

GLOBALIZATION FOR HEALTH

Health as foreign policy: harnessing globalization for health

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SUMMARY

This paper explores the importance for health promotion of the rise of public health as a foreign policy issue. Although health promotion encompassed foreign policy as part of 'healthy public policy', mainstream foreign policy neglected public health and health promotion's role in it. Globalization forces health promotion, however, to address directly the relationship between public health and foreign policy. The need for 'health as foreign policy' is apparent from the prominence public health now has in all the basic governance functions served by foreign policy. The Secretary-General's United Nations (UN) reform proposals demonstrate the

importance of foreign policy to health promotion as a core component of public health because the proposals embed public health in each element of the Secretary-General's vision for the UN in the 21st century. The emergence of health as foreign policy presents opportunities and risks for health promotion that can be managed by emphasizing that public health constitutes an integrated public good that benefits all governance tasks served by foreign policy. Any effort to harness globalization for public health will have to make health as foreign policy a centerpiece of its ambitions, and this task is now health promotion's burden and opportunity.

Key words: global public goods; global governance; foreign policy; United Nations reform

INTRODUCTION

The Sixth Global Conference on Health Promotion held in Bangkok, Thailand, in August 2005 reaffirmed the values, principles and purposes of the health promotion movement that stretches back nearly two decades (Bangkok Charter, 2005). As the Bangkok Conference and Charter recognized, reaffirmation of the tenets of health promotion as a core component of public health today unfolds, however, in an environment radically different from the situation prevailing when the Ottawa Charter was adopted in 1986. This paper focusses on one transformation that affects health promotion—public health's rise as a foreign policy issue in international relations.

Increasing the visibility of health promotion has previously linked health promotion and

foreign policy. These linkages tended, however, to be subsumed in advocacy for the larger goal of 'healthy public policy' (Ottawa Charter, 1986). The last decade witnessed relationships between public health and foreign policy intensify, expand and become more explicit. These developments reveal that a new context and a new reality for health promotion and foreign policy have emerged.

Intersections between foreign policy and public health have become critical in analyzing the management of globalization in ways sensitive to health promotion. Thinking about 'health as foreign policy' requires understanding the opportunities and challenges this task creates. In addition, health as foreign policy necessitates initiatives that can make foreign policy a more robust channel for health promotion.

THE HEALTH PROMOTION MOVEMENT AND FOREIGN POLICY

The transformation of the relationship between public health and foreign policy should not obscure the long-standing intersections between health promotion and foreign policy. Past conferences framed health promotion in global terms, stressed the need for health promotion to be advanced by all governmental sectors and called for healthy public policy at all levels. The health promotion vision encompassed foreign policy as an important governance activity.

Foreign policy's relevance for health promotion remained, however, implicit and mostly assumed. None of the documents issued by previous health promotion conferences specifically mention foreign policy. Earlier conferences conflated policy categories to emphasize that health promotion 'puts health on the agenda of policy makers in all sectors and at all levels' (Ottawa Charter, 1986).

This message did not, however, penetrate mainstream foreign policy. Experts have noted how the study and practice of foreign policy and international relations historically neglected public health (Kickbusch, 2003; Lee and Zwi, 2003), treating it as a non-political matter best left to technical specialists (Haas, 1964). A gap existed between foreign policy communities, which relegated public health to the 'low politics' of foreign policy, and health promotion advocates, for whom public health was among the most important challenges facing countries in an increasingly interdependent world.

HEALTH PROMOTION AND FOREIGN POLICY: THE NEW CONTEXT

The decision to focus attention on foreign policy at the Bangkok Conference, and to include in the Bangkok Charter an express linkage between health promotion and foreign policy (Bangkok Charter, 2005), represents recognition that the relationship between health promotion and foreign policy has been transformed. This recognition echoes the realization by foreign policy makers that public health has risen on their agendas in ways that challenge the traditional neglect of this area. Developments over the past decade precipitated a collision of the worlds of public health and foreign policy that is historically unprecedented.

A key factor producing this collision is globalization. Earlier health promotion conferences identified international interdependencies as one reason why healthy public policy should be a global objective (Adelaide Recommendations, 1988). Assertions about interdependence did not produce robust foreign policy engagement with public health, especially among the great powers. Globalization has, however, expanded, intensified and transformed interdependence to the point that public health problems cascade across foreign policy agendas and capture the attention of strong and weak countries (Table 1).

Globalization exposed vulnerabilities of countries to public health threats that were previously non-existent, latent or ignored. Governments faced mounting public health threats with the realization that globalization constrained policy control over many determinants of health, limiting options to the detriment of population and individual health. Globalization also affected the traditional dichotomy between domestic and foreign affairs, blurring the utility of borders to demarcate where and how policy should be made. Interconnectedness between the local and the global produced centralization of policy making at the national level because only at that level could states address the international and transnational contexts of globalized health issues.

HEALTH AS FOREIGN POLICY: THE NEW REALITY

Globalization's impact on public health appears to underscore the need for healthy public policy at all governance levels given the ways in which globalization challenges every level of policy-making within countries. The reality of public health's emergence in foreign policy has been, however, to make foreign policy more important to public health. Globalization has not altered the political structure of international relations—humanity remains organized into nearly 200 territorial states that interact in a condition of anarchy, defined as the absence of any common, superior authority. The dynamics, and many of the foundational norms, of this anarchical structure privilege sovereignty as a governance principle. Intercourse between sovereign states is the essence of foreign

Table 1: Examples of public health issues and developments of foreign policy significance

Emerging and re-emerging communicable diseases
HIV/AIDS pandemic and associated infections (e.g. tuberculosis)
Outbreak of severe acute respiratory syndrome (SARS)
Outbreaks of avian influenza (H5N1)
Problems with the fight against malaria
Proliferation of biological weapons by states and the threat of bioterrorism
Breakdown in the negotiations for a compliance protocol to the Biological and Toxin Weapons Convention
Anthrax attacks against the United States in 2001
Development of policies to improve biosecurity
Fears of rapidly advancing science making perpetration of bioterrorism easier
Global increase in non-communicable diseases
WHO negotiation, adoption and entry into force of the Framework Convention on Tobacco Control
WHO global strategy on diet and nutrition
Linkages between international trade and public health
Controversies over the protection of patent rights for makers of pharmaceutical products and access to essential medicines in developing countries
Concerns about further liberalization of trade in health-related services adversely affecting the quality, affordability and accessibility of health services
Reassessment of the role public health plays in economic development
World Bank emerging as major player in global health
Commission on Macroeconomics and Health
Public health and human rights issues
Re-invigoration in international interest in the right to health
Renewed concern about respect for civil and political rights in connection with responses to dangerous outbreaks of communicable diseases (e.g. SARS)
Major diplomatic initiatives on global public health problems
UN's Millennium Development Goals (MDGs)
Global Fund to Fight AIDS, Tuberculosis and Malaria
Roll Back Malaria Campaign
Stop TB Partnership
WHO's '3 by 5' Initiative
US President's Emergency Plan for AIDS Relief
Doha Declaration on the TRIPS Agreement and Public Health
Global Health Security Initiative
Revision of the WHO's International Health Regulations (IHR)

policy—policy that organizes the state's relations with other sovereigns.

Historically, public health has predominantly been a domestic policy concern (Cheek, 2004); but developments over the last decade have forced public health experts and diplomats to think of health *as* foreign policy, namely public health as important to states' pursuit of their interests and values in international relations. This transformation is complicated and cannot simply be equated with healthy public policy. This new reality presents opportunities and risks for health promotion.

FOREIGN POLICY FUNCTIONS AND PUBLIC HEALTH

One way to understand the new reality of health as foreign policy is to see how public

health connects with the basic functions of foreign policy. Although foreign policy is complex, states engage in it to fulfill four basic governance functions. First, through foreign policy, states seek to ensure their security from external threats. Achieving national and international security is, thus, a foreign policy function. Second, a country uses foreign policy to contribute to its economic power and prosperity. States promote their interests in international trade and investment through foreign policy.

Third, states use foreign policy to support the development of political and economic order and stability in other countries. Such development supplements a state's interest in its security and economic well-being. As a result, political and economic development forms part of foreign policy. Fourth, states make efforts to promote and protect human dignity through

foreign policy, as evidenced by support for human rights and the provision of humanitarian assistance.

Identifying foreign policy's governance functions does not imply that any given state integrates these functions well or even considers them equally important. Students of international relations have frequently noted a hierarchy in the foreign policy functions (Weber, 1997), with security and economic power ranking higher than development or human dignity. Public health's traditional place in the 'low politics' of foreign policy can be attributed to this hierarchy because public health was generally categorized as a development or human dignity issue (Figure 1). The health promotion strategy reinforced public health's subordination in mainstream foreign policy. Global conferences on health promotion stressed the health of individuals over the security of states, the right to health over economic interests and the primacy of global equity and justice over the aggregation of national power.

Public health's subordination in foreign policy was entrenched during the 20th century because many states faced military threats to their existence and diplomacy rife with political and ideological hostility about how to organize economic systems, how political and economic development should proceed in developing countries and what constituted human rights. These problems were acute during the Cold War. Advocacy for healthy public policy based on human rights, equity and social justice emerged into a foreign policy context inhospitable to health promotion's universalistic ambitions.

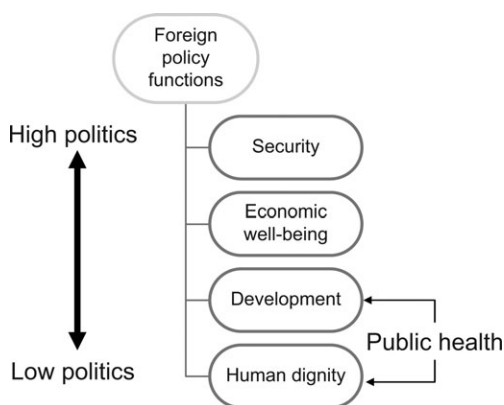


Fig. 1: Traditional hierarchy of foreign policy governance functions.

The emergence of health as foreign policy in the post-Cold War period signals a sea change in public health's relationship with foreign policy's functions. Public health today features prominently in all foreign policy's basic functions. Those concerned with national and international security have realized public health's importance concerning threats from biological weapons proliferation and bioterrorism. Debates concerning the impact of international trade and investment on public health demonstrate public health's importance to the state's pursuit of its economic interests. The traditional trope of 'wealth leads to health' that guided economic development's relationship to public health for most of the post-World War II period has been challenged by the 'health produces wealth' argument (Commission on Macroeconomics and Health, 2001). In addition, rising health-care costs in many countries are becoming major macroeconomic factors that can affect a country's global competitiveness and fiscal policy options. Finally, public health's importance to civil and political rights and economic, social and cultural rights has been a feature of human rights and public health discourse over the last decade (Table 2).

For the first time since health promotion advocacy began, health promotion advances in a context in which the role of public health features prominently in all foreign policy's functions. In terms of foreign policy, public health has a higher profile than ever before.

UNITED NATIONS REFORM, FOREIGN POLICY AND HEALTH PROMOTION

One can appreciate this transformation by examining the United Nations (UN) Secretary-General's proposals for UN reform. Reform of the UN is not new for the foreign policy of UN members; but never before has public health appeared in UN reform proposals as significantly as it did in Kofi Annan's March 2005 report *In Larger Freedom* (UN Secretary-General, 2005).

Each of the Secretary-General's objectives for UN reform—freedom from fear, freedom from want and freedom to live in dignity—depends on public health improvements. To achieve freedom from want, the Secretary-General emphasizes fulfillment of the eight UN Millennium Development Goals (MDGs), three of which

Table 2: Public health examples with respect to each foreign policy governance function

Foreign policy governance function	Examples of importance of public health to each function
Security	<p>Fears about the state proliferation of biological weapons</p> <p>Concerns about the use of biological weapons by terrorists</p> <p>Acknowledgment that emerging communicable diseases, such as SARS and avian influenza, can pose direct threats to the security of states, peoples and individuals</p> <p>Recognition that the political, economic and social devastation caused by HIV/AIDS can threaten the security of states, peoples and individuals</p> <p>Development by WHO of the concept of 'global health security' with respect to communicable disease threats</p>
Economic well-being	<p>Understanding of the economic damage communicable disease epidemics and pandemics can cause to national economies integrated through globalization</p> <p>Tensions between states that export products harmful to human health (e.g. tobacco products) and states that import such products and try to mitigate the health effects of the products</p> <p>Controversies over the effect of trade liberalization strategies on national health regulatory powers and capabilities</p>
Development	<p>Advocacy to put public health at the center of economic development strategies</p> <p>Centrality of health to the achievement of the UN's MDGs</p> <p>Research and analysis that highlights the contributions health makes to macroeconomic and microeconomic development</p> <p>Linking debt-forgiveness and future international assistance to increased attention on, and investments in, health</p>
Human dignity	<p>Focus on a human-rights-based approach to HIV/AIDS</p> <p>Human-rights-centered arguments in favor of increasing access to essential medicines subject to patent rights under TRIPS</p> <p>Appointment by the UN of a Special Rapporteur on the Right to Health</p> <p>Challenge of balancing enjoyment of civil and political rights and addressing dangerous communicable disease outbreaks effectively</p>

target specific health problems (child mortality; maternal health and HIV/AIDS, malaria and other diseases) and four of which seek improvement in key health determinants (poverty and hunger, universal primary education, gender equality and environmental sustainability) (UN Millennium Development Goals, 2000). The eighth MDG (develop a global partnership for development) targets cooperation with pharmaceutical companies to provide access to affordable, essential medicines in developing countries (UN Millennium Development Goals, 2000).

The Secretary-General also asserts that ensuring access to sexual and reproductive health services, providing safe drinking water and sanitation, controlling pollution and waste disposal, assuring universal access to essential health services and building national capacities in science, technology and innovation are national priorities for achieving freedom from want (UN Secretary-General, 2005). Strengthening global infectious disease surveillance and increasing research on the special health needs of the poor

are global priorities in realizing freedom from want (UN Secretary-General, 2005).

In terms of freedom from fear, the Secretary-General's new vision of collective security includes addressing threats presented by naturally occurring infectious diseases and biological weapons. These tasks require strengthening national and global public health and potentially involving the UN Security Council in 'any overwhelming outbreak of infectious disease that threatens international peace and security' (UN Secretary-General, 2005, para. 105).

The Secretary-General's conception of freedom to live in dignity also connects to public health. The Secretary-General declared that '[t]he right to choose how they are ruled, and who rules them, must be the birthright of all people, and its universal achievement must be a central objective of an Organization devoted to the cause of larger freedom' (UN Secretary-General, 2005, para. 148). Public health feeds this right and attribute of human dignity because '[e]ven if he can vote to choose

his rulers, a young man with AIDS who cannot read or write and lives on the brink of starvation is not truly free' (UN Secretary-General, 2005, para. 15).

The Secretary-General's UN reform proposals constitute a vision in which UN members must elevate public health as a foreign policy priority in order to support security, economic well-being, development and human dignity. The Secretary-General's UN reform strategy clarifies the importance of states thinking in terms of health as foreign policy. Indeed, this strategy fuses the success of UN reform to the effectiveness of global health promotion.

OPPORTUNITIES AND RISKS WITH RESPECT TO HEALTH AS FOREIGN POLICY

The prominence the Secretary-General gives public health reveals that health promotion, as a core component of public health, is a strategic necessity for the international community, the fulfillment of which depends on how states organize and implement their foreign policies.

Health's rise on foreign policy agendas, and the centrality of public health to UN reform, demonstrates that strengthening foreign policy approaches to public health offers significant contributions to all the governance functions served by foreign policy. These contributions can develop at national, regional and global levels. Engraining health promotion into foreign policy helps ensure that linkages between health and foreign policy assist states in addressing governance challenges the world faces as globalization accelerates.

The number and significance of the links between public health and foreign policy suggest that effective public health has become an independent marker of 'good governance' for 21st century humanity and its globalized interactions. Health promotion has long emphasized the need for healthy public policy, and the emergence of public health as an independent marker of good governance opens new opportunities for health promotion as a normative value and a material interest.

Opportunities do not come without risks, and health as foreign policy is no exception (Table 3). One danger is that states will use

Table 3: Opportunities and risks: the Framework Convention on Tobacco Control and the new IHR

Opportunities	Risks
<p>Framework convention on tobacco control</p> <p>The WHO Framework Convention for Tobacco Control (FCTC) (World Health Organization, 2003), which entered into force in 2005, constitutes a seminal effort to use treaty law for health promotion purposes. The FCTC, and the process that produced it, have elevated prevention and control of tobacco-related diseases on public health and foreign policy agendas around the world. Further, the Bangkok Charter itself highlighted the FCTC as a leading example of how to make health promotion central to the global development agenda.</p>	<p>The negotiation and adoption of the FCTC highlighted tensions that health as foreign policy faces. The FCTC process had to address concerns from powerful states concerning the potential impact of the FCTC on trade rules in the World Trade Organization. In addition, WHO and its FCTC partners had to deal with the tobacco industry's cooperation with certain states to defeat or dilute the treaty. Finally, concerns have been expressed that, with the FCTC now in force, the global movement on prevention and control of tobacco-related diseases has lost momentum and has been overshadowed in foreign policy by threats from communicable diseases.</p>
<p>New international health regulations</p> <p>The new International Health Regulations (IHR), adopted in May 2005 by the World Health Assembly (World Health Assembly, 2005), also illustrate the opportunities health as foreign policy presents to health promotion. The new IHR constitute a radically different set of rules from the old IHR and are designed to achieve global health security in the context of the globalization of disease threats. The WHO, its member states and the UN Secretary-General have embraced the new IHR as a critical instrument in protecting and promoting public health in the 21st century.</p>	<p>The new IHR's negotiation raised, however, risks that health as foreign policy can create. Tensions arose about the new IHR's application to suspected incidents involving biological weapons and the politically sensitive relationship between China and Taiwan. Further, the new IHR concentrate on detecting and responding to public health emergencies of international concern and do not directly address determinants of health that create the conditions conducive for disease emergence and spread. Such determinants are targets of health promotion efforts. Concerns exist, thus, that the attention the new IHR bring to global health security between states might drain resources and interest away from improving determinants of health within countries.</p>

public health for ulterior foreign policy motives or purposes that have little to do with health protection and promotion. In other words, health policy becomes another pawn in a power-political game of competition that values public health as a short-term instrument not as a sustainable foundation for good governance nationally and globally. Health policy can, thus, become yet another arena in which states engage in traditional foreign policy conflicts over power, security and influence. Producing what Yach and Bettcher (1998) called the convergence of self-interest and altruism will remain a difficult challenge.

A second danger concerns the possibility that foreign policy interest in specific public health problems, such as the control of infectious diseases and the threat of bioterrorism, subordinates health promotion's emphasis on determinants of health in policymaking. Such subordination would mean that only parts of public health connected to national security and economic power emerge into the 'high politics' of foreign policy, whereas health promotion remains neglected.

A third danger involves the disequilibrium of power that exists in international relations. This imbalance can create conditions in which more powerful countries pursue foreign policy agendas with respect to public health that do not address the needs of weaker states. Health as foreign policy contains the potential for the mixture of power and epidemiology to create controversies.

A fourth danger is gridlock because foreign policy interests of different states concerning public health can produce divergence rather than convergence on appropriate actions. Public health's rise as a foreign policy issue has been accompanied by controversies that have undermined trust and goodwill among states. Even in the realm of public health, producing a harmony of interests among states in their foreign policy pursuits is not easy.

HEALTH PROMOTION AND FOREIGN POLICY

Health promotion now faces a context transformed by globalization and public health's emergence as an issue for all the governance functions served by foreign policy. In this environment, health promotion needs to sharpen its focus on foreign policy as an aspect

of the larger objective of healthy public policy, which means paying more attention to substantive and institutional aspects of public health as a foreign policy issue.

Substantively, health promotion's message should be that public health constitutes an *integrated public good* that benefits the state's pursuit of security, economic well-being, development efforts and respect for human dignity. The multiple interests and governance purposes public health supports make it a 'best buy' for foreign policy. As such, health as foreign policy allows public health to escape its traditional relegation to the 'low politics' of foreign policy (Figure 2).

Foreign policy pursuit of the integrated public good of public health will necessitate changes to the structure and dynamics of health and foreign policy bureaucracies. Health promotion should focus attention on how governments can better facilitate public health as a foreign policy objective. Pursuing public health as an integrated public good requires health and foreign policy bureaucracies to develop new skills in order to understand the new context in which they operate, promote more effective interagency collaboration, produce policy coherence and assess progress. Health and foreign ministries could exchange staff more frequently to increase the health competence of foreign ministries and the diplomatic competence of health ministries.

Health as foreign policy offers health promotion opportunities to engage non-governmental

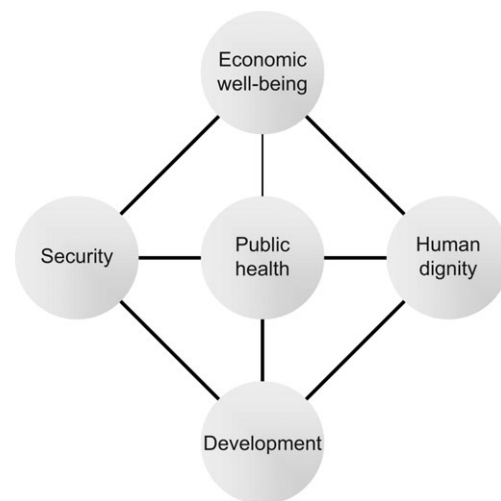


Fig. 2: Public health as an integrated public good.

actors. For example, non-governmental organizations (NGOs), such as universities and schools of public health, could contribute to the pursuit of public health as an integrated public good by deepening understanding of the health–foreign policy dynamic and training prospective public health practitioners to operate in the new environment created by the health as foreign policy transformation. Foreign policy collaboration with NGOs through public–private partnerships may also be a fruitful strategy for health as foreign policy. NGOs may also be valuable in assessing how well countries engage in health as foreign policy.

CONCLUSION

Public health's rise as a foreign policy issue has transformed how health promotion unfolds in the future. This transformation forces health promotion advocates to pay more attention to health as a foreign policy issue rather than subsuming foreign policy in the concept of healthy public policy, and the Bangkok Charter's call for health promotion to 'become an integral part of ... foreign policy and international relations' (Bangkok Charter, 2005) recognizes the new context and reality in which health promotion must operate.

Health promotion's challenge is to advance the concept of health as foreign policy defined as the pursuit of public health as an integrated public good across all governance functions served by foreign policy. Advancing this concept of health as foreign policy serves not only each country but also perspectives on how global politics should progressively develop in the 21st century.

The increased intersections between public health and foreign policy generate risks for the health promotion effort, which include the need for the health promotion community to work to help solidify public health's development into an integrated public good. This task will not be easy because it represents a significant shift in emphasis, but comprehensive implementation of the Bangkok Charter requires meeting this challenge. Any effective effort to harness globalization for public health will have to make health as foreign policy a centerpiece of its

ambitions. This responsibility is now the health promotion strategy's burden and opportunity.

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