

Health and foreign policy

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In the past decade, health issues have become more prominent in foreign policies of countries.¹⁻⁶ Health challenges now feature in national security strategies, appear regularly on the agenda of meetings of leading economic powers, affect the bilateral and regional political relationships between developed and developing countries, and influence strategies for United Nations reform. Although health has long been a foreign policy concern, such prominence is historically unprecedented.

The transformation in the relationship between health and foreign policy has resulted both from specific events and more general trends in world politics. The worsening of the HIV/AIDS pandemic, threats from emerging and re-emerging infectious diseases (e.g. SARS, avian influenza), fears about bioterrorism, and controversies involving trade and health (e.g. TRIPS and access to medicines) have forced foreign-policy-makers to grapple with issues and principles of public health. Globalization has also rendered foreign policy more relevant to health because the line between domestic and foreign impact has been blurred or obliterated, forcing countries to engage in foreign policy action across a greater range of health issues.

Developed and developing countries now find health increasingly important to the fulfilment of the governance functions traditionally served by foreign policy — security, national economic well-being, political and economic development of other nations, and the protection of human dignity. This reality produces the need for countries to pursue health as a foreign policy concern in its fullest sense. The development of health as foreign policy contrasts with health's historical place in foreign policy as a "mere humanitarian" endeavour subordinate to the national interests of survival, security, power, and influence.

The new relationship between health and foreign policy has significant implications for both policy areas. There

has been a recent attempt to explore seriously what health as foreign policy means. These early efforts sense the impact of each policy area on the other. For example, the proliferation of efforts to conceptualize health threats as security challenges brings a classical concern of foreign policy to bear on public health nationally and globally. While this link between security and public health has raised the political profile of certain diseases, it has also worried some people who work on health policy because the security lens does not arise from, or produce, a commitment to "health for all."

At the same time, the need for foreign policy that addresses health seriously has forced policy-makers to confront the realities of an epidemiologically interdependent world and the complexities of the global cooperation needed to protect and promote public health. Health concerns seriously affect and inform how countries perceive and formulate their national interests for foreign policy purposes.

Ministries of health and public health experts outside government need to become increasingly skilled at shaping health's new status in foreign policy. The growing links between health and the various aspects of foreign policy require recommendations and suggestions of possible policy directions and identification of appropriate opportunities and instruments to promote public health in this new policy environment. For example, what evidence and information can the ministry of health provide to diplomats, defence attachés, trade negotiators, and development specialists to ensure that health concerns and interests are better reflected in foreign policy initiatives? How can health ministries and public health experts take advantage of health's higher foreign policy profile to advance health as a global public good?

A review of the existing literature on health and foreign policy reveals a host of issues that require more attention.

In particular, this literature at present lacks input and analysis from health and foreign policy experts in developing countries. More emphasis on non-communicable diseases, ways of improving women's health, the difficulty of building sustainable public health infrastructure and capacity, and the growing power and influence of non-state actors in global health, is also needed.

A *Bulletin* theme issue, to be published in March 2007, will focus on the topic of health and foreign policy. Commissioned papers will analyse historical, conceptual, and practical aspects of the relationship between health and foreign policy. The theme issue will seek to elucidate how the rise of health's importance in foreign policy will affect national and global health policy and practice in the decades to come. The *Bulletin* will consider your submitted papers on this topic and is particularly interested in research on issues that have not yet received much attention in the literature on health and foreign policy. The deadline for submission is 1 October 2006. ■

1. Fidler DP. *Health and Foreign Policy: A Conceptual Overview*. London, England: The Nuffield Trust; 2005 (<http://www.nuffieldtrust.org.uk/ecomm/files/040205Fidler.pdf>).
2. Fidler DP. Health as foreign policy: between principle and power. *Whitehead Journal of Diplomacy and International Relations* 2005;6:179-94.
3. Owen JW, Roberts O. Globalization, Health and Foreign Policy: Emerging linkages and Interests. *Global Health* 2005 1:12 (29 July 2005). Available from: <http://www.globalizationandhealth.com/content/1/1/12>
4. Kickbusch I. Influence and opportunity: reflections on the U.S. role in global public health. *Health Aff* 2002;21:131-41. doi:10.1377/hlthaff.21.6.131
5. Blouin C, Foster J, Labonte R. Canada's Foreign Policy and Health, Toward Policy Coherence. Prepared for the Commission on the Future of Health Care in Canada, 2002. Available from: www.spheru.ca/PDF%20Files/Romanow%20-%20Report%201%20June6.pdf
6. Lee K, McKinnon C. *Health, Foreign Policy and Security*. UK Global Health Programme working papers, No 1. London: The Nuffield Trust; 2003.

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