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Debate

James Bond and Global Health Diplomacy

Sebastian Kevany[1,2*]

Abstract

In the 21st Century, distinctions and boundaries between global health, international politics, and the broader interests of the global community are harder to define and enforce than ever before. As a result, global health workers, leaders, and institutions face pressing questions around the nature and extent of their involvement with non-health endeavors, including international conflict resolution, counter-terrorism, and peace-keeping, under the global health diplomacy (GHD) paradigm.

Keywords: Global Health, Counter-Terrorism, Security, Foreign Policy, Diplomacy

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***Correspondence to:**
Sebastian Kevany
Email: sebastian.kevany@ucsf.edu

Oddly Familiar?

Images of the *beau sabreur* continue to evolve in the 21st Century. In an era, when pursuit of — or opposition to — ideological goals through violent conflict is increasingly regarded with a jaundiced eye by society,[1] the world is looking for new benign (and malign) points of reference. Enter the "James Bond" *motif*: worldly, humanitarian, concerned with the global public good, a seasoned "international," a natural diplomat who eschews violence except as a last resort, coupled with a willingness, for part of one's professional life, to forsake conventional lifestyles; possessed of cultural awareness, sophistication, diplomacy, and a physical capacity to survive in often uncomfortable surroundings — 007 is one of the few benign 20th Century paradigms to have endured recent cultural, historical and societal shifts.[2] Does this sound oddly familiar to some of those inhabiting the world of global health? And, if so, where might this continuing convergence between the pursuit of world peace, international development, conflict resolution, and international cooperation — the evolution of a history of international health closely connected with both colonialism and commerce — ultimately lead? Without trivializing or misrepresenting the very serious nature of global health work by drawing flippant parallels, this commentary examines possible ways in which the remit of both the organization and the individual within the *métier* may be expanded to address non-health issues – related to international security, diplomacy, and foreign policy – on a more formal, structured, and explicit (rather than *ad-hoc* or implicit) basis under the "global health diplomacy" (GHD) framework, while also commenting on (1) the limits to such integration, and (2) ways in which synergies may be achieved successfully.

New Standards of Style

Global health, though encompassing a highly diverse group of individuals and organizations with varied motives, specialties, and *modus operandi*, is not, historically, a glamorous profession. Often indifferently rewarded, and without those formal systems of disciplinary recognition that distinguish other walks of life, honours are more often internal and nebulous rather than external and quantifiable. In the past, society has shown limited interest in recognizing associated individual-level altruism and hardships. This, however, may be changing. "Generation Z," we are told, places greater value on doing good for humanity than on achievements such as wealth accumulation.[3] In what Douglas Adams calls the "Fundamental Interconnectedness of All Things,"[4] disciplinary boundaries — which can be both inefficient and artificial — in both global health and other professions, are increasingly being tested and expanded,[5] – akin to the multi-functionality and convenience of the modern "smart phone." Professional contributions to resolving the world's problems, are, in the multifarious "smart" era, now hailed as realistic and achievable personal goals. Engineers, for example, are increasingly becoming environmentalists[6]; conversely, is it only a matter of time before we see Bond fighting the real enemies of the 21st Century – less Cold War politics and megalomania, and greater attention to social and economic inequality, the excesses of the military-industrial complex, environmental degradation, prejudices, poverty, racism, disease, corruption, human rights violations, and improving global health, that drive so many of our world's more fundamental problems? Combating such ills, whether natural, cultural, historical or man-made, may represent a more compelling *rasoin d'etre* to the next generation than fighting stereotypical and traditional global "bads." The global health remit, under the GHD paradigm, therefore becomes increasingly integrated with that of the diplomat or the *attaché* in order to advance the global community's health and non-health goals.

Professional Parallels

Global health workers, who conduct vital and important international medical work as well as de facto "barefoot" international relations,[7] do not sign up to be diplomats — let

[1]University of California, San Francisco, CA, USA. [2]Center for Global Health, Trinity College Dublin, Dublin 2, Ireland.

alone intelligence operatives — and should not be exposed, voluntarily or involuntarily, to risks which may affect their colleagues as much as themselves.[8] However, those doctors, nurses, project managers, field staff, epidemiologists, and other specialists within the global health community traveling to countries such as Afghanistan, Sudan, South Sudan, and Iraq do so with the knowledge that they are placing themselves in potentially perilous situations — and that, directly or indirectly, their endeavours are inexorably tied to concerns of conflict resolution, "smart power," diplomacy, foreign policy, and international relations.[9] Implicitly, if not explicitly, it is not uncommon for global health professionals — particularly those politically appointed, or representative of national governments — to undertake duties far beyond their brief related to foreign policy, and international relations,[5] even if these pursuits are not always directly related to the advancement of health goals, but instead operate in parallel with them. Similarly, bilateral aid programs have consistently combined political goals with healthcare agendas in an implicit manner[10]; GHD approaches merely make these implicit mechanisms explicit, and therefore both clearer, and better optimized, by both donors and recipients. The historical parallel of global health workers doubling as missionaries, or *vice versa*, is a compelling representation of the medical community's capacity to pursue broader, "downstream" goals. In parallel, at the personal level, anecdotal evidence suggests that global health work often demands an inherent courage and awareness of environmental and situational risks – dangers which may not necessarily increase in direct proportion to the addition of diplomatic duties and responsibilities.[11]

The Wrong Way

The assassination of community health workers in Pakistan[12] as an indirect result of associations with clandestine activities in the search for Osama Bin Laden, though possibly a one-off catastrophic event, may have damaged the credibility of immunization programs throughout the developing world for years to come.[13] Such tragedies have, in recent years, raised serious questions around the acceptability of implicitly combining global health with foreign policy initiatives.[14] This was not an isolated event: Germany's foreign spy agency "routinely camouflages its agents as development aid workers, even in war zones,"[15] while other countries have allegedly made use of aid personnel for intelligence purposes in locations such as Cuba.[16] Further examples abound: In March 2009, Sudan expelled several major foreign aid agencies, including Oxfam and Save the Children, from the Darfur region in response to accusations by President al-Bashir of foreign aid workers being "spies" and "thieves."[17] Global health personnel, due to their location and activities, may therefore face ethical and moral dilemmas around their implicit role and function, including situations such as vaccination or family planning programs being used as plots for "western control,"[18] or the training of health workers manifesting as a threat to the military-government apparatus. Even more critically, many personnel also remain hopelessly naïve about how both donor governance and recipients of aid interpret their work in political terms.[19] The unplanned, unstructured, and *ad-hoc* combination of global health and foreign policy initiatives will, therefore, inevitably lead to further tragedies and failures of the kind described above —with correspondingly greater threats to global health workers' safety and security — while the discrediting of associated agencies threatens both diplomatic and broader international relations between donors and recipients.

Opportunity Points

Within the global health architecture, opportunity points for the involvement of global health in foreign policy can only be identified through an understanding of the actors, contexts and challenges of both fields. Medicine and health are, to a far greater extent than other forms of international development, involved in situations of conflict, terrorism, warfare, and humanitarian emergency and catastrophe, making the integration of diplomacy into related projects and interventions of critical importance.[20] The advancement of foreign policy goals by national governments through health and development programs is, thus, a natural evolution of this association. Actors such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR), and the United Nations Development Program (UNDP) frequently (though on an *ad-hoc* basis) advance both health and non-health agendas in unison, such as the secession of South Sudan from the Republic of Sudan,[21] challenging extremism in Afghanistan,[22] or contributing to conflict resolution in Iraq.[23] Even players such as *Medicins sans Frontieres* (MSF) and the World Health Organization (WHO), despite their exclusively apolitical manifestoes, cannot hope to avoid some form of non-health influence, partisanship, or even (in the case of MSF) potentially offensive elitism.[24] At the individual level, even non-political global health representatives are frequently presented with opportunities to design and deliver recommendations and programmatic adaptations that address or report on both health and non-health (eg, political, social or economic) goals in concert with each other.[25] Even more fundamentally, such personnel are implicitly responsible for North-South relations in their comportment, behaviours and personal diplomacy when operating overseas.[5] To date, however, no standards, trainings, operating procedures, evaluation tools or guidelines, though now available,[26] have been routinely employed this regard.[27]

The Right Way?

Rather than advocating for greater delineation on this basis, fields such as GHD, under certain interpretations,[28] attempt to resolve these tensions by encouraging, leveraging and making explicit such overlaps from the "smart power" perspective, employing altruistic operations to pursue broader non-health goals including international security.[24] GHD can therefore be leveraged to pursue global "goods" unrelated to health programs – a benign force, as long as it is not manipulated into pursuing global "bads" via rapacious foreign policies – and, even then, remains a better route than violent conflict. Is there, then, a "right" way for global health to interact with international politics, intelligence and diplomacy? Or, conversely, can non-health professions such as the clandestine services also help to advance global health? In spite of the threats, dangers, and blanket opposition to such proposals

from the medical community,[13] if appropriately structured, delivered and monitored, there may yet be a place for diplomatic, security, and political activities embedded within the global health *milieu*. Those shocked and appalled by the scale and scope of civilian casualties in recent conflicts[29] have called for alternatives to engagements such as the Iraq War through the implementation of global health programs working in collaboration with intelligence services and operating under "military umbrellas."[30] Such approaches seek to exploit synergies between health and non-health organizations such as the advancement of humanitarian causes, conflict resolution, and international cooperation, as well as via operational overlaps: both groups are embedded, often for long periods, in remote and potentially hostile cultures; both operate under the aegis of international agencies; and both play a (conscious or unconscious) part in broader international strategic initiatives which may be unrelated to their primary programmatic responsibilities.[20] Examples such as the highly political nature of the polio immunization boycott in Northern Nigeria and related diplomatic efforts to overcome challenges to uptake, are representative of potential future successes of disciplinary integration based on GHD approaches.[31] However, successful collaborations are equally dependent on adherence to a set of standards and operating principles that recognize and respect both mutual and distinct goals, operating procedures, and standards of conduct between health and non-health organizations.[32]

Building Mutually Acceptable and Appropriate Collaborations

Such approaches represent the antithesis of contemporary thought in this regard, and will inevitably provoke controversy. Innovative and interdisciplinary combinations, most frequently designed to involve health in broader global agendas but also, conversely, to integrate and pursue foreign policy concerns via international development, if ever to occur successfully, must be carefully and meticulously planned – not least to protect the health, safety, prestige and operational independence of the global health community. If this is possible, on the basis, perhaps, of adherence to and application of appropriate criteria for the "diplomatic" and "foreign policy" sensitization of global health interventions,[11] opportunities for mutually acceptable associations may exist. These might include, for example: (1) Leveraging the location and presence of international health programs in unstable regions for international security and conflict resolution purposes; (2) enhancing and engaging with information gathered through monitoring and evaluation systems to better understand local communities, cultures, and preferences; (3) exploiting the extensive collaborations that global health efforts develop with community, district, regional, and international bodies; and (4) eraming such associations as an explicit *quid pro quo* with recipient countries, whereby vital intelligence efforts related to national and international security are, formally or informally, exchanged for, or combined with, the provision of altruistic development programs.

Uneasy Allies

As health and politics become increasingly and inexorably intertwined, the risk of "cross-contamination" across previously-distinct professional and disciplinary challenges increases exponentially; associations between clandestine organizations such as the Central Intelligence Agency (CIA), world politics, and global health initiatives have never before been so much in the public eye.[33] Similarly, the invovement of military organizations as potential actors in in global health operations — such as under Operation United Assistance in response to the Ebola outbreak[33] — are the subject of intense contemporary media interest, scrutiny, and even alarm. Such reflection is both welcome and necessary, and has both the safely of global health workers and the advancement of international cooperation and diplomacy as it's goal. Nonetheless, with the decreased stature, cost-effectiveness, international social and cultural acceptability, and even relevance of "hard power" operations in the 21st Century, opportunities for such collaborations in the interests, not just of global health, but also of broader international security, are both of increasing importance and increasingly unavoidable. In the context of contemporary crises such as Syria and the Islamic State, both strategic and altruistic initiatives have either failed, or faced unacceptable security challenges — at both the individual and organizational levels — when operating independently of each other. Structured liaisons and collaborations may be the only alternative left. Success, in turn, relies on intelligence, military, global health, and development organizations working together in unprecedented ways, as characterized by the recent creation of the United States' Office of Global Health Diplomacy (OGHD) embedded within increasingly political divisions of the State Department.[34] The involvement, in such cases, of essentially political and foreign policy departments into the very mechanics of global health program design and delivery should be welcomed and endorsed by the global health community – not just for the added global health funding this dual agenda may generate, but because of the essential and urgent need to integrate diplomatic principles and practices into a profession that has, for too long, been dominated by the narrow (and often culturally, politically and diplomatically insensitive) nature of interventions designed exclusively by the medical and economic professions.[35] Those involved will likely resent and resist such encroachments of their purview – but both shaking and stirring such boundaries will, in the 21st Century, continue to be an essential part of global health's evolution.

Ethical issues

Not applicable.

Competing interests

Author declares that he has no competing interests.

Author's contribution

SK is the single author of the manuscript.

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