

Global health diplomacy: training across disciplines

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Introduction

In the March 2007 issue of the *Bulletin*, cross-cutting issues involving health and foreign policy were examined from a broad range of perspectives: conceptual, educational, military, trade, development and humanitarian aid, national and human security, migration, analytic, environmental and human rights. David Fidler, an expert in international law, reflected that there might in fact be a revolution under way in health and foreign policy,¹ though the transformation is not completely understood and still relies on governments to see health as a key function of foreign policy. Nevertheless, the changing landscape of health and foreign policy now involves so many new actors, approaches and funding opportunities that there is an inevitable sense of chaos accompanied by excitement about the opportunities ahead.

Some governments have taken purposeful strides to incorporate health as a foreign policy tool. Perhaps, however, it is the other way around: foreign policy is now being driven substantially by health to protect national security, free trade and economic advancement. We offer a few examples of this changing field of health and foreign policy as background to our academic response:

- The United Kingdom is attempting to establish policy coherence with the development of a central governmental global health strategy based on health as a human right and global public good. Rooted in the recognition of globalization and its effects on health, this new effort will bring together the United Kingdom's foreign relations, international development, trade and investment policies that can affect global health.²
- Switzerland has prioritized health in foreign policy by emphasizing policy coherence through mapping global health across all government sectors.³ Through the Departments of Interior (Public Health) and Foreign Affairs, an agreement on the objectives of international health policy was submitted to the Swiss Federal Council to assure coordinated development assistance, trade policies and national health policies that serve global health.
- Brazil has demonstrated policy coherence through its assertion of health as key to its own development and as a basis for south-to-south cooperation. In particular, Brazil's role in asserting flexibility in the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement to support the health concerns of sovereign nations set the stage for an integrated, rights-based approach to trade policy. Today, Brazilian diplomats serve key roles in health and other ministries to assure policy coherence across the government; they have also provided leadership in key multinational health negotiations such as the Framework Convention on Tobacco Control.
- The Global Health Security Initiative (GHSI) is an international partnership to strengthen health preparedness and response globally to biological, chemical, radio-nuclear and pandemic influenza threats. Launched in November 2001 by Canada, the European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom and the United States of America, WHO provides technical support to the initiative (available at: <http://www.ghsi.ca/english/index.asp>).
- The ministers of foreign affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand established an initiative on Global Health and Foreign Policy in 2006, with an Oslo Ministerial Declaration in 2007 that recognized the need for new forms of governance to support development, equity, peace and security.⁴

The issue of health and foreign policy has not escaped the attention of multinational organizations such as the Organisation for Economic Co-operation and Development (OECD), the World Trade Organization (WTO) and others.⁵ WHO has formed the Intergovernmental Working Group on Intellectual Property, Innovation and Public Health to find new ways to deal with access to health care and medicine. Director-General Margaret Chan has made it clear that health and foreign policy are inextricably linked and that the Member States are challenged to support this linkage. The interface between trade and health is, in fact, on the cutting edge of health diplomacy. Health professionals need to understand this interaction to assure rational trade agreements, informed by health needs and supported through progressive foreign policy.⁶ However, global health governance is a mixed bag of unclear accountability and exciting opportunity. The infusion of large, new funding sources from philanthropy and the unprecedented attention provided by celebrities, former presidents, development economists, multinational banks and others has stimulated the

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field of global health into a huge, complex and unwieldy discipline, in need of careful study and consideration of new forms of governance and improved knowledge of the interaction between health and foreign policy.

The academic response

Academia has begun to shape global health training programmes to inform health professionals through cross-disciplinary didactic and experiential learning. Global health programmes have proliferated across both north and south, with curriculum content spanning research skills, cultural studies, social sciences and basic sciences.⁷ We have identified an additional need for training that brings health and foreign policy professionals together to define the field of health diplomacy within global health. Initially, we designed this as an executive training course for mid-career and senior professionals who could share their experiences and perspectives in a focused, one-week intensive programme. We believe that it may also be incorporated into more mainstream global health educational programmes.

During 18–22 June 2007, the Graduate Institute of International Studies, Geneva (HEI), welcomed 18 participants, with professional backgrounds in both diplomacy and health and representing ten countries, to the first Summer Programme on Global Health Diplomacy (available at: <http://hei.unige.ch/summer/healthindex.html>). During this intensive programme, the participants were able to engage with a faculty of health professionals and diplomats to share views and professional experiences from their work. The initial group of participants was recruited on the basis of their current involvement in policy, international health negotiations, private-sector, nongovernmental organization and multinational organization work. We sought to include a balance of various disciplines and geographic areas in those accepted to the programme through the institute's web site. The goals of the course were to:

- focus on health diplomacy as it relates to health issues that cross national boundaries and are global in nature; and
- discuss the challenges facing health diplomacy and how they have been

addressed by different groups and at different levels of governance.

The programme addressed the goals of global health diplomacy, the changing interface of foreign policy and health, and the attempts to create policy coherence between development partners and across ministries. A special focus was put on understanding the negotiation process – in particular, the interface between technical and political issues that arise in global health agreements. Practical exercises and role-playing represented recent negotiations on the International Health Regulations, the Framework Convention on Tobacco Control, Resolutions on Trade and Health, and the 2007 World Health Assembly resolutions dealing with sharing of biological materials. The ethical and human rights dimensions of global health diplomacy were also considered.

The course discussions benefited from the diverse backgrounds of the participants, including those from ministries of foreign affairs and health, from international organizations, diplomatic missions, development agencies, nongovernmental organizations and the private sector. At the end of the course, the participants created a global health diplomacy discussion community on the WHO Knowledge Management for Public Health (KM4PH) discussion portal to engage in continuous exchange as part of an Academy of Global Health Diplomats (available at: <http://ezcollab.who.int/KM4PH/OpenForumGHD/GHD2007/>).

This first Summer Programme on Global Health Diplomacy was co-organized with WHO, the Oswaldo Cruz Foundation (Fiocruz) of Brazil, the Swiss Federal Office of Public Health, the Swiss Agency for Cooperation and Development, the University of California San Francisco Global Health Sciences programme and the Gulbenkian Foundation. The enthusiasm generated among the participants in this inaugural course illustrates the diplomatic and health sectors' growing interest in such short-term executive education.

For the future, our partnership between HEI, the University of California and Fiocruz is planning to extend these

executive training programmes to Brazil and the United States of America. Academia may have a very important role to play in shaping the governmental and nongovernmental emphasis on health in international relations in our troubled world. In addition, we have obtained funding to design a pilot health diplomacy curriculum for academic global health educational programmes. Health sciences students in these programmes who seek careers in global health may benefit greatly from the content material presented in our model executive training programme. They will assume leadership roles in global health that need grounding in diplomacy as well as in the health sciences. We also plan to develop a more formal compendium of case studies and historical reviews on health diplomacy for use in such professional and graduate school programmes.

Conclusion

Global health diplomacy is a field in the making, with a need for both conceptual development and practical training programmes. The HEI programme described here is the first attempt to bring together diplomatic and health professionals to understand their common interests in health as foreign policy. Alternatively, foreign policy may utilize health concerns to achieve national goals. It may not matter which takes preference, but it is clear that the growing concern for multilateral cooperation on critical global health problems requires purposeful engagement in learning across these two sectors. In addition, there is a need to include nongovernmental actors, philanthropy and the private sector in this exciting new field of study. The landscape of global health and foreign relations has changed, and thus a new lens through which to view this landscape is needed. Joint training such as that described here may help the focus of that lens. The lessons learned from this executive training programme may be quite valuable as an additional focus of study for preprofessional students in schools of public health, global health sciences or other health professional schools. ■

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