

Health Diplomacy-A Historical Perspective and a Challenge for the Future

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บทคัดย่อ

ปัจจุบันเป็นยุคเศรษฐกิจโลก ทุกประเทศมีการติดต่อสื่อสารกันข้ามชาติ เป็นสาเหตุให้โรคระบาดจากประเทศหนึ่งสามารถแพร่กระจายไปได้ทั่วโลกอย่างรวดเร็วผ่านทางการคมนาคมทางอากาศ เช่น การเดินทางข้ามประเทศและทวีปต่างๆ ของประชากรโลกซึ่งมีมากกว่าสองล้านคนต่อวัน ทำให้อาจมีโรคติดต่อผ่านมาจากนักเดินทางได้ รวมถึงความเจริญทางการค้าระหว่างประเทศ ที่ในปัจจุบันมีการนำเข้าส่งออกอาหารและสินค้าต่างๆ มูลค่ามากกว่าล้านล้านดอลลาร์สหรัฐ ทำให้เกิดความเสี่ยงด้านสุขภาพเนื่องจากผลิตภัณฑ์ดังกล่าวอาจมีสารพิษปนเปื้อนที่เป็นอันตรายต่อสุขภาพได้ ดังนั้นทุกประเทศควรมีการส่งเสริมนโยบายการทูตด้านสุขภาพ โดยให้ความสำคัญกับประเทศที่มีความขัดแย้งกันและประเทศที่กำลังพัฒนา ทั้งนี้เพื่อป้องกันไม่ให้เกิดภัยที่เกิดขึ้นจากที่หนึ่งสามารถแพร่กระจายไปได้ ซึ่งส่งผลต่อสุขภาพโดยรวมของประชากรโลก

คำสำคัญ: การทูตด้านสุขภาพ, ความเสี่ยงด้านสุขภาพ

Abstract

In today's global economy, no nation lives alone in a vacuum. Diseases once endemic only to certain regions of the world can be spread thousands of mile away in only a few hours via air transport. The movement of more than two million people each day across national borders and the growth of international commerce are responsible for health risks ranging from infectious disease in travelers to contaminated foods. Nations trade billions dollars worth of food and other products that may present health risks to importing countries, and market/economic risks to exporting countries, if these health issues on a global basis through integrated foreign policy. Health Diplomacy, the linkage of health

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with diplomacy, meets the dual goals of improving global health while maintaining and improving international relations, particularly in conflict areas and resource poor environment.

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If there is one “Given” in the field of human dynamics it is that all societies, cultures, and religions place a value on human life, dating back to ancient times. Implicit in this value has been a shared moral perception that it is “right” to take care of the basic health and well-being of our fellow men and women. It is our shared responsibility as citizens of the world - neighbors to all.

That “Given” has been substantiated time and time again, particularly during times of crisis, such as the 2004 Tsunami that hit Southeast Asia, or the flooding that ravaged the Gulf Coast of the United States in 2005. People everywhere continue to reach out to help in whatever way possible to alleviate human suffering because - it is the “right” thing to do.

If there is a second “Given” it is that the health of all peoples has also been interdependent since time began. It was true in the past and currently in this age of rapid travel, international commerce, and global communication - artificial borders and geographic distances cannot isolate the health and safety problems and concerns of people in one community from those in another. Thus, health is Global in nature (Michael, 2000).

While it has recently become a very much vogue phrase, Health Diplomacy or--the linkage of health with diplomacy as a factor of enhancing positive interactions between nations and serving as a baseline for peaceful relationships--is not a new concept.

In his widely accepted version of the true genesis of international health, author and Professor of Law at Indiana University David Fidler noted in 2001 that the globalization of public health led to the development of international health diplomacy and international (regimes) collaboration for public health beginning in the mid 19th century. (Fidler, 2001) It occurred-he noted-because of the emergence of a collective concern for infectious diseases.

By his calculation that era of significant “International health diplomacy began in 1851, when European states gathered for the first International Sanitary Conference to discuss cooperation on cholera, plague, and yellow fever. These states had previously dealt with (transboundary) disease transmission through national quarantine policies. The development of railways and the construction of faster ships were among the technological advances that increased pressure on the value of national quarantine systems.

Disease control became a subject of diplomatic discussion as a result of the cholera epidemics that swept through Europe in the first half of the 19th century. National policies not only failed to prevent the spread of the disease but also created discontent among merchants, who bore the brunt of quarantine measures and urged their governments to take international action.

In today's parlance, cholera was an emerging infectious disease that caught Europeans unprepared.

The next 100 years after 1851 witnessed an evolution in international cooperation on infectious diseases. States convened conferences, adopted treaties, and created several international health organizations to facilitate cooperation on the control of infectious diseases. The work of Koch and Pasteur encouraged international cooperation as germ theory allowed diplomats to shape more informed policies and rules.

By the end of 1951 this scientific and diplomatic process had produced the World Health Organization and a single set of international legal rules on infectious disease control, the International Sanitary Regulations. Over the course of a century, the global threat of infectious diseases had produced processes, rules, and institutions for global health governance (Fidler, 2001).

There is no single agreed upon definition to describe the concept of **Health Diplomacy** although we rather like the one suggested by our highly respected colleague, retired Assistant Surgeon General Thomas Novotny. He notes that "Health Diplomacy may be defined as a **political**

change activity that meets the dual goals of improving global health while maintaining and improving international relations abroad particularly in conflict areas and resource poor environments. (Novotny, 2006).

Another term often used synonymously with Health Diplomacy is **Health as a Bridge for Peace**. It is a term coined to suggest a health diplomacy approach originally undertaken in Central America in the 1980's and conceived of by our own Pan American Health Organization. That notion carried the idea that shared concerns around fundamental health issues can provide an entry point in the process of negotiation because health issues transcend political, economic, social, and ethnic divisions among peoples and provide a nexus for dialogue at multiple levels (Guerra de Macedo, 1994).

But one of the most historically appropriate descriptions for this concept of the knitting together of foreign policy and health policy is one coined by Peter J Hotez, chair of the Department of Microbiology and Tropical Medicine, George Washington University, who uses the term-- **Vaccine Diplomacy**.

Indeed, Hotez's notion that "vaccines may function as agents of conflict resolution is one that has deep historical roots. Edward Jenner, the British inventor of the first smallpox vaccine, was considered a hero in France as well as in England and was called upon to mediate prisoner exchanges. Jenner was elected as a foreign member of the Institute of France at a time of almost continuous warfare between the two nations during the early 1800s (Hotez, 2001).

Dr Hotez notes that "The modern era of American vaccine diplomacy followed on the heels of the Marshall Plan when US technical and scientific resources were first engaged in foreign policy.

"In the 1950s, when polio epidemics occurred every summer in North America, Europe and the USSR, Albert Sabin began to work closely with Soviet virologists in order to develop, test and license the live polio vaccine. It is not widely known that the attenuated polio strains developed in Sabin's laboratory--were transformed into a clinically useful oral vaccine with the help of Soviet Virologists. Presumably it was the terror that polio inflicted into parents on both sides of the Atlantic that prompted both the Americans and Soviets to set aside their ideological differences in 1956.

At the height of the Cold War, leading Soviet virologists traveled to Cincinnati where they obtained a commitment from Sabin to provide them with his vaccine strains. In a landmark reciprocal visit a few months later, Sabin received permission to visit the laboratories of Soviet scientists. Both exchanges proceeded with the tacit approval of a stridently anti-communist Eisenhower administration.

What followed was a remarkable example of Cold War diplomacy, in which Soviet children were among the first to receive test doses of the oral polio vaccine. By 1960, millions of Soviet children were vaccinated. Only after its safety had been established in the USSR and validated by Dorothy Horstmann from Yale, was the Sabin vaccine approved and licensed in the USA.

In a similar case of vaccine diplomacy "(Similar) co-operation channeled through the WHO led to the introduction of essential smallpox freeze-drying technology. Like polio, the control and ultimately the eradication of smallpox was the product of Cold War vaccine diplomacy.

The creation of the US Agency for International Development and the Peace Corps during the Kennedy administration possibly had its roots in the Cold War successes attributed to vaccine diplomacy. In 1966, US President Johnson undertook an ambitious, albeit ultimately futile, effort to institutionalize vaccine diplomacy. The International Health Education Act called for an expenditure of \$10 million for overseas health and health education because as the then Secretary of Health, Education, and Welfare John Gardner put it, *'There are no better grounds on which we can meet other nations and demonstrate our own concern for peace and the betterment of mankind than in a common battle against disease'* (Hotez, 2001).

Regardless of the origin of these terms one thing is clear. The desire for good health is a motivating factor and leading political issue for all people. Citizens of one nation can help break down barriers of ethnic, religious, and political differences when they assist the citizens of another country in improving their health. Integrating national health policy with security and broader national foreign policy can further a nation's global contribution and thus serve - as a **Bridge To Peace** around the world.

Disease knows no borders. Infections know no boundaries. What affects a person in

one country today will affect someone in another tomorrow. In the subtitle of an article on the globalization of disease published in The Brookings Review Erica Barks-Ruggles emphasizes this point by asking: “When Congo sneezes, will California get a cold?” (Barks-Ruggles, 2001)

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Nations trade billions of dollars’ worth of food and other products that may present health risks to importing countries, and market/economic risks to exporting countries if these products are tainted and make people sick. Evidence the recent concern about tainted pet food--and yes food provided as poultry feed.

Health problems that affect the economy of one nation have repercussions in other countries in an era of globalization. We are clearly interdependent in many important ways. It is therefore essential that countries work together to deal with health issues on a global basis (Michael, 2004).

Although the United States has had an active presence in health on the global scene for decades, there is more that it can and should do to make health a more explicit and more influential part of foreign policy.

It can be stipulated **that the health sector should be a more significant participant in the development of foreign policy.** Citizens of most countries are generous--and caring people, and have always wanted to help improve the health status of those in other countries as well as their own. In addition to altruistic motives, however, it is in the best interest of the many nations to increase their role in global health and to use health as a diplomatic initiative.

That very thesis was well articulated by the former US State Department’s Undersecretary for Public Diplomacy and Public Affairs, Karen Hughes, in November of 2006 at a conference recognizing the US Navy hospital ship USS Mercy’s visit to South Asia--she noted that “this type of health diplomacy, health outreach is one of the most effective ways that we can reach people to people across our world. Americans reach out to help people in need because of who we are and because of what we believe. We share with others because of our conviction that all people are equal and each person is uniquely valuable So those convictions prompt us to action (Hughes, 2007).

Perhaps one of the most telling factors in support of the notions of Health Diplomacy is a perceived impartiality of health professionals. They have a personal and wholesome status with individuals and their communities--and as a result--can have opportunities that may open doors for other sectors including that of the diplomat and policy maker. Other strengths of health professionals include the personal attributes of these health advocates, as well as their

professional skills and know-how in enhancing health status, and their potential ability to act as brokers for peace. (Rodriguez-Garcia, 2001)

Health professionals--and particularly those whose main focus is public health--and particularly those who have broad rather than a totally clinically oriented focus such as many physicians--are in the unique position to be able to leverage something universally and globally important, irrespective of the details of any given conflict of ideology or cultural persuasion and that colleagues--is the promise of good health. This makes the global health community a potentially powerful force in health diplomacy and related peace efforts throughout the world.

In the past the uniformed services has been one of the most effective human resources to facilitate that worthy accomplishment. It can and should--be a vital resource for such efforts in the future.

While health diplomacy has been around for many years, it is clear that it is now a much more visible instrument for addressing health problems through diplomacy and in consort with the political process.

Now there is little question that "Global health diplomacy is gaining in importance. In a world where the art of diplomacy juggles with the science of public health. Proof of the fact that global health diplomacy is gaining in importance is seen by the fact that some countries have added a full-time health attaché to their diplomatic staffs in recognition of the importance and complexity of global health deliberations. Other have added

diplomats to the staffs of their international health departments (Kickbusch, 2007).

More current evidence of that movement can be seen in the remarks by the Director--General of the World Health Organization, Margaret Chan--at that point in office only six weeks--In appearing before the Directorate for Health and Social Affairs in Norway in February of this year. In that presentation titled **Health Diplomacy in the 21st Century**, she lauded her predecessor, Brundland, for "recognizing that health issues are inherently political and must be tackled at the political level (Chan, 2007).

In spite of optimism regarding the subject matter of health diplomacy, Professor David Fidler, has noted that "despite the harshness of the foreign policy process, health advocates have found ways to influence that (permanent) dialogue.... The evolution of this healthcraft has not vaulted public health to political primacy in the world of foreign policy, but it has contributed to health gaining political, as opposed to just rhetorical traction in global politics (Fidler, 2007).

In another presentation made on World Health Day in April of 2007 before the Pan American Health Organization, Professor Fidler opined that excitement about health diplomacy is encouraging a belief that it can radically transform foreign policy and international relations beyond the health sector. However, he cautioned--a reality check is needed because health's rise in foreign policy and diplomacy is not evidence of significant improvements in health but rather of mounting dangers.

Further, he noted that health security is not the same as international or global health. It is a much narrower idea. Increased levels of health diplomacy is not the same as effective governance of health challenges and--emergence of health diplomacy has not revolutionized the nature of foreign policy or diplomacy generally.

He concluded with the hope that the current interest in health diplomacy is not just another policy fad--an issue with its moment in the sun--but rather an exciting potential. It is thus both a burden as well as an opportunity (Fidler, 2007).

Are we ready for the Burden and the Opportunity ?

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