruitment of health care workers.

87. In addition to being a forum in which countries engage in foreign policy and diplomacy on global health, WHO has been active in other ways in raising the need for more attention to be paid to the relationship between foreign policy and global health. WHO supported research has explored the changing nature of global health governance, the utility of the concept of “global public goods” in global health policy, and the interactions between trade and health. WHO’s work on trade and health has included joint efforts with WTO and building practical tools to allow health and trade ministries to understand issues better and collaborate more effectively. WHO has also supported training programs at country level that attempt to improve the nature of trade-health collaboration in trade negotiations, such as negotiations for accession to the WTO.

88. To deepen research and raise awareness, WHO dedicated a special theme issue of the *Bulletin of the World Health Organization* in 2007 to the foreign policy-global health linkage. WHO has also commissioned papers by external consultants that examine aspects of global health as a foreign policy issue, global health diplomacy, and

forecasting future global health issues that may develop as challenges for foreign policy and diplomacy. WHO co-sponsored with the FPGH initiative a Global Symposium on Foreign Policy and Global Health: Working Towards Common Goals in June 2008, to which the Geneva-based ambassadors of all WHO Member States were invited to attend. When requested, WHO provides on-going support to the FPGH initiative.

89. As an example of WHO Director-General Margaret Chan's commitment to these issues, the WHO Secretariat has created a Trade, Foreign Policy, and Diplomacy (TFD) unit tasked with moving the global health-foreign policy agenda forward within and beyond WHO. This unit jointly developed a training program on global health diplomacy with a Geneva-based academic institution for health officials. With the support of the Rockefeller Foundation, the TFD unit is currently developing the WHO Network on Global Health Diplomacy (GHD.Net), which will provide a needed capability to allow the growing interest in global health, foreign policy, and diplomacy to create more transparency in sharing information and opportunities for research and policy collaborations. A number of the WHO regional offices have also expressed interest in strengthening the foreign policy-global health linkage within their regions through research and training activities.

## **2. United Nations**

90. Health issues form part of the agenda of many UN organs and entities beyond WHO, including the Security Council, General Assembly, Economic and Social Council (ECOSOC), UNAIDS, World Bank, UNICEF, UN Environment Programme, UN human rights bodies, and the Peacebuilding Commission. As such, the UN constitutes one of the most important multilateral venues in which the linkage between foreign policy and global health can be highlighted and constructively addressed. UN bodies have played critical roles in raising the foreign policy and diplomatic profile of global health problems, including the following examples:

- The Security Council's decision to take up HIV/AIDS as threat to international peace and security;
- The World Bank's efforts to highlight health as a key component of economic development;
- The General Assembly's support for the MDGs;
- The attention UN human rights bodies have given to health, including efforts to provide authoritative guidance on the right to health and addressing human rights issues in the context of trade and health challenges;
- The UN Secretary-General's creation of the UN System Influenza Coordinator to help make the UN system work more effectively in supporting national, regional, and international efforts on avian influenza and human influenza.

91. The scope of the UN's involvement in health makes the UN General Assembly's call in Resolution 63/33 for "enhanced coordination within the United Nations system" very important for strengthening the foreign policy-global health linkage. This call connects to desires among countries and within relevant international organizations to

reform such organizations in order to make them more effective on global health issues. Proposals for UN reform have highlighted the importance of improving health national and globally, including former UN Secretary-General Kofi Annan's report *In Larger Freedom: Towards Development, Security and Human Rights for All* (2005). UN Secretary-General Ban Ki-moon has also identified the challenge of making people's lives healthier as one touchstone of the effectiveness of UN reform.

### **3. Regional intergovernmental organizations**

92. Foreign policy initiatives and activities on global health have also proliferated within regional organizations in the past decade, and the Background Report will describe some foreign policy efforts on health made in the Asian, European, and African regions, although more examples in other regions could also be given.

#### **a. Asia**

93. *ASEAN*. The impact of SARS and avian influenza in Asia has produced more foreign policy and diplomatic activity on global health in Asian regional organizations, including the Association of Southeast Asian Nations (ASEAN) and the Asia Pacific Economic Cooperation forum (APEC). In the first twenty years following the initial declaration of ASEAN health ministers on collaboration in health in 1980, ASEAN promulgated only one other official resolution on health in 1984. Since 2000, ASEAN has issued six declarations, including a declaration on ASEAN unity in health emergencies, and ten press statements or releases, including the most recent one on a joint ministerial statement of the ASEAN+3 health ministers special meeting on Influenza A (H1N1) from May 2009.

94. *APEC*. APEC established a Health Task Force in 2003, which became a Health Working Group in 2007, with the mandate to implement health-related activities as directed by the leaders of the APEC members. This body has undertaken several initiatives, including the APEC Action Plan on the Prevention and Response to Avian and Influenza Pandemics, the APEC Guidelines for Functioning Economies in Times of Pandemic, and the APEC Guidelines for Creating an Enabling Environment for Employers to Implement Effective Practice for People Living with HIV/AIDS. The APEC Health Working Group's priorities for 2008 were (1) preparedness for and response to public health threats, including avian and human pandemic influenza and vector borne diseases; (2) fighting against HIV/AIDS in the APEC region; and (3) improving health outcomes through advances in health information technology.

#### **b. Europe**

95. The connection between foreign policy and global health has also intensified within the European Union (EU) within the past decade. EU Member States created the European Centre of Disease Prevention and Control (ECDC) as a EU agency charged with strengthening "Europe's defences against infectious diseases." EU Member States also have channeled their efforts into developing common EU strategies and activities on

global health, including common strategies on fighting HIV/AIDS, tuberculosis, and malaria; sexual and reproductive health; and the response to the human resource crisis happening in low-income countries. The EU has also made health more prominent in other aspects of its common foreign policy efforts, as illustrated by the inclusion of health activities within the EU-Africa strategic partnership established in 2007.

### **c. Africa**

96. The African Union (AU) has similarly scaled up its activities on health issues in the past decade. At their 4<sup>th</sup> conference in May 2009, Ministers of Health of AU Member States met and reviewed the AU's health efforts in the 2007-2009 period, which included the following activities:

- Annual reports on health MDGs;
- Social Policy Framework (SPF) for Africa;
- Africa Health Strategy (2007-2015);
- Pharmaceutical manufacturing plan for Africa;
- Development of human resources for health and the Global Health Workforce Alliance (GHWA); and
- E-health and telemedicine in Africa.

97. The AU has also been involved with activities designed to tackle HIV/AIDS, tuberculosis, malaria, and polio in Africa; health financing challenges in Africa; food security and nutrition; and the African Diaspora Health Initiative, which is designed “to link specific healthcare expertise within the African Diaspora with specific health needs in specific geographical locations in Africa.” The AU has include health issues on the agenda of its relations with other intergovernmental organizations and individual countries, including the following:

- Africa-EU summits (2000 in Cairo, 2008 in Lisbon);
- G8 Summits (selected African Heads of State and Government, the AU Chairperson and AU Commission President attend);
- Africa-South America (first summit in 2006; another will take place in 2009);
- Africa-India (first summit in 2008);
- Africa-Caribbean;
- Africa-China,
- Africa-Turkey;
- Africa-Iran; and
- Tokyo International Conference on African Development (TICAD).

## **4. Other intergovernmental processes**

98. Foreign policy initiatives and activities have also emerged within other types of intergovernmental processes, and the Background Paper will briefly describe four

examples from processes based on economic status, new global health financing mechanisms, religious affiliation, and shared language.

#### **a. Economic status—Group of 8**

99. The Group of 8 (G8) industrialized countries has become one of the most important political actors in global health over the past 10-15 years. From including health issues sporadically on its annual summit agenda, from 1996 onwards the G8 has increasingly made multiple commitments on health issues. The 2006 St. Petersburg summit identified health as a priority theme, and the G8 made 61 health commitments at this summit. The G8 has set ambitious goals and made funding pledges in global health across a broad range of issues, including the creation of the Global Fund, increasing access to HIV/AIDS treatment, reducing tuberculosis and malaria cases, addressing the SARS threat, eliminating polio globally, and strengthening health systems in low-income countries. The power and importance of the G8 countries has helped elevate health in foreign policy terms, making it an embedded feature of G8 summit diplomacy and inter-summit foreign policy activities.

#### **b. New financing mechanisms**

100. Countries have launched various initiatives to create innovative financing mechanisms for global health, which have added to the foreign policy activities taking place on global health. The biggest and most prominent innovative financing mechanism is the Global Fund, launched in 2001 and which has dispersed U.S.\$15.6 billion in 140 countries for fighting HIV/AIDS, tuberculosis, and malaria.

101. Countries have also collaborated in creating the following innovative financing mechanisms for global health purposes:

- International Finance Facility for Immunization (IFFIm), through which money for global health purposes is raised in the private bond market, “frontloaded” to decrease disease burdens in low-income countries, with bondholders paid back, with interest, by participating governments at a later date. IFFIm participating countries are France, Italy, Norway Spain, Sweden, South Africa, and the United Kingdom.
- UNITAID, which generates funds from taxes on airline flights for use in the global battle against HIV/AIDS, tuberculosis, and malaria). The countries involved in UNITAID are Brazil, Chile, France, Norway, and the United Kingdom.
- Advance Market Commitment (AMC), a market-based mechanism designed to finance the development of innovative medicines that are accessible to low-income countries (the first pilot AMC arrangement is aimed at vaccines for pneumococcal disease). The participating countries in the AMC pilot are Italy, Canada, Russia, Norway, and the United Kingdom with the additional participation of the Bill and Melinda Gates Foundation.

**c. Religious affiliation—Organization of the Islamic Conference**

102. Health issues have also become more important for the Organization of the Islamic Conference (OIC), which “is the second largest inter-governmental organization after the United Nations [with a] membership of 57 states spread over four continents. The Organization is the collective voice of the Muslim world and . . . safeguard[s] and protect[s] the interests of the Muslim world in the spirit of promoting international peace and harmony among various people of the world.” The OIC has held two conferences for the ministers of health of its Member States, the first in 2007 in Kuala Lumpur and the second in 2009 in Tehran. Table 4 lists the topics of the resolutions adopted at the 2007 and 2009 Islamic Conferences of Health Ministers, which indicates a wide-range of interests among Islamic countries in health cooperation and collaboration through foreign policy.

**Table 4. Resolutions Adopted by the First and Second Islamic Conferences of Health Ministers**

Resolutions of the First Islamic Conference of Health Ministers, 2007
<ul style="list-style-type: none"> <li>• Self-Reliance Program on Vaccine Production</li> <li>• Global Polio Eradication Program</li> <li>• Combating Malaria in the OIC</li> <li>• Tobacco Control, Harm Reduction Programme, and Research Ethics</li> <li>• Women and Child Health</li> <li>• Emerging Global Biosecurity Issues</li> <li>• Human Influenza Pandemic Preparedness and Avian Influenza Control within OIC Member States</li> <li>• Financing Health Programmes from the Global Fund and Other Sources of Financing</li> <li>• Health Support for the Palestinians in the Occupied Palestine and Syrian Arab Inhabitants of the Occupied Syrian Golan</li> <li>• Health Programmes for Pilgrims</li> </ul>
Resolutions of the Second Islamic Conference of Health Ministers, 2009
<ul style="list-style-type: none"> <li>• On Health Equity in the Islamic Ummah</li> <li>• On Islamic Solidarity with Palestinians in the Occupied Palestinian Territories in the Aftermath of Israeli Regime Atrocities in the Gaza Strip and Syrian Arab Inhabitants of the Occupied Syrian Golan: Health Aspects</li> <li>• On Ways and Means of Strengthening Health Cooperation among the OIC Member States</li> <li>• On Combating Communicable Diseases</li> <li>• On Combating Non-Communicable Diseases</li> <li>• On Emergency Preparedness and Response: Common Islamic Approach</li> </ul>

#### **d. Shared Language—Community of Portuguese Speaking Countries**

103. As mentioned earlier in the Background Paper, Brazil and the other member countries of the Community of Portuguese Speaking Countries (CPLP) have made health a priority in their cooperative endeavors. The CPLP devised a Strategic Plan 2009-2012 that was approved in April 2009, and the main areas of cooperation on health are:

- Development and health workforce;
- Information and communication;
- Research and development;
- Health production complex;
- Epidemiological surveillance;
- Emergency and disasters; and
- Health promotion and health protection.

104. The CPLP will also engage in cooperation on HIV/AIDS, tuberculosis, malaria, social determinants of health, health diplomacy, and health and migration.

#### **5. Bilateral relations**

105. Many countries have undertaken bilateral initiatives and activities on health issues as part of their respective foreign policies. Some of the best-known bilateral initiatives have been made by the United States, with PEPFAR being, by far, the biggest bilateral health program ever launched by any country. Bilateral health activities also appear frequently in the overseas development assistance provided by donor countries, which often direct aid funds into specific disease-specific or health-related projects in recipient low-income nations. Other bilateral initiatives include the use exports of health personnel and hospital ships to deliver health care to low-income countries as a form of health diplomacy.

#### ***D. Non-Governmental and Academic Initiatives and Activities***

106. The rise of global health as a foreign policy issue has captured increasing interest from non-governmental entities, such as philanthropic foundations, advocacy NGOs, and “think tanks,” and academic institutions. Although much of the heightened activity focuses on specific global health problems rather than specifically on the relationship between global health and foreign policy, direct interest in and efforts on the global health-foreign policy nexus are increasing rapidly.

107. For example, WHO’s and the Rockefeller Foundation’s effort to build a Global Network on Global Health Diplomacy (GHD.Net) draws on growing interest from NGOs, think tanks, and academic institutions on global health and foreign policy and global health diplomacy. These non-governmental actors are moving forward in these areas with research, policy analysis and advocacy, educational opportunities, and training programs.

108. At present, such non-governmental efforts are most numerous in high-income countries, particularly Canada (e.g., Canadian Health and Foreign Policy Research Network), Sweden (e.g., Stockholm International Peace Research Institute), Switzerland (e.g., Global Health Programme of the Geneva Graduate Institute for International and Development Studies), United Kingdom (e.g., Chatham House's Centre on Global Health Security), and the United States (e.g., Global Health Program at the Council on Foreign Relations and the Global Health Policy Center of the Center on Strategic and International Studies).

109. Efforts to establish cooperative activities on a global basis are underway, not only with WHO's GHD.Net initiative but also the Consortium for Global Health Diplomacy, "a partnership of 20 institutes and programmes based in Brazil, Canada, China, Germany, India, Mexico, Norway, Switzerland, Thailand, United Kingdom, and USA who work at the interface of health and foreign policy."

## **V. Conclusion: Possible Conclusions and Recommendations on Strengthening the Relationship between Global Health and Foreign Policy**

110. Resolution 63/33 requires the report of the Secretary-General to include recommendations on ways UN Member States can strengthen the relationship between global health and foreign policy. In this part, the Background Paper describes some possible conclusions and recommendations for consideration by the UN Secretariat, WHO Secretariat, and UN and WHO Member States during the consultation process that will inform the development of the Secretary-General's report.

### ***A. Possible Conclusions on the Relationship between Global Health and Foreign Policy***

111. The Secretary-General's report could include conclusions on the current relationship between global health and foreign policy, such as the following:

- The level of foreign policy involvement and interest in global health has grown dramatically over the past 10-15 years, which makes the relationship between global health and foreign policy an increasingly important issue for the international community.
- Global health issues and initiatives appear in all foreign policy contexts, including bilateral relations, regional organizations, other intergovernmental processes, and multilateral institutions.
- Foreign policy makers and global health experts have developed a common framework that emphasizes the foreign policy importance of addressing global health challenges in order to provide human, national, and international security; achieve national, regional, and global economic wellbeing; foster economic and

- social development in low-income countries; and promote human dignity universally.
- The proliferation of foreign policy initiatives and activities at bilateral, regional, and multilateral levels on global health has not been systematically catalogued or analyzed, leaving an incomplete picture of the nature, extent, intensity, and effectiveness of foreign policy action on global health.
  - The political processes through which global health issues are taken up and acted by foreign policy makers in countries are, for most countries, not transparent or well understood.
  - Based on what is known, foreign policy efforts on global health problems have produced only mixed results for a number of reasons, including:
    - The significant challenges created by global health's broad agenda of problems that require international cooperation and diplomatic action;
    - The difficulties created by the diversity of global health problems that require foreign policy attention and action;
    - A lack of balance in foreign policy activities on global health issues, with HIV/AIDS specifically and communicable diseases more generally dominating foreign policy and foreign aid agendas;
    - A lack of adequate financial resources, especially in the form of overseas development assistance and for essential global public goods for health;
    - The tendency for foreign policy makers to engage in global health action reactively in the context of crises rather than more strategically to prevent such crises and protect populations more effectively against health risks;
    - The difficulties for foreign policy created by the need for more effective domestic health policies and performance within other sovereign nations, especially with respect to making progress on health systems reform and social determinants of health;
    - The tendency for other political and economic problems and crises to marginalize global health concerns in the setting of foreign policy priorities; and
    - The lack of, or weaknesses in, (1) cross-disciplinary awareness, skills, and training between foreign and health policy communities; (2) effective interagency coordination mechanisms or processes; (3) policy coherence in national, foreign, and global health policies; and (4) public health and health care system capacities.
  - The development of formal, cross-government strategies and coordination processes offers a potentially promising way to improve the foreign policy acumen, capabilities, and performance of countries on global health challenges.
  - Leadership and initiative on strengthening the relationship between global health and foreign policy from geographically representative efforts (e.g., the FPGH initiative), regional organizations, and multilateral institutions, such as the UN and WHO, are important in advancing global health as a strategic foreign policy interests of countries.

## ***B. Possible Recommendations on Strengthening the Relationship between Global Health and Foreign Policy***

### **1. Review of the FPGH initiative's recommendations for foreign policy action**

112. Secretary-General's report must include recommendations on ways to improve foreign policy support for global health issues and to strengthen the relationship between global health and foreign policy. An important document for the consultations informing the Secretary-General's report to review is the FPGH initiative's Oslo Ministerial Declaration, which contains 45 specific recommendations for collaborative action by the foreign ministers of initiative's members. Many of these recommended collaborative actions are directed at particular global health challenges, including:

- “Identify critical gaps in capacity for effective implementation of the International Health Regulations . . .” and “[c]ommit to the early and full implementation of the International Health Regulations”;
- “Support the mobilisation of adequate resources for global infectious disease control . . .”;
- “Support the development of a global framework for tackling the global shortage of health workers”;
- “Support the evolution of a more consistent approach to monitoring suffering in conflict and war.”
- “Monitor the equitable distribution of aid” in the aftermath of natural disasters and other crises;
- “Take up the challenges the HIV/AIDS presents to trade, human rights, peace building, and humanitarian action through a health lens to drive forward a broader agenda for change.”
- “Give further attention to the potentially very severe consequences to health of climate change and support appropriate foreign policy action at relevant regional and global meetings.”
- “Honour existing financial commitments and initiate innovative financing mechanisms in order to generate additional resources for financing global health investments . . .”;
- “Reaffirm commitment to the Doha Declaration on TRIPS and Public Health and foster the full implementation of TRIPS flexibilities.”

113. Other FPGH collaborative actions speak to the broader processes of engaging in global health as a foreign policy issue, such as:

- “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.”

- “Strengthen the capacity of the UN Secretary-General to assume a coordinating role in facilitating actions related to foreign policy in preparedness, planning, and action for global health security.”<sup>1</sup>
- “Exchange experiences and best practices on preventive and emergency response measures toward the outbreak of pandemics.”
- “Recognise that health can be a good entry point to initiate dialogue across borders and to spearhead the resolution of conflict . . .”
- “Further develop the case for a health focus in post-conflict reconstruction.”
- “Make the links between environment policies and global health visible in foreign policy engagements and exploit the synergistic potential of related policy processes.”
- “Strengthen the efficiency of global health initiatives through improved governance and better coordination of multiple, competitive donors and aid providers . . .”
- “Support policies for global health security in the various foreign policy dialogue and actions arenas, such as the UN, G8, arenas for economics and trade issues, and within regional and bilateral arenas.”
- “Establish broader and more coherent national leadership for global health issues, reflecting the interdependency of health and foreign affairs.”

## 2. Recommendations on current global health issues

114. In all likelihood, the Secretary-General’s report will contain recommendations for additional foreign policy actions on specific global health problems and challenges. As described in the Background Report, the number and diversity of global health problems are significant, meaning that not all such problems will be the subject of a recommendation in the Secretary-General’s report. What follows is a list of global health issues, organized by categories, which the consultation process could consider as possible subjects of recommendations in the Secretary-General’s report.

### *Communicable diseases*

- HIV/AIDS, including increased prevention and universal access to treatment
- Tuberculosis, including MDR-TB and XDR-TB
- Malaria and other vector borne communicable diseases (e.g., dengue)
- Neglected tropical diseases
- Antimicrobial resistance to antibiotics and antivirals
- Avian influenza (H5N1), Influenza (H1N1), and pandemic influenza
- Zoonotic diseases (e.g., One World, One Health concept)
- Food safety
- Biological weapons and biological terrorism

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<sup>1</sup> An example of this kind of capacity is the Secretary-General’s creation of the UN System Influenza Coordination process.

### *Non-communicable diseases*

- Tobacco control
- Obesity-related diseases
- Alcohol-related diseases and health problems
- Illicit narcotic drugs
- Diseases caused by exposure to toxic chemicals (e.g., through pollution)
- Counterfeit pharmaceuticals
- Contaminated consumer products
- Food safety
- Chemical and radiological accidents
- Chemical and radiological terrorism
- Sexual and reproductive health
- Mental health

### *Injuries, deaths, and health harms not caused by communicable or non-communicable diseases*

- Occupational safety and health
- Road traffic injuries and fatalities
- Violence against women and girls
- Trafficking in humans
- Violence perpetrated by organized criminal enterprises

### *Global health governance*

- IHR 2005
- FCTC, including the proposed protocol on illicit smuggling
- MDGs
- UN frameworks for disaster preparedness and response
- Pandemic influenza preparedness and response strategies
- Multilateral and regional human rights instruments
- Convention on Cluster Munitions
- Illicit trade in small arms and light weapons
- International humanitarian law
- Multilateral, regional, and bilateral trade agreements
- TRIPS, including the Doha Declaration on the TRIPS Agreement and Public Health
- Negotiations on virus and benefit sharing
- Collaboration and coordination between human and animal health policy and governance efforts (e.g., WHO-FAO-OIE cooperation on zoonotic diseases)
- Potential code on ethical recruitment of health workers
- Potential code on marketing of food and beverages to children
- The Global Fund to Fight AIDS, Tuberculosis, and Malaria

- UN and WHO institutional and governance reforms
- Interest in redesigning global health governance “architecture”

#### *Natural disasters and other crises*

- Climate change, especially the need for health-centric mitigation and adaptation policies and strategies
- Preparedness and response capabilities for natural disasters, such as earthquakes and tsunamis
- Armed conflict, including counterinsurgency campaigns
- Post-conflict reconstruction and development
- Failed and failing states
- Food security crises
- Energy crises
- Economic and financial crises

#### *Health research*

- Health information technologies
- E-health and telehealth/telemedicine
- Developing more vaccines, antibiotics, and antivirals for communicable diseases
- Balancing innovation, intellectual property rights, and public health needs
- Influenza vaccine production technologies
- Equity gap in health research
- Future global health problems

#### *Health systems*

- Reform of health systems to improve performance and increase quality of care and equity in access
- Health worker crisis, including migration of health workers from low-income to middle- and high-income countries
- Sustainable health system capacities in low-resource settings
- Universal access to primary health care
- Maternal and child health
- Water and sanitation systems
- Financing health systems

#### *Social determinants of health*

- MDGs on poverty, education, gender equality, and environmental sustainability
- Health inequities within and between countries
- Inadequate shelter
- Rural health in low-income countries
- Urbanization

- Population control, as linked to sexual and reproductive health
- Foreign aid and debt relief

### **3. Recommendations on strategies to strengthen foreign policy strategies, processes, and capabilities on global health**

115. The Secretary-General's report could include recommendations on strengthening how foreign policy strategies, processes, and activities address global health, such as the following:

#### *Strengthen the political and institutional foundations for foreign policy action on global health*

- Emphasize that global health represents an integral component of achieving security, prosperity, equity, and dignity nationally and across the international community, and, thus, is a strategic interest of foreign, health, and global policies.
- Stress the need for countries to conduct inventories of their foreign policy activities on global health (including their internal governmental and interagency processes) in order to generate a comprehensive picture of how countries link global health and foreign policy.
- Develop formal strategies to guide foreign policy makers, health experts, and interagency coordination mechanisms in pursuing global health as a strategic foreign policy interest. Where possible, embed requirements and oversight for such strategies in legislation and legislative processes in order to increase transparency and accountability.
- As part of strengthening of foreign policy commitment and processes on global health, include strategies to anticipate, if possible, and work collaboratively with other countries and partners to prevent or minimize emerging or re-emerging threats to global health.

#### *Increase the quantity and quality of analysis of foreign policy actions on global health and of global health diplomacy*

- Systematically collect, analyze, and disseminate best practices on integrating and pursuing global health as a strategic foreign policy interest.
- Engage in more rigorous, regular, and transparent monitoring and assessment of foreign policy initiatives and activities on global health, tasks that could exploit the analytical capabilities of non-governmental actors or academic institutions.
- With respect to the different kinds of global health problems, map the points at which foreign policy involvement typically occurs, the dynamics of such involvement for the different issues, patterns that emerge within categories of global health challenges, and strategies attempted to reach solutions.

- Identify effective strategies to overcoming the debilitating convergence of inadequately coordinated development assistance and sensitivities about sovereignty and interference in domestic affairs.
- Engage in research that identifies emerging global health issues that might require foreign policy attention and collective action, and analyze the nature of foreign policy behavior and diplomacy on similar issues in the past.

*Heighten the involvement of diplomatic forums and non-governmental actors in improving foreign policy efforts on global health*

- Utilize regional organizations in designing templates and guidance for countries to develop and implement formal strategies to guide foreign policy actions on health. Use the health-related processes of regional organizations to peer review such strategies and offer input on improvements.
- Elevate the protection of health in policies and regimes designed to support responses to other large-scale crises, such as food shortages, global economic crises, climate change, and post-conflict reconstruction and development— following the examples of embedding health considerations in policy and legal frameworks for responding to natural disasters and the conduct of armed conflict.
- Work with foreign policy and diplomatic processes that have not, to date, focused much attention on global health challenges, such as the UN Peacebuilding Commission, to elevate health problems and devise potential corrective actions.
- Utilize the resources, capabilities, and influence of non-State actors in the process of making global health a strategic foreign policy interest, including MNCs, NGOs, think tanks, philanthropic foundations, and academic institutions.

*Train more diplomats and health officials in global health diplomacy*

- Support efforts by countries to increase the number of diplomats trained in global health issues and the number of health attachés deployed at foreign embassies and overseas missions.
- Address in training on global health diplomacy the challenges low-income countries face in developing and deploying their diplomatic corps.

*Develop training standards and open-source information, education, and training resources*

- Work with WHO, diplomatic training institutes, and global health programs in academic institutions to develop standards for training foreign policy and health personnel in global health diplomacy, with such standards potentially informing a WHO-recognized accreditation process for courses and training programs.
- Encourage the development of globally accessible, open-source education and training materials and programs designed to improve the knowledge and acumen of foreign policy makers and global health experts in global health diplomacy.

## Annex 1. Key Documents Used in Preparing the Background Paper

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