

In this month's *Bulletin*

Theme issue: health and foreign policy (162)

The rise of health as a foreign policy concern has become a hallmark of a globalized world. In their editorial, Nick Drager & David Fidler introduce this theme issue on health and foreign policy by discussing some of the complex and contentious matters involved. Globalization has broken down some of the traditional separation between the medical, economic, political and technological means of improving health. The authors urge policy-makers to recognize the vital links between these areas and to coordinate their policies on trade and health more closely. In a perspective, David Fidler considers whether a revolution is taking place in the relationship between health and foreign policy.

In the news (164–166)

Rupa Chinai & Rahul Goswami report from Mumbai on India's booming medical tourism sector. May Meleigy reports from Cairo on a network of United States military laboratories that has become important for public health in Egypt. In this month's interview, Jonas Gahr Støre, Norway's minister of foreign affairs, discusses the linkages between foreign policy and health.

Health and security

Four papers explore the relationship between health and security. Jean-Paul Chretien et al. (174–180) propose that developing countries can improve their military surveillance capabilities through partnership with industrialized countries. Such partnerships could strengthen global infectious disease surveillance, particularly in remote and post-disaster areas. Robin Coupland (181–184) writes that foreign policy should recognize armed violence as a major global health issue and that it should be addressed as such. Michel

Thieren (218–224) examines humanitarian responses, where health and foreign policy are in direct conflict. Rebecca Katz & Daniel A Singer call (233–234) for stronger partnerships between countries to better address global health challenges, such as localized epidemics or threats to international security.

Migration and health (200–206)

Since the 1990s, more attention has been paid to emerging and re-emerging infectious diseases and this has spurred debate on migration and its health implications. In their Policy and Practice paper, Douglas W MacPherson et al. write that since migration and population mobility are increasingly important determinants of health, they will require greater policy attention on the multilateral level.

How does climate change affect public health? (235–237)

The implications of climate change are well documented but there has been little exploration of the public health responses that are needed. Diarmid Campbell-Lendrum et al. argue that the most effective public health responses to climate change are threefold: environmental management; surveillance and response aimed at safeguarding health from natural disasters and changes in infectious disease patterns; and a more pro-active approach to ensure that development decisions serve the ultimate goal of improving human health.

Health impact assessment

Two papers in this issue deal with health impact assessment as a means of judging the effectiveness of a policy, programme or project in terms of the health of a population. Alex Scott-Samuel &

Eileen O'Keefe (212–217) write that governments, multilateral bodies and transnational corporations need to be held to account for the impact of their policies and practices on people's health. One way to do this would be to include human rights assessment in the health impact assessment methodology. Kelly Lee et al. (207–211) write that health impact assessments raise awareness among decision-makers of the relationships between health and other factors. They argue that these assessments can also generate much-needed evidence so that particular issues or priorities are considered.

Country case studies: Malaysia and Thailand

Simon Barraclough & Kai-Lit Phua (225–229) examine health as an important part of Malaysia's foreign policy. They argue that the previously narrow imperatives of Malaysian national security, prompted by fears of infectious diseases, are giving way to a broader and collaborative form of health diplomacy. Such diplomacy, in the form of relations with other countries, goes beyond responding to the threat of disease outbreaks. Kumnuan Unchusak et al. (238–240) examine the lessons learnt from an outbreak of botulism in Thailand in March 2006.