

Twenty-first Century health diplomacy

From time immemorial, as long as there were groups of human beings separated spatially or rather territorially, the demands of intercourse between them necessitated the use of emissaries for negotiation about sensitive issues. Negotiations of important issues could not take place through group interaction. Even today in certain cultures the ultimate sensitive issue—that of arranging a marriage is done initially through emissaries. This must be the origin of the class of persons who were trained and trusted to negotiate and arrive at an agreement that was acceptable to the involved parties. The development of other more sophisticated forms of social organization led to better categorization of the skills and practices of those emissaries. The open Greek diplomacy with its many diplomatic missions and elaboration of policy in public with strict orders to emissaries is well described as an example of the better organization of the diplomatic culture. Later European history especially in relation to Italy is replete with examples of the development of the functions of diplomats with their large retinues and their precise order of precedence, with pride of place going to the diplomats from the Vatican. The post Westphalian state saw the better definition of territoriality and forms of domestic government and this concretized some of the fundamental canons of the practice of diplomacy as integral to the practice of foreign policy which is one of the central themes of this book.

Tom Novotny and Ilona Kickbusch have parlayed their impeccable credentials as pioneers in the codification of health diplomacy as a discipline into assembling a remarkable group of authors to explore further its relevance to health concerns of the 21st Century. This book is a fascinating study of much of the background to health diplomacy and right from the beginning emphasizes that the basic purpose of foreign policy and the diplomacy that served it was the protection of the territory of the nation state from external threats, with military aggression being that of greatest concern. Health if it was considered at all figured rather poorly in diplomatic considerations. This omission is being corrected and a recent significant advance has been the attention paid by the United Nations in a series of resolutions, which recognize the close relationship between foreign policy and global health and their interdependence.

The material presented in this book analyses the various aspects of global health that are of critical importance to foreign policy and explores the nature of the interaction between nations that are fundamental to understanding the structure and processes necessary to achieve health nationally and globally. Diplomacy is treated as a craft practiced within the ambit of a country's foreign policy and some of the instruments that will be critical for practice of this craft are detailed. For example an elegant taxonomy of health diplomacy instruments is described with many of them of peculiar relevance to the functions and operation of the World Health Organization.

It is not being trite to point out that the main tool is really information or what might be referred to in diplomatic parlance as “intelligence”. The traffic in data and information remains a hallmark of the work of diplomats in service to their country as the recent Wikileaks exposure showed so clearly. Access to information about the state of health globally and nationally has to be critical for there to be adequate representation and negotiation. But as the book points out, access to and use of information is not enough but adequate preparation for the studied practice of negotiation represents an important tool the 21st century diplomat will use consistently. It was refreshing to see reference to that standard text on “Getting to Yes” by Fisher which represents one of the finest and simplest approaches to conducting principled negotiation.

For several reasons, including the increasing interconnectedness that is a feature of modern globalization there has been a shift of understanding about human security from preservation of the territorial integrity and the sufficiency of the personal environment to concern for human well being and there is general acceptance of the view that health is essential to the capacity of the individual to so expand choice as to achieve that wellbeing. It is well to point out however that the nature of the health threats to human security is changing. Whereas the threat of the communicable diseases and the fear of contagion were sufficient to create public apprehension and subsequent securitization of the health threat, the situation has changed. The chronic noncommunicable diseases such as hypertension, diabetes, heart disease, cancer and chronic respiratory disease are now the major cause of death world-wide and even in developing countries represent a significant challenge for the poor and the difference in capacity to cope between the rich and the poor is an egregious manifestation of inequity.

But health is only one of those capabilities needed for wellbeing. There can be no hubristic proposal for the preeminence or dominance of the health capability and the health diplomat has to be aware of the actions of other sectors in providing human security. In this context, intersectoral collaboration will be critical and the preferral of health to achieving human security within a foreign policy paradigm must have the health diplomat being aware of the need to pay attention to those other capabilities and the roles they may play. Thus the description of interdepartmental, interministerial collaboration is a welcome addition to the discussion on health diplomacy. Health diplomacy within foreign policy has to be an aspect of what has been described as international health statecraft.

A more critical issue addressed in various parts of the book is the relationship between national and global health. Global health is the health of the world’s people irrespective of where they live and the critical issue of today is the health inequity that damns so many to ill health. Inequity does not respect national borders. The reduction of inequity is seen traditionally as the province of the state and the mechanisms for national action to reduce the inequity among nations or within foreign nations is one of the more vexing questions in public health. To date the only mechanism available for addressing this conundrum is through the international health organizations, but it has been the posture of some neo-functionalists that such organizations have not used fully the normative instruments at their disposal to reduce the global inequity.

Diplomats with a national allegiance in spite of having a remit in health have not in general been able to cut this knot. It is still not clear how health diplomacy will address the national inequity that has to be considered if the objective of global health is the health of all people. As Kickbusch points out, *“But foreign policy needs to be driven by the new mindset which accepts a double responsibility, for one’s own country and for the global community. This is the challenge for health diplomacy at the beginning of the 21st century”*. Meeting this challenge may very well entail consideration of the kind of interventionist foreign policy that has hitherto been reserved for threats to security other than health.

If one accepts responsibility for both for one’s own country as well as for others with respect to addressing global health, then one has to accept the responsibility to reduce inequity not only nationally but also globally. As mentioned repeatedly, national action in health is normally within the responsibility of the state. Therefore it would seem that health diplomacy has to have a national expression as well. The means of negotiation at national level to reduce inequities in health are clear and have been seen as the domain of internal politics and not as a concern of foreign policy, and ergo not the concern of diplomats. But there may indeed be situations in which the health of other countries and the inequities there can affect profoundly the health of one’s own country. In that sense, foreign policy which impacts on external factors that affect the security of one’s own country can properly involve health diplomacy. This situation is seen acutely in matters related to trade and agricultural policy where the actions of other countries have an impact on domestic health. This concept of global responsibility, touching on global citizenship has been a frequent theme in Kickbusch’s work.

The problem of domestic state action brings to the fore an issue that is highlighted throughout the book. Can the old forms of international health governance accommodate the new roles of health diplomacy and address the new health challenges. In the immediate post-Westphalian era the state and the government were for all purposes co-terminous. But the recent steady growth of political pluralism has been such that there are now several powerful actors in the nation state such as civil society and the private sector claiming legitimacy in negotiations that were formerly the exclusive province of governments. The ability of these non-government state actors to influence the health policy that has been taken to be an aspect of foreign policy is growing apace and any construct that has states as the critical actors in international politics has to consider that the modern state is no longer a unipolar structure. The question is how will the practice of health diplomacy evolve as a part of foreign policy and be able to affect the decisions that are taken in organizations whose governance reflects the growing political pluralism. The day will come when the current organizations which are really intergovernmental and not truly international have to recognize formally rather than in the current manner the need for these other state actors to be part of the formal decision making process in global health. The political home of health diplomacy at that stage and the nature of the international statecraft that shapes foreign policy will be of considerable interest.

This book is not a pabulum of platitudes about the magnitude of health and suffering and the need for the world as a whole to be concerned. The well argued chapters pose not only possible solutions, but implicitly or explicitly pose some questions that will be central to diplomatic practice in health in the 21st century. It is a welcome addition to the discourse and debate on the nature and practice of health diplomacy. Its contents can be seen as a partial response to the most recent UN resolution on Global Health and Foreign Policy which “ *Encourages Member States, the UN System, academic institutions and networks to further increase their capacity for the training of diplomats and health officials, in particular those from developing countries, on global health and foreign policy, by developing best practices and guidelines for training and open source information and education and training resources for this purpose*”. It should be read by all who have stake in the health of the people of the world and view it as one of the few non-renewable resources at our disposal.

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