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GLOBAL HEALTH PROGRAMME

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AN EAST AFRICAN PERSPECTIVE

Global Health Programme Working Paper N° 4 | 2009

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This paper examines health diplomacy from an East African perspective. It argues the case for negotiating health diplomacy from the viewpoint of regional security in East Africa and makes the assertion that the regional security perspective offers a useful entry point to the development of an East African regional health strategy. It contends that peace and security are at the heart of foreign policy, and that health, as part of human security, can promote foreign policies within the region. The paper argues that developing a regional health strategy will enhance the process of bringing together diplomacy, foreign and security policy in the region. It ultimately suggests a framework for an East African health strategy and identifies the central pillars of such a strategy.

Key Words

global health diplomacy, East Africa, regional global health strategy, human security, regional approach to negotiations, East African treaty, Treaty for the Establishment of the East African Community, trade in health services, health and foreign policy, interdependence in health.

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The context of many areas of international relations has changed considerably over the course of the last century. As the range and scope of international interactions such as diplomacy, foreign policy and national security have evolved to include new actors and institutions – and new relationships between them – these disciplines have witnessed new approaches.

The changes in diplomacy began with the evolution of multilateral diplomacy and were marked most sharply by the formation of the United Nations. With the creation of the UN and the development of specialized agencies, the face of diplomacy changed radically. Diplomacy, in particular, has become more specialized, and this has led to an increase in the number of diplomatic bodies that exist outside foreign affairs ministries and that now include science-based and technical bodies.

In the field of foreign policy, there has been a shift in analysis, which has moved beyond state level to transnational level, and an understanding of how important transnational actors are in affecting the direction and thrust of foreign policies. Subsequently, international relations and foreign policies have contended with the realization that power is not simply about hard power, but also about soft power, as states that were not militarily dominant have exercised power and influence beyond the military sphere and into other areas of international life.

1 The paper was presented at the first Executive Course on Global Health Diplomacy in Kenya, which took place in Nairobi from 7 to 11 September 2009. The author is the director of the Institute of Diplomacy and International Studies at the University of Nairobi.

In the field of security, the changes have been even more far-reaching. First came the realization that security entails more than just physical security. This led to the emergence of the concept of human security, which has taken centre stage in discourse about security. Secondly, it was recognized that threats to national security emerge from a wide range of sources and that the most important element of security is to ensure the security of citizens. This, in turn, has changed the framework of national security strategies. As a result, the framework of national security strategies now includes not just the three traditional sources of state power (the military, the economy and diplomacy), but also a fourth source that contains aspects of societal security.

As health is an important component of societal security, health features strongly in the broad disciplines of international relations. Health issues can – and indeed have begun to – straddle the areas of diplomacy, foreign policy and national security. Health has become an increasingly important focus of contemporary diplomacy (Kickbusch et al, 2007, p.232). Health is also an important dimension of human security (Mwagiru, 2008), and is emerging as a concern for foreign policy decision-making (Fidler, 2007). Similarly, in international law, health-related issues – such as the right to food and health as a human right – have increasingly taken an important place in both international human rights law (Eide et al, 1984) and international trade law (Abbott, 2005).

This paper examines how issues of health diplomacy can be negotiated with an East African perspective. It also argues the case for negotiating health diplomacy from the perspective of regional security in East Africa. Because peace and security are two of East Africa's major concerns in the fields of diplomacy and foreign relations, regional security therefore provides an entry point for regional health diplomacy. Developing health diplomacy from this standpoint will help bring together foreign policy, diplomacy and security concerns within the region.

The diplomatic context of health

It has long been argued that negotiation is the most important function of diplomacy. Negotiations in diplomacy may be either bilateral or multilateral, and whilst this division of the process is useful for analytical purposes, it is not a distinction that is set in stone. As diplomacy has become more complex, so have the processes of negotiation. This complexity is captured by the fact that bilateral diplomacy has become increasingly multilateral; and, at the same time, multilateral diplomacy has also become more bilateral in nature.

One example of this 'bilateralization' of multilateral diplomacy are the negotiations between the European Union and the African, Caribbean and Pacific Group of States (ACP). European countries negotiate together multilaterally to develop their negotiating positions, as do the ACP countries in developing theirs. After this 'multilateralized' process, the two blocs engage in negotiations within a bilateral context, with the European Union negotiating as a single unit, and the ACP countries negotiating as the other unit. This is an important framework for making the case for negotiating health in East African diplomacy. Although the eventual aim of the East African Community (EAC) is to establish a federation, this has not yet happened. Until that happens, the five countries of the East African Community continue to operate as individual states, each pursuing its own national interests.

Health diplomacy operates at different levels of analysis. In the East African context, as elsewhere, these levels can be identified as national, regional and international levels. States in the region must first capture health diplomacy issues at national level, which centre around national security interests. States are then able to engage in health diplomacy at regional level, and in so doing can establish a regional approach and identify regional interests. From this regional level, the region's states, grouped as the East African Community, can negotiate as a region at international level. This illustrates the interdependence of health diplomacy and how national health and security policies have a significant international, indeed global, dimension. On the

other hand, the international dimension – seen for example in the increasing number of treaties on health issues – also have an important impact on national policy-making and institutions.

When it comes to health diplomacy, there is another level of analysis: the transnational level. The transnational level infuses all the other levels of analysis. The transnational level exists because health transcends national borders. Like the environment, health knows no borders. At the same time, there are many different actors operating in the health arena in addition to states. Non-state actors and individuals play an important role in issues of health and its diplomacy. This means that the transnational level is particularly important and must be taken into account when drawing up a framework for health diplomacy in the region. And because health diplomacy brings many actors to the negotiating table – including governments, the private sector, non-governmental organizations, and even individuals – its context is both multilateral and transnational.

Structural issues in the diplomatic context of health

The diplomatic context of health illustrates its very complexity. On the one hand, it shows that health diplomacy is closely tied to foreign policy, politics, national security and international relations. On the other hand, health diplomacy is, by its very nature, closely tied to science and technology, including diseases and drugs, and their manufacture. And since health diplomacy is concerned with, among other things, negotiating processes, it raises the question of who or which agents will take the primary responsibility of conducting, and even participating in, these kinds of negotiations.

This raises the fundamental question of which bodies should take the lead in negotiating health. Different countries have approached this question in various ways. Some states have attached diplomats to health ministries on the basis that diplomats are trained in negotiation and not in health sciences, but that they can help health scientists in diplomatic negotiations. Other states have done the reverse and have attached health scientists to foreign affairs ministries or to diplomatic missions as health attachés. The rationale is the same. Whilst health diplomacy requires diplomatic negotiation skills, which ministries of foreign affairs possess, they do not have the scientific knowledge that should inform those negotiations.

Other countries have taken the position that effective health diplomacy requires inter-ministerial coordination. This approach brings together all the different ministries that are concerned with health diplomacy in some way or other. In practice, whichever of these approaches is preferred, there is still the outstanding issue of negotiations in health diplomacy, particularly in developing countries.

One problem is that there are often too few officials dealing with health issues at international level. Moreover, these officials are often also unfamiliar with health issues, and are more comfortable discussing trade in general rather than individual sectors such as health (Woodward, 2005). This paucity in numbers, coupled with the structure of international diplomatic negotiations (which take place in several committees working simultaneously), and compounded by the lack of specific knowledge on health diplomacy issues, means that the interests of developing countries are neither properly articulated nor addressed.

Another problem that arises in health diplomacy, especially in its multilateral context, is that the pre-negotiation phases are inadequate. Negotiations can be divided into three phases: pre-negotiation, negotiation and post-negotiation. The pre-negotiation phase takes place before any parties actually come to the negotiating table. This is an important preparatory phase, which includes agreeing the negotiation brief and composing the negotiating team, both of which usually take place in consultative inter-ministerial meetings. In the field of health diplomacy, these consultative meetings should include not only the different ministries and departments concerned with health-related issues, but also the private sector and other interested parties. In many cases, these consultations are either held on a casual basis or completely omitted. The result is that when it comes to the actual negotiations, negotiators

are often unprepared to deal competently with the issues in hand and are unable to safeguard national interests.

These structural problems contain important lessons for the East African region as it engages in health diplomacy. Firstly, there is a case to be made for a regional approach to negotiations in health diplomacy. A regional approach means that the countries within a region can share resources – particularly technical and financial resources – and more stakeholders can be consulted, and therefore a wider range of interests can be taken into account. Secondly, the region as a whole can identify sufficient numbers of officials to attend all the different committees where multilateral negotiations take place, which means that the region and its interests can be better addressed and safeguarded during the complex processes of multilateral health negotiations. Not only will regional interests be addressed more comprehensively, but the region can develop a voice and be heard. A regional approach would therefore enable the region's states to participate internationally in setting the agenda for health diplomacy.

A regional approach is best carried out under the auspices of the regional organization, which, in this case, is the East African Community. Although this may spark a debate about supranational powers of the organization, the debate would be misplaced in the context of health issues. What is more important is that in developing such a regional approach, individual states should first identify their interests in issues of health diplomacy, and then negotiate common regional positions, which will be articulated jointly. To articulate such national interests, individual states need first to bring issues of health diplomacy into the mainstream of their foreign policies. This, in turn, will only be enhanced by having representatives of heath ministries in the organs of national diplomacy such as the ministries of foreign affairs and diplomatic missions, especially multilateral missions where issues of global health diplomacy are articulated.

Kenya's foreign affairs ministry has proposed to do away with attachés in diplomatic missions and, instead, to train diplomats in health issues. This flies in the face of the need to mainstream health diplomacy in foreign policy. It is, in any case, easier and cheaper to train a doctor in diplomatic negotiation than to train a diplomat to be a doctor.

A regional global health strategy for East Africa

The Treaty for the Establishment of the East African Community contains provisions for cooperation in health. Article 18 of the treaty relates specifically to cooperation in health activities, namely, joint action in the prevention and control of communicable and non-communicable diseases, and control of pandemics and epidemics of communicable and vector-borne diseases; to promote the management of health delivery systems and planning mechanisms for healthcare services in the region; to develop a common drug policy, including quality control and procurement practices; to harmonize drug registration procedures; to harmonize national health policies and regulations, and promote information exchange on health issues; to encourage joint use of training and research facilities, and develop common management plans for trans-border protected areas; and to encourage ratification of, accession to, and implementation of international instruments.

These provisions of the treaty should be seen in the context of existing global health regimes, and in particular the General Agreement on Trade in Services (GATS). There is serious concern about the usefulness of the GATS regime for promoting health services in developing countries. However, reading the provisions of the East African treaty alongside the provisions of GATS gives an idea of the scope of current international discourse, and helps to craft the contents of a regional global health strategy for East Africa that takes into account the imperatives of interdependence in the health sector. In GATS, there are four modes for trade in health services: cross-border provision of health services (generally meaning telemedicine); cross-border movement of consumers of health services (meaning the movement of patients to receive health services); commercial presence of providers of healthcare (concerned with foreign ownership of health services); and cross-border movement of providers (meaning temporary migration of health professionals (Woodward, 2005, p.215).

Issues of trade in health services will only be of serious importance for the East African region once the provisions of the East African treaty have been achieved, or are well underway to being achieved. On the other hand, achieving some of the areas of cooperation in health specified by the treaty – such as prevention and control of diseases, quality control, and use of training and research facilities – would be considerably enhanced by the liberalization regime set out in GATS. Moreover, developing a regional health strategy could enhance the participation of the East African region in agenda setting, and in negotiating the regulation of the harsh elements of the GATS regime.

Negotiating the harshness of the GATS regime itself requires a regional approach. At the same time, that regional approach would be considerably enhanced if the issues of health strategies were mainstreamed in the foreign policies of the region's states, both jointly (as the East African Community) and severally in the individual foreign policies of the member states of the community. For this to be done properly there needs to be a change in attitude and an understanding within the region that its citizens' health is fundamental to achieving its security. And since security features as a dominant concern of foreign policy, health issues as security issues can be brought within the scope of foreign policy in the region. Indeed, as East African states begin designing a regional security policy, health issues will, in this way, become 'securitized' as a core issue of an East African regional security strategy.

The regional health strategy for East Africa needs to be informed by certain themes. The first is that the health of East African citizens should be at the centre of the region's foreign and security policies. The rationale is that any foreign or security policy is meaningless if its citizens cannot remain alive or in good health. Human security must be at the heart of all foreign and security policies in the region, and in its individual countries.

Secondly, the regional health strategy for East Africa must link health issues to other areas such as security and trade. The health sector does not exist in a vacuum and it cannot develop in isolation from other policies. For that strategy to thrive, its interdependence with other sectors must be recognized and factored into its implementation.

Thirdly, an East African health strategy must take into account the complex international interdependence within health and other sectors. It should reflect, and even be harmonious with, international and inter-regional cooperation strategies.

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